

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Toll-Free Crisis Line Services	Policy No. 6009.02
Category:	Clinical- Crisis System	Date Adopted: 04/10/2020 Date Revised: Date Reviewed: 06/15/2021
Reference:	WA State Health Care Authority (HCA) Contract; WAC 246-341-0905	

POLICY

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) has regional oversight responsibilities for the Toll-Free Crisis Line services, which includes quality management (QM) activities to ensure adherence to the requirements for Toll-Free Crisis Line services. Great Rivers BH-ASO maintains internal quality oversight activities of all policies, procedures, and clinical reviews to ensure Crisis System Services (CSS) are compliant with Washington State Health Care Authority (HCA), Revised Code of Washington (RCW), clinical guidelines, and best practices.
 - 1.1.1. Any individual residing within the Great Rivers BH-ASO regional service area (RSA) may contact and utilize crisis services, regardless of their Medicaid or financial status.
- 1.2. Great Rivers BH-ASO provides a 24-hour a day, 7 days a week, Toll-Free Crisis Line (1-800-803-8833) to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources. Great Rivers BH-ASO delegates this function to Columbia Wellness Crisis Services.
 - 1.2.1. Columbia Wellness' Crisis Services triage and referral program includes:
 - 1.2.1.1. Responding to crisis calls 24-hours a day, 7 days a week;
 - 1.2.1.2. Having a written protocol for the referral of an individual to a voluntary or involuntary treatment facility for admission on a 24-hours a day, 7 days a week basis including arrangements for contacting the designated crisis responder;
 - 1.2.1.3. Ensuring communication and coordination with the individual's mental health care provider, if indicated and appropriate; and
 - 1.2.1.4. Posting a copy of the statement of individual rights in a location visible to staff and agency volunteers.
 - 1.2.1.5. Making behavioral health referrals to the community;
 - 1.2.1.6. Having access to language line interpreters and

- 1.2.1.7. Telecommunication Devices for the Deaf (TDD) equipment; Ensuring referral to age and culturally appropriate services and specialists;
- 1.2.1.8. Scheduling crisis appointments;
- 1.2.1.9. Provision and documentation of telephone stabilization and intervention contacts for individuals;
- 1.2.1.10. Ensuring timely and consistent crisis response;
- 1.2.1.11. Providing telephone consultation, intervention and stabilization for individuals/family members/natural supports as appropriate and within limits of confidentiality;
- 1.2.1.12. Determining when face-to-face services are needed, both voluntary and involuntary, and dispatching a Mobile Crisis Team or Designated Crisis Responder (DCR). Having written protocols for the referrals of individuals to a voluntary or involuntary treatment facility 24-hours a day, 7 days a week, including arrangements to contacting the DCR or Crisis Prevention & Intervention Team (CPIT);
- 1.2.1.13. Tracking and documenting the outcome of face-to-face services and seeing if further services are warranted;
- 1.2.1.14. Deciding when cross-system coordination is needed;
- 1.2.1.15. Working closely with law enforcement, when appropriate;
- 1.2.1.16. Consulting and collaborating with detoxification providers, licensed care facilities, hospitals and other community providers;
- 1.2.1.17. Troubleshooting cross-system referrals in which there is a difference of opinion about appropriate services or system response;
- 1.2.1.18. Providing telephone follow-up with individuals, after hours, as part of an individual's crisis services episode; and
- 1.2.1.19. Providing communication and coordination with behavioral health care providers, when indicated.

PROCEDURES

2.1. Behavioral Healthcare Telephone Access Standards

- 2.1.1. Columbia Wellness collects and analyzes data to measure its performance against its behavioral healthcare telephone access standards. Columbia Wellness' access standards are:
 - 2.1.1.1. Telephones are answered by a live voice within thirty (30) seconds;
 - 2.1.1.2. Telephone abandonment rates are within five (5) percent of all calls;
 - 2.1.1.3. Call volumes are monitored closely; and

2.1.1.4. Trends for the above data are closely monitored.

3.1. Documentation of Telephone Crisis Services

- 3.1.1. Each CSS provider (including the entities that manage the Toll-Free Crisis Line and Mobile Crisis Teams) documents each telephone crisis response contact made, including:
- 3.1.1.1. The date, time, and duration of the telephone call;
 - 3.1.1.2. The relationship of the caller to the person in crisis, for example self, family member, or friend;
 - 3.1.1.3. Whether the individual in crisis has a crisis plan; and
 - 3.1.1.4. The outcome of the call, including:
 - 3.1.1.5. Any follow-up contacts made;
 - 3.1.1.6. Any referrals made, including referrals to emergency or other medical services; and
 - 3.1.1.7. The name of the staff person who took the crisis call.

4.1. Access to Staff

- 4.1.1. Columbia Wellness provides the following communication services for members and practitioners:
- 4.1.1.1. Columbia Wellness crisis line staff are available 24-hours a day, 7 days a week and include an MHP on duty at all times.
 - 4.1.1.2. Columbia Wellness staff are identified by name, title, and organization name when initiating or returning calls once the individual is appropriately identified;
 - 4.1.1.3. Columbia Wellness has TDD/TTY services for members who need them; and
 - 4.1.1.4. Columbia Wellness has language line assistance for members to discuss UM issues.

5.1. Triage and Referral Guidelines

- 5.1.1. Columbia Wellness has established, clinically based triage and referral policies and protocols, which are in alignment with Great Rivers BH-ASO 's contract to ensure Columbia Wellness in an expedited manner can assess need, determine the appropriate level of service, and connect individuals who have behavioral healthcare crisis needs to the appropriate resources.
- 5.1.2. Columbia Wellness protocols for behavioral crisis triage and referral will:
- 5.1.2.1. Address all relevant behavioral health and substance abuse situations;
 - 5.1.2.2. Address the urgency of an individual's clinical circumstances, including crisis situations and emergencies;

- and
- 5.1.2.3. Define appropriate care settings for treatment, based on the urgency of clinical circumstances and treatment resources.
- 5.1.2.4. Include having licensed behavioral healthcare practitioners available to make triage and referral decisions that require clinical judgment (e.g., assessing a member's potential for self-harm following a traumatic event and determining the appropriate level and intensity of care).
- 5.1.3. Columbia Wellness maintains an internal system to review and revise protocols.

6.1. Crisis Line System Supervision and Oversight

- 6.1.1. Columbia Wellness has appropriate supervision and oversight for the triage and referral decisions made. Staff who make clinical decisions are supervised by a licensed master's level practitioner with five (5) years of behavioral health experience post-master's degree.
 - 6.1.1.1. Columbia Wellness will fully participate in Great Rivers BH-ASO's Quality Management Committee meeting, Clinical Leadership meeting, Crisis Services meeting, and any relevant subcommittees and workgroups responsible for establishing crisis policies, procedures, and protocols. These documents are used to ensure documentation includes crisis intervention, outcome and referral information.
 - 6.1.1.2. Columbia Wellness is expected to ensure compliance with the Great Rivers BH-ASO's Consumer Information System (CIS) policies for encounter data submissions. Columbia Wellness will ensure compliance with the submission of required routine utilization deliverables.
 - 6.1.1.3. Great Rivers BH-ASO's Medical Director provides active oversight over all crisis line service activities, including policy and protocols for accessing services, triage and referral protocols and supervision. Great Rivers BH-ASO reports these Quality Activities to the Quality Management Committee.
 - 6.1.1.4. Great Rivers BH-ASO is responsible to conduct annual reporting of all oversight activities, which are annually reviewed, or reviewed as needed, by the internal QMC.
 - 6.1.1.5. Recommendations for actions to be taken for continuous quality improvement (QI) will be documented and any recommendation for QI projects will be conducted in accordance with the Great Rivers BH-ASO Quality Management Program.

- 6.1.1.6. Great Rivers BH-ASO will provide annual clinical audits/reviews to ensure adherence to HCA-BH ASO contract requirements and relevant State and Federal Regulations.
- 6.1.1.7. Great Rivers BH-ASO and Columbia Wellness will have a contract agreement that:
 - 6.1.1.7.1. Is mutually agreed upon;
 - 6.1.1.7.2. Describes the delegated activities and the responsibilities of Great Rivers BH-ASO and Columbia Wellness;
 - 6.1.1.7.3. Describes the process by which Great Rivers BH-ASO evaluates Columbia Wellness's performance; and
 - 6.1.1.7.4. Describes the remedies available to Great Rivers BH-ASO if the Columbia Wellness does not fulfill its obligations, including revocation of the contract agreement.
- 6.1.1.8. Provision of Member Data to Columbia Wellness:
 - 6.1.1.8.1. Member experience data, if applicable will be shared; and
 - 6.1.1.8.2. Clinical performance data will be shared.
- 6.1.1.9. Provisions for Protected Health Information (PHI):
 - 6.1.1.9.1. All provisions for PHI will be managed in accordance with contractual agreements and business associate agreements with Columbia Wellness.
- 6.1.1.10. Review of the Utilization Management (UM) Process:
 - 6.1.1.10.1. Great Rivers BH-ASO will conduct annual reviews of Columbia Wellness's Quality Management program plan;
 - 6.1.1.10.2. Great Rivers BH-ASO will, at a minimum, biannually audit complex case management files against HCA's standards for each year that contract has been in effect, if applicable;
 - 6.1.1.10.3. Great Rivers BH-ASO will annually evaluate Columbia Wellness's performance against HCA's standards for delegated activities; and
 - 6.1.1.10.4. Great Rivers BH-ASO will evaluate regular reports from Columbia Wellness and provide

ongoing feedback to ensure program operations and expectations meet contract requirements.

ATTACHMENTS

None.

POLICY SIGNATURE

DocuSigned by:
Trinidad A. Medina
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11/8/2021

Trinidad Medina,
Chief Executive Director

Date