

Great Rivers Behavioral Health

Administrative Services Organization

Policy Title:	Crisis Services – General Policy	Policy No. 6010.02
Category:	Clinical - Crisis System	Date Adopted: 04/10/2020 Date Revised: Date Reviewed:
Reference:	WA State Health Care Authority (HCA) Contract; WAC 246-341; Chapters 71.05, 71.24.300, and 71.34 RCW; RCW 49.19.030	

POLICY

1.1. Crisis System General Requirements

1.1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) maintains a regional behavioral health crisis system that meets the following general requirements:

- 1.1.1.1. Crisis Services are available to all individuals who present with a need for Crisis Services in Cowlitz, Lewis, Wahkiakum, Grays Harbor, and Pacific Counties.
- 1.1.1.2. Crisis Services are provided in accordance with Chapters 71.05 RCW and 71.34 RCW. Telephone crisis support services are provided in accordance with WAC 246-341-0905 and crisis outreach services are provided in accordance with WAC 246-341-0910.
- 1.1.1.3. Involuntary Treatment Act (ITA) services include all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of individuals in accordance with Chapters 71.05 RCW, RCW 71.24.300 and 71.34 RCW. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation. Crisis Services become ITA services when a Designated Crisis Responder (DCR) determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.

1.1.2. Great Rivers BH-ASO Crisis Services are delivered to:

- 1.1.2.1. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with WAC 246-341-0915.
- 1.1.2.2. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.

- 1.1.2.3. Coordinate closely with the regional Managed Care Organizations (MCOs), community court system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis and acute care system that is connected to the full continuum of health services. Crisis services include processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
- 1.1.2.4. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
- 1.1.3. Great Rivers BH-ASO develops and implements strategies to assess and improve the crisis system over time.

2.1. **Crisis System Staffing Requirements**

- 2.1.1. Great Rivers BH-ASO establishes staffing requirements for all of its contracted Crisis Services Providers to ensure accordance with WAC 246-341. Each staff member working with an individual receiving crisis services must:
 - 2.1.1.1. Receive clinical supervision from a mental health professional (MHP) or behavioral health professional licensed by Washington State Department of Health (DOH).
 - 2.1.1.2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must include documentation of the training.
 - 2.1.1.3. Have the ability to consult with one of the following professionals, who has at least one (1) year of experience in the direct treatment of individuals who have a mental or emotional disorder:
 - 2.1.1.3.1. A psychiatrist
 - 2.1.1.3.2. A Physician
 - 2.1.1.3.3. A Physician Assistant; or
 - 2.1.1.3.4. An ARNP.
- 2.1.2. Great Rivers BH-ASO complies with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and will incorporate the statewide DCR Protocols, listed on the Health Care Authority (HCA) website, into the practice of their DCRs.
- 2.1.3. Great Rivers BH-ASO has clinicians, including child mental health specialists (CMHS), available twenty-four (24) hours a day, seven (7) days a week who have expertise in Behavioral Health issues pertaining to children and families.

- 2.1.4. Great Rivers BH-ASO makes available at least one (1) Certified Substance Use Disorder Professional (SUDP) or Chemical Dependency Professional (CDP) with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
- 2.1.5. Great Rivers BH-ASO makes available at least one (1) Certified Peer Counselor (CPC) with experience conducting behavioral health crisis support for consultation by phone or on-site during regular business hours.
- 2.1.6. For crisis and ITA services, Great Rivers BH-ASO ensures the following requirements are met:
 - 2.1.6.1. No DCR or mobile crisis worker will be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the State's ITA, unless a second trained individual accompanies them.
 - 2.1.6.2. The clinical team supervisor, on-call supervisor, or the individual professional, will determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - 2.1.6.3. The second individual who responds may be a First Responder, a MHP, SUDP, or a behavioral health provider who has received training required in RCW 49.19 030.
 - 2.1.6.4. No retaliation will be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - 2.1.6.5. All Great Rivers BH-ASO's crisis service providers are required to have a plan to provide training, behavioral health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - 2.1.6.6. Great Rivers BH-ASO ensures that every DCR dispatched on a crisis visit will have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in the individual's health record, including but not limited to crisis plans or commitment records. The information must be made available without unduly delaying a crisis response.
 - 2.1.6.7. All Great Rivers BH-ASO's crisis service providers are required to provide a wireless telephone or comparable device to every DCR or crisis worker who participates in home visits to provide Crisis Services.

3.1. **Crisis System Operational Requirements**

- 3.1.1. Crisis Services are available twenty-four (24) hours a day, seven (7) days a week.
- 3.1.2. Great Rivers BH-ASO's contracted-providers' Mobile Crisis (outreach) Teams (MCT) must respond to crisis referrals within the following timeframes:
 - 3.1.2.1. Within two (2) hours to an emergent crisis; and
 - 3.1.2.2. Within twenty-four (24) hours to an urgent crisis.
- 3.1.3. Great Rivers BH-ASO contracts with one provider to administer the region-wide, toll-free crisis line. The crisis line is available twenty-four (24) hours a day, seven (7) days a week and provides crisis intervention and triage services, including screening and referral to providers and community resources. (See Great Rivers BH-ASO policy: 6009.00 Toll-Free Crisis Response System.)
- 3.1.4. All individuals are able to access crisis services without completion of Intake Evaluations and/or other screening and assessment processes.
- 3.1.5. All individuals without Medicaid utilizing crisis services are entered into Great Rivers BH-ASO's electronic health record to manage demographic and clinical information and establish a medical record/tracking system to manage their crisis services, referrals, and utilization.
- 3.1.6. For crisis services provided in the Great Rivers BH-ASO region, contracted-crisis providers will verify insurance eligibility and coverage for each individual who receives services or who wants to receive services.
- 3.1.7. Crisis Contact Logs
 - 3.1.7.1. Basic demographic and clinical information will be reported by contracted-crisis providers on Crisis Contact Logs, which are submitted to Great Rivers BH-ASO daily or on the next business day.
 - 3.1.7.2. The logs will be used to identify high utilizers of the crisis system who may benefit from care management and/or coordination across systems. The Crisis Contact Logs will also identify any trends or patterns in crisis utilization within and across regions, prompting quality improvement activities and/or technical assistance opportunities for BHAs.
 - 3.1.7.3. Demographic and Coverage Information will be recorded on the Crisis Contact Logs and within the AVATAR system. Information will include, but is not limited to:
 - 3.1.7.3.1. Legal Name (including Alias, if provided)
 - 3.1.7.3.2. Gender (self-identified)
 - 3.1.7.3.3. Date of Birth
 - 3.1.7.3.4. Address (if unknown, city and county where service was provided)

- 3.1.7.3.5. Phone contact number
- 3.1.7.3.6. Insurance Coverage
- 3.1.7.3.7. Outcome of contact
- 3.1.7.3.8. Referrals to other resources
- 3.1.8. Great Rivers BH-ASO provides information about, and referral to, other available services and resources for individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous).
- 3.1.9. Great Rivers BH-ASO and all contracted-providers are compliant with record content and documentation requirements in accordance with WAC 246-341-0900. Great Rivers BH-ASO requires that contracted-providers document calls, services, and outcomes.
- 4.1. **Crisis System Services (CSS)**
 - 4.1.1. Through contracted service providers, Great Rivers BH-ASO makes the following services available to all individuals in Great Rivers BH-ASO's Regional Service Area (RSA) regardless of Medicaid status.
 - 4.1.1.1. Crisis Triage and Intervention
 - 4.1.1.1.1. Crisis Triage and Intervention services determine the urgency of the individual's needs and identify the supports and services necessary to meet those needs. Triage and Intervention includes:
 - 4.1.1.1.1.1. Dispatch of mobile crisis or connecting the individual to services.
 - 4.1.1.1.1.2. For individuals enrolled with an MCO, assistance in connecting the individual with a current, prior, or new service provider.
 - 4.1.1.1.1.3. Crisis Services that may be provided prior to completion of an Intake Evaluation.
 - 4.1.1.1.1.4. Services provided by or under the supervision of a Mental Health Professional (MHP).
 - 4.1.1.1.1.5. Providing twenty-four (24) hour a day, seven (7) day a week crisis services to individuals who are within Great Rivers' RSA and report they are experiencing a crisis.

- 4.1.1.1.6. Having sufficient staff available, including a DCR, to respond to requests for Crisis Services.
- 4.1.1.2. Behavioral Health Individual Treatment Act (ITA) Services
 - 4.1.1.2.1. Behavioral Health ITA services are provided in accordance with WAC 246-341-0810. Services include:
 - 4.1.1.2.1.1. Investigation and evaluation activities;
 - 4.1.1.2.1.2. Management of the court case findings and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment.
 - 4.1.1.2.2. Great Rivers BH-ASO will reimburse the county for court costs associated with ITA and will provide for evaluation and treatment services as ordered by the court for individuals who are not eligible for Medicaid.
 - 4.1.1.2.3. Under no circumstance shall Great Rivers BH-ASO deny the provision of Crisis Services, Behavioral Health ITA Services, E&T, or Secure Withdrawal Management and Stabilization services, to a consumer, due to the consumer's ability to pay.
 - 4.1.1.2.4. When a DCR submits a No Bed Report due to the lack of an involuntary treatment bed, the DCR will return every day to re-evaluate the person until such time as the person no longer meets criteria for involuntary detention and can be sent home with a safety plan, or an involuntary bed becomes available.
- 4.1.1.3. Involuntary Treatment Facilities
 - 4.1.1.3.1. Involuntary Treatment Services include the following facilities that are licensed and/or certified by DOH:
 - 4.1.1.3.1.1. Evaluation & Treatment Centers/Units;
 - 4.1.1.3.1.2. Secure Withdrawal Management; and
 - 4.1.1.3.1.3. Stabilization facilities.

- 4.1.1.3.2. Involuntary facilities must have adequate staff to provide a safe and secure environment for the staff, patients, and the community. The facilities will provide evaluation and treatment services that aim to provide positive results for individuals and to limit the duration of involuntary treatment so individuals can be discharged back to their home community to continue their treatment without the loss of their civil liberties.
- 4.1.1.3.3. The treatment provided in involuntary facilities will be evidenced based practices to include:
 - 4.1.1.3.3.1. Pharmacological services;
 - 4.1.1.3.3.2. Psycho-social classes;
 - 4.1.1.3.3.3. Withdrawal management, as needed;
 - 4.1.1.3.3.4. Discharge planning; and/or
 - 4.1.1.3.3.5. Warm handoff to secondary treatment including any less restrictive alternative care ordered by court.
- 4.1.2. Great Rivers BH-ASO provides the following services to Individuals who meet eligibility requirements defined in the Service Area and Individual Eligibility section of Great Rivers BH-ASO's Contract with HCA, but who do not qualify for Medicaid, when medically necessary, and based on available resources:
 - 4.1.2.1. Crisis Stabilization Services
 - 4.1.2.1.1. Crisis Stabilization Services include short-term (up to fourteen (14) days per episode), face-to-face assistance with life skills training, understanding of medication effects, and follow up services.
 - 4.1.2.1.2. Services are provided in the person's own home, another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis.
 - 4.1.2.1.3. Crisis stabilization is often referred to as hospital diversion, typically managed by specific programs, apart from initial/emergent Crisis Stabilization Services, and available twenty-four (24) hours a day, seven (7) days a week.
 - 4.1.2.2. Substance Use Disorder (SUD) Crisis Services

- 4.1.2.2.1. SUD Crisis Services include short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or other public places.
- 4.1.2.2.2. Services may be provided by telephone, in person, in a facility, or in the field. Services may, or may not, lead to ongoing treatment.
- 4.1.2.3. Secure Withdrawal Management and Stabilization Services
 - 4.1.2.3.1. Secure Withdrawal Management and Stabilization Services are provided in a facility licensed by Washington State Department of Health (DOH) and are certified to provide involuntary evaluation and treatment services to individuals detained by the DCR for SUD ITA.
 - 4.1.2.3.2. Appropriate care for persons with a history of SUD who have been found to meet criteria for involuntary treatment includes:
 - 4.1.2.3.2.1. Evaluation and assessment, provided by a SUDP;
 - 4.1.2.3.2.2. Acute or subacute detoxification services;
 - 4.1.2.3.2.3. SUD treatment; and
 - 4.1.2.3.2.4. Discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services, or to a Least Restrictive Alternative (LRA) as appropriate for the individual, and meets the rules provided in WAC 246-341-1104. Discharge assistance is an involuntary treatment service, which does not require authorization.

5.1. Coordination with External Entities

- 5.1.1. Great Rivers BH-ASO collaborates with HCA and MCOs operating in the RSA to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization. The goal of coordination of care is to reduce utilization of crisis services.

- 5.1.2. Great Rivers BH-ASO contracts with HCA and MCOs operating in the RSA to establish protocols related to the provision of behavioral health Crisis Services and Ombuds services, by Great Rivers BH-ASO, to the Medicaid individuals assigned to MCOs. The protocols will, at a minimum, address the following:
 - 5.1.2.1. Payment by the MCOs to Great Rivers BH-ASO for crisis services arranged for or delivered by Great Rivers BH-ASO or Great Rivers BH-ASO's provider network. Payment is for individuals enrolled in the MCO's plan.
 - 5.1.2.1.1. If Great Rivers BH-ASO is paid on a fee-for-service basis and delivers Crisis Services through a network of crisis providers, it will reimburse its providers within fourteen (14) calendar days of receipt of reimbursement from the MCO.
 - 5.1.2.1.2. Any sub-capitation arrangement with HCA, MCOs or Great Rivers BH-ASO's providers will be reviewed and approved by HCA.
 - 5.1.2.2. Great Rivers BH-ASO and MCOs operating in the RSA will participate in a semi-annual financial reconciliation process, as directed by HCA, related to anticipated versus actual crisis services utilization.
 - 5.1.2.3. Great Rivers BH-ASO submits claims and/or encounters for crisis services consistent with the provisions of the Great Rivers BH-ASO contract. Claims and encounter submission timeliness requirements apply regardless of whether Great Rivers BH-ASO directly provides services, acts as a third-party administrator for a network of crisis providers or is paid on a capitation or a fee-for-service basis.
 - 5.1.2.4. Great Rivers BH-ASO has information systems to support data exchange consistent with the requirements under the Great Rivers BH-ASO contract including, but not limited to: eligibility interfaces, exchange of claims and encounter data, sharing of care plans, and the Berkeley Multimodal Human Action Database (MHAD) necessary to coordinate service delivery in accordance with applicable privacy laws, HIPAA Regulations and 42 CFR Part 2.
 - 5.1.2.5. Great Rivers BH-ASO will notify an MCO within one (1) business day when a MCO's Enrollee interacts with the crisis system.
- 5.1.3. Great Rivers BH-ASO, in partnership with the MCOs operating in the RSA, engages and collaborates with First Responders and other partners within the criminal justice system to coordinate the discharge and transition of incarcerated adults and Transition Age Youth (TAY) with Serious Mental

Illness for the continuation of prescribed medications and other BH services prior to re-entry to the community.

- 5.1.4. Great Rivers BH-ASO assists in coordination and participates in Integrated Crisis system meetings in each of the 5 counties (each county has a unique name for these meetings). These meetings are held monthly or quarterly in each county and include participation from, but not limited to, law enforcement, community courts, schools, other system partners, First Responders, criminal justice system, emergency departments, inpatient behavioral health providers and outpatient behavioral health providers. Great Rivers BH-ASO and other community stakeholders encourage MCOs to attend and participate in these meetings as well. The intent of these meetings is to discuss crisis system issues and possible remedies, coordinate services, provide education and information on different system roles, and identify and mitigate any gaps within the full continuum of crisis and behavioral health services.
 - 5.1.5. Great Rivers BH-ASO facilitates a weekly scheduled Crisis Services Meeting, where the BHA crisis providers and DCR contracted providers give updates per county, and per crisis service type. This meeting allows for cross-region coordination, and information sharing, to ensure that all partners have the necessary information to link individuals to the appropriate levels of crisis services as medically indicated.
- 6.1. Court Ordered ITA Services
- 6.1.1. Court ordered services for ITA will be paid for by Great Rivers BH-ASO for all non-Medicaid funded detained individuals.
 - 6.1.2. For other court ordered services, for non ITA and non-Medicaid eligible individuals, services will be paid for when the ordered service is to meet a behavioral health diagnosis, is not covered by another funding source, is within available resources, and meets medical necessity requirements.
- 7.1. Monitoring and Reporting
- 7.1.1. Great Rivers BH-ASO monitors the implementation of the crisis service system by conducting contract compliance audits, at least annually.
 - 9.1.2.1. Contract compliance audits will review:
 - 9.1.2.1.1. Administrative, Clinical, and Personnel policies, as well as, evidence to support full procedure implementation;
 - 9.1.2.1.2. Clinical records, including grievance records;
 - 9.1.2.1.3. Information Technology (IT)/Information Systems (IS);
 - 9.1.2.1.4. Fiscal data;
 - 9.1.2.1.5. Program Integrity, including critical incident data; and

- 9.1.2.1.6. Other relevant information and data as appropriate to the scope of the audit.
 - 9.1.2.2. Great Rivers BH-ASO will require corrective action for all deficiencies found during contract compliance audits.
 - 9.1.2.3. Monthly monitoring activities will occur until the provider achieves and maintains compliance over at least 90 days.
- 9.1.2. Great Rivers BH-ASO will compile aggregate CSS data monthly and will submit all deliverables on time to the appropriate entities, including HCA and MCOs. Great Rivers BH-ASO contracted crisis service providers must submit monthly CSS data to Great Rivers BH-ASO per contract or by request.
- 9.1.3. Great Rivers BH-ASO will share aggregate CSS data with providers at least quarterly during the Quality Management Committee meeting. This review will assist Great Rivers BH-ASO in developing quality improvement strategies, when needed.

ATTACHMENTS

None.

POLICY SIGNATURE

DocuSigned by:
Edna J. Fund
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4/14/2020

Edna J. Fund, Chair
Great Rivers BH-ASO Governing Board

Date