Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	**Crisis, Emergency, and Post-Stabilization Care**	Policy No. **6029.01**
Category:	Clinical	Date Adopted: 01/08/2021 Date Reviewed: 06/09/2021 Date Revised:
Reference:	Washington Administrative Code (WAC) 246-341-0900, 246-341-0900, 246-341-0905, 246-341-0910, 246-341-0915. Revised Code of Washington (RCW) 70.02, 70.96A, 71.05, 71.24, 71.34, 74.50, 74.08.090, 43.20A.890. 42 CFR part 8 (Code of Federal Regulations).	

Policy:

1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) shall ensure that an integrated crisis response system (CRS) operates twenty-four hours a day and seven days a week, serving persons of all ages and cultures who are in crisis, throughout all counties in the service region.

1.2. Crisis response services shall include telephone emergency services, crisis outreach services, crisis stabilization services, crisis peer support services, and emergency involuntary detention services.

1.3. Crisis phone numbers are accessible through local phone directories, agency websites, and Great River BH-ASO's website.

1.4. Great Rivers BH-ASO shall ensure coverage and payment for crisis response services and post-stabilization of care services through contracts with behavioral health agencies within the service region.

1.5. Crisis response services shall be available to all individuals within the service region regardless of ability to pay.

1.6. Crisis response services shall be covered for all services provided by, or under the supervision of a Mental Health Professional (MHP), at a licensed agency, practicing within their scope.

1.7. Great Rivers BH-ASO shall not require authorization for crisis (urgent/emergent) services. Post-stabilization care is subject to the same pre-authorization requirements that apply to all non-emergency services.

1.8. A comprehensive continuum of care shall be utilized to ensure the most appropriate level of treatment is provided to the individual in the least restrictive setting. If, in the judgment of the professional staff, the individual in crisis can be properly served without being involuntarily detained in a designated facility, the individual shall be provided evaluation, crisis intervention or other services on a voluntary basis.

1.9. Great Rivers BH-ASO shall monitor all crisis, emergency and post-stabilization care services to ensure behavioral health agencies have policies and procedures in place for individuals to obtain crisis services, including a twenty-four-hour crisis number: twenty-four hours a day, seven days a week.

1.10. All crisis providers will be required to have a copy of the Individual Rights and Responsibilities posted in all locations visible to staff and agency volunteers.

Procedure:

2.1. Crisis Services

2.1.1. Crisis behavioral health services are intended to stabilize an individual in crisis to:

2.1.1.1. Prevent further deterioration; and

2.1.1.2. Provide immediate treatment and intervention in a location best suited to meet the needs of the individual.

2.1.2. When any individual in the Great Rivers BH-ASO's service region presents with a self-defined crisis, either by phone or in person, that individual meets criteria for access to crisis intervention services.

2.1.3. Great Rivers BH-ASO shall ensure crisis behavioral health services:

2.1.3.1. Are available twenty-four hours a day, seven days a week;

2.1.3.2. Include family members, significant others and other relevant mental health or medical treatment providers, as necessary, to provide support to the individual in crisis by inquiring about supports and referencing supports listed in the individual's crisis plan;

2.1.3.3. Are provided in the least restrictive setting that provides for the safety of the individual and agency staff members;

2.1.3.4. Provide crisis telephone screening;

2.1.3.5. Are provided by a behavioral health professional with documented training in crisis response, or a staff member with documented training in crisis response and under the supervision of a mental health professional, regardless of the type of service;

2.1.3.6. Staff receive annual safety and violence prevention training and engage law enforcement and other professionals as needed to ensure the safety of all involved;

2.1.3.7. Staff can access a copy of an individual's crisis plan twenty-four-hours a day, seven days a week;

2.1.3.8. Staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished;

2.1.3.9. Resolve the crisis in the least restrictive manner possible and that treatment is based on level of care need as assessed by the LOCUS (Level of Care Utilization System), CALOCUS (Child and Adolescent Level of Care Utilization System) and MSE (Mental Status Exam);

2.1.3.10. Staff members responding to a crisis are able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location, and a concern for safety is present. Staff may engage law enforcement professionals when there are concerns for safety. No staff member shall be required to respond individually to a non-secure setting. Provide cell phone or comparable devices to staff members who engage in home visits or other sites outside of the agency setting;

2.1.3.11. Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis prompt access to reasonably available information (RCW 71.05.212) about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response;

2.1.3.12. Recognize and respond to the need for individuals to be evaluated for a voluntary or involuntary treatment facility twenty-four hours a day, seven days a

week. Designated Crisis Responders (DCRs) may initiate an involuntary proceeding subsequent to RCW 71.05 and RCW 71.34;

2.1.3.13. Staff follow Great Rivers BH-ASO's Policy and Procedure on Transportation;

2.1.3.14. Utilize Interpretative Service per Great Rivers BH-ASO's policy to enable staff to communicate with consumers who have limited ability to communicate in English, or have sensory disabilities; and

2.1.3.15. Document all crisis response contacts in the electronic medical record, including:

2.1.3.15.1. Provider One #;

2.1.3.15.2. Managed Care Organization;

2.1.3.15.3. Service Recipient address, if known;

2.1.3.15.4. Service Recipient phone number, if known;

2.1.3.15.5. The date and time and location of the initial contact;

2.1.3.15.6. The source of referral or identity of caller, including the relationship to the person in crisis;

2.1.3.15.7. The date, time, duration and location of the crisis intervention;

2.1.3.15.8. The names of the participants, including the patient;

2.1.3.15.9. The nature of the crisis (reason for referral);

2.1.3.15.10. Presenting Problem (MH, SUD or COD);

2.1.3.15.11. New or Continued Crisis Episode;

2.1.3.15.12. Service Code/Description (H0030, H2011, or 99075);

2.1.3.15.13. Encounter Type;

2.1.3.15.14. Whether the individual has a crisis plan and any attempts to obtain a copy;

2.1.3.15.15. The time elapsed form the initial contact to the face-to-face response;

2.1.3.15.16. The outcome, including:

2.1.3.15.16.1. The basis for a decision not to respond in person;

2.1.3.15.16.2. Any follow-up contacts made; and any referrals made, including referrals to emergency or medical services;

2.1.3.15.16.3. The name of the staff person(s) who responded to the crisis;

2.1.3.15.16.4. Accepting Facility (if applicable);

2.1.3.15.16.5. Admit Legal Status (if applicable);

2.1.3.15.16.6. Crisis Team Follow Up plan;

2.1.3.15.16.7. Needs for MCO Follow up; and

2.1.3.15.16.8. Known Complications

2.1.4. Clinical Supervision from a mental health professional must be included for all crisis workers.

2.1.5. Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. Great Rivers BH-ASO will review during annual contract audits

(must be in staffs' personnel record).

2.1.6. Contracted Crisis Staff will have access to consultation with one of the following professionals who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder:

2.1.6.1. A psychiatrist;

2.1.6.2. A physician;

2.1.6.3. A physician assistant; or

2.1.6.4. An advanced registered nurse practitioner (ARNP) wo has prescriptive authority

2.2. Crisis Mental Health Services – Telephone Support Services (See policy 6009)

2.3. Crisis Mental Health Services – Outreach Services

2.3.1. Great Rivers BH-ASO ensures:

2.3.1.1. Crisis mental health outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location.

2.3.1.2. In addition to meeting the general requirements for crisis services in WAC 246-341-0900, an agency certified to provide crisis outreach services must do all the following:

2.3.1.2.1. Provide crisis telephone screening.

2.3.1.2.2. Ensure face-to-face outreach services are provided by a mental health professional, or a mental health care provider under the supervision of a mental health professional with documented training in crisis response.

2.3.1.2.3. Ensure services are provided in a setting that provides for the safety of the individual and agency staff members.

2.3.1.2.4. Have a protocol for requesting a copy of an individual's crisis plan twenty-four hours a day, seven days a week.

2.3.1.2.5. Require that staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.

2.3.1.2.6. Resolve the crisis in the least restrictive manner possible.

2.3.1.2.7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a nonpublic setting.

2.3.1.2.8. Ensure that a staff member responding to a crisis can be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location.

2.3.1.2.9. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device for the purpose of emergency communication as described in RCW 71.05.710.

2.3.1.2.10. Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate

that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

2.3.1.2.11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week.

2.3.1.2.12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.

2.3.1.2.13. Document all crisis response contacts, including:

2.3.1.2.13.1. The date, time, and location of the initial contact;

2.3.1.2.13.2. The source of referral or identity of caller;

2.3.1.2.13.3. The nature of the crisis;

2.3.1.2.13.4. Whether the individual has a crisis plan and any attempts to obtain a copy;

2.3.1.2.13.5. The time elapsed from the initial contact to the face-to-face response;

2.3.1.2.13.6. The outcome, including:

2.3.1.2.13.6.1. The basis for a decision not to respond in person;

2.3.1.2.13.6.2. Any follow-up contacts made; and

2.3.1.2.13.6.3. Any referrals made, including referrals to emergency medical services.

2.3.1.2.13.7. The name of the staff person(s) who responded to the crisis.

2.4. Crisis Mental Health Services - Stabilization Services

2.4.1. Great Rivers BH-ASO ensures:

2.4.1.1. Crisis mental health stabilization services include short term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an individual.

2.4.1.2. Stabilization services may be provided to an individual as a follow-up to crisis services provided or to any individual determined by a mental health professional to need additional stabilization services.

2.4.1.3. In addition to meeting the general requirements for crisis services in WAC 246-341-0900, an agency certified to provide crisis stabilization services must:

2.4.1.3.1. Ensure the services are provided by a mental health professional, or under the supervision of a mental health professional;

2.4.1.3.2. Ensure the services are provided in a setting that provides for the safety of the individual and agency staff;

2.4.1.3.3. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting;

2.4.1.3.4. Have a protocol for requesting a copy of an individual's crisis plan;

2.4.1.3.5. Ensure that a staff member responding to a crisis is able to be

accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location;

2.4.1.3.6. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710;

2.4.1.3.7. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility;

2.4.1.3.8. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary; and

2.4.1.3.9. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

2.4.1.4. Stabilization services may be provided prior to an intake evaluation for mental health services.

2.4.2. Crisis Stabilization facilities may not be used as a housing option only. Documentation must show that the recipient is experiencing a mental health crisis or emergency.

2.4.3. Residential Crisis Stabilization facilities may be used to provide further stabilization to individuals who have been hospitalized for a mental health crisis or emergency.

2.5. Post-Stabilization Services

2.5.1. Post-stabilization services are Medicaid covered services related to an emergency medical condition that are provided after an Enrollee is stabilized in order to maintain the stabilized condition [under the circumstances described in 42 CFR § 438.114(e)] to improve or resolve the Enrollee's condition.

2.5.2. Post-stabilization may include further assessment and referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training and collaboration with other service providers in the community. These services must be individualized and designed to restore the person to his/her prior level of functioning.

2.6. Crisis Mental Health Services – Peer Support Services

2.6.1. Crisis mental health peer support services assist an individual in exercising control over their own life and recovery process through the practice of peer counselors sharing their own life experiences related to mental illness to build alliances that enhance the individual's ability to function.

2.6.2. Peer support services are intended to augment and not supplant other necessary mental health services.

2.6.3. In addition to meeting the general requirements for crisis services in WAC 246-341-0900, an agency certified to provide crisis peer support services must:

2.6.3.1. Ensure services are provided by a person recognized by the authority as a peer counselor, as defined in WAC 246-341-0200, under the supervision of a mental health professional;

2.6.3.2. Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential;

2.6.3.3. Ensure that a peer counselor responding to a crisis is accompanied by a mental health professional;

2.6.3.4. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication; and

2.6.3.5. Ensure peer counselors receive annual training that is relevant to their unique working environment.

2.7. Monitoring

2.7.1. Great Rivers BH-ASO will conduct pre-service review, concurrent review of outpatient services and post-service review of non-emergency services.

2.7.2. Great Rivers BH-ASO will monitor reports of any contracted crisis service providers on a monthly and quarterly basis for compliance with contract expectations.

2.7.2.1. Great Rivers BH-ASO monitors response times for urgent and emergent crisis services through monthly AVATAR data reports.

2.7.2.2. Great Rivers BH-ASO reviews both aggregate data and individual cases of Individuals of Service utilizing crisis services at a monthly Grievance and Critical Incident Review Committee meeting to identify opportunities for practice improvement, system of care gaps and practitioner training needs.

2.7.2.3. Great Rivers BH-ASO will monitor access to the twenty-four-hour crisis number by analyzing data from grievances, outreach efforts and satisfaction surveys

2.7.2.4. Great Rivers BH-ASO assesses for performance in crisis services during annual contract monitoring audits. Corrective Action is requested as needed as a result of findings from this audit.

POLICY SIGNATURE

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Trinidad A. Medina
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11/4/2021

Trinidad Medina
Chief Executive Director

Date