

# GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Clinical  
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**No: CL302.04**

<b>Title: Integrated Crisis System Policy</b>
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## **I. Scope:**

This Integrated Crisis System Standard applies to the Greater Columbia Behavioral Health (GCBH) Regional Office, Member Governments, and Subcontractors. These standards shall be adhered to throughout GCBH.

## **II. Purpose(s):**

- A. To provide GCBH with clearly defined standards for the provision of crisis services; the oversight of crisis services; and the expected outcomes for provision of crisis care.
- B. To ensure compliance with:
  - 1. RCW 71.24, 71.34, and 71.05
  - 2. WAC 388.860
  - 3. DSHS Contracts
  - 4. Washington State Medicaid Waiver

## **III. Process/Procedure(s):**

- A. Crisis System Values:
  - 1. The GCBH Board of Directors is the single point of accountability for all GCBH funded services, including crisis services.
  - 2. Crisis services shall be provided in a seamless manner throughout GCBH, guaranteeing timely access to crisis care.
  - 3. Information regarding all crisis line numbers shall be available 24 hours a day, 7 days a week, 365 days a year.

4. Crisis services will be provided in a manner that is consistent with the concepts of recovery, choice and individual needs.
  5. Crisis services shall be culturally competent and responsive in the service recipient's language of choice. These services are to be provided in a manner that respects the service recipient's culture.
  6. Crisis services shall be available to all persons needing mental health crisis services regardless of their ability to pay, insurance, age, sex, minority status, status with the GCBH, allied system of care relationship, or place of residency.
  7. Individuals experiencing a psychiatric crisis shall be stabilized in the most appropriate clinical setting, preferably in the community and in a voluntary manner.
  8. Crisis services shall be responsive to and supportive of family members of persons experiencing a crisis. This includes obtaining collateral information from family members when available and appropriate.
  9. Crisis services will build upon existing systems of crisis provision, reflect innovation, and strive for best practices (quality of care). This will include applying aspects of the Practice Guidelines adopted by GCBH.
- B. Crisis services to be available throughout GCBH shall include, but are not limited to, the following:
1. Crisis services shall be responsible, at a minimum, for the following tasks:
    - a. Answering all calls with a live voice within 5 rings.
    - b. Providing crisis counseling, support, and stabilization.
    - c. Scheduling next day appointments when appropriate.
    - d. Tracking the outcomes of face-to-face services.
    - e. Ensuring that age and culturally appropriate service/specialists are contacted at all critical junctures, having access to language bank interpreters and TDD equipment.
  2. Crisis line access to emergent and non-emergent acute care:
    - a. Information regarding local crisis line numbers used to access acute care throughout GCBH shall be available through local law

enforcement agencies, local hospitals, and in local telephone directories.

- b. All local crisis line numbers shall be responded to by a person who is trained in the provision of crisis services, allowing for initial response via an answering service.
- c. The individual requesting, or being referred for crisis services, shall receive a telephone call from a trained mental health crisis staff within 15 minutes.

3. Mobile Outreach Services:

- a. Crisis outreach shall be expected:
  - i. Face-to-face, and services shall be provided by crisis outreach unless telephone intervention can successfully stabilize the individual.
  - ii. When clinically indicated or when the service recipient has no means to get to a clinic or emergency room, the crisis response staff shall take services directly to the individual in crisis, stabilizing and supporting the person until the crisis is resolved or an appropriate referral is made.
- b. Face to face evaluation and/or other interventions shall be required when requested by:
  - i. GCBH Clinical staff
  - ii. Law Enforcement
  - iii. Designated Mental Health Professionals
  - iv. Hospital Emergency Staff
  - v. Mental Health Outpatient Providers
  - vi. Detox Staff
  - vii. Residential Providers
  - viii. School Teachers/Counselors
  - ix. Providers of Inpatient Psychiatric Services
  - x. Hospital Staff
  - xi. Primary Care Physicians
  - xii. Member Governments
- c. Services will be provided in the most natural, least restrictive, safest, and most appropriate environment possible. When feasible, voluntary services will be provided as the preferred approach to providing such Crisis services.

- d. Crisis Outreach shall work collaboratively with mental health services/programs, serving adults and children in an age and culturally competent manner.
- e. Services to approve and/or facilitate admission to a crisis bed.
- f. Outreach services will be available 24 hours a day, 7 days a week, 365 days a year.
- g. Outreach workers will begin to formulate a crisis treatment plan based upon the array of options available at the time of crisis. When available, an existing Crisis Plan will be utilized.
- h. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.
- i. A “no decline” policy will be enforced for both Designated Mental Health Professionals and Crisis Outreach Workers.

**Note:** “No decline” means that when a Designated Mental Health Professional or designated crisis outreach person is requested by persons identified in 3 b) above, they may not refuse to provide crisis services regardless of the person’s age, culture, or ability to pay.

j. Safety of the Designated Mental Health Professional

- i. No DMHP or crisis intervention worker shall 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 involuntary treatment act unless a second trained individual accompanies them.
- ii. The clinical team supervisor, on-call supervisor, or the individual professional acting alone based on a risk assessment for potential violence shall determine the need for a second individual to accompany them.
- iii. The second individual may be a law enforcement officer, a mental health professional, a mental health paraprofessional who has received training that is compliant with DSHS contracts, or other first responder, such as fire or ambulance personnel.
- iv. No retaliation may be taken against individual who, following consultation with the clinical team or supervisor refuses to go to a private home or other private location alone.

- v. The Contractor must have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis outreach staff who respond to private homes or other private locations.
- vi. Every mental health professional who is dispatched on a crisis visit, as described in DSHS contracts, has access to information about any history of dangerousness or potential dangerousness on the client they are being sent to evaluate that is documented in crisis plans or commitment records and is available without unduly delaying a crisis response.

4. Care Coordination Post-Stabilization:

Once the crisis is stabilized, GCBH and its providers will ensure a consistent and appropriate follow-up process for the consumer.

5. Crisis Respite Services:

- a. Crisis Respite Services will be available to avoid more restrictive levels of care.
- b. Crisis respite beds will be accessible and available 24 hours a day, 7 days a week, as an alternate to more restrictive interventions (through the GCBH Level of Care Standard, access procedures will be uniform throughout the GCBH region).
- c. Crisis Respite Services will include acute crisis respite (for children and adults) and planned respite.

6. Para-professional Stabilization Services (such as Peer Counselors), when available, may be provided:

- a. When the person in crisis (as assessed by a Designated Mental Health Professional or qualified crisis outreach worker) requires ongoing supervision to maintain safety, basic medication compliance, or necessary activities of daily living necessary to avoid grave disability and/or further decompensation;
- b. When there is a high risk that the person may lose their current residence or require a higher level of care without this service;
- c. When recipient's symptoms would likely exacerbate if placed in a crisis respite bed; or
- d. When the crisis episode can be expected to resolve or be transferred back to the primary agency within 24 hours.

7. Designated Mental Health Professional (DMHP) Services: As defined in RCW 71.05 and 71.34 and WAC 388.860 and 388.861, Involuntary Treatment Act responsibilities are required.
- C. **Contractual Requirements:**  
All service providers contracting with GCBH to provide crisis services shall ensure that: Crisis Plans, as defined in WAC 388.865.0610, will be completed when clinically appropriate.
- D. **Ancillary Requirements of the GCBH Crisis System:**
1. All GCBH providers of crisis services shall demonstrate concrete evidence of their efforts to maintain functional working relationships with: local law enforcement, local hospitals, allied systems of care (Developmental Disabilities Division, Division of Alcohol and Substance Abuse, Division of Children and Family Services, etc.), homeless services, and correctional facilities.
  2. Crisis services to the Yakama Nation will be provided on and off the Reservation.

#### **IV. Integration in/with GCBH Quality Assurance:**

The following mechanisms and parameters shall be used to monitor crisis system efficiency, effectiveness, and satisfaction:

- A. The GCBH Quality Review Team will survey allied systems of care and family members who utilize crisis services. Surveys will determine the level of satisfaction. Resulting data will also go to the QMOC for analysis which will in turn make recommendations to the Governing Board of GCBH.
- B. Crisis response efficiency and effectiveness will also be monitored based on desired outcomes listed in Section VIII of this standard. Specifically, GCBH Utilization Management Services will monitor crisis services to assess effectiveness of hospital diversion, ability to stabilize at the least restrictive level of care possible, ability to provide culturally relevant care, and ability to maintain the individual in the community.
- C. The GCBH Crisis Level of Care Criteria provides standardized clinical criteria to determine the most appropriate level of care needed for each individual in crisis.
- D. The QMOC and GCBH Utilization Management Services (UMS) shall be responsible for ensuring that the appropriate clinical criteria are followed and the crisis interventions are evaluated by Utilization Management Services based on objective criteria as developed in a review protocol or instrument.

E. GCBH will monitor crisis services by using a variety of methods including, but not limited to:

1. making test calls (following reasonable notification) and documenting these calls;
2. checking telephone directories throughout the region to ensure crisis phone numbers are listed;
3. reviewing the interface with community support and hospital certification services;
4. monitoring access (and access times);
5. monitoring specialist documentation;
6. conducting regular concurrent reviews;
7. conducting emergent concurrent reviews related to identified problematic cases;
8. performing customer satisfaction surveys; and by
9. reviewing and analyzing MIS data.

Together, these monitoring activities will ensure:

1. provision of effective and appropriate types of outreach services;
2. compliance with clinical necessity guidelines and conformance to GCBH Level of Care Standards;
3. adherence to the “no decline” policy;
4. Crisis Plans are complete and accessible throughout GCBH;
5. effective and efficient coordination with allied systems of care;
6. appropriate assessment, triage, and hospital referral processes are followed including the evaluation of information from collateral informants such as family members, guardians or other system participants (police, social services workers, medical providers, etc.);
7. services are age, culturally, and linguistically appropriate and that specialists and interpreters are used when indicated and required; and;
8. where appropriate, that the requests of persons in crisis are respected.

**V. Integration of Crisis Care With Allied Systems of Care:**

The GCBH crisis delivery system works with all allied systems of care, especially Division of Alcohol and Substance Abuse and Developmental Disabilities Division, to ensure the GCBH community and crisis recipient are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, community mental health programs, hospitals, shelters, and homeless services.

**VI. Expected Outcomes of GCBH Crisis Services:**

- A. The individual in crisis receives the most appropriate level of crisis care for stabilization as defined by the Level of Care Standard and the individual's Crisis Plan.
- B. Appropriate use of psychiatric hospitalizations.
- C. Appropriate use of emergency rooms.
- D. Increased coordination of crisis services with allied systems of care.
- E. Increase in customer and community satisfaction.

Approved:

Date:

/S/ William Wilson  
William Wilson, DrPH  
Interim Director

10/12/07