

# GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Clinical  
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**No: CL323.00**

**Title: Crisis Services Policy**

## **I. Scope:**

This service provision policy applies to all Greater Columbia Behavioral Health (GCBH) Regional Office, Member Governments, and subcontractors.

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

The purpose of this policy is to provide GCBH with clearly defined standards for the provision of access to and oversight of crisis services.

## **III. Policy:**

GCBH shall ensure that the Regional Office, Member Governments and subcontractors provide crisis services in accordance with applicable rules and regulations. Services shall be available to all individuals experiencing a crisis.

## **IV. Responsibility:**

GCBH through its contracted provider network delegates the responsibility for the provision of crisis services.

## **V. Requirements:**

- A. Crisis services are available twenty-four hours a day, seven days a week.
- B. Provide 24-hour crisis telephone screening to determine whether the crisis is acute and emergent.

1. The Crisis Services telephone numbers shall be accessible through GCBH 24-hours-a-day and shall be listed in the local phone directory and with law enforcement and local hospitals.
  2. Crisis calls received must be answered with a live voice within 30 seconds.
  3. Crisis Services shall be provided by or under the supervision of a mental health professional. Non-mental health professionals shall have immediate access to a Designated Mental Health Professional (DMHP).
  4. The individual requesting, or being referred for Crisis Services, shall receive a telephone call from a trained mental health crisis staff member within 15 minutes.
  5. When appropriate, Crisis Services staff shall assist the individual in contacting alternate resources or services as necessary.
  6. Crisis Services staff handling the call shall initiate provision of needed follow-up services, including face-to-face crisis outreach services if telephone intervention cannot successfully stabilize the individual.
  7. Access to next business day appointments shall be available to all persons in crisis, when clinically indicated. Such appointments, when clinically indicated, shall have scheduling priority.
  8. Crisis Services shall be culturally competent and responsive in the individual's language of choice. Services are provided in a manner that respects the individual's culture. Services shall have access to language bank interpreters and TDD equipment and, when appropriate, emergency services staff shall assure that age and culturally appropriate service/specialist are contacted at all critical junctures. Services shall have consultation access to Mental Health Specialists for children, disability, geriatric and minorities within 12 hours or sooner, depending on the nature of the crisis. Services shall involve family members, significant others and natural supports when indicated and possible.
- C. Mobile outreach services, including face to face evaluations and stabilization services with trained staff (crisis and DMHP training) available to provide in-home or in-community stabilization including crisis respite, flexible supports to the person where he/she lives, and next day appointments/stabilization:
1. Crisis respite services shall be available 24-hours, seven-days-a-week to children and adults to avoid more restrictive levels of care.
  2. Crisis services staff shall screen each call and/or request for outreach services for appropriateness. Crisis services shall be provided within 2 hours of initial contact. Urgent services occur within 24-hours of initial contact and an offer for a referral for

routine care is provided as part of the intervention process.  
Generally the criteria for outreach services shall include:

- a. Crisis staff shall respond when outreach is clinically indicated or requested by law enforcement, hospital emergency staff, primary care physicians, hospital staff, Greater Columbia Behavioral Health (GCBH) Utilization Management Services, DMHPs, Detox staff, Residential providers, School Teachers/Counselors, Mental Health Outpatient Providers, Providers of Psychiatric Inpatient Services, or member government and telephone intervention cannot successfully stabilize the individual and the individual has no means to get to facilities or emergency room.
  - b. Calls from individuals outside of the provider service area shall be referred to the appropriate GCBH resource.
  - c. Calls for situations clearly involving Child Protective issues, domestic violence, illegal activities or involve the presence of weapons, security concerns, or need an immediate response in outlying areas shall be referred to CPS, the appropriate domestic violence services, or law enforcement for appropriate first line response.
  - d. Crisis Services shall work collaboratively with mental health services/programs, serving children and adults in an age and culturally competent manner.
  - e. Crisis services will utilize and mobilize all necessary and appropriate community resources.
  - f. All services shall be provided by or under the supervision of a mental health professional.
  - g. A designated mental health professional shall be available at all times by telephone or in person. All staff providing crisis care and interventions shall be trained in crisis counseling and in the provision of crisis services as described in RCW 71.05 and 71.34 and WAC 388-865. Training shall ensure the consistent provision of crisis services based on clinical criteria as defined by the Mental Health Division Access to Care Standards (Exhibit M – GCBH Contract).
- D. A “No Decline” policy will be enforced for both DMHP and Crisis Outreach Workers. “No Decline” means, when a DMHP or Crisis Outreach Worker is requested by a person identified in i above, they may not refuse to provide Crisis Services regardless of the person’s age, culture, or ability to pay.
- E. Crisis services shall provide access to necessary services including:
1. Medical services, which means at least emergency services, preliminary screening for organic disorders, prescription services,

and medication administration and other flexible supports to the person where he / she lives.

2. Accessing and utilizing interpretive services, to enable staff to communicate with consumers who have limited ability to communicate in English, or have sensory disabilities.
  3. Accessing and utilizing mental health specialists for children, elderly, ethnic minorities or consumers who are deaf or developmentally disabled.
  4. Accessing and utilizing voluntary and involuntary inpatient evaluation and treatment services, including a written protocol to assure that consumers who require involuntary inpatient services are transported in a safe and timely manner.
  5. Investigation and detention to involuntary services under chapter 71.05 RCW for adults and chapter 71.34 RCW for children who are thirteen years of age or older, including written protocols for contacting the designated mental health professional.
- F. Maintain documentation regarding all telephone and face-to-face crisis contacts. The minimum data required includes:
1. Source of referral;
  2. Nature of crisis;
  3. Time elapsed from the initial answering service call to time contact is established with consumer whether by phone or face-to-face; and
  4. Outcomes, including basis for decision not to respond in person, follow-up contacts made, and referrals made.
- G. Crisis plans are completed and available for all enrolled recipients of the GCBH mental health care as appropriate and clinically indicated. All crisis plans will include, at a minimum, the following information:
1. clinical information
  2. diagnosis
  3. primary care physician
  4. medication regiment
  5. natural supports, and
  6. review dates
- H. Crisis plans are accessible, 24 hours-a-day, seven-days-a-week, 365-days-a-year to Evaluation and Treatment Centers, DMHPs, GCBH UMS, Resource Management Services, and Primary Care Physicians.

- I. Crisis Plans are accessible throughout GCBH.
- J. GCBH Ombuds Services will also have access to crisis plans when the recipient of care gives written permission to the Ombuds Service.
- K. Crisis Plans may include or reference Advance Directives as developed by recipients of care.
- L. All crisis services shall have consultation access to Mental Health Specialists for children, disability, geriatric, and minorities within 12 hours or sooner, depending upon the nature of the crisis.
- M. All relevant confidentiality requirements and processes are met and upheld.
- N. All required MIS data is provided to GCBH.
- O. GCBH and providers have access to the state operated Case Manager Locator System.
- P. Required training is provided to all crisis workers who provide crisis care and interventions. Training shall ensure the consistent provision of crisis services based on specific clinical criteria as defined by the GCBH Level of Care Standard.

**VI. Ancillary Requirements of the GCBH Crisis System:**

- A. 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 (Division of Developmental Disabilities, Division of Alcohol and Substance Abuse, Division of Children and Family Services, etc.), soup kitchens, homeless shelters, and correctional facilities. The GCBH Quality Review Team will conduct reviews with ancillary systems to monitor the maintenance of functional working relationships on an annual basis.
- B. All GCBH providers of crisis services shall participate with local and/or sub-regional oversight committees. (Note: A local/sub-regional oversight committee may be the same as a clinical review team and/or Sub-regional Provider Network.) The oversight committee function is designed to provide local input in the provision of crisis services relevant to a member government or sub-region of GCBH.

The oversight committee function, at a minimum, will have representation of member governments, DMHPs, and local crisis services staff.

The local oversight committee function shall:

- 1. Provide oversight to service coordination and crisis response.
- 2. Debrief problematic situations.

3. Provide the GCBH Quality Management Oversight Committee (QMOC) regular reports on issues relevant to regional oversight.
  4. Evaluate data pertinent to local and/or sub-regional networks. Analysis will focus on improvement and making recommendations related to systemic quality improvement and changes/improvement of crisis programs. All recommendations will be forwarded to the QMOC.
  5. Prepare and distribute information regarding the array of crisis services available to collateral and affiliate systems of care.
  6. Define and develop protocols that detail how the various network and allied providers intervene and work together.
  7. Provide clinical dispute resolution through established protocols.
- C. Crisis services to the Yakama Nation will be provided on and off the Reservation.

#### **VII. 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.

#### **VIII. Integration with Quality Management:**

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 IX 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 UMS 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.
  - 10. Together, these monitoring activities will ensure:

- a. provision of effective and appropriate types of outreach services;
- b. compliance with clinical necessity guidelines and conformance to GCBH Level of Care Standards;
- c. adherence to the “no decline” policy;
- d. crisis plans are complete and accessible throughout GCBH;
- e. effective and efficient coordination with allied systems of care;
- f. appropriate assessment, triage, and hospital referral processes are followed;
- g. services are age, culturally, and linguistically appropriate and that specialists and interpreters are used when indicated and required; and
- h. where appropriate, that the requests of person in crisis are respected.

**IX. Scheduled Review of this Policy:**

The revision of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by September of even years,
- B. by the Regional Advisory Board (RAB) by October of even years,
- C. by the GCBH Board of Directors by November of even years, and
- D. outside of the schedule if required.

Reviewed:

Date:

/S/ William Wilson, DrPH  
 William Wilson, DrPH  
 Interim Director

10/04/06