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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - The requirements herein apply, verbatim, to GCBH and its network providers².
 - X - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To define standards for the provision of access to and oversight of inpatient evaluation and treatment services.

DEFINITIONS

- I. Consumer – A person who has applied for, is eligible for or has received mental health services from a Greater Columbia Behavioral Health (GCBH) network provider, regardless of Medicaid eligibility.

POLICY

- A. GCBH ensures that consumers who would otherwise meet hospital admission criteria have access to medically necessary inpatient evaluation and treatment services prior to an intake assessment. This is accomplished by maintaining agreement(s) with a sufficient number of inpatient evaluation and treatment facilities to ensure that persons eligible for regional support network services have access to these services.
- B. GCBH contractually delegates to appropriate members of its provider network the responsibility for providing consumers access to these services on a seven-day-a-week, twenty-four-hour-a-day basis.
- C. GCBH ensures that its providers of inpatient evaluation and treatment services are currently certified by the mental health division and licensed by the department of health, and periodically conducts reviews of these facilities for compliance with GCBH procedures and applicable statutes, rules and regulations.

PROCEDURE

1. Staff providing access to inpatient evaluation and treatment services are mental health professionals trained in assessing clinical status, severity of disturbance and availability of less restrictive and/or less costly alternatives.
 2. Information and assistance is provided in the same manner and subject to all applicable standards as the other emergency service modalities.
 3. Common referral sources are informed of the availability of this service and requested to utilize it as opposed to making direct referral to the state hospital.
 4. Assessments include face-to-face or telephone contact with the individual and discussion with family members and the referral source when possible.
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5. The availability of appropriate alternatives is explored and discussed with the individual and referral source. Admission to a less restrictive and/or less costly alternative (such as respite care) is facilitated where appropriate. The goal of services is to facilitate utilization of the most natural, least restrictive, safest, and most appropriate alternative possible.
6. It is considered appropriate to refer the individual for voluntary admission to a free standing evaluation and treatment service when:
 - 6.1. The individuals who would otherwise meet hospital admission criteria meets the standards for involuntary commitment under RCW 71.05 or 71.34 (i.e., presence of a mental disorder and the individual is gravely disabled or there is imminent likelihood of danger to self, danger to others, their property, or the individual has threatened the physical safety of another and has a history of one or more violent acts.)
 - 6.2. The individual accepts voluntary admission.
 - 6.3. No appropriate less restrictive alternative is available.
 - 6.4. The evaluation and treatment facility is willing to accept the individual
7. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others, so as to ensure continuity of mental health care.
8. Nursing care includes, but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness.
9. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The use of evaluation and treatments facilities is utilized until a less restrictive plan for treatment can be safely implemented.

APPROVAL

/S/ William Wilson

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Director

10/02/08