North Sound BH-ASO Crisis Training Module (2022)

Training Objectives:

1. Orientate Providers and stakeholders to the North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) crisis system
2. Provide an overview of an ideal crisis system, best practices and a vision for a more seamless system of care
3. Overview of state regulations and laws that apply to the delivery of crisis services
4. Overview of Crisis service partnerships with regional Tribes, first responders and law enforcement, county behavioral health outreach programs, and other key stakeholders
5. Overview of tools for providers to support individual in crisis

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Introduction

Crisis Services are often the first point of contact for an individual experiencing a behavioral health crisis. A crisis can be defined as a turning point in the course of anything decisive or critical in someone's life which results in a time, life stage, or a period of great danger or trouble whose outcome decides whether possible bad consequences will follow.

Behavioral Health Crisis Services are a major component of public behavioral health services and are available to all individuals and families physically located in the North Sound region's 5 counties, regardless of enrollment status with service providers, ability to pay, or funding source.

Crisis Services Are:

1. Available 24/7 to help stabilize anyone in crisis by providing immediate supports in a location best suited to meet their needs.

2. Intended to be solution-focused, person-centered, and recovery-orientated that avoids unnecessary hospitalization, incarceration, institutionalization, or out of home placement.

In addition to providing immediate crisis response, North Sound crisis agencies coordinate closely with regional first responders, community court systems, Tribes, Indian Health Care Providers, Managed Care Organizations (MCOs), Behavioral Health Agencies (BHAs) and many other entities and community organizations.

Key Components – What we Know Works

Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Council (March 2021) published an updated best practice roadmap that outlines core system and clinical components of an "Ideal Crisis System".

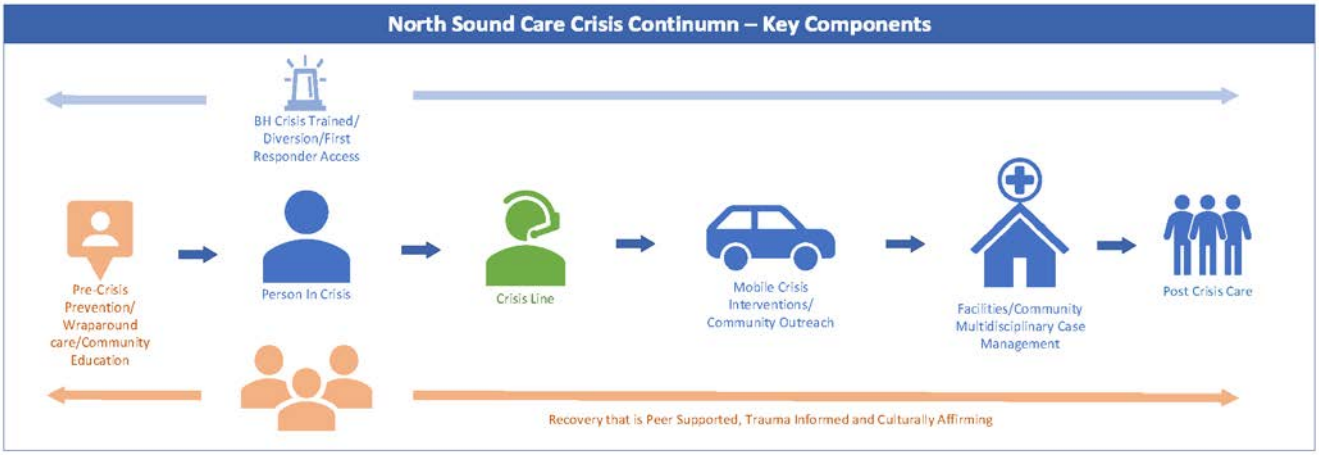
SAMHSA
Substance Abuse and Mental Health Services Administration

NATIONAL COUNCIL for Mental Wellbeing
HEALTHY MINDS STRONG COMMUNITIES

North Sound BH-ASO identified this as an opportunity to evaluate our own crisis service network and conducted our first Annual Crisis Assessment (2021) that examined how the crisis system is operating and identify opportunities to improve or expand service delivery as part of our strategic planning.

Both SAMHSA and the National Council identified key system components to include:

- 24-hour crisis call centers
- Mobile crisis outreach teams
- First responder co-response programs
- Crisis trained first responders
- Facility-based crisis receiving facilities
- Sobering support
- Intensive community supports
- EMS and Non-EMS transportation support
- Natural and peer supportive services



Additional system capacity such as 23-hour hospital behavioral health observation units, psychiatric physician consultation and behavioral health inpatient capacity is key to ensuring the most at risk and most in need individuals have access to services.

In addition, SAMHSA identified core clinical components to the ideal crisis system, including that all services are welcoming, hopeful, trauma informed and culturally affirming. Engagement of family, natural supports and community/professional supports are often critical interventions to support someone experiencing a behavioral health crisis.

Crisis services in the North Sound Region have strived to ensure a ‘centralized’ and well-integrated crisis system that best supports individuals needing immediate access to care. This includes building strong linkages to allied system involvement including county behavioral health outreach programs, intensive community case management programs, criminal justice diversion programs, supportive housing providers, respite programs and linkages to peer support services.

Core Principles

No one crisis is the same, and no one crisis requires the same intervention.

A **central core principle** to the crisis system is that services are delivered that de-stigmatize and reduce disparities in access to behavioral health treatment. Interventions aimed to stabilize a crisis are done so from a whole person approach, in which the individual's unique needs are incorporated into any treatment intervention.

A **second core principle** is that early prevention and engagement strategies that address behavioral health system gaps or underserved communities with limited behavioral health services are crucial. North Sound BH-ASO is responsible for implementing region wide Community Information and Education Plans (CIEP) to increase awareness of available services and assess how services can be enhanced for Black, Indigenous, People of Color, particularly in rural areas in which services are limited.

A **third core principle** is that services are delivered with a "no force first" approach and support a system of care that can refer individuals to a full continuum of field based and facility based behavioral health services, including peer support and ongoing case management.

Statewide 988 Implementation

In 2020, Washington State passed House Bill 1477 – or the "988 Bill". This initiative will launch a statewide Crisis Line network with the National Suicide Lifeline. Statewide crisis call center 'Hubs' will coordinate closely with regional crisis lines and include significant infrastructure improvements to enhance crisis services beginning in 2022. 988 will be an alternative to utilizing 911 for behavioral health response.

Volunteers of America (VOA) is a contracted Hub for the National Suicide Prevention Lifeline. Our partnership with VOA's implementation of 988 will support a stronger system of crisis care for the North Sound region.

Many of the proposed 988 enhancements include enhanced call management systems, crisis chat (text) services, a real time bed registry system to support inpatient, crisis stabilization and withdrawal management services to support admission referrals. In addition, information sharing improvements include crisis call center hubs having real time access to pertinent treatment information and providing comprehensive follow up services.

North Sound Regional 988 Considerations

Volunteers of America (VOA) of Western Washington operates North Sound BH-ASO's centralized crisis call center and is a contracted National Suicide Prevention Lifeline call center. VOA provides 24/7 triage and dispatch coordination for crisis mobile crisis outreach services and coordinates with various behavioral health programs to include first responder and law enforcement co-response, criminal justice diversion programs and residential stabilization and withdrawal management

programs. In addition, VOA operates a suicide prevention Crisis Chat program and is contracted with Health Care Authority (HCA) to operate Washington State's Indian Behavioral Health Hub.

North Sound BH-ASO's well-established centralized crisis call and dispatch system and VOA's strong partnerships with behavioral health, emergency service, and community social service organizations lends itself to seamless 988 implementation.

Washington State's 988 system's major service and infrastructure enhancements aim to improve and provide a higher quality of crisis system response.

North Sound Regional Crisis System Providers

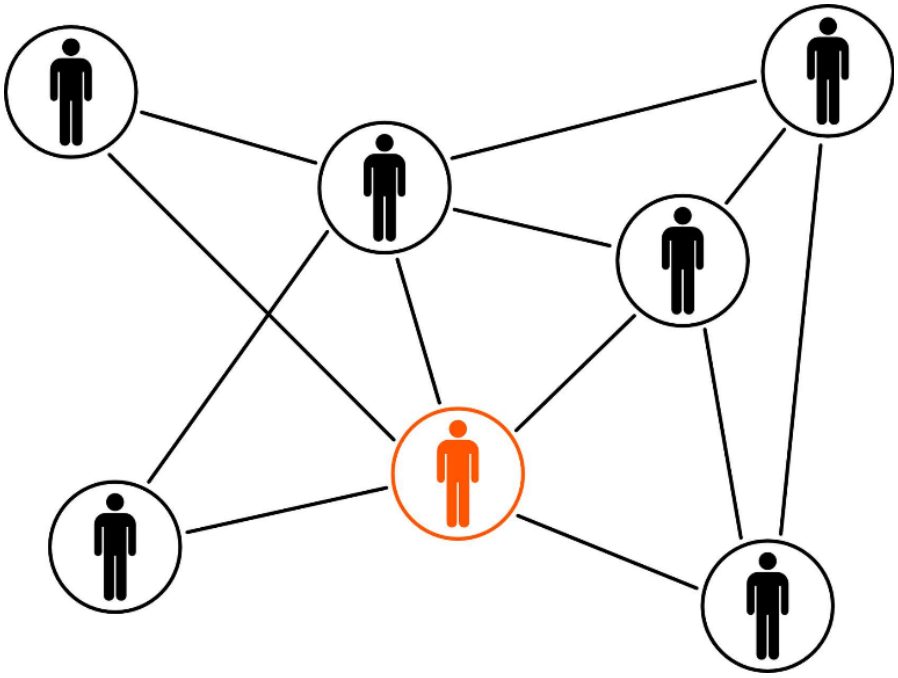
County	24/7 Care Crisis Line	Mobile Crisis Outreach	Stabilization/ Triage/ Withdrawal Management Facilities	Law Enforcement Co-Response Programs
Island	VOA - 24/7 Crisis and Dispatch Triage Line	Compass Health	Island County Crisis Stabilization Facility - Oak Harbor	Island County Human Services
San Juan		Compass Health	TBD; transportation needed to other counties	Proposed 2022
Skagit		Compass Health	Pioneer Human Services	Compass Health & Mt. Vernon Police Department
Snohomish		Snohomish County Human Services	Compass Health, Evergreen Recovery Centers (Withdrawal Management)	Snohomish County Human Services
Whatcom		Compass Health	Whatcom Triage (Compass/Pioneer Human Services)	Proposed 2022

North Sound BH-ASO contracts with three providers that make up a network of **core** crisis outreach services that includes a regional Toll-Free Crisis Hotline (Crisis Line), Mobile Crisis Outreach programs and DCRs.

Mobile crisis outreach services which include the administration of the Involuntary Treatment Act (ITA) and dedicate Law Enforcement Co-Response outreach programs are contracted with Snohomish County Human Services and Compass Health. In addition, North Sound BH-ASO contracts with receiving crisis stabilization and withdrawal management facilities in Snohomish, Skagit, Island, and Whatcom Counties, which offers viable placement for anyone needing urgent behavioral health stabilization support.

Regional Crisis System Partners

North Sound BH-ASO funds or partners with numerous supportive services that our crisis agencies collaborate with to ensure individuals have access to specialized treatment and supports. These partner programs expand the continuum of care network for individuals accessing services through the crisis system.



Pre-Arrest Diversion Program
Evergreen Recovery Centers LEAD Program
Sea Mar Community Health Centers - GRACE & LEAD Program
Denney Juvenile Justice Center
The Skagit-Island Community Partnership for Transition Solutions
Snohomish County - Felony Diversion Program
Snohomish County Human Services - Embedded Social Workers
Arlington Community Outreach Team
Marysville Embedded Social Worker Program
Embedded Social worker - Mount Vernon Police Department
Compass Health – IMPACT – Co-Response Crisis Intervention
Island County Human Services – Co-Responder Behavioral Health Program

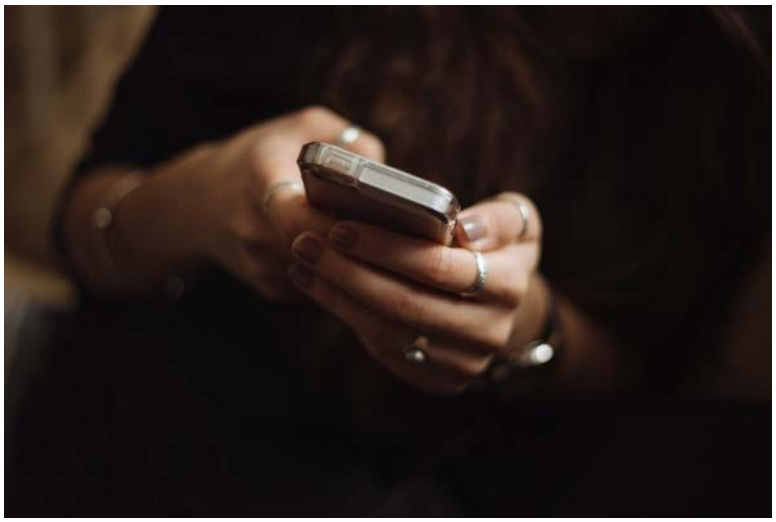
Community Based Harm Reduction and Outreach Services
Island County – Opioid Outreach/Needle Exchange/Narcan
Skagit County Mobile Syringe Exchange Schedule
AIDS Outreach Project & Snohomish County Syringe Exchange
Whatcom County – Syringe Services Program
Skagit County – Community Action – Opioid Outreach Team
Snohomish – Opioid Outreach Team
Whatcom County – Opioid Outreach
Whatcom County Community Outreach and Recovery Support Team (CORS)
North Sound Behavioral Health Evaluation & Treatment Center
Northwest Youth Services
Opportunity Council

Low-Barrier Medications for Opioid Use Disorder Programs
Didgwalic Wellness Center
Cascade Medical Advantage
Ideal Option/Ideal Balance
Therapeutic Health Services
Canyon Park Treatment Solutions, WCHS
Island Crossing Counseling Services
Lummi Counseling Services
Bellingham Treatment Solutions

Peer-Based Programs
Mobile Crisis Outreach Team (MCOT) –– Compass Health
Skagit Valley REACH Center
HARPS - Lifeline Connection
Northwest Regional Council
HARPS - The Hand Up Project

Contacting the Crisis System – What to Expect

VOA Behavioral Health and Crisis Services | VOAWW provides 24-hours a day, 7 days a week, crisis line service for the North Sound Region. VOA's Care Crisis line is staffed by licensed Professionals. When someone in the community is in distress and seeking assistance with a crisis, anyone can call the Crisis Line at **1-800-584-3578**.



Crisis Lines are often the first point of contact for an individual experiencing a behavioral health crisis. Crisis Line services are available on a 24-hour basis and provide immediate interventions to stabilize and help link the individual to ongoing behavioral health and community service support.

VOA has been North Sound BH-ASO's centralized crisis call center for over two decades and is staffed by professionally trained behavioral health clinicians who employ a range of interventions from supportive listening and suicide prevention techniques to making immediate triage referrals for mobile crisis outreach. VOA is also one of the three crisis call center hubs in Washington State for the National Suicide Prevention Lifeline.

VOA's Crisis Call center offers a range of supports and referral services to include the following.

Crisis Stabilization and Intervention

- Address all relevant behavioral health situations that include employing de-escalation techniques, suicide risk assessments and safety planning.
- Determining when face-to-face services are needed, both voluntary and involuntary and dispatching mobile crisis outreach teams, including DCRs
- Working closely with law enforcement when appropriate
- Providing telephone follow-up with individuals as part of an individual crisis

Referrals and Consultation

- Connecting individuals to behavioral health, peer support and other resources.
- Ensuring referral to age and culturally appropriate services and specialists
- Providing telephone consultation, intervention, and stabilization for individuals and/or family members/natural supports as appropriate and within limits of confidentiality
- Consulting with detoxification providers, licensed care facilities, hospitals, and other community providers
- Having access to language bank interpreters and TDD equipment

Care Coordination

- Connect individual with their Medical or Behavioral health benefit plans, current provider or other system partners.
- Provide ongoing care coordination supports to ensure individuals are connecting with the right services at the right time.
- Support Cross-system coordination that supports recovery

Washington State's Indian Behavioral Health HUB

Washington's Health Care Authority (HCA) contracts with VOA to operate a 24/7 Indian Behavioral health hub. This statewide resource and service provides Tribes and other Indian Health Care Providers (IHCPs) access to behavioral health resources and augments existing crisis intervention and information services provided by VOA.

1.866.491.1683 or WA Indian Behavioral Health | VOAWW.

What Face-to-Face Crisis Services are Available?

Crisis Services Appointments

Urgent and follow-up appointments are available for anyone in need of face-to-face evaluation or intervention that is considered urgent and but does not require an emergent dispatch. Crisis services appointments provide brief treatment on a voluntary basis, generally for persons at risk of harm to self or others, at risk of hospitalization and/or who may need a referral for a medication evaluation. Crisis service appointments can coordinate with the Individuals' provider for follow up needs or help them connect with a provider for ongoing services. Crisis Service appointments can be accessed by calling VOA's Crisis line 1-800-584-3578.

Mobile Crisis Outreach - Crisis Services

Crisis Outreach is the provision of face-to-face evaluation and/or crisis intervention services offered in community locations. Crisis outreach services are offered at a location that best meets the individuals needs and may include telehealth or other alternatives if determined that access to care would be delayed. Outreach services are an important and available support, both when necessary to help the person in crisis and to provide services in the least restrictive, appropriate manner, with the use of family and natural supports within limits of confidentiality.

The intent, however, is never to promote outreach at the expense of anyone's safety – including the individual needing care, staff, family/natural support, and the public.

Mobile crisis outreach teams (voluntary crisis services) take referrals from VOA or directly from the community. Once dispatched, crisis outreach teams will contact the requestor with Estimated Time of Arrival (ETA). In general, their outreaches will occur within 2 hours or less in the community. Following the completion of any outreach, crisis outreach teams coordinate with VOA, referral sources, outpatient or residential providers or law enforcement if needed.

Mobile Response and Stabilization Services for Youth and Families

In 2021, Administrative Service Organizations (ASOs) were provided dedicated funding to implement specialized youth and family crisis outreach teams. North Sound BH-ASO has started planning for this initiative which will be a significant enhancement to our current crisis network.

Involuntary Treatment Act (ITA) Services

Involuntary investigations by DCRs are another crisis service available in all five (5) counties. Involuntary Investigations performed by a DCR are conducted in accordance with RCW 71.05 and RCW 71.34, as well as WA State DCR protocols and North Sound BH-ASO's policies and procedures. We will discuss RCW 71.05 and 71.34 later in the training.

DCR's have specialized training in performing behavioral health investigations and are designated by a local court, North Sound BH-ASO, Tribal Authority or HCA. Their role is to assess for danger to self, others, property and/or grave disability as a result of a behavioral health disorder. DCR's work closely with the other crisis outreach teams, first responders, community emergency departments, outpatient providers or other programs (i.e., Intensive Outpatient Program [IOP] & Program for Assertive Community Treatment [PACT]), Crisis Stabilization and Triage, Withdrawal Management facilities and other allied systems.

For a full review of DCR's policies and procedures, please visit North Sound BH-ASO Policies & Procedures (nsbhaso.org) or HCA Designated crisis responders (DCR) | Washington State Health Care Authority.

Tribal Coordination and Tribal Designated Crisis Responders

North Sound BH-ASO, in partnership with HCA and local Tribal Authorities, support Tribal Crisis Care Coordination Protocols that includes Involuntary Treatment Act investigations, care coordination and hospital discharge transition planning. North Sound BH-ASO works closely with our local Tribal authorities to ensure clear protocols are developed, to include how DCRs access Tribal lands, notifying Tribal

health care providers and how DCRs will coordinate during and after a crisis service has been provided.

North Sound BH-ASO also, at the request of HCA or Tribal Authorities, designates and funds Tribal DCRs to carry out involuntary treatment services under RCW 71.05 and RCW 71.34.

Facility Based Crisis Stabilization and Withdrawal Management Services

Facility based stabilization services for adults are located in Whatcom, Skagit, Snohomish and Island Counties. These programs typically provide short-term support in a staffed facility for adults who are in or at high risk of experiencing a behavioral health crisis. Additionally, programs in Snohomish, Skagit and Whatcom Counties provide non-hospital-based sub-acute Withdrawal Management (WM) services.

If a provider or individual needs access to crisis stabilization or triage services, they may call the facility directly to make the referral or call VOA and speak with clinician to make the referral.

Residential stabilization and withdrawal management services are based on a strength-based recovery model and utilize SAMHSA Principles of Recovery. Staffing can include Substance Use Disorder Professionals (SUDPs), Mental Health Professionals (MHPs), Registered Nurses, Certified Peer Counselors, as well as other professional staff.

First responders, including EMS and Law Enforcement have the ability, for certain facilities, to directly bring individuals for admissions, increasing diversion from the Emergency Departments when clinically appropriate.

County	Facility Name	Provider
Island	Island Stabilization Facility/Withdrawal Management	Pioneer Human Services
Skagit	Skagit Crisis Center	Pioneer Human Services
Snohomish	Evergreen Recovery Centers: withdrawal management Unit	Evergreen Recovery
Snohomish	Snohomish County Triage Facility	Compass Health
Whatcom	Whatcom County Crisis Stabilization Center	Compass Health and Pioneer Human Services

First Responder Co-Response

North Sound BH-ASO funds several programs that are designed to enhance law enforcement and first responder's capacity to immediately provide behavioral health stabilization interventions that include providing brief assessments of acute and non-acute conditions and ensure referral and linkage to ongoing behavioral health treatment when appropriate. Co-Responder Services connect individuals experiencing a behavioral health crisis with appropriate services that support diversion from the criminal justice system and provide an appropriate treatment alternative to incarceration when possible.

Co -Responder programs employ dedicated teams of licensed behavioral health professionals that have direct programing or agreements with law enforcement or first responder jurisdictions and are not typically dispatched by North Sound BH-ASO's Delegate VOA. Law enforcement or first responders who are providing co-response interventions that support diversion from the criminal justice system are encouraged to be trained in Crisis Intervention Training (CIT).

Regional Recovery Navigator Program

North Sound BH-ASO funds a regional Recovery Navigator Program (RNP) that provides social services to individuals who intersect with police because of simple drug possession and/or people who have frequent criminal legal system contact because of unmet behavioral healthcare needs. These programs employ a peer-based outreach and case management structure that serves people who are at risk of arrest or already have been involved in the criminal legal system.

North Sound BH-ASO's RNP is built on the core principles of the Law Enforcement Assisted Diversion (LEAD) program. Recovery Navigators provide field-based interventions and take referrals from law enforcement and community referrals and support individuals who might need case management support or referrals for ongoing services.

More program information about the RNP program will be available on North Sound BH-ASO's website in 2022.

Opiate Outreach Programs

Opioid outreach is provided via several different types of programs. These include harm reduction-based syringe exchange programs which are usually embedded within regional health departments, as well as opioid outreach teams. Opioid outreach teams are primarily funded through North Sound BH-ASO and provide

outreach, recovery support, and referral services for individuals with substance use disorder (SUD), especially to those with opioid use disorder (OUD). These programs also provide Naloxone/Narcan.

Opioid Outreach: Syringe Exchange & Outreach Team	
County	Name
Island	Island County Needle Exchange
Island	Island County Opioid Outreach Team
Skagit	Skagit County Mobile Syringe Exchange
Skagit	Community Action Opioid Outreach Team
Snohomish	AIDS Outreach Project & Snohomish County Syringe Exchange
Snohomish	Snohomish County Opioid Outreach Team
Whatcom	Whatcom County - Syringe Services Program
Whatcom	Whatcom County Opioid Outreach Team (part of the syringe team)

Inpatient Hospitalization for Behavioral Health

Voluntary Hospitalization

Voluntary hospitalization options are available in the North Sound Region and several community and private hospitals provide inpatient care to treat psychiatric and substance use disorders. Referral and admissions for voluntary inpatient treatment can vary between hospitals and are dependent on the individual's health benefits.

In general, if an individual has an Apple Health Medicaid benefit, MCOs will need to be contacted and coordinated with for admission. Voluntary Inpatient services are subject to Medical Necessity (WAC 182-500-0070) and each Medicaid MCO may have different standards as it applies to voluntary admissions, ongoing stay authorizations and discharge readiness.

Washington's HCA publishes several billing guides that can help providers understand MCO requirements for authorizing and paying for Inpatient hospitalization. https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/

If an individual is not eligible for Apple Health Medicaid Benefit, North Sound BH-ASO can provide authorization for inpatient services from a requesting facility. ASO Funding for voluntary Inpatient level of care is subject to available General State Funds (GFS). Typically, if an individual requires hospitalization to stabilize an acute behavioral health condition, hospital staff contact North Sound BH-ASO for Authorization. You can view our Authorization requirements at For Providers | North Sound BH-ASO (nsbhaso.org).

Family Initiated Treatment

Family Initiated Treatment (FIT) is a type of hospitalization that is available to support parents when considering hospitalization for their adolescent (ages 13-18).

A parent may bring, or authorize the bringing of, his or her adolescent to:

1. An evaluation and treatment (E&T) facility or an inpatient facility and request the professional person examine the adolescent to determine whether the adolescent has a mental disorder and is in need of inpatient treatment.
2. OR A secure withdrawal management and stabilization facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the adolescent has a substance use disorder and is in need of inpatient treatment.
3. The consent of the adolescent is not required for admission, evaluation and treatment if the parent provides consent.

An appropriately trained professional person may evaluate whether the adolescent has a behavioral health disorder.

1. The evaluation shall be completed within 24 hours of the time the adolescent was brought to the facility, unless the professional person determines the condition of the adolescent necessitates additional time for evaluation.
2. In no event shall an adolescent be held longer than 120 hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the adolescent to receive inpatient treatment, the adolescent may be held for treatment.
3. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the adolescent's condition until the evaluation has been completed.

4. Within 24 hours of completion of the evaluation, the professional person shall notify the authority if the adolescent is held solely for mental health and not substance use disorder treatment and of the date of admission.
5. If the adolescent is held for substance use disorder treatment only, the professional person shall provide notice to the authority which redacts all patient identifying information about the adolescent unless:
    1. the adolescent provides written consent to the disclosure of the fact of admission and such other substance use disorder treatment information in the notice OR permitted by federal law.

No provider is obligated to provide treatment to an adolescent under the provisions of this section except that no provider may refuse to treat an adolescent under the provisions of this section solely on the basis that the adolescent has not consented to the treatment. No provider may admit an adolescent to treatment under this section unless it is medically necessary.

No adolescent receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request. Prior to the review conducted by the authority, the professional person shall notify the adolescent of his or her right to petition superior court for release from the facility.

Involuntary Treatment Act (ITA)

Individuals who are alleged to be a danger to themselves, others, or property, or are gravely disabled (unable to meet their basic needs of health and safety) as the result of a behavioral health disorder may be assessed for involuntary treatment under RCW 71.05 and RCW 71.34.

In Washington State, DCRs conduct all assessments for involuntary treatment. In assessing whether an individual should be detained involuntarily to an inpatient psychiatric or secure withdrawal Management facility, DCRs focus their investigation on the following questions:

1. Is the individual suffering from a behavioral health disorder? RCW 71.05 & 71.34 defines behavioral health disorder as either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.
2. When a DCR receives information alleging that an individual, as a result of a mental disorder presents a likelihood of serious harm or is gravely disabled.
3. The DCR may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or involuntary outpatient evaluation.

Before filing the petition for initial detention, the DCR must personally interview the individual, unless the individual refuses an interview, and determine whether the individual will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.

In evaluating an individual for involuntary treatment, DCRs investigate not only the immediate circumstances around the request for the evaluation but also must consider reasonably available history. This includes reviewing available records and/or databases in order to obtain the individual's background and history prior to interviewing the individual to be investigated. If family members are available and deemed credible, the DCR will interview them to obtain further information and may request a written statement. The DCR reviews, if available, at a minimum, an individual's history of violent acts, suicide attempts and prior detentions/commitments.

This information should always be considered in light of the intent to provide prompt evaluation, as well as timely and appropriate treatment.

What Happens After an Involuntary Admission Takes Place?

When an individual is detained, they are entitled to a court hearing within 120 hours of the initial detention, excluding weekends and holidays. This is called a probable cause hearing. The treating psychiatrist/physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may discharge any patient at any time during a commitment if, in their opinion, the criteria for involuntary treatment are no longer being met.

The focus of the probable cause hearing is to determine if the individual continues to require involuntary treatment. In the hearing, it will be determined whether the initial commitment was appropriate and, if so, does the individual still present a danger to themselves, others or property, or is gravely disabled as the result of a mental disorder. Family member/natural support input is generally encouraged in preparation for these hearings.

The Court has the option of continuing the involuntary detention, discharging the individual back to the community on a voluntary basis (dismissal of petition), or releasing the individual on a Less Restrictive Order (LRO). An LRO contains a number of requirements. These are called the "conditions" of the LRO. Examples include taking medications as prescribed, attending scheduled appointments, not using non-prescribed drugs or alcohol, refraining from threats or acts of harm toward themselves or others and not having access to weapons.

Court Ordered Outpatient or Residential Treatment

Less Restrictive Alternative and Conditional Releases

What is a less restrictive alternative treatment order (LRA)?

If the court determines that an individual committed to an inpatient facility **meets criteria for further treatment but finds that treatment in a less restrictive setting is a more appropriate placement, and it is in the best interest of the individual or others**, an LRA order may be issued.

The LRA order remands the individual to outpatient treatment by a behavioral health service provider in the community who is responsible for monitoring and providing LRA treatment. The individual must receive at least a minimum set of services and follow the conditions outlined in the LRA order. The length of an LRA order is usually 90 or 180 days but can in certain cases for up to one year. RCW 71.05.320. An LRA order may be extended by a court.

What is a conditional release (CR)?

If the treating facility determines that an individual committed to an inpatient treatment facility can be appropriately treated by outpatient treatment in the community prior to the end of the commitment period, the individual may be

discharged under a CR. A behavioral health service provider will be responsible for monitoring and providing treatment, as a condition of the release. The provider must agree in writing to assume such responsibility. The inpatient facility does not have to seek an order from the court for a CR but must file the CR with the court.

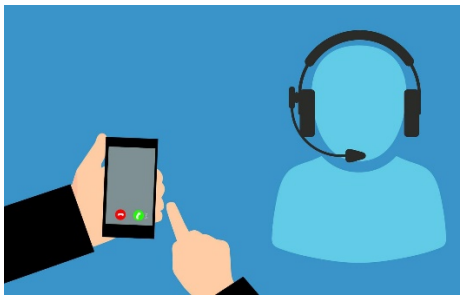
The individual must receive at least a minimum set of services and follow the conditions outlined in CR. The length of the CR is the amount of time that remains on the current inpatient commitment order.

Unlike an LRA order, a CR cannot be renewed or extended. However, if the outpatient provider determines that continued oversight of the individual is necessary, the outpatient provider can coordinate with the local designated crisis responder (DCR) office to petition the court to have the CR modified to become an LRA order. This is the only way a Conditional Release can be extended. RCW 71.05.340.

What are minimum LRA treatment requirements?

RCW 71.05.585 requires that all LRA orders must include the basic elements of less restrictive alternative treatment as enumerated in the statute. At a minimum this must include:

- Assignment of a care coordinator
- An intake evaluation with the provider of the less restrictive alternative treatment;
- A psychiatric evaluation
- A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order
- A transition plan addressing access to continued services at the expiration of the order
- An individual crisis plan
- Notification to the care coordinator assigned, if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.



What is a care coordinator in LRA Treatment?

The care coordinator is an MHP or SUDP (or appropriately-credentialed clinician working under an MHP or SUDP) who coordinates the activities of LRA treatment and coordinates with the DCR when necessary for possible revocation, modification or extension of the LRA order.

The care coordinator is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis. RCW 71.05.585. The care coordinator can be the lead clinician working with an individual receiving LRA treatment. The care coordinator may be the same person assigned to monitor the LRA (if an MHP or SUDP) but these may be separate persons as well.

Provider Tools to Support Someone in Crisis

Crisis Prevention Plans

The crisis plan is a document that the outpatient provider develops in collaboration with the individual. The plan is intended to help both the clinician and individual if they experience a crisis during treatment. Working together, the provider and individual anticipate potential problems that might increase the chance of a crisis developing. The provider and individual identify his/her specific triggers, "red flags", or early warning signs, to alert him/her that a crisis may be developing.

The purpose of the Crisis Plan is to outline coping strategies when the individual notices early warning signs. This starts with low intensity interventions that the individual can probably accomplish on his/her own, then progresses to interventions of increasing intensity that include family, natural supports and professional staff as needed.

Crisis Plans may or may not be available to crisis agencies, including VOA, depending on the individual's Apple Health Medicaid Coverage. North Sound BH-ASO is leading solutions for our contracted crisis agencies to have full access to pertinent Medicaid treatment information such as Crisis Plans and provider enrollment data to support robust care coordination.

Crisis Alerts

North Sound Crisis Alerts: Get Help | North Sound BH-ASO (nsbhaso.org)

Crisis alerts are created by anyone with firsthand knowledge and contain information pertinent to the current crisis, in contrast to crisis plans, which contain long-term strategies. Crisis alerts contain important up-to-date information about individuals who are likely to require crisis services.

VOA clinicians directly receive and utilizes this time-sensitive information and makes it available to mobile crisis outreach teams to assess risk and effectively intervene in a crisis.

Mental Health Advance Directives

A Mental Health Advance Directive is a written document, consistent with the provisions of Revised Code of Washington (RCW) 71.32, in which a person makes a

declaration of instructions or preferences and/or appoints an agent to make decisions on his/her behalf regarding that individual's mental health treatment during times when he/she is incapacitated by a mental disorder and cannot give informed consent. If the clinician has received an individual's advance directive, it will become part of the individual's medical record and the clinician will be considered to have actual knowledge of its contents.

More information regarding compliance and conditions for noncompliance can be found in RCW 71.32.150, 7.70.40 and in North Sound BHO Policies.

Wellness Recovery Action Plan (WRAP)

WRAP® is an evidence-based self-management and recovery system designed by Mary Ellen Copeland and developed by a group of people who had mental health difficulties and were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

1. Decrease and prevent intrusive or troubling feelings and behaviors;
2. Increase personal empowerment;
3. Improve quality of life; and
4. Assist people in achieving their own life goals and dreams.

WRAP is a structured system to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reduce, modify, or eliminate them. It also includes plans for responses from others when individuals cannot make decisions, take care of themselves, or keep safe.

The clinician may ask if an individual has a crisis plan, mental health advance directive, or WRAP, but he/she may have chosen not to create these plans. The mental health advance directive and WRAP are not available through VOA.

North Sound Care Coordination

North Sound BH-ASO Care Coordinators can be reach directly at (360) 416-7013.

Care Coordination promotes behavioral health recovery by identifying through a variety of sources (e.g. data analysis, provider report, etc.) and addressing issues that create barriers and interfere with care and recovery.

North Sound BH-ASO and Managed Care Organizations (MCOs) are required to provide Care Coordination supports for their members or individuals within the North Sound Region. North Sound BH-ASO Care Coordinators can be a primary point of contact to collaborate with regarding crisis services, ASO contracted outpatient or residential providers, or other ASO funded programs. Care coordination can support individuals in reducing barriers to appropriate levels of care, reducing unnecessary or inappropriate use of the crisis system and, where indicated, partner with external entities in collaborative coordination with respect to the crisis system or other ASO funded programming.

Care coordination should be in alignment with the needs and preferences of those individuals receiving services to the greatest possible degree. Interventions may be performed at both the individual and the system level and assume a community-based focus on the social determinants of health.

Guiding Principles

- Interventions regarding individual members should happen at the lowest level possible prior to ASO administrative levels of intervention

- Confidential information should be shared only as necessary and appropriate to facilitate clinically indicated levels of care
- Interventions / services should be unduplicated, minimally invasive and conducted in consideration of the member's wishes regarding their own care

Key Objectives

- Connect individuals with services and/or external entities that adequately meet their behavioral health needs
- Identify trends and gaps in services and improve member transitions between levels of care
- Identify instances wherein an individual has been assigned to a level of care or setting that is too restrictive to promote recovery