



SALISH BHO

CLINICAL POLICIES AND PROCEDURES

Policy Name: SERVICE MODALITIES – CRISIS

Policy Number: 11.04

Reference: PHIP and State Contract; WAC 388-877-0200; RCW 71.05.70; RCW 71.05; RCW 71.34; RCW 49.19.030

Effective Date: 9/2005

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Reviewed Date: 5/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Form: Crisis Prevention Plan
- Policy: Additional State Funded Services
- Policy: Corrective Action Plan
- Policy: Culturally Competent Services
- Policy: Provisions of Priority State Funded Services

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall ensure the full range of required crisis behavioral health services and modalities are available to individuals within the SBHO. These services are available and provided based on the individual's needs, medical necessity, SBHO Level of Care criteria, and possible authorization for voluntary inpatient services.

DEFINITIONS

Behavioral health crisis means a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow.

PROCEDURE

1. Crisis services provide evaluation and treatment of crisis to all individuals experiencing a crisis.

2. Crisis services must be available on a 24-hour basis and may be provided without an assessment.
3. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.
4. Services must be provided by or under the supervision of a mental health professional. The SBHO network providers will ensure there is an adequate number of designated crisis responders (DCRs) to respond to requests for crisis services. The SBHO network provider DCRs must incorporate the statewide DCR protocols or its successors into the practice of the DCRs.
5. Crisis services must be provided regardless of the individual's ability to pay for the medically necessary service.
6. The following crisis services and modalities must be provided if determined medically necessary, prior to an intake assessment (see Contract Exhibit for service definitions):
 - Stabilization Services
 - Involuntary Treatment Act Services
 - Ancillary Crisis Services
 - Freestanding Evaluation and Treatment Services
7. Crisis services must be provided within the following timeframes:
 - Emergent care within two (2) hours of the request received from any source for crisis behavioral health services
 - Urgent care within twenty-four (24) hours of the request received from any source for crisis behavioral health services
8. The SBHO network providers may share resources within the region to meet SBHO sufficiency standards.
9. If a network provider provides or purchases 24-hour supervised crisis respite or hospital diversion beds, they must report these on the report form provided by the state within the required timeframes.

OUTREACH SAFETY PROTOCOLS

1. No DCR 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.

2. 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.
3. The second individual may be a law enforcement officer, a Mental Health Professional, a mental health paraprofessional who has received training required in RCW 49.19.030, or other first responder, such as fire or ambulance personnel.
4. No retaliation may be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
5. SBHO providers of crisis services 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.
6. Every Mental Health Professional dispatched on a crisis visit, as shall have prompt 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.
7. Every Mental Health Professional who engages in home visits to enrollees or potential enrollees for the provision of crisis services shall be provided a wireless telephone or comparable device for the purpose of emergency communication.

MONITORING

This policy is mandated by contract and statute.

1. This policy is monitored through the use of the SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Biannual Provider Chart Reviews
 - Over and Under Utilization Projects
 - SBHO Grievance Tracking Reports
 - Utilization Management Committee activities
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.