



SALISH BHO
CLINICAL POLICIES AND PROCEDURES

Policy Name: Monitoring Orders for Treatment

Policy Number: 11.25

Reference: State Contract, RCW 71.05, 71.34; WAC 388-877-0805; WAC 388-875-0090

Effective Date: 7/2015

Revision Date(s): 6/2016; 6/2017; 6/2018

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

Approved by: SBHO Executive Board

PURPOSE

Courts may order Assisted Outpatient Treatment (AOT), Conditional Release (CR), or Less Restrictive Alternatives (LRA) when an individual is released from an involuntary inpatient stay or through the “assisted outpatient” detention process described in RCW 71.05. BHOs serve the following individuals on Conditional Release (CR) or Less Restrictive Alternatives (LRA) orders:

- Medicaid enrollees that meet BHO access to care standards.
- Individuals who are not Medicaid enrollees and have no other insurance to pay for treatment, if the BHO has adequate available resources to pay for services and the individual meets the BHO access to care standards.

When an individual is ordered to outpatient treatment with a non-BHO provider, the BHO agency is only responsible for monthly monitoring of the individual’s compliance with the LRA. When the individual is served by a non-BHO provider, the Caseload Guidelines and Services Provided sections below do not apply.

DEFINITIONS

Assisted Outpatient Treatment (AOT) means a specific type of Less Restrictive Alternative order which is appropriate for individuals who meet specific criteria, can be initiated prior to involuntary inpatient treatment or at any point during a period of commitment, and cannot be revoked by can be enforced or modified.

Care Coordinator means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responder (DCR) necessary for enforcement and continuation of less restrictive alternative orders

and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

Conditional Release (CR) means a revocable modification of a commitment, which may be revoked upon violation of any of its terms.

Designated Crisis Responder (DCR) means a mental health professional appointed by the county or other authority authorized in rule to perform the duties specified in RCW 71.05 beginning April 1, 2018, and who has received chemical dependency training as determined by the Division of Behavioral Health and Recovery (DBHR).

Less Restrictive Alternative (LRA) means court order outpatient treatment in a setting less restrictive than total confinement.

In Need of Assisted Outpatient Treatment (AOT) means that an individual, as a result of a mental disorder meets one or more of these criteria:

1. Has been committed by a court to detention of involuntary mental health treatment at least twice during the preceding 36 months; or, if currently committed, has been committed at least once during the 36 months preceding the date of initial detention of the current commitment cycle.
2. Is unlikely to voluntarily participate in AOT without an order for LRA treatment in view of the individual's treatment history or current behavior
3. Is unlikely to survive safely in the community without supervision
4. Is likely to benefit from LRA treatment
5. Requires LRA treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time (Time spent in a mental facility or in confinement as a result of a criminal conviction is excluded from the 36 months calculation)
6. When DCR conducts investigations for likelihood of serious harm or grave disability, if DCR determines individual is in need of AOT.

PROCEDURE

For individuals involuntarily committed under RCW 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of any court orders or orders for AOT to the Designated Crisis Responder (DCR) office responsible for the detention and the DCR office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one business day after the individual's discharge from the inpatient psychiatric facility. The DCR office located in the county where the individual is expected to reside will contact the responsible Network Provider as soon as they are made aware of the court order or order for AOT for the individual.

Inpatient psychiatric facilities are also expected to contact Network Providers to assume responsibility of the court order or order for AOT, at a minimum, prior to the individual's discharge. However, once a Network Provider becomes aware of an individual's court order or order for AOT, lack of notification by the inpatient facility prior to the individual's discharge does not eliminate responsibility to follow up with the individual on the court order or order for AOT.

In order to monitor individuals on less restrictive orders, an agency must be licensed by the Division of Behavioral Health and Recovery (DBHR) and have program specific certification in the area of LRA monitoring. The agency must meet the monitoring requirements of WAC 388-877-0805. Individuals must be assessed at least monthly by an MHP to determine adherence to the LRA and need for continued treatment under the involuntary order.

Caseload Guidelines for Care Coordinators Supervising Orders for Treatment

Agencies determine clinician assignment for individuals on orders based on the individual's clinical needs. Whenever possible, caseloads should be balanced so that high need individuals are not concentrated with one clinician, unless the clinician has a reduced caseload. Clinicians providing treatment to individuals on LRA orders must:

- Have capacity to provide multiple contacts per week based on individual needs
- Have capacity to rapidly increase service intensity as required
- Operate as continuous treatment service, LRA treatment must have the capacity to provide comprehensive treatment rehabilitation and support services.

Response Time for Individuals During and Immediately Following Hospitalization or Incarceration

Providers contact the inpatient facility within three days of admission when an individual from the agency's catchment area is hospitalized. The agency must offer a face to face follow up appointment, to occur within seven days of discharge. Per SBHO policy, the agency must attempt to contact the individual by phone within three days of discharge from an inpatient facility, even if the individual chooses to access services with a non-BHO provider.

When the agency learns that an individual under LRA order monitoring has been incarcerated, the agency should contact jail mental health staff for coordination and discharge planning, when possible, within three days of learning of the incarceration.

Services Provided to Individuals on Orders for Treatment

At a minimum, individuals that are on LRA Orders **and** enrolled in the BHO outpatient system must receive the following services:

- Utilize hospital liaison in discharge planning to minimize gaps in care
- Assignment of a Care Coordinator
- An intake evaluation with the provider of the less restrictive alternative treatment
- A psychiatric evaluation including providing verbal and written information about mental illness.
- Medication management

- 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;
- Access to crisis assessment and Intervention 24 hours per day, 7 days per week
- An individualized, strength-based crisis plan; and
- After the first month, evaluation to determine medical necessity for a order for treatment.

The individual may, as clinically indicated, receive the following services as well:

- Psychotherapy
- Nursing
- Substance use disorder treatment
- Residential treatment
- Peer Support Services
- Support for housing, benefits, education, and employment.
- Any other BHO covered state plan services deemed medically necessary by the provider and authorized by the BHO.

MONITORING

1. This policy is a mandate by contract and statute. This policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Biannual Provider Chart Reviews
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.