



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INVOLUNTARY TREATMENT ACT SERVICES

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PURPOSE

The purpose of this policy is to ensure Involuntary Treatment Act (ITA) Services are provided by Designated Crisis Responders (DCR) to evaluate an individual in crisis and determine if involuntary services are required.

DEFINITIONS

Involuntary Treatment Act (ITA) - "Involuntary Treatment Act (ITA)" are state laws that allow for individuals to be committed by court order to a Facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a behavioral health disorder and who Washington State may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to one hundred and twenty (120) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days (RCW 71.05 and RCW 71.34).

Involuntary Treatment Act Services - "Involuntary Treatment Act Services" includes all services and administrative functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW, and RCW 71.24.300.

Less Restrictive Alternative Treatment - "Less Restrictive Alternative (LRA) Treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) will designate DCRs to perform the duties of involuntary investigation and detention in accordance with the requirements of Revised Code of Washington (RCW) Chapters 71.05, 71.34, 71.24.300, and current DCR protocols. This will be done in consultation between the Integrated Crisis System (ICS) Service Providers, the counties, and Salish BH-ASO. Crisis Services become ITA Services when a Designated Crisis Responder (DCR) determines an individual must be evaluated for involuntary treatment. The decision-making authority of the DCR is independent of SBH-ASO's administration.

RCW 71.05 provides for persons suffering from behavioral health disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with RCW Chapter 71.24.

RCW 71.34 establishes behavioral health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment, and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.

PROCEDURE

1. SBH-ASO maintains agreements with Crisis Service Providers in Clallam, Jefferson, and Kitsap Counties to provide services in accordance with the designation noted above.
2. SBH-ASO Crisis Services Providers shall have a sufficient number of staff available twenty-four (24) hours a day, seven (7) days a week, 365 days a year, and sufficient DCRs to respond to requests for behavioral health involuntary treatment services. Crisis staff shall have training in triage and management for individuals of all ages and behavioral health conditions, including SMI, SED, SUDs, and co-occurring disorders.
3. All ITA Services shall be provided by a Designated Crisis Responder (DCR). Crisis Service Providers shall ensure there will be at least one DCR available twenty-four hours a day, seven days a week, three hundred and sixty-five days a year.
4. DCRs performing these duties will have the qualifications and training required to perform these duties.
5. ITA services will be provided in accordance with WAC 246-341-0810. ITA services includes all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with RCW 71.05, RCW 71.24.300, and RCW 71.34. Requirements include payment for:

- a. All treatment services ordered by the court for individuals ineligible for Medicaid
 - b. Costs related to court processes
 - c. Transportation to court hearings.
6. Crisis Services become ITA Services when a DCR determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be inpatient or outpatient.
7. ITA decision-making authority of the DCR shall be independent of SBH-ASO.
8. Under no circumstances shall SBH-ASO Providers deny the provision of Crisis Services, ITA services, or SUD involuntary commitment services to an Individual due to the Individual's ability to pay.
9. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
10. SBH-ASO Providers shall establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis 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 ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a Mental Health Professional, a Chemical Dependency professional, or a mental health provider who has received training required in RCW 49.19.030.
 - d. No retaliation shall 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.
 - e. Shall have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.

- g. SBH-ASO Providers shall provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
11. SBH-ASO Crisis Service Providers shall document calls, services, and outcomes in accordance with record content and documentation requirements in WAC 246-341-0670.
 12. For Non-Medicaid Individuals SBH-ASO Providers shall monitor Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements.
 - a. Additional information about LR monitoring requirements and LR treatment services can be found in the SBH-ASO LR/CR Monitoring and Treatment Services Policy
 13. For individuals involuntarily committed under RCW 71.05 or 71.34, inpatient psychiatric facilities and secure withdrawal management facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the 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 (1) business day after the individual's discharge from the inpatient psychiatric facility. The DCR team will coordinate care with the individual's LRA Treatment Provider as soon as they are made aware of the CR/LRO/AOT on the individual.
 14. Crisis service providers shall ensure that their DCRs make a report to HCA and SBH-ASO when they determine a person meets detention criteria under RCW 71.05150, 71.05.153, 71.34.700 or 71.34.710 and there are not any beds available at any evaluation and treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative.

The DCR is responsible for submitting an [Unavailable Detention Facility Report](#) (No Bed Report) within twenty-four (24) hours if, based on an evaluation of a person they find meets the criteria for detention for involuntary treatment but are unable to detain the person due to a lack of an involuntary bed.

When a DCR submits an [Unavailable Detention Facility Report](#) to the HCA and SBH-ASO, the crisis services provider agency will, regardless of the location, re-evaluate the individual on a daily basis to determine if they continue to meet criteria for detention, or if a less restrictive alternative is appropriate. If criteria for detention continues to be met, the DCR shall seek an involuntary bed.

- a. Each day that the person continues to meet criteria for detention and the DCR office is unable to find an involuntary treatment bed, an Unavailable Detention Facility Report shall be submitted.

- b. Crisis providers and SBH-ASO must attempt to engage the person in appropriate services for which the person is eligible and report back within seven (7) days to the HCA.
 - a. The report, generated by SBH-ASO, must include a description of all attempts to engage the individual, any plans made with the individual to receive treatment, and all plans to contact the individual on future dates about the treatment plan from this encounter.
 - c. Crisis providers and SBH-ASO will coordinate with MCOs as needed for Medicaid enrollees.
 - d. If needed, Crisis Providers may contact individual's insurance providers or treatment providers to ensure services are provided.
15. Upon request, SBH-ASO will assist and designate at least one person from each Tribe with the Salish RSA, as a Tribal DCR. This designation shall be in accordance with RCW 71.05.020, 71.24.025 and 71.34.020.
- a. SBH-ASO shall enable, within HIPAA privacy guidelines, any Tribal DCR, whether designated by SBH-ASO or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a SBH-ASO Contracted Crisis Provider.