CLINICAL SERVICES

**Purpose:** This procedure outlines Northwest Educational Service District 189 (NWESD 189) compliance with RCW 43.20B.335, WAC 388-877A-0135, WAC 388-877A-0138, WAC 388-877A-0140, WAC 388-877A-0150, WAC 388-877A-0155, WAC 388-877A-0180, WAC 388-877A-0195, WAC 388-877A-0330, WAC 388-877A-0340, WAC 388-877A-0350, and North Sound Mental Health Administration (NSMHA) Policies #1561.00 and #1562.00.

**Group Treatment:** Group therapy services are provided to a child or youth to assist him/her in attaining the goals described in his/her individual service plan.

1) Each group offered in the behavioral health program will have a written description of the group including:

   A) the purpose of the group;

   B) the intended outcomes;

   C) staff training requirements, if any;

   D) research or evidence-based, if available; and,

   E) fidelity measures, if available.

2) The Quality Manager in collaboration with the Director of the Department of Behavioral Health and Prevention Services is responsible for identifying or developing appropriate measures to evaluate each group.

3) Group notes will be recorded in each child's or youth's clinical record as soon as possible and before the next group session.

**The following additional procedures apply to the provision of Mental Health Services:**

**Brief Intervention-** The NWESD 189 understands that not all children and youth referred for mental health treatment need intensive outpatient services. In cases where brief intervention only is warranted, the following additional procedures are used:

1) Brief intervention will be solution-focused and outcome-oriented cognitive and behavioral interventions intended to resolve situational disturbances.

2) The course of treatment is six (6) months or less and does not include ongoing care, maintenance, or monitoring of the child's or youth's current level of function or assistance with self care or life skills training.

3) Brief intervention must meet the individual service plan requirements in WAC 388-877-0620.

4) Additional assessment and individual service plan requirements in WAC 388-877A-0130 and WAC 388-877A-0135 do not apply to brief intervention treatment.

5) A child or youth may move from brief intervention treatment to longer term outpatient mental health services at any time.

**Group Treatment-** Group services are provided:

1) with a staff ratio of one (1) staff member for every twelve (12) children or youth.

2) in groups that do not contain more than twenty-four (24) children or youth.

3) under the supervision of a mental health professional, if the group is facilitated by a non-mental health professional.

4) with at least one (1) mental health professional facilitator or co-facilitator when the group contains more than twelve (12) children or youth.

5) with group notes recorded in each child's or youth's clinical record before the next group meeting, including:

   A) the attendance of the child or youth;

   B) the participation of the child or youth;

   C) progress towards goals stated in the child's or youth's service plan;

   D) any significant events shared by the child or youth; and,

   E) the supervising mental health professional if the group was facilitated by a non-mental health professional.

**Family Treatment:** Family therapy services are provided for the direct benefit of the child or youth with family members and/or other relevant persons in attendance. Interventions will identify and build competencies to strengthen family functioning in relationship to the child's or youth's identified goals. The child or youth may or may not be present. In providing family therapy services the mental health program supervisor will:

1) ensure the services are provided by a) a mental health professional who has documented coursework, continuing education, and/or training that specifically address family systems theories and techniques in family therapy, or b) a staff member, with documented family therapy training, under the supervision of a mental health professional.

2) with the child's or youth's written consent, provide information and education about the child's or youth's illness to family members or other relevant persons in order to assist the child or youth in managing the mental illness…

**Case Management Services:** Case management services will be designed to meet the ongoing assessment, facilitation, care coordination and advocacy for options and services that meet the child's or youth's needs through communication and available resources to promote quality and effective outcomes.

1) The NWESD 189 Mental Health program will provide case management services that:

   A) assist the child or youth to achieve the goals stated in his/her individual service plan;

   B) support the child's or youth's employment, education and/or participation in other daily activities appropriate to his/her age, gender and culture; and,

   C) assist the child or youth to resolve crises in the least restrictive setting.

2) Rehabilitative case management services include specific rehabilitative services provided to:

   A) assist in the child's or youth's discharge from an inpatient facility, and

   B) minimize the risk of readmission to an inpatient setting.

**Less Restrictive Orders:** Less restrictive alternative (LRA) support services are provided to children or youth on a less restrictive alternative court order. In providing LRA support services the NWESD 189 agrees to provide or monitor the provision of court-ordered services, including psychiatric and medical components of community support services.

The Director of the NWESD 189 Department of Behavioral Health and Prevention Services is responsible to:

1) Ensure and document that the NWESD 189:

   A) maintains written procedures for managing assaultive and/or self-destructive child or youth behavior; and,

   B) provides training to staff members on appropriate interventions.

2) Establish a written policy and procedure that allows for the referral of a child or youth to an involuntary treatment facility twenty-four hours a day, seven days a week.

3) Establish a written policy and procedure for a child or youth requiring involuntary detention that includes:

A) contacting the designated mental health professional (DMHP) regarding revocations or extension of an LRA; and,

B) transportation of the child or youth in a safe and timely manner for the purpose of evaluation or evaluation and detention.

4) Ensure a committed child or youth is advised of his/her rights under chapter 71.05 or 71.34 RCW, as applicable, including the right to:

A) receive adequate care and individualized treatment;

B) make an informed decision regarding the use of antipsychotic medication and to refuse medication beginning twenty-four (24) hours before any court proceeding he/she has the right to attend;

C) be presumed competent and maintain all civil rights while receiving evaluation and treatment for a mental disorder;

D) access attorneys, courts, and other legal redress;

E) be told statements he/she makes may be used in the involuntary proceedings;

F) have all information and records compiled, obtained, or maintained in the course of treatment kept confidential as described in chapters 70.02, 71.05, and 71.34 RCW.

5) Include in the clinical record a copy of the less restrictive alternative court order and a copy of any subsequent modification.

6) Ensure the development and implementation of individual service plan(s) which address the conditions of the less restrictive alternative court order and plan(s) for transition to voluntary treatment.

7) Ensure that all children and youth receive psychiatric medication services for the assessment and/or prescription of psychotropic medications appropriate to their needs, including:

A) at least one (1) time every seven (7) days for the initial fourteen (14) days following release from inpatient treatment for a youth or child on a ninety (90) day or one hundred eighty (180) day less restrictive alternative court order, unless the child's or youth's attending physician determines another schedule is more appropriate and documents the new schedule and the reason(s) in the child's or youth's clinical record.

B) at least one (1) time every thirty (30) days for a child or youth on a ninety (90) day or one hundred eighty (180) day less restrictive alternative court order, unless the child's or youth's attending physician determines another schedule is more appropriate and documents the new schedule and the reason(s) in the child's or youth's clinical record.

8) Keep a record of the periodic evaluation by a mental health professional of each committed child or youth for release from, or continuation of, an involuntary treatment order. Evaluations must occur at least every thirty (30) days for both ninety (90) day and one hundred eighty (180) day commitments and include documentation of assessment and rationale:

   A) for requesting a petition for an additional period of less restrictive treatment under an involuntary treatment order; or

   B) allowing the less restrictive court order expire without an extension request.

When monitoring a less restrictive alternative (LRA) or a Conditional Release (CR) the following procedures apply:

The Director of the Department of Behavioral Health and Prevention Services or designee will coordinate with inpatient psychiatric facilities when they request that the NWESD 189 assumes responsibility for monitoring an LRA/CR prior to the child's or youth's discharge. However, once the Director or designee becomes aware of a child's or youth's LRA/CR, lack of notification by the inpatient facility to the NWESD 189 prior to the child's or youth's discharge does not eliminate responsibility to follow up with the child or youth on the LRA/CR.

When the NWESD 189 is contacted by an inpatient facility requesting assumption of responsibility of the LRA/CR, the Mental Health Program Manager will assign a clinician to facilitate the transition process.

Although the NWESD 189 may decline to assume responsibility of the LRA/CR if there is clinical rationale to do so, it is anticipated this would be a rare occurrence. If the NWESD 189 declines the request from an inpatient facility, the Director of the Department of Behavioral Health and Prevention Services will notify NSMHA prior to notifying the inpatient facility of the decision and will be prepared to offer alternative service options to the inpatient psychiatric facility.

If the NWESD 189 agrees to serve the child or youth, the inpatient facility will contact Volunteers of America (VOA) Access Line to complete a request for service.

The NWESD 189 will ensure periodic evaluation of each committed child or youth for release from or continuation of an involuntary treatment order by documenting the child's or youth's adherence to the conditions of the LRA/CR in accordance with current WACs.

For a child or youth placed on a LRA/CR who is not currently in an open outpatient treatment episode with the NSMHA, the NWESD 189 is responsible for providing follow up services with the child or youth when a request for service at the NWESD 189 has been made pursuant to NSMHA Procedure #1502 Accessibility, Engagement and Utilization of Services for High Need Individuals Not Engaging in Treatment:

1) The NWESD 189 clinician will coordinate appropriate follow up needs with his/her supervisor.

2) The NWESD 189 clinician will report the follow up response to the Designated Mental Health Professionals (DMHP) office.

3) The NWESD 189 and DMHP offices may need to coordinate on further follow up needs as appropriate. This could include outreach, crisis alerts, affidavits, etc.

For a child or youth on a LRA/CR who is currently in an open outpatient treatment episode with the NWESD 189, the NWESD 189 clinician will contact the DMHP office to coordinate monitoring of the LRA/CR as soon as he/she becomes aware the child or youth has been placed on a LRA/CR. The NWESD 189 clinician does not need to contact the DMHP office if notification of the LRA/CR came from that office.

In coordination to monitor children or youth on LRAs/CRs, both NWESD 189 Department of Behavioral Health and Prevention Services clinicians and DMHPs will prioritize the following:

1) monitoring the child's or youth's adherence with the LRA/CR, including assessing the need for revocation based on likelihood of serious harm, failing to adhere to conditions, or substantial deterioration in functioning; and/or substantial decompensation with a reasonable probability that the decompensation can be reversed by further treatment [RCW 71.05.340(3)(b)]; and,

2) providing the DMHPs with information needed to support petitions for further court-ordered less restrictive treatment.

NWESD 189 Department of Behavioral Health and Prevention Services will notify the DMHP if noncompliance with the LRA/CR impairs the child or youth sufficiently to warrant detention or evaluation and petitioning for revocation of the LRA/CR.

NWESD 189 Department of Behavioral Health and Prevention Services will petition to extend the LRA/CR whenever the child or youth continues to meet the criteria for further commitment and when further less restrictive treatment will support his/her recovery. In this circumstance, the NWESD 189 Department of Behavioral Health and Prevention Services clinician will request the initiation of an investigation by the DMHP two (2) to three (3) weeks prior to the expiration of the LRA/CR.

NWESD 189 Department of Behavioral Health and Prevention Services clinicians are to be fully aware of the ability to continue or extend an LRA/CR, even when the child's or youth's circumstances do not warrant hospitalization or meet acute care criteria. The child's or youth's past history of decompensation without continued involuntary outpatient treatment is important to consider when determining if the criteria for grave disability can be met.

When the NWESD 189 Department of Behavioral Health and Prevention Services is assigned to monitor an enrolled child or youth on an LRA/CR, the NWESD 189 may not discharge the child or youth from mental health services while he/she is on the LRA/CR.

When the NWESD 189 Department of Behavioral Health and Prevention Services is involved in the care of a child or youth on an LRA/CR, but is not assigned to monitor the order, the NWESD 189 will coordinate care with the assigned agency.

When requesting or recommending the revocation of an LRA, the Director of the Department of Behavioral Health and Prevention Services will ensure that the Designated Mental Health Professionals/Designated Crisis Responders (DMHP/DCR) are notified if a NWESD 189 clinician, in consultation with the Mental Health Program Supervisor, or a DMHP/DCR determines that a minor is failing to adhere to the conditions of the LRA/CR or that substantial deterioration in the minor's functioning has occurred. The DMHP/DCR may order that the minor be taken into custody and transported to an inpatient evaluation and treatment facility.

When the NWESD 189 Department of Behavioral Health and Prevention Services makes a specific request for revocation of an LRA/CR, the request must include a written affidavit that details specific facts in support of the revocation including:

1) the date and time the outpatient provider last personally evaluated the person;

2) the specific conditions of the LRA/CR that were violated, and/or specific behaviors that demonstrate substantial deterioration;

3) specific behaviors that indicate an increased likelihood of serious harm;

4) "lesser restrictive" actions taken by the outpatient provider to avoid revocation and re-hospitalization; and,

5) why the person should be placed in an involuntary evaluation and treatment facility.

If a subsequent revocation hearing is required, the NWESD 189 Mental Health Program Manager or designee will testify at the hearing, or provide affidavits when warranted, regarding the child's or youth's lack of compliance with the conditions of the LRA/CR and/or his/her substantial deterioration and how either or both of these conditions have resulted in increased likelihood of serious harm.

**Medication Management:** Psychiatric medication services encompass a variety of activities related to prescribing and/or administering medication, including monitoring a child or youth for side effects and changes as needed. When providing psychiatric medication management services, either directly or through a contracted service provided, the NWESD 189 Mental Health Program Supervisor is responsible for:

1) Ensuring that medical direction and responsibility are assigned to a physician who is licensed to practice under chapter 18.57 or 18.71 RCW and is board-certified or board-eligible in psychiatry.

2) Ensuring that the services are provided by a prescriber licensed by Washington State Department of Health who is practicing within the scope of that practice.

3) Ensuring that all medications are administered by staff practicing within the scope of their practice.

4) Ensuring a process by which the medication prescriber informs the child or youth, and/or the legally responsible party, and, as appropriate, family members, of the potential benefits and side effects of the prescribed medication(s).

5) Ensuring that prescribed medications are reviewed at least every three (3) months.

6) Completing, with assistance from the Quality Manager, an inventory every three (3) months of all medication stored by the Department of Behavioral Health and Prevention Services.

7) Ensuring that all medications maintained by the Department of Behavioral Health and Prevention Services are safely and securely stored, including assurance that:

   A) medications are kept in locked cabinets within a well-lit, locked, and properly ventilated room;

   B) medications kept for children or youth on medication administration or self-administration programs are clearly labeled and stored separately from medication samples kept on site;

   C) medications marked "for external use only" are stored separately from oral or injectable medications;

   D) refrigerated food or beverages used in the administration of medications are kept separate from the refrigerated medications through the use of trays or other designated containers;

   E) syringes and sharp objects are properly stored and disposed;

   F) refrigerated medications are maintained at the required temperature; and,

   G) outdated medications are disposed in accordance with the regulations of the state board of pharmacy and no outdated medications are retained.

8) Ensuring that the child's or youth's clinical record contains the following documentation:

   A) notice to the child or youth of the benefits and possible side effects of each prescribed medication.

   B) the effects, interactions, and side effects the staff observe or the child or youth reports (spontaneously or as the result of questions from staff members).

C) clinical notes including:

i) the name and signature of the prescribing psychiatric advanced registered nurse practitioner (ARNP), board eligible psychiatrist, or physician;

ii) the name and purpose of each medication prescribed;

iii) the dosage, frequency, and method of giving each medication;

iv) identification of medications requiring laboratory monitoring and a frequency schedule for monitoring;

v) the reasons for changing or stopping any medication; and,

vi) the dates the medication was prescribed, reviewed and renewed, as applicable.

D) any written orders to administer/discontinue a medication generated by a licensed health care provider, within the scope of the provider's practice, including:

i) written, dated orders signed by the licensed prescriber within twenty-four (24) hours, and/or

ii) documentation that any telephone orders were reviewed and signed off by the ordering licensed health care provider, within the scope of the provider's practice, within twenty-four (24) hours including:

- explanation of the emergency circumstances that required a phone order,
- the name and signature of the individual authorized by department of health whose scope of practice includes taking physician's orders over the telephone, and
- the time, date and details of the telephone order.

9) Assuring physicians without board eligibility in psychiatry are only used if the NWESD 189 is unable to employ or contract with a psychiatrist. In this case, a psychiatrist consultation must be provided to the physician at least monthly, and a psychiatrist must be accessible to the physician for emergency consultation.

**Medication Support Services:** Medication support services are performed for the purpose of facilitating children's or youth's medication adherence. Medication support services occur face-to-face and

1) include one-on-one cueing, observing, and encouraging the child or youth to take medication as prescribed.

2) include reporting any pertinent information related to the child's or youth's adherence to the medication back to the agency or clinician that is providing psychiatric medication services.

3) may take place at any location and for as long as it is clinically necessary.

4) are provided to any child or youth who has a history of low medication adherence, is newly on medication, and/or is new to the specific medication prescribed.

The Director of the Department of Behavioral Health and Prevention Services will:

1) Ensure services are provided by or under the supervision of a mental health professional.

2) Ensure that the staff positions responsible for providing medication monitoring and/or delivery services are clearly identified in the NWESD 189's medication support services policy.

3) Have appropriate policies and procedures in place when the NWESD 189's providing medication support services maintains and/or delivers medication to the child or youth. The policies and procedures must address the maintenance of a medication log documenting medications that are received, prescribed, and dispensed, reasonable precautions that need to be taken when transporting medications to the intended child or youth and to assure staff safety during the transportation, and the prevention of contamination of medication during delivery, if delivery is provided.

4) Ensure that all medications kept by NWESD staff are safely and securely stored.

5) Ensure that the child's or youth's clinical record contains:

   A) the individual service plan, including documentation of medication support services;

   B) documentation of observations on the child's or youth's behavior indicating the effects, interactions, and side effects of the prescribed medication, as necessary;

   C) documentation of regular reviews of the child's or youth's adherence to the medication support plan as reflected in their individual service plan; and,

   D) documentation of reports to the prescriber about medication adherence and/or side effects.

**Peer Support Services:** Peer support services provide a wide range of activities to assist a child or youth in exercising control over his/her own life and recovery process through:

1) development of self-advocacy and natural supports;

2) maintenance of community living skills;

3) promotion of socialization skills; and,

4) shared peer counselor life experiences related to mental illness that build alliances to enhance the child's or youth's ability to function.

The Director of the NWESD 189 Department of Behavioral Health and Prevention Services is responsible for ensuring that peer support counselors:

1) meet the requirements of WAC 388-865-0107;

2) provide peer support services under the supervision of a mental health professional and within the scope of the peer counselor's training and Department of Health credential;

3) receive annual training relevant to their unique working environment; and,

4) document the frequency, duration, and expected outcome of all peer support services in the individual service plan.

**Youth Supported Employment:** Supported employment services include services aimed at assisting youth in training, job search, and job placement in order to help them find competitive jobs in their local communities. The NWESD 189 Department of Behavioral Health and Prevention Services will:

1) Ensure that all program staff have sufficient knowledge of employment services to provide children or youth access to employment and education opportunities by coordinating efforts with one (1) or more entities that provide other rehabilitation and employment services, such as:

   A) the Washington State Division of Vocational Rehabilitation;

   B) community, trade, and technical colleges;

   C) the business community;

   D) WorkSource, Washington State's official site for online employment services;

   E) Washington State Department of Employment Security; and/or,

   F) organizations providing job placement within the community.

2) Ensure all program staff members providing direct services for employment are knowledgeable and familiar with services provided by the Washington State Division of Vocational Rehabilitation.

3) Conduct and document a vocational assessment in partnership with the youth that includes work history, skills, training, education, and personal career goals.

4) Assist the youth to create an individualized job and/or career development plan that focuses on the youth's strengths and skills.

5) Assist the youth to locate employment opportunities that are consistent with the youth's skills, goals, and interests.

6) Document any outreach, job coaching, and support at the youth's worksite, when requested by the youth and/or the youth's employer.

7) Provide information regarding the requirements of reasonable accommodations, consistent with the *Americans with Disabilities Act of 1990* (ADA), and the Washington State anti-discrimination law, if requested by an employer.

**Wraparound Facilitation Services:** Wraparound facilitation services address the complex emotional, behavior, and social issues of a child or youth twenty (20) years of age or younger and the child's or youth's family. They are:

1) provided to a child or youth who requires the services of mental health provider and one (1) or more child serving systems.

2) focused and driven by the needs of the identified family and the family's support community.

3) provided in partnership with the child or youth, his/her family, and their mental health provider.

In providing wraparound facilitation services, the Director of the NWESD 189 Department of Behavioral Health and Prevention Services will employ or contract with:

1) a mental health professional (MHP) who is responsible for oversight of the wraparound facilitation services.

2) a facilitator who has completed department-approved wraparound facilitation training and

   A) has a master's degree with at least one (1) year of experience working in social services;

   B) has a bachelor's degree with at least two (2) years of experience working in social services; or,

   C) has equivalent life experience, which is documented.

3) individual(s) certified to provide a Child and Adolescent Needs and Strengths (CANS) assessment.

Facilitation will ensure employee or volunteer youth and family partners are actively involved in defining, planning, and provision of the NWESD 189's wraparound facilitation services, as needed.

Furthermore, all wraparound facilitation services:

1) must include the identified child or youth, the child's or youth's family, and the child's or youth's mental health provider; and,

2) may include additional support partners as team members, including but not limited to:

   A) natural supports- community members, friends, and extended family members identified by the child or youth and/or the child's or youth's family to be active participants in the child's or youth's support network.

   B) system supports- representatives from systems that currently offer support to the identified child or youth or that offer support services to the child's or youth's adult care giver, which directly affects the child or youth.

   C) peer supports- individuals who have personally and actively participated in wraparound facilitation services and who offer support to families currently working with the wraparound team(s).

The Director of the NWESD 189 Department of Behavioral Health and Prevention Services will ensure the documentation of the following:

1) The development of a wraparound plan that:

   A) includes a complete list of participants and their contact information, a list of next steps or follow-up information from the initial meeting, and the schedule of child and family team (CFT) meetings;

   B) describes the child's or youth's and his/her family's vision for the future stated in their own language;

   C) reflects the family's prioritization of needs and goals and addresses the needs as identified in the CANS screen;

   D) is integrated with the child's or youth's individual service plan (see WAC 388-877-0620 and WAC 388-877A-0135);

   E) identifies the functional strengths of the child or youth and his/her family that can be used to help meet the identified needs;

   F) assigns responsibility to CFT members for each strategy/intervention or task, and establishes timelines for implementation;

   G) identifies immediate safety needs and a safety/crisis plan;

   H) assists the child or youth and his/her family in using their support network; and,

I) is signed by all CFT members, including the child or youth, his/her parents or, if applicable, legal guardian.

2) Coordination with any other involved systems and services and/or supports, including sharing the wraparound plan and any revisions with all CFT members.

3) The result of the initial and subsequent CANS screenings and assessments.

4) The review of the wraparound plan during each CFT meeting, including any revisions to address the changing needs and progress of the identified child or youth and his/her family.

The following additional procedures apply to the provision of substance abuse treatment services.

**Group Treatment:** Groups will be limited to no more than twelve (12) children or youth; with groups of nine (9) to twelve (12) youth including a second adult staff member.

**Case Management Services:** Substance Abuse Treatment staff will maintain a list of resources, including self-help groups, and referral options that can be used by staff members to refer a child or youth to appropriate services.

Presented to the Board: 01/28/15

Reference:
RCW 43.20B.335
WAC 388-877A-0135
WAC 388-877A-0138
WAC 388-877A-0140
WAC 388-877A-0150
WAC 388-877A-0155
WAC 388-877A-0180
WAC 388-877A-0195
WAC 388-877A-0330
WAC 388-877A-0340
WAC 388-877A-0350

Cross Reference:
NSMHA Policy #1561.00
NSMHA Policy #1562.00