The Residential Care Services Behavioral Health Support Team: Goals, Services & Limitations

The Residential Care Services Behavioral Health Support Team (RCS BHST) has three goals:

* Placement **stability** for residents with behavioral health challenges living RCS licensed settings *
* Improved **quality** of care for residents with behavioral health challenges *
* Increased regulatory **compliance** by the providers who care for residents with behavioral health challenges *

The RCS BHST provides the following services in support of these goals:

- **Free group trainings** that blend behavioral health & regulatory information. Some have been approved for Continuing Education credits - with more to come!
- **Resident specific consultations** that blend of behavioral health & regulatory expertise to give providers new ways to support a challenging resident.
- **Preliminary Technical Assistance** (PTA) for providers who are about to admit a difficult resident from a hospital or other setting.
- **Staffing** for providers & DSHS employees who have a complicated situation or regulatory questions.

"I've heard that the RCS BHST can be really helpful! But is there anything they don't do?"

Yes. While we genuinely want to be as helpful as possible, there are **limitations** on what we can do.

Common requests the Team receives that are beyond our authority & mission scope:

I work in a facility. Can you assess my resident to determine their mental health needs?

- **No.** If you need help finding someone who can, we would be happy to assist.
- **NOTE**: We do a great deal of research on the provider & resident each time we get a referral for consultation. This helps us come up with specific ideas for the situation. However, we approach each case differently & don't see our work as an *assessment* - this word implies a formal process involving standardized measures & tools.

I'm a provider. Can you assess my resident & tell me if they're ok to stay placed here, or if I will be cited if I discharge them?

- **No.** However, we would be happy to help you understand the regulations involving admission & discharge.

I work for ALTSA. Why doesn't RCS cite providers who aren't fulfilling their responsibilities as part of accepting contract money from DSHS?

- **Because those issues are outside of RCS authority.** RCS only has the authority to enforce Washington Administrative Codes (WACs). WACs are based in the Revised Codes of Washington (RCWs). **RCWs are laws.** Contracts are agreements between two entities – they are **not** law. This means that RCS is unable to oversee, enforce or get involved with any contract between providers & DSHS. Since our Team is part of RCS, we are bound by these same limitations.
- WACs exist that cover contracts between providers & DSHS, but RCS has no authority over them. The only WACs RCS can enforce are those that cover RCS licensed facilities.

I'm an HCS Case Manager. Can the Team educate providers about their contract responsibilities, such as Meaningful Day (MD)? What about providers who have been approved for ETRs but there's concern the money isn't being used properly?

- **No.** Programs like ECS are contracts. ETRs are agreements between the provider & DSHS. ETRs are very similar to contracts, just smaller & more specific in nature. When providers ask us questions about either of these, we refer them to their DSHS case manager.

I'm an HCS Case Manager. Providers with contracts are often required to send documentation to me. For example, a provider with a MD contract needs to turn in an activity calendar. Many providers don't, even when I've asked repeatedly. Can this Team help?

- **No.** The provision of that documentation is a contract requirement & not a regulatory requirement.

I'm an HCS Case Manager. Who can I contact when I have concerns about a provider not fulfilling contract or ETR agreements?

- Please send an email to MeaningfulDay@dshs.wa.gov with details about your contract concerns. Please speak to your local DSHS leadership (including the ETR Committee) for concerns about ETRs.

I'm a DSHS case manager & my provider is difficult to deal with. They're just not listening to me. I'm frustrated with them, & I'm sure they're frustrated with me. Can your Team come to a joint meeting with both of us to mediate & help us work the issues out?

- **Not exactly.** Sometimes we observe (or are told about) difficulties between the provider & the DSHS case manager as part of our resident focused work – difficulties that may be contributing to the resident specific problem we're consulting on in the first place.
- In these situations, we are happy to **separately** advise both the provider & the DSHS case manager on ways to better work together. However, asking us to come to a joint meeting focused on sorting those issues out between you is outside of our mission scope.

Follow up question from the last one. There's no referral for a specific resident or anything, but I'm a DSHS case manager who is having a hard time with a provider. Could you separately advise each of us on ways to better work together?

- **Not exactly.** As mental health specialists & your fellow DSHS employees, we're happy to staff the situation & give **you** suggestions. However, we would only advise the provider if we were **already providing resident specific guidance**. In the situation noted here, we wouldn't be in contact with the provider.

I'm a facility administrator. Can your Team come to my building & provide a quality assurance assessment?

- **No.** Providers are encouraged to establish internal quality assurance teams & have them focus on different areas during the months between inspections. This way, the facility is **constantly** looking for problems & ways to fix them. However, if you have specific regulatory questions or a situation you would like to staff with us, we'd be happy to talk with you.

I work for a facility and we have a resident in crisis right now. Can your Team respond quickly?

- **No.** We are unable to provide crisis response services & ask that you contact 911 or your local crisis line instead. However, if you have a resident who seems to be in crisis frequently – that could be a **good referral** to send to us for consultation.

I'm a DDA Case Resource Manager. We've been having meetings about how to support a challenging resident. Multiple people attend – family, mental health providers, etc. Could a member of your Team come too?

- **It depends.** As part of a resident specific consult, we may determine that coming to one of these meetings would be a helpful way to disseminate information widely & bring our expertise to the table. However, we would not come to these meetings on an ongoing basis.

I'm a provider that just got cited by RCS. Now I have to write a plan of correction. Can I include this Team in the plan?

- **No.** While RCS is regulatory agency, the RCS BHST has no regulatory function itself. This is one of the reasons we're a voluntary service. Note that you'd still be welcome to reach out to us for consultation – you just couldn't put this on your plan of correction.

I'm an RCS licensor and just cited a provider. Can I require them to consult with your Team before I put them back in compliance?

- **No.** We work hard to establish rapport & trust with our providers – which can be hard, given that we work for RCS. This is one reason why our services are voluntary. Being forced on a building, even with good intentions, could create lasting problems for our Team.

I work for DSHS and have a provider asking for an ETR. Can I require them to work with you before I agree to submit the request? Can I make consulting with your Team part of the request itself?

- **No.** You can still recommend a referral, but it cannot be a condition for an ETR.

I'm an HCS Case Manager & I keep telling this provider about your Team. I really think you could help them, but they keep telling me no. Can you give them a call & convince them to accept your services?

- **No.** We don't cold call providers, as the results from this tend to be poor. All we've ever asked of referents is to obtain permission from the provider to submit a referral on their behalf & permission for us to give them a call.
- If they agree to have you submit a referral for them & take a call from us – & they decline services when we call - that's ok. We're happy to have had the chance to explain our services directly to them. Who knows – maybe in the weeks that follow they change their minds?

Still not sure on whether or not we can help with something? We'd love to talk about it with you!

Give us a call: **(360) 725-3445**

Send us an email: **RCSBHST@dshs.wa.gov**