Washington State Department of Social & Health Services

AGING AND LONG-TERM SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
"Transforming Lives"

CHAPTER 29 – Behavioral Health Support Team (BHST)

The **Behavioral Health Support Team (BHST)** works to carry out the Mental Health Transformation Act in the state of Washington.

Behavioral Health Support Team – Overview

Residential Care Services (RCS) promotes and protects the rights, security and well-being of individuals living in licensed or certified residential settings. The goal of the **Behavioral Health Support Team (BHST)** to assist in the long-term success of individuals with challenging and complex behavioral health needs residing in these settings. To accomplish this, the BHST offers clinical and regulatory expertise to providers who work with this population to help them provide high-quality, person-centered care while remaining in compliance.

The Behavioral Health Support Team is comprised of a Behavioral Health Support Team Unit Manager, Behavioral Health Outcome Improvement Specialists, a Behavioral Health Policy Program Manager, a Behavioral Health Training Specialist, and Behavioral Health Quality Improvement Consultants (BQIC).

CMS uses the term "clients" and "individuals" interchangeably in the State Operations Manual (SOM). Throughout the BHST Chapter 29 Standard Operating Procedure (SOP) "Residents", "clients" or "individuals" are used.

In this chapter, facility, home, and provider(s) refers to Adult Family Homes (AFH), Nursing Homes (NH), Assisted Living Facilities (ALF), Enhanced Services Facilities (ESF), Certified Community Residential Services and Supports (CCRSS), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

Washington State Department of Social & Health Services

Related Federal Rules (CFR), Statutes (RCW), and Regulations (WAC):

- Chapter 18.51 RCW Nursing Homes (NH)
- Chapter 18.20 RCW Assisted Living Facilities (ALF)
- Chapter 70.128/ RCW Adult Family Homes (AFH)
- Chapter 70.97 RCW Enhanced Services Facilities (ESF)
- Chapter 71A.12 RCW Developmental Disabilities State Services
- Chapter 74.42 RCW Nursing Homes – Resident Care, Operation Standards
- Chapter 70.129 RCW - Long-Term Care Resident Rights
- Chapter 74.34 RCW - Abuse of Vulnerable Adults
- Chapter 388-97 WAC Nursing Homes (NH)
- Chapter 388-78A WAC Assisted Living Facilities (ALF)
- Chapter 388-76 WAC Adult Family Home (AFH)
- Chapter 388-107 WAC Enhanced Services Facilities (ESF)
- Chapter 388-101 WAC Certified Community Residential Services and Supports (CCRSS)
- Chapter 388-110 WAC – Contracted Residential Care Services
- Chapter 388-112A WAC - Residential Long-Term Care Services Training
- Chapter 388-113 WAC Disqualifying Crimes and Negative Actions
- Chapter 182-538C WAC Crisis and Non-crisis Behavioral Health Services
- Chapter 246-341 WAC Behavioral Health Services Administrative Requirements
- Chapter 71.05 RCW Mental Illness
- 42 C.F.R. § 483.1 through 483.206: Nursing Homes

Subject Matter Experts

Tony O'Leary, Behavioral Health Support Team Unit Manager: 360-764-9794

Debbie Hoeman, Behavioral Health Policy Program Manager: 360-725-3210

Washington State Department of Social & Health Services

CHAPTER 29 – Behavioral Health Support Team Index

This section contains the Standard Operating Procedures (SOPs) that Behavioral Health Support Team members are required to follow when assisting long-term care and community-based settings to meet the needs of individuals with challenging and complex behavioral health needs while simultaneously remaining in compliance with all applicable regulations.

Washington State Department of Social & Health Services

29A - Behavioral Health Support Team Unit Manager

The **BHST Unit Manager** is responsible for ensuring the division is continuously working toward meeting the goals of the Governor's Mental Health Transformation Project.

Some duties of the BHST Unit Manager include but are not limited to:

1. Supervise and provide oversight to BHST staff.
2. Outline staff responsibilities.
3. Ensure processes are being followed.
4. Recruitment and hiring of new staff.
5. Ensure new staff are trained and able to demonstrate a working knowledge of BHST policies and procedures.
6. Provide consultation on clinical and non-clinical matters.

Washington State Department of Social & Health Services

29B - Behavioral Health Outcome Improvement Specialist

The **Behavioral Health Outcome Improvement Specialist** is responsible for developing, evaluating, and analyzing quality measures. The Behavioral Health Outcome Improvement Specialist assists the Behavioral Health Support Team in setting benchmarks and goals for continuous improvement and creates programs to measure those goals. Residential Care Services relies on the Behavioral Health Outcome Improvement Specialist's experience in program evaluation, utilization of statistically sound and valid data, and report generation which includes outlining program successes and identifying areas requiring additional resources.

Some duties the Behavioral Health Outcome Improvement Specialist will be asked to perform include but are not limited to:

1. Complete program analysis to track and trend outcomes, as well as recommend use of resources, areas for improvement and program gaps, which include identifying intake referral trends by source type, facility, and developing follow up surveys for providers.
2. Identify opportunities for improving and streamlining work such as creating metrics and developing electronic reporting methods for Unit Supervisor.
3. Prepare data and reports to be used as a part of the legislative process.
4. Develop an on-going process to maintain quality data. For example, taking over intake processing for weekly case assignment so the BQICs have accurate up-to-date data to assign new referrals.

The RCS Leadership team relies on the Behavioral Health Outcome Improvement Specialist's expertise in the development, implementation and oversight of quality measures, outcomes and improvement processes resulting in positive and measurable impacts on the quality of care for individuals with challenging and complex behavioral health needs residing in long-term care and community-based settings.

Washington State Department of Social & Health Services

29C - Behavioral Health Training Specialist

The **Behavioral Health Training Specialist** is responsible for providing statewide support to help keep RCS staff and providers apprised of and educated on current and changing behavioral health standards. This includes consultation, development, and deployment of exclusive training to build proficiencies, understanding, and abilities in working with individuals with challenging and complex behavioral health needs. The Behavioral Health Training Specialist provides technical assistance and education on regulatory requirements as well as best practice training.

The Behavioral Health Training Specialist is the designated expert for behavioral health training across long-term care and community-based settings.

Providers such as Enhanced Services Facilitates and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), who already have behavioral health services on site as a regulatory requirement may be provided behavioral health training or other support on a case-by-case basis. Consultation with the Behavioral Health Support Team Unit Manager is required to determine if additional support from the RCS BHST is warranted.

Some duties the Behavioral Health Training Specialist will be asked to complete include but are not limited to:

1. Create a curriculum that reflects the most current evidenced-based practice and treatment approaches.
2. Research for proven strategies to address the care needs for individuals with challenging behaviors.
3. Represent RCS by chairing and facilitating both internal and external stakeholder meetings related to behavioral health training and curriculum development.
4. Provide individual and group training sessions.
5. Become a certified continuing education credit trainer.
6. Practice and promote cultural humility in all aspects of service delivery.

Washington State Department of Social & Health Services

Procedure

A. Referrals:

Referrals to the **Behavioral Health Training Specialist** can be made by email to:

BHST Email: ALTSABHSTTraining@dshs.wa.gov

The Behavioral Health Training Specialist offers the following trainings and/or consultation:

1. RCS Training: Training for Regional RCS staff on a specific subject matter pertaining to behavioral health and the Behavioral Health Support Team services.
2. Providers: Deliver in-service training, support groups, and/or clinics to improve and expand practical and clinical approaches to enhance skills in caring for residents with complex behavioral health issues.
3. Stakeholder Training: Trainings for stakeholders to learn about the Behavioral Health Support Team services.

B. Email, Training tracker, Training calendar, and Continuing education:

The Behavioral Health Training Specialist will maintain the training email inbox, the training tracker, and the training calendar. The Behavioral Health Training Specialist will provide continuing education credit certificates for trainings that have been approved for continuing education credits.

Training email box:

1. Monitor training email inbox.
2. Respond to inquiries, requests, and comments.
3. Document intake in training tracker.
4. Email provider with web link to training and any additional information.

Training Tracker:

1. Maintain training tracker by:
   a) Inputting date of training, facility name and type, provider name, provider contact information, training description, training type, travel time, research, development and presentation time, presentation completion, number of participants, and presenter name.

Training Calendar:

1. Complete training calendar each month by the 15th for the next month.
2. Email completed training calendar to Outcome Improvement Specialist to post on the Behavioral Health Support Team website.
3. Email completed training calendar to Karen Woodbury Cordero at karen@adultfamilyhomecouncil.org to post on the Adult Family Home Council events website.
4. Email completed training calendar to Jennifer Summers at jennifersummers@whca.org to post in the WHCA e-newsletter.

Continuing Education Credit Trainings:

1. Complete and submit trainings for continuing education credits to the Training Unit Manager at Home and Community Services to certify trainings.
2. Notify providers when the training being offered is continuing education credit certified.
3. Providers must do the following to get a certificate:
    A. Participate in the training until completion.
    B. Providers must email ALTSABHSTTraining@dshs.wa.gov the following information:
        a. First and last name of participant
        b. The facility name, the participant is employed
        c. The name and date of the training attended
4. The Behavioral Health Training Specialist will complete and return all certificates within one week of attendance.

Washington State Department of Social & Health Services

29D – Behavioral Health Quality Improvement Consultant

BQIC consultation offers providers interventions, tools, and resources that fit within the regulatory framework. BQICs research evidence-based interventions, promote regulatory compliance, and create unique approaches to problems. Providers can then utilize this information to support individuals with challenging behavioral health needs in their current or future placement. BQICs also demonstrate a holistic approach to care by considering the whole individual throughout their work with providers. BQICs contribute to the department's mission of transforming lives through their work to resolve challenging and complex behavioral health needs. BQICs reduce the risk of decompensation and re-hospitalization, as well as improving the quality of care in residential settings.

BQIC services are not part of the regulatory process and long-term care providers are never compelled to accept consultation or technical assistance.

BQICs are available on a voluntary basis to Nursing Homes (NH), Assisted Living Facilities (ALF), Adult Family Homes (AFH), and Certified Community Residential Services and Supports (CCRSS). Services are available regardless of the individual's funding source.

If the individual in the NH, ALF, AFH, or CCRSS already has behavioral supports in place (including but not limited to State Hospital Discharge and Diversion Team (SHDD), Program of All-Inclusive Care for the Elderly (PACE), Expanded Community Services (ECS), Specialized Behavior Support (SBS), Intensive Residential Treatment (IRT), Program of Assertive Community Treatment (PACT), Staff and Family, the BQIC will carefully review the referral to determine if additional support from the RCS BHST is warranted.

Providers such as Enhanced Services Facilitates (ESF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) who already have behavioral health services on site as a regulatory requirement may be provided with consultation or other support on a case-by-case basis. Consultation with the Behavioral Health Support Team Unit Manager is required to determine if additional support from the RCS BHST is warranted.

Some duties the Behavioral Health Qualify Improvement Consultant will be asked to complete include but are not limited to:

1. Work with long-term care and community-based setting staff, assisting them in understanding and complying with regulations relevant to behavioral health concerns.
2. Conduct thorough and comprehensive reviews of resident and provider records, from both a minimum standard and a best practice standard.
3. Evaluate appropriateness of resident activity offerings and provide suggestions for improving person-centeredness.
4. Review facility citation history and resident history (e.g., behavioral issues in prior placements). Identify patterns and trends.
5. Assess current interventions and policies for potential citation risk.
6. Assist providers with regulation comprehension, particularly in the following areas: resident rights, resident safety, quality of care, documentation, reporting, medication refusal, restraints, abuse, neglect and exploitation, and others that may apply.
7. Provide expert-level consultation on behavioral health and related regulatory issues within long-term care and community-based settings.
8. Collaborate with Home and Community Services (HCS), Developmental Disabilities Administration (DDA), and partner agencies to identify community, recreational, and socialization opportunities, such as clubhouse models in communities for residents to access on a regular basis for socializing with their peer group or supported employment.
9. Comply with requirements of Health Information Portability and Accountability ACT (HIPAA).
10. Comply with state and federal law to protect and maintain the privacy and security of confidential client information and ensure use of secure/encrypted email communication.

Requests for Information, Staffing, Connection Café, Training, and/or Consultation:

When collaborating with providers, community partners, and/or agency partners, the **Behavioral Health Quality Improvement Consultant** offers staffing, Connection Café, training, and/or consultation and responds to requests for information.

1. Staffing – These are questions or queries that do not rise to the level of requiring consultation but involve some time and research. For example, a provider may need assistance understanding how resident rights regulations apply to a particular situation. They may be struggling with a unique delusion or symptom despite having extensive experience working with challenging behaviors. Or they may have questions about their responsibilities regarding a resident who always threatens to discharge from the facility against medical advice. Support is generally provided via brief phone call and/or email. Staffing may also be provided to a facility that has other behavioral health resources available, i.e., ECS or SBS, where a full consultation is not indicated and may duplicate other services.

2. Connection Café – These are meetings scheduled between a BQIC and a provider and are less formal than a consultation. The Cafés provide an open forum for staff to ask questions about regulations and other topics that may not be resident specific. These meetings may be used to also answer general questions about many residents in the facility.

3. Training – These are a specialized list of trainings provided by BQICs that may be useful to the provider based on resident behaviors and/or staffing needs.

4. Consultation – For providers who have an individual currently residing in their home or facility with challenging behaviors, BQICs will complete a thorough and comprehensive consultation to address the specific needs of a resident and/or the setting itself. Extensive research about the setting and individual becomes the foundation from which the BQIC develops tailored intervention ideas and regulatory guidance. Work is done to identify possible resources and forms of support for the individual and facility staff alike. A written summary is given to the provider and is also discussed during one or two meetings with staff.

5. Preliminary Technical Assistance (PTA) – For providers who are considering admitting a resident with known challenging behaviors from a medical hospital or another long-term care/community-based placement but are not sure about the admission or would like assistance with preparing for the arrival, BQICs will be available to support providers ahead of the admission. Like consultations, PTAs involve more extensive research and writing. They also involve one or two meetings with the provider.

6. Miscellaneous – These are questions that can be addressed with minimal effort. For example, "What is an ECS contract?" "How do I get an example of a good care plan?" or "It was suggested I talk to the RCS Behavioral Health Support Team. What is that and what do they do?" Information is generally provided via email.

Procedure:

A. Referrals:

Referrals to the **Behavioral Health Quality Improvement Consultant** can be made by email or phone to:
BHST Email: rcsbhst@dshs.wa.gov
BHST Referral Message Line: 360-725-3445

Consultant will ensure provider or administrator has approved participation with the consultation process.

B. Intake Process:

1. Referral request received.
2. If referral appears to be a "Miscellaneous" (question or task outside the parameters of a typical consultation) (MISC), the referral is then marked as a MISC in the tracker and assigned to backup BQIC who is doing backup for the referrals for the week. The BQIC then provides the requested information and adds required data to the tracker.
3. If the referral appears to be a Connection Café request, it is marked in the tracker as "Incomplete Connection Café" and given an intake number. Either the Intake Coordinator (IC) or the backup BQIC (whoever gets access to the information first) then creates a new folder with the intake number. A new intake form is started and placed in the folder, along with the original referral message (if available).

4. If the referral appears to be a Training request, it is marked in the tracker as “Incomplete Training” and given an intake number. Either the Intake Coordinator (IC) or the backup BQIC (whoever gets access to the information first) then creates a new folder with the intake number. A new intake form is started and placed in the folder, along with the original referral message (if available).
5. If the referral appears to be a consult or PTA request, it is marked in the tracker as either “Incomplete Consult” or “PTA Incomplete” and given an intake number. The IC then creates a new folder with the intake number. A new intake form is started and placed in the folder, along with the original referral message (if available).
6. IC will add the following information to the consultation document: Resident name; resident date of birth, resident age, facility type, name of facility, address of facility, region of the facility, license number of facility, check yes or no for the repeat facility section, referent contact information and role/title, referral request details, number of residents, and whether there is facility approval. If the consultation is a PTA, facility contact person and contact information, note from contact with the facility.
7. IC enters data in tracker and fills in case type as Tentative (T) as case is in tentative status.
8. IC checks for duplicate/past facility/resident and makes notations in the tracker accordingly.
9. Back up BQIC coordinates tentative data tracker presentation for case assignment.

C. Case Assignment:

The RCS BHST is not able to provide crisis response services. Incoming referrals are not triaged; cases are assigned to consultants on a first-come first-served basis.

1. Cases are assigned based on BQIC availability, region, and other factors.
2. Cases assigned and marked as Incomplete Connection Café, Incomplete Training, Preliminary Technical Assistance (PTA) or Intake only (IO).
3. Updating Tracker:
    a. Update tracker with assigned consultant name.
    b. Update tracker from T (Tentative) to Incomplete connection Care, or Incomplete Training, or IO (Intake Only) or PTA Incomplete (Preliminary Technical Assistance Incomplete).

D. Initial steps after case assignment:

1. Intake folder with attached intake form and any associated emails or voicemails will be moved to the BQIC's personal folder on the Q drive.
2. Intake information will be reviewed by the consultant. All relevant research will be documented on the intake form.
3. Research will be conducted by the consultant on the facility using the following applications:
    a. FMS
    b. TIVA
    c. TIVA2
    d. STARS
    e. ASPEN ACO (if NH)
4. Research will be conducted by the consultant on the resident using the following applications:
    a. TIVA
    b. TIVA2
    c. STARS
    d. CARE
    e. ASPEN ACO MDS (if NH)
5. Questions will be curated for the facility based on research results.

6. Call facility/referent:
    a. Consultant will ask curated questions of facility contact. Responses will be documented in the intake form.
    b. Schedule the consultation. While it is preferable to hold the meeting in-person at the facility, there may be extenuating circumstances, and the BQIC will use their discretion to determine whether Teams/Zoom may be a more appropriate format.
    c. Request that the facility send the resident's care plan and any other relevant documentation, such as behavioral tracking logs, progress notes, facility policies, crisis plan, etc. (f available and voluntarily given by the facility).
    d. Depending on the specific circumstances of the referral, consultant will attempt to reach the facility three times, using the phone and/or email contact provided. After the last attempt, the consultant will notify the provider that the intake will be closed out if no contact is made.
    e. Update intake form with all above information.
7. Additional contact with involved parties. As necessary, consultant will curate questions and make contract with relevant collateral contacts, such as case managers.
8. If facility declines, resident no longer resides in the facility, or there is another reason the consultation does not proceed, BQIC will complete intake and email the Behavioral Health Outcome Improvement Specialist. The Behavioral Health Outcome Improvement Specialist will view data and update tracker. BQIC moves the intake folder to closed folder in the Q drive.
9. If facility is unsure if they want assistance, the BQIC may offer to follow up with the facility. Example: A BQIC has been assigned a PTA. They call the provider, but the provider is unsure if they would like BHST services because they feel they need to meet the individual before making that decision. The BQIC can offer to follow up with the provider in 4-6 weeks to see how the placement is going and if they need BHST assistance.

E. Visit preparation:

1. Update Outlook calendar. If traveling, include travel time.
2. Email meeting confirmation to facility. If digital meeting, include link/directions for Zoom or Teams. Update intake form with information describing when this information was sent to the facility.
3. Consultant will gather all appropriate resources and generate a consultation document for each resident. Consultant will update all documentation needed i.e., best practices, etc.
4. Email meeting details to RCS Field Manager (FM). Include RCS CI if there is open work at the facility.
5. If documentation (e.g., resident care plan) is received from the provider, create a PDF and provide comments/feedback as applicable.
6. One day prior to the consultation meeting, email all documents to provider in PDF format (except for any templates, which should be left in Word format so the provider may modify them).

F. Consultation meeting:

1. Consultation:

   a. If consultation is onsite, observe/talk with resident and staff. If care plan/documentation was not received prior to consultation, review while onsite. Meet with leadership and provide consult, feedback, and resources. Inform provider they will receive a survey via email.
   b. If consultation is digital, talk with leadership and provide consult, feedback, and resources. Inform provider they will receive a survey via email.

G. Post consult/follow-up

1. On the intake form, BQIC documents consult time and date, who attended, and observations/impressions.
2. Consultant will complete a follow-up call or email to all who were contacted before the consultation i.e., HCS, DDA, FM. Send them a copy of the consultation in PDF format. Explain the follow-up process.
3. Consultant will create questions for the facility based on the information discussed during the consultation. These questions will guide the conversation during the follow-up call.

4. Following the consultation (approximately 14 to 28 days) the consultant will complete a follow-up call to facility/provider.
    a. Get update on how things are going.
    b. Check if there is any difficulty interpreting consult suggestions or use of resources.
    c. Is a second visit wanted/needed? Is a referral to trainer wanted/needed? If so, schedule follow-up meeting or make appropriate referrals.
5. Consultant will call those involved before the consultation (i.e., HCS, DDA, etc.) and convey impressions and other necessary information. The consultant will also explain case closure to HCS, DDS, or others involved.
6. All information will be documented on the intake form.

H. Case closure:
    1. Email consultation (PDF format) to FM and BHST Supervisor.
    2. Add resources and useful information to OneNote.
    3. Move entire folder to the Closed Folder.
    4. Email Behavioral Health Outcome Improvement Specialist letting them know to close the case.

Washington State Department of Social & Health Services

29E – BHST Change Log

Note to the public – Management Bulletins (MBs) are stored on the ALTSA intranet and cannot be accessed by the public

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
10/14/2022	Chapter 29	New Chapter	New Chapter	Issued R22-078