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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Integrated Crisis Response Services (ICRS): ICRS Outreach Safety Screening for Dispatching for Behavioral Health Crisis

Authorizing Source: North Sound BH-ASO and ICRS Management, RCW 71.05.700 and 71.05.715, WAC 246-341-0900 -905, -910, -0915, -0920 and -0810, DCR protocols, WAC 246-341-0510, 0515
Approved by: Executive Director Date: Signature:

POLICY # 1702.00

SUBJECT: ICRS OUTREACH SAFETY SCREENING FOR DISPATCHING FOR BEHAVIOLAL HEALTH CRISIS

PURPOSE

The purpose of this policy is to ensure a responsive and consistent safety screening process for crisis outreaches for individuals, family members, community members and ICRS staff. This policy addresses the roles of the Volunteers of America (VOA) Care Crisis Response Services (CCRS) Triage Clinician (referred to herein as CCRS Triage Clinician), Mobile Outreach Team (MOT) and Designated Crisis Responder (DCR).

Teams will follow safety protocols per Washington Administrative Codes (WAC) and Revised Codes of Washington (RCW) requirments and have participated in safety and violence prevention training

POLICY

When VOA dispatches, the CCRS Triage Clinician will have the responsibility of deciding when a face-to-face outreach and/or evaluation is needed and dispatch MOT and/or DCR staff to a community location. The MOT or DCR may not decline a referral for face-to-face services but decides if backup or other provisions are needed to mitigate risk.

If the outreach teams receive a direct call prior to self-dispatches from Law Enforcement, they should still assess for risk and contact VOA to check on any history VOA may have on the individual.

Outreach services shall be provided within two (2) hours of dispatch for emergent cases by the CCRS Triage Clinician or after contacting the CCRS Triage Clinician. Any exceptions shall be clearly documented in the individual's record(s) and are subject to North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) review. The disposition of all cases referred to MOT or DCR by a CCRS Triage Clinician will be reported to the CCRS Triage Clinician via phone by the end of their shift.

Once the safety screening has been completed by the CCRS Triage Clinician and the decision is made to dispatch for an outreach, the dispatched MOT or DCR assumes responsibility for further assessing the safety of the situation. MOT or DCR must provide the most appropriate clinical intervention (via outreach) in the safest manner possible. There is an understanding that each situation is fluid and there is often missing information. The system allows for decisions to be re-evaluated in the face of new or different information

PROCEDURES

1. Initial telephone safety screening for callers that do not seem to be under the influence of drugs or alcohol**.**

a. If the caller is an immediate risk to self or others and unable to maintain safety for up to two (2) hours, 911 must be called to initiate law enforcement response.
b. If the risk is elevated, but not immediate, the CCRS Triage Clinician/MOT/DCR must complete a more thorough risk assessment. Depending on the clinical assessment, degree of risk and the individual's needs, the individual will be referred to the appropriate services, which may include 911, hospital emergency department, Triage/Crisis Center, crisis appointment, or other community services. If the individual is able to maintain safety, per assessment of risk with the use of the safety screening assessment tool, a crisis outreach may be considered.
c. Ongoing safety screening by MOT and DCR staff shall continue to occur during the crisis outreach.

    i. Upon outreach to an unstaffed location, MOT or DCR staff will continue to perform an ongoing risk assessment.

        1. MOT or DCR staff must assess risk factors, which can include:

            a) Location;
            b) Access to weapons;
            c) History (i.e., watch);
            d) Volitility;
            e) Consistency of known information;
            f) Ability to summon assistance if needed (i.e., cell phone coverage);
            g) Time of dispatch;
            h) Gender;
            i) Age;
            j) Presence of others at the location;
            k) History of ICRS contacts;
            l) Presence of animals; and/or
            m) Presence of drugs and/or alcohol.

        2. MOT or DCR staff must determine (based upon evaluated risk) how and where to see the individual.

    ii. Options to consider to increase safety include:

        1. Arranging for family members or significant others to be present;
        2. Moving the location of the outreach to a safer community setting;
        3. Arranging for law enforcement to escort MOT or DCR staff; and/or
        4. Conducting the outreach with a second ICRS staff person for additional safety.

2. Initial telephone safety screening for callers that seem to be under the influence of drugs or alcohol
    a. If the caller's judgment is significantly impaired and they are a risk to themselves or others and are unable to maintain safety, 911 must be called to initiate law enforcement response.
    b. If the risk is elevated, but not immediate, the CCRS Triage Clinician/MOT/DCR staff must complete a more thorough risk assessment. Depending on the clinical assessment, degree of risk and individual's needs, the individual will be referred to the appropriate services, which may include 911, hospital emergency department, Triage/Crisis Center, crisis appointment, or other community services. If the individual is able to maintain safety, per assessment of risk with the use of the safety screening assessment tool, a crisis outreach may be considered.

c. **When alcohol or drugs are present, MOT/DCR staff may provide outreach services, after completing a safety screening assessment, but must consider the risk factors noted above**. The CCRS Triage Clinician/MOT/DCR staff must agree an outreach is appropiate in the presence of alcohol or drugs.

If the outreach is not appropriate, arrangements can be made for the individual in crisis to go to a staffed location, the hospital emergency department, or Triage/Crisis Center.

3. No MOT or DCR staff shall be required to respond alone to a private home or other private location to stabilize or treat an individual in crisis, or to evaluate an individual for potential detention under the state's involuntary treatment act. When determined to be necessary for safety, clinical staff who provide outreach to individuals shall engage the use of a second person to accompany them. The second person can be another agency clinical staff, law enforcement officer, or other first responder, such as fire or ambulance personnel. Additionally, MOT or DCR staff, dispatched on a crisis visit, shall have prompt access to information about any history of dangerousness or potential dangerousness of the individual they are being sent to evaluate. At a minimum, information documented in crisis plans or commitment records shall be available without unduly delaying a crisis.
4. If risk cannot be assessed, clinical staff shall consider other outreach options or arrange to see the individual at a staffed location.
5. MOT or DCR staff will re-contact the CCRS Triage Clinician regarding changes in dispatch due to elevated risk concerns.
6. MOT or DCR staff will be provided with wireless phones and participate in annual safety training.
7. MOT or DCR staff will have a plan for training, staff back-up, information sharing and communication for a staff member who responds to a crisis in a private home or a non-public setting.
8. North Sound BH-ASO will provide an annual clinical audit/review to ensure adherence to sourced WAC and relevant RCW standards utilizing current related audit/review tools.

ATTACHMENTS

None