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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 –Safety Screening

Authorizing Source: HCA Contract, RCW 71.05.700

Approved by: Executive Director Date: 4/29/2025 Signature:

POLICY # 1702.00

SUBJECT: SAFETY SCREENING

PURPOSE

To ensure a standardized safety screening is conducted by crisis providers in the delivery of crisis services in the North Sound Region.

POLICY

Crisis providers follow and maintain safety screening protocols as described in Revised Code of Washington (RCW) 71.05, Washington Administrative Code (WAC) 246-341, Health Care Authority (HCA) Designated Crisis Responder (DCR) Protocols and have participated in safety and violence prevention training described in RCW 49.19.030 and 71.05.705.

North Sound BH-ASO's Regional Crisis Line (RCL) has the authority to determine the need for a face-to-face outreach and dispatch Mobile Rapid Response Crisis Teams (MRRCT) and Designated Crisis Responders (DCRs). MRRCT may not decline a referral for outreach from North Sound BH-ASO's delegate but may decide if further investigation or collateral information is required prior to an infield response. North Sound BH-ASO's RCL, MRRCT and DCRs must conduct a safety screening prior to conducting a community response..

MRRCT and DCRs that are self-dispatched or embedded with law enforcement or Fire/EMS are required to follow agency safety protocols, conduct a safety screening for risk and check on any available history as required in WAC 246-341 and RCW 71.05, 71.34.

PROCEDURES – Safety Screening

Safety screening shall be initiated upon referral and prior to any outreach to a community or unstaffed location.

1. If the individual 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.
2. If the individual is an immediate risk to self or others and unable to maintain safety for up to two (2) hours and Law Enforcement does not respond when requested, crisis outreach staff are not required to conduct a face-to-face outreach at an unstaffed or private location if safety needs cannot be ensured under 71.05.700.
3. If the risk is elevated, but not immediate, a more thorough risk assessment must be completed.
4. For unstaffed community referrals in which safety cannot be ensured under 71.05.700, MRRCT and DCR staff shall consider other outreach options, attempt to arrange to see the individual at a staffed location, or continue to follow up with the referents and/or law enforcement to support the individual in crisis.

5. If the individual is able to maintain safety, per a completed assessment of risk, MRCCT and DCRs shall make every attempt available to conduct a face-to-face outreach in the community.
6. MRCCT and DCRs shall conduct ongoing risk assessments throughout the duration of engagement.
7. MRCCT and DCR responding to a RCL referral will coordinate response and disposition.

Ongoing Risk Assessment

Upon outreach to an unstaffed location, MRCCT and DCRs will continue to perform an ongoing risk assessment to include:

1. Location;
2. Access to weapons;
3. History (i.e., watch);
4. Volatility;
5. Consistency of known information;
6. Ability to summon assistance if needed (i.e., cell phone coverage);
7. Time of dispatch;
8. Gender;
9. Age;
10. Presence of others at the location;
11. History of crisis contacts;
12. Presence of animals; and/or
13. Presence of drugs and/or alcohol.

Options to consider to increase safety to conduct an outreach include:

1. Arranging for family members or significant others to be present;
2. Moving the location of the outreach to a safer community setting; and/or
3. Conducting the outreach with a second individual to include a law enforcement officer, a mental health professional, a mental health paraprofessional who has received training under RCW 71.05.715, or other first responder, such as fire or ambulance personnel.

Substance Use Indicated

1. If the individual's judgment is significantly impaired and they are at risk to themselves or others and are unable to maintain safety, 911 must be called to initiate law enforcement response.
2. When alcohol or drugs are present, crisis outreach staff may provide outreach services, after completing a safety screening assessment, but must consider the risk factors noted above.
3. If the outreach is not appropriate, arrangements will be attempted for the individual in crisis to go to a staffed location, the hospital emergency department, or Crisis Stabilization or Triage facility.

Private Locations

1. No crisis outreach 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.
2. 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.
3. Crisis outreach staff will be provided with wireless phones for the purpose of emergency communications described in RCW 71.05.710 and participate in annual safety training.

4. Crisis outreach staff will have a written 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.

Crisis providers will have a written 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.

No retaliation may be taken against crisis outreach staff who, following consultation with the clinical team supervisor, on call supervisor, or individual professional acting alone based on a risk assessment of potential violence, refuses to go to an unstaffed location or home visit without an appropriate second trained individual available to accompany them.

ATTACHMENTS

None