

Great Rivers Behavioral Health Administrative Services Organization

Policy Title: Designated Crisis Responders	Policy No. 6030.02
Category: Clinical	Date Adopted: 01/08/2021 Date Revised: 5/22/2023 Date Reviewed: 06/09/2021, 5/22/2023
Reference: WAC 246-341-0810	

Policy:

- 1.1. Great Rivers Behavioral Health Administrative Service Organization (Great Rivers BH-ASO) shall designate Designated Crisis Responder(s) (DCR) to evaluate an Individual in crisis and determine if involuntary services are required.

Procedure:

- 2.1. Great Rivers BH-ASO DCR provider agency(s) will be required to meet behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0300 through 246-341-0650.
- 2.2. Great Rivers BH-ASO will ensure that contracted Behavioral Health Agency(s) (BHA(s) that are certified to provide emergency involuntary detention services will do all the following:
 - 2.2.1. Ensure that services are provided by a DCR. Great Rivers BH-ASO requires all application material be submitted to Great Rivers BH-ASO. BHA shall verify the staff person's education and two years of experience gained under the supervision of a behavioral health professional from primary sources and sign a statement attesting to the same. Any issues identified with the application are addressed with the requester prior to submission to the Great Rivers BH-ASO Chief Executive Director (CED). Designation is provided by the Chief Executive Director, or designee, and a signed letter is sent to the Individual being designated and the BHA the Individual performs the DCR work under.
 - 2.2.2. Ensure staff members are available twenty-four (24) hours a day, seven (7) days a week.
 - 2.2.3. Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214.
 - 2.2.4. Ensure provider compliance with DCR qualification requirements in accordance with chapters 71.05 and 71.34 RCW and WAC 246-341-0900 to-0915.
 - 2.2.5. Have a written agreement with a certified inpatient evaluation and treatment or secure withdrawal management and stabilization facility to allow admission of an Individual twenty-four (24) hours a day, seven (7) days a week.
 - 2.2.6. 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 nonpublic setting.
 - 2.2.7. Ensure that a DCR can be accompanied by a second trained Individual when responding to a crisis in a private home or a nonpublic setting.
 - 2.2.8. Ensure that a DCR who engages in a home visit to a private home, or a nonpublic setting is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710.
 - 2.2.9. Provide staff members, who are sent to a private home or other private location to evaluate an Individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the Individual they are being sent to

evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

- 2.2.10. Have a written protocol for the transportation of an Individual, in a safe and timely manner, for the purpose of medical evaluation or detention.
- 2.2.11. Document services provided to the Individual, and other applicable information. At a minimum this must include:
 - 2.2.11.1. That the Individual was advised of their rights in accordance with RCW 71.05.360.
 - 2.2.11.2. That if the evaluation was conducted in a hospital emergency department or inpatient unit, it occurred in accordance with the timelines required by RCW 71.05.050, 71.05.153, and 71.34.710.
 - 2.2.11.3. That the DCR conducting the evaluation considered both of the following when evaluating the Individual:
 - 2.2.11.3.1. The imminent likelihood of serious harm or imminent danger because of being gravely disabled (see RCW 71.05.153); and
 - 2.2.11.3.2. The likelihood of serious harm or grave disability that does not meet the imminent standard for the emergency detention (see RCW 71.05.150).
 - 2.2.11.4. That the DCR documented consultation with any examining emergency room physician as required by RCW 71.05.154.
 - 2.2.11.5. If the Individual was not detained:
 - 2.2.11.5.1. A description of the disposition and follow-up plan; and
 - 2.2.11.5.2. Documentation that the minor's parent was informed of their right to request a court review of the DCR's decision not to detain the minor under RCW 71.34.710, if the Individual is a minor thirteen years of age or older.
 - 2.2.11.6. If the Individual was detained, a petition for initial detention must include the following:
 - 2.2.11.6.1. The circumstances under which the person's condition was made known;
 - 2.2.11.6.2. Evidence, because of the DCR's personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that the Individual is gravely disabled;
 - 2.2.11.6.3. Evidence that the Individual will not voluntarily seek appropriate treatment;
 - 2.2.11.6.4. Consideration of all reasonably available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the Individual, and records, as required by RCW 71.05.212; and
 - 2.2.11.6.5. Consideration of the Individual's history of judicially required, or administratively ordered, anti-psychotic medications while in confinement when conducting an evaluation of an offender under RCW 72.09.370.

- 2.2.11.7. Documentation that the Individual, or the Individual's guardian or conservator, received a copy of the following:
 - 2.2.11.7.1. Notice of detention;
 - 2.2.11.7.2. Notice of rights; and
 - 2.2.11.7.3. Initial petition.

POLICY SIGNATURE

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Trinidad I. Medina
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10/19/2023

Trinidad Medina,
Chief Executive Director

Date