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North Sound Behavioral Health Organization

Section 1700 – Integrated Crisis Response Services (ICRS): Duration of Crisis Services

Authorizing Source: WACs 388-8770900, 0905,0910, 0915,0920, North Sound BHO and ICRS Management

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 9/14/2018

POLICY #1703.00

SUBJECT: DURATION OF CRISIS SERVICES

POLICY

Crisis Services and Crisis Stabilization Services are provided until the assessor has determined the individual is stabilized and no longer presents an immediate, acute, or heightened risk of harm to self, others, or grave disability. Crisis Services and Crisis Stabilization Services also may end when the individual is referred to other services.

Crisis Services and Crisis Stabilization Services are short-term (up to two [2] weeks per episode) in nature and are intended to last for a few hours or days. Crisis Prevention and Intervention Teams (CPIT), are voluntary teams available in Skagit, Snohomish and Whatcom Counties. These teams operate with more flexibility and discretion in their stabilization services. Individuals may re-enter crisis services if a new crisis arises or the individual's functioning deteriorates.

PROCEDURES

- I. Appropriate and timely discharge from Crisis Service and Crisis Stabilization Services are a consideration from the beginning of each crisis intervention.
- II. When discharge from crisis services is being planned, the following shall occur:
 - a. The risk of harm to self or others shall be assessed and documented in the clinical record and any substantial risks have been addressed.
 - b. The action plan for the continued resolution of the crisis and stability has been developed. This means the following:
 - i. The action plan has been agreed to by the individual who was in crisis;
 - ii. The action plan has been coordinated with significant others and other professionals; as appropriate.
 - iii. If the individual is being referred to another service, the individual has the referral contact information and alternative plans, if this referral does not work out;
 - iv. The individual and significant others have a plan to respond if the issues of concern become more acute again; and
 - v. The action plan has been documented in the clinical record.

ATTACHMENTS

None