Title: Clients in Crisis

Policy No: CM 14

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Purpose: The purpose of this policy is to establish guidelines to assist clients who are in crisis.

Policy: Comprehensive Life Resources (CLR) will assist and support clients in urgent and emergent need of behavioral health and supportive services by providing agency assistance, by providing information and resources needed for independent access to crisis and supportive services, or by taking active steps to connect clients to outside services in a timely manner.

Standards & Applicability: WAC 246-341-0910 (11)

Procedures:

1. CLR will provide clients with information they need to access services in the event of a crisis. a. During the hours CLR is open, clients, who are enrolled in services, are encouraged to speak with their therapist if they are in crisis unless the client is in imminent danger to self or to others. In that case, staff should call 911 and maintain direct contact with the client. b. When a client’s therapist is not available, clients may be encouraged to call the Pierce County Crisis line: 1-800-576-7764. If the individual is in imminent danger of harm to self or is an imminent threat to another person, communication should be kept with the client and 911 should be called for assistance.

2. If a consumer is referred for services from an inpatient facility or a hospital, CLR has a
dedicated phone line that discharge social workers can utilize to coordinate the transfer of care.

3. When an enrolled or potential client is assisted by staff in other components of the Pierce County crisis system, CLR staff will work jointly and confidentially with personnel from other agencies to ensure coordination and continuity of care.
   a. If a current consumer receives inpatient care or accesses services through the emergency department, treatment team members are expected to contact these facilities within 24 hours of admission to coordinate care.
   b. CLR utilizes Collective Medical which is a care collaboration platform. We can see in real-time if an existing consumer has accessed care in an emergency department in Pierce County. This data platform is checked daily by clinical managers who will then notify the treatment team. The expectation is that the treatment team will reach out to the emergency department social workers the same day to do care coordination. The treatment team is also expected to outreach to the emergency department if allowed. If not, then provide support via the telephone or telehealth

4. When an adult client is in crisis and at risk of harm to self or others, and staff determine that a referral to a voluntary or involuntary treatment facility is necessary, the following processes are to be followed for the safety of both clients and staff:
   a. CLR staff will ask the client if s/he is willing to go to a safe place. If the client is agreeable, staff will proceed as follows:
      i. Staff will call the crisis line and request to speak with the Mobile Outreach Crisis Team (MOCT) to request an evaluation of the client by a Designated Crisis Responder (DCR). Staff will describe the situation and state that the client is willing to be placed voluntarily.
      ii. If a DCR approves a voluntary inpatient placement, the DCR will notify staff of the placement facility.
      iii. If a transfer can be conducted safely, CLR staff will transport the client to the receiving facility, following CLR policies regarding transportation of clients.
      iv. If it is determined that the transfer cannot be done safely by CLR staff, other resources will be called upon to accomplish the transfer. These resources include family members, ambulance, police personnel, and other community co-responders.
   b. If the client is not willing to be placed voluntarily and is at risk of need for involuntary detention, a CLR mental health professional will evaluate the client and document the evaluation in the client’s record. Staff will proceed as follows:
      i. Staff will contact the MOCT and request an evaluation of need for involuntary detention from a DCR.
      ii. Staff will describe risk and protective factors. The location of the client
will be provided if a DCR evaluation is authorized. Staff will take steps to assure the client's safety while the DCR arrives.

iii. After evaluation, if a DCR does not authorize involuntary placement, staff will continue to work to identify an alternative voluntary placement through crisis stabilization and other institutional or natural supports, which are available for the client’s level of need. Staff will work actively through any barriers that may arise during the crisis situation to create a short-term safety plan while the individual is still in crisis. Doing so may involve consulting a CLR program director and the DCR supervisor.

5. When a child or youth is in crisis and is at risk of harm to self or others, the following procedures are to be followed for the safety of both clients and staff:

   a. If a child or youth is actively attempting to harm himself or others, 911 should be called for emergency services response.

   b. If a child or youth is in crisis but is assessed not to be in imminent danger to self and not imminently likely to cause harm to others, staff will call the crisis line to request an outreach and evaluation from a DCR. Staff will describe the situation and provide the location where the crisis responder can meet the client and family, as advisable. Depending upon the time of response and safety needs, the child or youth may wait for the DCR at a CLR facility, at home, at school, or at an emergency room.

   c. If a DCR is not available within a sustainable amount of time and the client is still in need of voluntary inpatient treatment or an evaluation for possible involuntary placement, arrangements should be made for safe transportation of the client to a hospital emergency room. Prior to transport, hospital emergency room staff shall be notified of the pending arrival of the client.

Related Policies:

- Outreach Safety
- Community Support Treatment and Counseling Services
- Brief Services for Uninsured and Consumers Not Meeting Medical Necessity Criteria