

WAC 246-341-0910 Crisis mental health services—Outreach services. Crisis mental health outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location. In addition to meeting the general requirements for crisis services in WAC 246-341-0900, an agency certified to provide crisis outreach services must do all of the following:

- (1) Provide crisis telephone screening.
- (2) Ensure face-to-face outreach services are provided by a mental health professional, or a mental health care provider under the supervision of a mental health professional with documented training in crisis response.
- (3) Ensure services are provided in a setting that provides for the safety of the individual and agency staff members.
- (4) Have a protocol for requesting a copy of an individual's crisis plan twenty-four hours a day, seven days a week.
- (5) Require that staff member(s) remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.
- (6) Resolve the crisis in the least restrictive manner possible.
- (7) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's private home or in a nonpublic setting.
- (8) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location.
- (9) Ensure that any staff member who engages in home visits 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.
- (10) 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.
- (11) Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week.
- (12) Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
- (13) Document all crisis response contacts, including:
 - (a) The date, time, and location of the initial contact;
 - (b) The source of referral or identity of caller;
 - (c) The nature of the crisis;
 - (d) Whether the individual has a crisis plan and any attempts to obtain a copy;
 - (e) The time elapsed from the initial contact to the face-to-face response;
 - (f) The outcome, including:
 - (i) The basis for a decision not to respond in person;
 - (ii) Any follow-up contacts made; and
 - (iii) Any referrals made, including referrals to emergency medical services.

(g) The name of the staff person(s) who responded to the crisis.

[Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0910, filed 4/16/19, effective 5/17/19.]