

# Crisis Solutions Center FAQ

## Introduction

The Crisis Solutions Center (CSC) provides King County first responders with alternative options to jail and hospital settings when engaging with individuals, age 18 and older, in behavioral health crisis. The CSC has three program components; Mobile Crisis Team, Crisis Diversion Facility, and Crisis Diversion Interim Services; intended to stabilize and support an individual in the least restrictive setting possible, while identifying and directly linking that individual to ongoing services in the community.

These services were developed as a pre-booking or pre-hospitalization diversion program. The goal of these programs is to reduce the cycling of individuals with mental health or substance use disorders through the criminal and crisis systems. Individuals in behavioral health crisis are not always best served in jail and hospital settings. This facility allows for individuals to receive services to both stabilize crises in the moment and to address the situations that cause or exacerbate crises. By focusing on an individual's immediate needs, and through facilitating engagement in services and supports in the community the CDF may be able to reduce need for law enforcement involvement.

## Where is the CSC program located?

The facility is located in the International District of Seattle, WA; within close proximity of I-5, I-90, local hospitals, the King County Jail, and local Metro bus routes.

## What is the Mobile Crisis Team (MCT)?

The MCT consists of a team of two mental health clinicians with training in the field of substance use disorders. The team operates 24 hours per day, seven days per week. They respond to first responders in the field to assist with people in mental health and/or substance use crisis. The team intervenes with individuals in their own communities, identifies immediate needs and resources, and in most cases, relieves the need for any further intervention by first responders. They can also provide transportation. The MCT are available for consultation or direct outreach to any location in King County. They are not intended to provide services social workers or other professionals already perform in emergency departments.

## What is the Crisis Diversion Facility (CDF)?

The CDF is a 16-bed non-smoking facility for individuals in mental health and/or substance abuse crisis that can be diverted away from jails and hospitals. The facility accepts individuals 24 hours a day, 7 days a week, and has a 72-hour maximum length of stay. Individuals receive mental health and physical health screenings upon arrival. Services available at the CDF include: crisis and stabilization services; case management; evaluation and psychiatric services; mental health and substance abuse disorder assessments; peer specialist services and linkage to community-based services.

## What is the Crisis Diversion Interim Services (CDIS)?

The CDIS is a 30-bed program non-smoking facility co-located with the CDF. After a crisis has resolved at the CDF, individuals may be referred to the CDIS if they are homeless, their shelter situation may be dangerous or have the potential to send them into crisis again, or they need additional services prior to discharge to help support stabilization. Individuals can stay at the CDIS for up to two weeks. Services at the CDIS include intensive case management services to identify all housing and support options available.

## Who can refer to the Crisis Solutions Center?

The Mobile Crisis Team (MCT) and the Crisis Diversion Facility (CDF) **only** accept referrals from first responders, including:

- Law Enforcement,
- Hospital Emergency Rooms/Departments,
- Fire Departments and Medic One Units, and
- Designated Mental Health Professionals.

- The MCT can also accept referrals from the Crisis Clinic, on a case-by-case basis, after a screening is completed by Crisis Clinic staff to determine eligibility and appropriate response options.

Referrals to the Crisis Diversion Interim Services (CDIS) program come only from the CDF. This means that access to all three programs of the CSC is limited to individuals referred by first responders. No access is available to family, friends, case managers, or the individual in crisis.

### **Who is eligible for services at the CSC?**

Any adult (at least age 18) in King County experiencing an emotional and/or behavioral disturbance, including substance use/abuse, referred by an eligible partner who:

1. Is in emotional or behavioral crisis that would benefit from crisis intervention services; and
2. Agrees to participate in the services (voluntary participation).

In addition, individuals referred to the CDF will be screened for medical needs and any known criminal history that may make them ineligible for admission.

### **What does “known criminal history” mean in regards to a referral to the CDF?**

Attempts will be made to determine if there is a disqualifying criminal history, which includes history of violent or sexual offending, for any individual who is being referred to the CDF. CDF staff will check available data sources at the time of the referral and referents will be asked to provide any known information on criminal history. If during the course of an intake it is found that an individual has a disqualifying criminal history, they will not be admitted to the program. Should it be determined that an individual who was admitted to the CDF/CDIS has a disqualifying criminal history, discharge planning will commence immediately.

Law enforcement officers considering referring individuals to the CDF will at a minimum screen the person for disqualifying offenses and criminal history in the field on their mobile database system. If the individual is classified as a violent or sex offender, if they have a conviction for a violent felony (9.94A.030 (54) or sex offense (9.94A.030 (46)) in the past 10 years, or if they are on an active, extraditable warrant, they are not eligible for referral to the CDF. Law enforcement should also check for any active court issued no contact, protection or anti-harassment orders to ensure that an individual is not being referred to the CDF with an active court order that prohibits them from having contact with someone who may already be receiving services at the facility.

### **What about people who are under the influence of alcohol and/or other drugs?**

Being under the influence of alcohol or other drugs does not prevent an individual from receiving services at the CDF, however, individuals experiencing withdrawal from alcohol, opiates and benzodiazepines, even if medications and/or a patch (i.e., Clonidine patch) are prescribed to assist with the withdrawals, are not appropriate for admission to the program. Individuals will be screened to determine if there are any concerns regarding withdrawal or seizure risk.

The CSC is not a medical facility and does not provide any medication to assist with withdrawal. However, although many withdrawal symptoms are uncomfortable, they are not life-threatening; individuals who are experiencing these are able to be served at the CSC.

### **How “voluntary” does a referral have to be?**

When making a referral, referents will attempt to determine if the individual is willing to participate in services and has some behavioral control. Individuals who are unwilling to engage with referents/first responders, who require physical or other types of restraint, or who are combative/aggressive are not appropriate for referral. The facility is not secure, and does not provide seclusion, restraint or locked rooms for behavior containment. However, there is 24 hour monitoring via security cameras and 15-minute checks of the facility to help ensure safety and address situations as they begin. There are also 15-second time door locks at the facility, which allows time for staff to intervene with an individual who is attempting to leave against medical advice.

### **How do I make a Crisis Diversion Facility Referral?**

To make a direct referral to the CDF, call (206) 682-2371. All referents are required to contact the CDF, prior to bringing or sending an individual to the facility. Calling ahead will provide information on available beds and capacity to accept the referral. Additionally, this gives the CDF the opportunity to review exclusionary criteria and to determine if the individual is medically stable for referral. A brief screening with the nurse on staff will occur at the phone screening. CDF staff will determine if the person is accepted for a referral and if the individual's current, and historical, functioning and behaviors indicate the person would be appropriate for services. In addition, they will determine if the facility can manage the needs of the individual based on the current milieu and staffing levels.

### **What information is needed when making a referral to the CDF?**

Information that will be requested when making a referral to the CDF includes:

- Known demographic information of the client (i.e., name, date of birth, social security number);
- Reason for referral;
- Any relevant information that will assist in the referral. This can include known medical conditions, history of involvement with the first responder agency, the presence of a service animal, etc.;
- Current and any known historical information on danger to self, danger to others, destruction to property, and/or grave disability; and
- Criminal background information (if known)

### **How do individuals get to the facility?**

Referents can bring individuals to the CSC facility directly, send them via taxi or medical transport service, or request assistance in identifying transportation options. If an individual is deemed ineligible for services upon arrival, the CDF staff will work to find an appropriate discharge disposition. Clients cannot be brought to the facility by family members or via their own vehicle.

### **Can people be referred repeatedly?**

Yes! The CSC accepts individuals on a repeat basis, as appropriate, and allows for the individuals and staff to follow-up on previously developed plans to determine what needs to be done differently to make change possible and more likely for that individual. Recovery is possible, and can take multiple attempts.

### **What are the medical criteria for admission to the CDF?**

**Behavioral Crisis:** A person experiencing an escalation of behavioral health symptoms and is willing to receive services, or someone with suicidal ideation and who is in behavioral control. Being homeless and/or having a mental health and/or substance use disorder are not considered crises on their own. Persons experiencing a behavioral crisis are appropriately referred to the CDF.

**Behavioral Emergency:** A person who is out of behavioral control, is deemed an imminent danger to self or others and is unwilling to accept treatment, and likely to require seclusion or restraint to maintain their safety. Persons experiencing a behavioral emergency are **not** appropriate for referral to the CDF.

Referrals from most first responders will be assessed both at phone screening and upon arrival at the facility to check for any medical conditions that are beyond the scope of the facility to provide. In those instances, the CSC will work to ensure the client is provided the correct level of care to meet their medical needs. In cases where the client is sent to the ED for medical issues, the client may return to the CDF when medically cleared. Hospital ED referrals are expected to meet a higher level of medical clearance.

Individuals referred to the CDF will need to be able to provide for their ADLs. Basic ADLs consist of self-care tasks, including:

- Bathing and showering (washing the body)
- Dressing
- Eating/feeding (including chewing and swallowing)

- Functional mobility (moving from one place to another while performing activities)
- Personal hygiene and grooming (including brushing/combing/styling hair)
- Toilet hygiene (completing the act of urinating/defecating)

**Medical services that are NOT provided at the CDF**

1. Vital signs monitoring more frequent than Q 8 hours
2. Acute medical treatments,
3. Stat (within 1 hour) or urgent (within 4 hours) X-rays and blood work,
4. Oxygen, unless client brings in his or her own supply,
5. IV therapies,
6. Suctioning,
7. NG tubes,
8. Central catheter insertion and maintenance,
9. Medical isolation,
10. Feeding tube placement and management,
11. Initiation of bowel and bladder training,
12. Extensive skin care programs,
13. Acute wound care or orthopedic care,
14. In-house physical therapy or other rehabilitation programs,
15. Retraining for swallowing,
16. Renal or peritoneal dialysis
17. Management of advanced or complicated pregnancy and delivery,
18. Blood gases,
19. Management of infection and contagious disease. Any concerns that the consumer may have an infection and/or contagious disease and the test results are not available at time of admission.
20. Post-operative stabilizing demonstrated through labs or vital signs over a 48-hour period,
21. Diabetes management with unstable blood sugars or blood glucose exceeding 400 within last 6 hours,
22. Management of patients who have ingested toxic amounts of substances who either have not been evaluated in a medical setting and medically cleared, or if medically cleared are not yet fully conscious, and
23. Management of Delirium.

**The following non-medical conditions are considered to be either unsafe or clinically inappropriate for admission to the CDF:**

1. Presenting primarily for disability or other eligibility evaluation,
2. Presenting with current felony charges,
3. Presenting with a level of violence surpassing the management capability of this facility,
4. Presenting primarily for domestic violence,
5. Presenting primarily for active sexual offender behavior,
6. Presenting primarily for detoxification or intoxication, and
7. Children under 18 years of age

**What is a jail diversion to the CDF?**

Individuals in behavioral health crisis often come to the attention of law enforcement due to minor criminal infractions. In many cases, these infractions may be more a symptom of a behavioral health issue than criminal intent. In cases where officers are engaged with individuals that are thought to be experiencing behavioral health problems, and an eligible offense\* has been committed, officers have the discretion to refer that individual to the CDF on a jail diversion. For individuals referred on a jail diversion, officers submit paperwork as they normally would on an offense, with a notation that the individual was diverted to the CDF and a request that charges not be brought forth.

A person diverted to the CDF may be charged with the original offense if they choose not to engage in services and leave the facility. CDF staff will ask the officer to provide the case number and prosecuting attorney for their jurisdiction regarding jail diversion referrals. Officers may request information on

participants they have referred to these programs that choose to leave the facility, without clinical agreement, in order to determine their response regarding any possible pending charges. If indicated by the officers, CDF staff will contact the officer or the appropriate prosecuting attorney to inform them of the individual's decision to leave so that charges may be considered. All attempts will be made by facility staff to engage with and encourage these individuals to stay and accept services.

**\*Eligible Offenses (including the municipal code equivalent crimes) for Diversion to the CSC:**

- Criminal trespass I
- Criminal trespass II
- Theft 3
- Malicious mischief
- Unlawful bus/transit conduct
- Disorderly conduct
- Obstructing
- Use of drug paraphernalia
- Alcohol in a park
- NVOL (No Valid Operator's License)
- DWLS 3 (Driving with License Suspended)
- Minor in possession of alcohol
- Unlawful issuance of bank checks
- Prostitution
- Drug traffic loitering
- Loitering for purposes of prostitution
- Possess fraudulent driver's license
- Failure to obey
- Theft of rental property
- Telephone harassment (abuse of 911 System)
- False Reporting
- Possession of marijuana (>28grams and <40grams; or any possession by a minor age 18-20)
- VUCSA: Simple Possession of Cocaine < 1 gram
- VUCSA: Possession of Legend Drugs (Prescription Drugs without Proper Prescription)
- VUCSA: Simple Possession of Heroin < 1 gram
- VUCSA: Simple Possession of Methamphetamine < 1 gram

**Can referents be made aware of the outcome of a person's stay?**

Yes. If a referent wants to know what happened to an individual they referred to the facility, he/she can request disposition information. CDF staff will contact the referent to report whether the individual engaged, or chose not to engage, in services at the CDF. The staff will not share treatment information or any personal information obtained during the individual's stay, but they can let referents know if the person followed through with the referral or left prematurely.

**What does the CSC offer that is different?**

The CDF and CDIS staff will work to engage with existing providers to participate and assist in discharge planning. In addition, each program will work to establish linkages and connections to services for individuals who are not currently enrolled in programs to assist with their identified needs. CSC programs make every effort to directly link individuals to services, remove barriers to treatment, and engage in intensive case management to help facilitate access to care.

**Who do I contact for more information, or if I have feedback/concerns about the CSC?**

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