Document Type:[1] X Policy & Procedure ___ Process Guideline ___ Plan ___ System Description

Adopted: 10/26/2026
Last Reviewed: 10/26/2026
Retired: _____

Revisions:

Document Scope: (applies to Policy & Procedure only)

_ The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

– The requirements herein apply to both GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To establish standardized procedures for the safe, timely, person-centered, trauma-informed delivery of adult 23-hour crisis relief center services in Washington State. This policy establishes requirements for access, screening, assessment, stabilization, staffing, medication services, care coordination, discharge, documentation, and quality assurance. Crisis Relief Centers (CRC) are provided to individuals within the Greater Columbia Behavioral Health Administrative Service Organization's Regional Service Area as funding resources allow and subject to medical necessity review and authorization. Please reference policy CL347 Level of Care Authorization.

DEFINITIONS

I. 23-Hour Crisis Relief Center (CRC): A behavioral health service setting certified to provide short-term crisis services for mental health and substance use needs which may include chemical withdrawal symptoms consistent with service standards of WAC 246-341-0903 and 246-341-0901.

II. Adult: An individual age 18 or older.

III. Admission: Acceptance of an eligible individual into CRC services.

IV. Full capacity: The point at which all certified recliners are occupied, subject to applicable facility occupancy requirements.

V. Stabilization: Clinical and supportive interventions intended to reduce immediate crisis acuity, improve safety, and establish an appropriate next-step care plan.

VI. Designated Crisis Responder (DCR): A professional authorized under Washington law to perform applicable evaluations and duties relating to involuntary behavioral health treatment under RCW 71.05.

VII. Recliner: A piece of equipment used by people receiving 23-hour crisis relief center services that can be in a sitting position and fully reclined.

VIII. Person-centered care: Care that incorporates the individual's preferences, strengths, culture, needs, and participation in treatment and discharge decisions.

[1] See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

[2] Network Provider – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

POLICY

A. The agency shall operate an adult-only CRC in accordance with applicable Washington State certification requirements.

B. The CRC shall provide short-term, voluntary crisis services to eligible adults experiencing mental health or substance use crises. Services should emphasize stabilization, recovery, safety, dignity, and connection to appropriate ongoing care. The CRC shall:

   a. Operate 24 hours per day, seven days per week.

   b. Provide timely screening, assessment, crisis intervention, and stabilization.

   c. Maintain appropriate multidisciplinary staffing and clinical oversight.

   d. Accept eligible admissions at least 90 percent of the time when the facility is not at full capacity.

   e. Maintain a no-refusal policy for law enforcement drop-offs, including tribal law enforcement, consistent with applicable requirements.

   f. Limit the standard length of stay to 23 hours and 59 minutes, with extensions up to 36 hours only under qualifying circumstances.

   g. Provide medication management and basic physical health support within the center's capabilities.

   h. Coordinate transfers and referrals when an individual's needs exceed the services the CRC can safely provide.

   i. Maintain accurate clinical records and comply with confidentiality, incident reporting, and quality assurance requirements.

C. This policy applies to all employees, contractors, nurses, clinicians, prescribers, peer support specialists, supervisors, and other personnel working within or on behalf of the adult CRC.

D. The program serves adults age 18 and older. Individuals younger than 18 shall not be admitted under this adult-only program and shall be referred to an appropriate service for minors.

PROCEDURE

1. Access, Arrival, and Orientation

1.1. Access to Services

1.1.1. The CRC shall provide walk-in access and accept eligible referrals through established referral pathways, including 988 and first responders.

1.1.2. Medical clearance shall not be required as a prerequisite for initiating intake for walk-ins, first responder drop-offs, or 988 referrals. Staff shall screen for medical needs and determine whether the individual can be safely managed within the CRC's capabilities.

1.1.3. Emergency medical services drop-offs shall be handled in accordance with applicable Washington State Department of Health requirements and guidelines concerning medical stability and transport.

1.2. Orientation

1.2.1. Upon arrival, staff shall explain, in a manner the individual can understand:

1.2.1.1. The purpose and nature of CRC services.

1.2.1.2. The voluntary nature of services and applicable legal rights.

1.2.1.3. The expected length of stay and qualifying exceptions.

1.2.1.4. Available clinical, nursing, peer, and support services.

1.2.1.5. Privacy, confidentiality, and applicable limits.

1.2.1.6. Safety expectations, grievance procedures, and access to a telephone.

1.2.1.7. Applicable consent and treatment procedures.

1.3. Immediate Safety Concerns

1.3.1. Staff shall promptly identify and respond to medical emergencies, imminent safety threats, severe intoxication or withdrawal concerns, and other conditions requiring emergency intervention.

1.3.2. When an individual requires care beyond CRC capabilities, staff shall arrange an appropriate transfer and maintain necessary supervision and support until care is transferred.

2. Screening and Clinical Assessment

2.1. Initial Screening

2.1.1. Every person presenting for admission shall be screened for:

2.1.1.1. Suicide risk.

2.1.1.2. Violence risk.

2.1.1.3. The nature and circumstances of the crisis.

2.1.1.4. Physical health needs.

2.1.1.5. Cognitive health needs, including dementia screening for individuals older than age 30.

2.1.2. When clinically indicated, staff shall complete a comprehensive suicide risk assessment and safety plan and/or a comprehensive violence risk assessment and management plan.

2.1.3. Screening shall be completed promptly and documented in the clinical record.

2.2. Clinical Assessment

2.2.1. After admission to a recliner, staff shall complete an assessment appropriate to the individual's presenting concerns, medical status, behavioral health needs, and level of acuity.

2.2.2. The assessment shall inform:

2.2.2.1. The stabilization plan.

2.2.2.2. Observation and monitoring intervals.

2.2.2.3. Medical and behavioral health interventions.

2.2.2.4. Medication evaluation and reconciliation, when appropriate.

2.2.2.5. Consultation, referral, and transfer needs.

2.2.2.6. Discharge planning and follow-up services.

2.2.3. Monitoring frequency shall be individualized based on the person's clinical condition, behavior, suspected substance use, medication status, and professional judgment. Staff shall reassess and increase monitoring when clinically indicated.

2.3. Documentation

2.3.1. The clinical record shall include screening results, assessment findings, identified risks, protective factors, interventions, monitoring plans, clinical decisions, and relevant referrals or consultations.

3. Admission Criteria and Decisions

3.1. Eligibility

3.1.1. An adult may be admitted when the screening and assessment establish that the individual:

3.1.1.1. Is age 18 or older.

3.1.1.2. Is experiencing a behavioral health crisis requiring CRC services.

3.1.1.3. Can legally consent to treatment or otherwise meets the applicable legal requirements for admission.

3.1.1.4. Does not require a secure facility under WAC 246-341-1131(2)(b).

3.1.1.5. Has physical health needs that can be addressed within CRC capabilities, including minor wound care and basic health needs identified through nursing assessment.

3.1.2. Following initial screening, if admission is declined, the agency must: (i) Document and make available to the department instances of declined admissions, including those that were not eligible for admission, declined due to no capacity, or those declined for any other reason; (ii) Provide support to the person to identify and, when appropriate, access services or resources necessary for the person's ongoing health and safety.

3.1.3. Admission decisions shall be individualized and based on applicable regulatory requirements and clinical assessment.

3.2. Admission Acceptance Standard

3.2.1. The CRC shall accept eligible admissions at least 90 percent of the time when the facility is not at full capacity.

3.2.2. GCBH-ASO shall monitor admission acceptance rates and document declined admissions, including the reason for each decision, relevant screening findings,

consultations when appropriate, resources offered, referrals made, and assistance provided to support safety and continuity of care.

3.3. Law Enforcement Drop-Offs

3.3.1. The CRC shall maintain a no-refusal policy for law enforcement drop-offs, including tribal law enforcement, consistent with WAC 246-341-0903.

3.3.2. The facility may temporarily exceed the number of certified recliners only as permitted to comply with this policy and within the maximum occupancy allowed by the local building department for care spaces within the licensed unit.

3.3.3. When medical needs exceed CRC capabilities, staff shall arrange appropriate medical evaluation or transfer while maintaining safety.

3.4. Admission Documentation

3.4.1. The staff member responsible for the admission decision shall document the eligibility determination, consent status, presenting concerns, assessment findings, and disposition.

4. Length of Stay

4.1. Standard Stay

4.1.1. The standard maximum stay is 23 hours and 59 minutes.

4.1.2. Staff shall accurately record admission time and monitor the remaining authorized stay to support timely disposition planning.

4.2. Qualifying Extension

4.2.1. A stay may extend to a maximum of 36 hours only when a qualifying circumstance under WAC 246-341-0903 applies, including:

4.2.1.1. The individual is waiting for a DCR evaluation; or

4.2.1.2. The individual is making an imminent transition to another setting as part of an established aftercare plan.

4.2.2. The record shall document the qualifying circumstance, reason for the additional time, ongoing clinical needs, and expected transition plan.

4.2.3. Extensions shall not be used as a routine substitute for timely discharge planning or access to a higher level of care.

4.3. Escalation

4.3.1. The assigned clinician or shift supervisor shall be notified when the individual approaches the applicable time limit and a safe disposition has not been secured.

4.3.2. The supervisor shall coordinate with the clinical team, DCR, receiving provider, hospital, or other appropriate entity as necessary.

5. Staffing and Competency

5.1. The CRC shall maintain staffing 24 hours per day, seven days per week, with a multidisciplinary team capable of addressing the behavioral health crisis needs of the adult population served.

5.2. Staffing shall include, as applicable:

5.2.1. Nurses.

5.2.2. Appropriately credentialed mental health and substance use disorder professionals.

5.2.3. Peer support specialists.

5.2.4. Access to a prescriber.

5.2.5. Personnel qualified to provide or coordinate withdrawal-related services within the CRC's scope.

5.3. Staffing levels and assignments shall reflect census, acuity, observation requirements, physical health needs, and services offered.

5.4. The agency shall maintain training and competency records and ensure staff are qualified to perform assigned duties before working independently.

6. Crisis Stabilization and Supportive Services

6.1. The CRC shall provide services appropriate to the individual's assessed needs, which may include:

6.1.1. Crisis intervention and de-escalation.

6.1.2. Mental health assessment and stabilization.

6.1.3. Substance use crisis support and appropriate withdrawal-related interventions.

6.1.4. Psychiatric medication assessment and prescribing access.

6.1.5. Medication management and administration.

6.1.6. Peer support and recovery-oriented engagement.

6.1.7. Nursing assessment and minor wound care.

6.1.8. Basic physical health assessment and support.

6.1.9. Safety planning and coping strategies.

6.1.10. Support-person involvement when appropriate and authorized.

6.1.11. Care coordination and community referrals.

6.2. Services shall be delivered in the least restrictive manner consistent with safety, clinical necessity, applicable law, and the individual's rights.

7. Medication Management

7.1. The CRC shall maintain the ability to dispense medications and provide medication management in accordance with WAC 246-337-105, as applicable through WAC 246-341-0903.

7.2. Medication services shall be provided only by appropriately authorized personnel and in accordance with prescribing requirements, scope-of-practice laws, and agency procedures.

7.3. Procedures shall address:

7.3.1. Medication reconciliation and documentation.

7.3.2. Verification of medication orders and allergies.

7.3.3. Secure storage, access control, and medication accountability.

7.3.4. Administration, dispensing, and documentation.

7.3.5. Monitoring for adverse reactions and medication-related changes.

7.3.6. Medication errors, refusals, and omissions.

7.3.7. Emergency response and prescriber consultation.

7.3.8. Discharge medication instructions and continuity of access.

7.4. All medication-related decisions and interventions shall be documented.

8. Physical Health and Medical Transfers

8.1. The CRC shall maintain the capacity to provide minor wound care for non-life-threatening wounds and address basic physical health needs within the program's capabilities.

8.2. When medical needs exceed CRC capabilities, staff shall promptly arrange an appropriate evaluation or transfer.

8.3. Transfer decisions shall consider clinical condition, urgency, transportation, receiving provider availability, and continuity of supervision.

8.4. Staff shall document the reason for transfer, assessment findings, consultations, receiving service, transportation arrangements, and handoff of relevant clinical information.

9. Restraint and Seclusion

9.1. The CRC shall prioritize verbal de-escalation, trauma-informed engagement, environmental modification, voluntary interventions, and other less restrictive alternatives.

9.2. Any use of restraint or seclusion shall comply with applicable requirements, including WAC 246-337-110(3) through (19), as applicable through WAC 246-341-0903.

9.3. Only trained and authorized personnel may initiate or participate in these interventions. Required authorizations, assessments, monitoring, documentation, notifications, and reviews shall be completed.

9.4. Restraint or seclusion shall never be used for convenience, punishment, retaliation, or as a substitute for adequate staffing or treatment.

10. Care Coordination and Community Partnerships

10.1. The CRC shall establish and maintain relationships with entities capable of meeting the ongoing needs of individuals served, unless the agency itself provides sufficient services.

10.2. Partnerships shall include, as appropriate:

10.2.1. Tribal behavioral health systems for individuals identifying as American Indian or Alaska Native.

10.2.2. The local or regional Veterans Affairs Medical Center, Washington State Department of Veterans Affairs, or both, for individuals identifying as veterans.

10.2.3. Hospitals and emergency medical services.

10.2.4. Outpatient mental health providers.

10.2.5. Substance use treatment providers.

10.2.6. Crisis stabilization and higher levels of care.

10.2.7. Housing, shelter, and community support providers.

10.3. Facility shall coordinate follow-up care and communicate with existing providers when authorized or otherwise permitted by law. The CRC shall maintain a current directory of referral resources and after-hours contacts.

11. Discharge and Transition Planning

11.1. Discharge Requirements

11.1.1. Discharge planning shall begin as early as practicable and shall reflect the individual's clinical needs, preferences, safety, and available supports.

11.1.2. Before discharge, staff shall, as appropriate:

11.1.2.1. Reassess current behavioral and physical health needs.

11.1.2.2. Review progress toward stabilization goals.

11.1.2.3. Complete or update a safety plan.

11.1.2.4. Identify appropriate follow-up treatment and community resources.

11.1.2.5. Coordinate transportation and medication access.

11.1.2.6. Provide written or verbal discharge instructions.

11.1.2.7. Communicate with receiving providers when authorized or otherwise permitted by law.

11.1.2.8. Document the disposition, referrals, and follow-up plan.

11.1.3. An individual requiring a higher level of behavioral health treatment or medical care beyond CRC capabilities shall be referred or transferred to an appropriate service.

11.2. Discharge Documentation

11.2.1. The clinical record shall include:

11.2.1.1. Discharge date and time.

11.2.1.2. Condition at discharge.

11.2.1.3. Clinical disposition and destination, when known.

11.2.1.4. Referrals and safety planning.

11.2.1.5. Medication instructions, when applicable.

11.2.1.6. Transportation arrangements.

11.2.1.7. Significant care coordination efforts.

11.2.1.8. Barriers to discharge and escalation efforts, when applicable.

11.2.2. Staff shall document unsuccessful referral attempts and escalate unresolved safety concerns to the shift supervisor or clinical leadership.

12. Facility Safety and Accessibility

12.1. The CRC shall maintain a physical environment responsive to behavioral health acuity, safety, privacy, and accessibility needs.

12.2. The agency shall ensure compliance with applicable facility design and construction requirements, including:

12.2.1. A public walk-in entrance.

12.2.2. A designated first responder drop-off area.

12.2.3. A private bed space for individuals staying longer than 24 hours under an authorized exception.

12.2.4. Staff awareness of individuals' movements within the facility.

12.2.5. Required door-control measures and procedures that protect safety without unlawfully restricting voluntary individuals from leaving.

12.2.6. Access to telephone for individuals receiving services.

12.3. Construction review and approval requirements shall be completed when applicable before relevant facility spaces are placed into service.

13. Infection Prevention and Control

13.1. The CRC shall maintain an infection control plan addressing:

13.1.1. Hand hygiene.

13.1.2. Cleaning and disinfection.

13.1.3. Environmental management.

13.1.4. Housekeeping functions.

13.2. Staff shall follow infection prevention procedures, use appropriate protective equipment, and report infection risks, exposure incidents, and environmental safety concerns.

13.3. Cleaning and disinfection shall be documented when required by agency procedures or applicable regulations.

14. Rights, Privacy, and Confidentiality

14.1. The CRC shall protect the dignity, privacy, autonomy, and rights of individuals receiving services.

14.2. Staff shall explain available services, applicable rights, grievance procedures, and confidentiality practices in a manner the individual can understand.

14.3. Information shall be disclosed only as authorized by applicable law, valid consent, or another lawful basis. Staff shall provide appropriate interpreter and communication accommodations when needed.

14.4. The agency shall provide culturally responsive, trauma-informed, person-centered services and shall not discriminate on a prohibited basis.

15. Incident Reporting and Emergency Response

15.1. Staff shall promptly report and document significant incidents, including:

15.1.1. Medical emergencies.

15.1.2. Suicide attempts or significant self-harm.

15.1.3. Violence or threats of violence.

15.1.4. Unexpected departures involving safety concerns.

15.1.5. Medication errors.

15.1.6. Injuries.

15.1.7. Restraint or seclusion events.

15.1.8. Abuse allegations.

15.1.9. Other events requiring clinical or administrative escalation.

15.2. The agency shall maintain procedures for emergency response, notifications, external reporting, clinical review, and corrective action.

15.3. Designated leadership shall review incidents to identify contributing factors and implement improvements as appropriate.

16. Documentation and Record Management

16.1. The CRC shall maintain an individual service record consistent with applicable laws and agency requirements.

16.2. Records shall include, as applicable:

16.2.1. Arrival, orientation, and screening.

16.2.2. Consent and admission eligibility.

16.2.3. Clinical and nursing assessments.

16.2.4. Suicide and violence risk assessments and safety planning.

16.2.5. Monitoring intervals and reassessments.

16.2.6. Services provided and staff identification.

16.2.7. Medication orders, administration, and monitoring.

16.2.8. Referrals, consultations, and care coordination.

16.2.9. Declined admissions and assistance provided.

16.2.10. Transfers, discharge planning, and final disposition.

16.2.11. Required reports, notifications, and incident documentation.

16.3. Records shall be accurate, timely, authenticated by responsible staff, and maintained securely in accordance with applicable record retention and confidentiality requirements.

17. Quality Assurance and Compliance Monitoring

17.1. The CRC shall implement an ongoing quality assurance process to monitor compliance with WAC 246-341-0903 and related requirements.

18. Policy Review and Approval

18.1. This policy shall be reviewed at least annually and whenever relevant laws, regulations, certification standards, or agency operations change.

18.2. The agency shall revise the policy as needed to maintain compliance and improve service quality and safety.

APPROVAL

Sindi Saunders, Director — Date: 10/26/2026