

Crisis Solutions Center Good Neighbor Agreement

October 3, 2011

Crisis Solutions Center Good Neighbor Agreement

Purpose statement

This Good Neighbor Agreement (GNA) describes the actions to be taken by DESC and others in the Jackson Place neighborhood related to the Crisis Solutions Center located at 1600 S. Lane Street to promote communication, to make improvements in the building's Lane Street facade in the neighborhood, and to assure the operations of the facility support a safe and hospitable neighborhood. For the purpose of this agreement, Jackson Place neighborhood is bounded by Jackson St. on the north, 23rd Ave. S. on the east, Rainier Ave. on the west, and I-90 on the south.

The transparent and cooperative process of creating the GNA builds lines of communication and understanding among Advisory Committee members and all interested parties in the neighborhood. Although the GNA is not legally binding, it does define the intent and agreement of all parties represented on how the Crisis Solutions Center will be operated to address the concerns of its neighbors in Jackson Place, while meeting the needs of its clients and the contract requirements of King County.

GNA Advisory Committee

Membership:

Nick Allen—Neighbor

Vicki Asakura—Nonprofit Assistance Center (neighbor agency)

Moz Benado—Neighbor

Bill Bradburd—Neighbor

Lisa Hake—Neighbor

Bill Hobson—DESC Executive Director

Judith Levine—Jackson Place Community Council Board member (alternate through 7/11/11)

Grace Liao—Neighborhood Business

John Maillot—St. Mary's Church (neighborhood church)

Curtis Martin—Neighbor

Ryan Morgan—Jackson Place Community Council Board member (primary representative through 10/3/11)

Martin Powell—St. Peter's Church (neighborhood church)

Jana Robbins—Board member of Childcare COOP located at St. Peter's Church

Larry Smith—DESC Board member

Julie Sponsler—Giddens School (neighborhood school)

Kristin Wall—Jackson Place Community Council Co-chair (alternate beginning 7/25/11)

Process for Creating the GNA

The members of the GNA Advisory Committee were appointed by King County Council Member Gossett in March of 2011. The intent was to name a group that was broadly representative and included individual neighbors who live near 1600 S. Lane Street, as well as representatives from neighborhood churches, schools, other non profit organizations, the Jackson Place Community Council, and DESC. Invitations to participate were declined by the Jackson Place Alliance for Equity and the Japanese Cultural and Community Center of Washington. The King County Division of Mental Health, Substance Abuse and Dependency contracted with Lynn Davison of Clegg & Associates to facilitate the GNA process. The Advisory Committee had 10 two hour meetings between May and October of 2011 to complete the GNA. Meetings were open to the public and meeting agendas, meeting summaries, and all supporting materials for the meetings were posted on the DESC web site and distributed through the JPCC list serve. This GNA calls for an ongoing group, the Neighborhood Advisory Committee, to monitor and advise on the implementation of the GNA for DESC's Crisis Solutions Center. The Neighborhood Advisory Committee's membership and responsibilities are defined in this GNA and are separate and distinct from the GNA Advisory Committee who created the Good Neighbor Agreement. The GNA was adopted by members of the GNA Advisory Committee on October 3, 2011.

Any elements of the GNA that were not approved by consensus of the GNA Advisory Committee members are identified in the appendix and include the percentage of GNA Committee members who voted to approve and the minority position/s of those who did not.

Building Exterior

1. DESC will add a fence and gate to the S. Lane Street side of the building. The fence will extend beyond the building to prevent walking along the east side of the property. The fence will be constructed consistent with drawings that show corrugated metal and wire mesh panels. Directly in front of the fence, DESC will add planter boxes to soften the look of the building in the neighborhood. The gate will be operable electronically from within the facility.
2. DESC will employ its graffiti removal policy at the Crisis Solutions Center. Typically, graffiti will be removed from the property within 48 hours.
3. DESC will not remove, and will advocate with the owner not to remove, natural vegetation that has grown up on the east and north sides of the building. This vegetation currently serves to limit unwanted foot traffic and soften views for immediate neighbors.
4. DESC's plans for the exterior of the building will comply with the requirements of the Community Policing Through Environmental Design (CPTED) plan that promotes increased

community safety by design. For example, DESC will have sufficient lighting around the building to meet requirements of the CPTED plan. Whenever possible, exterior lighting will be directed downward rather than outward or upward toward neighboring properties.

5. DESC will instruct its general contractor to follow City regulations regarding construction in neighborhoods including, but not limited to: start and stop times for construction, informing all residents who may be impacted by a scheduled disruption in utilities at least two business days prior to the temporary shutoff, parking construction vehicles and equipment off the street, posting the construction schedule and any updates to it on the Jackson Place Community Council website, and working closely with the other building tenant to minimize impact of construction on their business.
6. DESC's mobile crisis teams and staff will not park on the street in the Jackson Place Neighborhood surrounding 1600 S. Lane Street. There is sufficient parking within the property's parking lot.
7. DESC will negotiate Memoranda of Understanding (MOU) with the Police Departments and Medics that request that their vehicles are parked in the bay and not on the streets surrounding 1600 S. Lane Street and that they do not use emergency lights and sirens within the neighborhood. DESC will assertively request, but cannot guarantee first responders' compliance.
8. Clients will not have vehicles at the facility.

Program Operations

1. DESC will develop and maintain specific policies describing the elements of their operations that could affect the neighborhood. These policies will include the intent described below. DESC will provide draft copies of these policies for review and comment by the GNA Advisory Committee or its successor, the Neighborhood Advisory Committee, before implementation. Any changes in these policies or any new policies that are created in response to concerns identified by the Neighborhood Advisory Committee will also be provided in draft form for review and comment before implementation.

- a. Entry and Exit

Police, DMHPs, Medics, Emergency Room staff, and the Mobile Crisis Team are the only sources of clients for the CSC. They will bring clients to the gated enclosed area off S. Lane Street where staff will meet the client and accompany them to the reception area within the building. The gate will be opened electronically from inside the building. Entrances or exits from other doors are not permitted, except in emergencies. All entrances are monitored by an internal security camera system and have a 15 second delay before doors open.

b. Eligibility for Programs at the Crisis Solutions Center

DESC will develop MOUs with all first responders who may bring clients to the CSC. The MOUs will define who is eligible based on the King County approved exclusionary criteria for medical or criminal history (and included in the eligibility policy). Criminal history/background checks will be part of the screening for all individuals identified as possible CSC clients by the police. All first responders will communicate with DESC staff before bringing a client to the facility. All first responders and DESC/CSC staff will use their professional judgment to exclude others if they are uncertain about their appropriateness for the programs offered at the CSC.

If DESC or King County is considering changes in the medical or criminal history exclusionary criteria that could expand who may be admitted to the CSC, DESC will bring the proposed changes to the Neighborhood Advisory Committee that monitors the GNA. The Neighborhood Advisory Committee will identify any concerns they have about the changes in exclusionary criteria and suggest policies to address changes in the client population. The Neighborhood Advisory Committee will have at least 30 days to review and make comments/suggestions to DESC and King County before any changes that expand those eligible to receive services at the CSC are implemented. If the Neighborhood Advisory Committee believes the changes warrant a formal amendment to the GNA, they will initiate that process.

c. Self Referrals

Self referred clients will not be admitted under any circumstance. 911 will be called if needed to assist in these circumstances.

d. Scheduled Appointments

For scheduled appointments, a staff person will accompany a client to and from the appointment. For smoking breaks, staff will accompany clients and exit from the back parking lot door.

e. Outings

Clients exhibiting good behavioral control who are participating in the two week program (CDIS) will be offered occasional outings into the neighborhood. Clients in the short term CDF program will not have outings. Staff to client ratio on any outing outside the building will be 2 staff for a minimum of 2 and a maximum of 8 clients. The number of outings into the neighborhood will depend on staff availability and staff time as outings are lower priority than treatment and support activities for clients.

f. Planned Discharges

Clients who complete their treatment at the CSC will have a discharge plan that includes transportation. At no time will a client simply be discharged into the neighborhood, unless they live in Jackson Place and then they will be escorted home. Staff will remain with clients at all times until the mode of transportation has been arranged and implemented.

g. Unplanned Discharges

Clients who refuse voluntary admission, are referred but later determined to be inappropriate for admission, or request to be discharged against medical advice will be provided transportation to their next destination. Clients who refuse transportation options will be accompanied by staff until the client leaves the neighborhood, returns home if they live in Jackson Place, or the police are called to intervene. At least 2 staff will be assigned to the client until one of these options has occurred. DESC staff, using their professional judgment, will determine how long to stay with a client beyond the boundary of the neighborhood. It would be very rare for clients to pose a risk to anyone other than themselves. DESC staff will operate in a manner that minimizes risk to the client, to the staff themselves, or to anyone else.

h. Visitor's Policy

Visitors to the facility are not permitted unless prior approval by supervisory staff has been given, and the visit supports the client's treatment plan. Visitors will be required to check in at the CDF reception area and will be accompanied by staff at all times. Visitors, while in the CSC, will be expected to observe the same policies as clients.

i. Neighborhood Contact with CSC staff

DESC will make the Crisis Solutions Center telephone number broadly available to the Jackson Place Community through Neighborhood Advisory Committee members, the DESC website, and the Jackson Place Community Council list serve. The phone will be answered 24/7. The number will allow neighbors to report a concern about someone they believe is a client of the CSC, ask questions about CSC operations, or report problems they believe are related to the CSC.

j. Updating Policies and Procedures

DESC will update the Neighborhood Advisory Committee on any proposed changes to existing policies above, plus any new policies that are proposed that could have impacts on the neighborhood or appear to diverge from GNA intent.

Neighborhood Activities

1. The manager of the Crisis Solutions Center for DESC will participate actively in quarterly community meetings of the Jackson Place Community Council.
2. The manager of the Crisis Solutions Center for DESC and the DESC Executive Director will join the Jackson Place Community listserv.
3. DESC/CSC staff will work, as a member of the community, to advocate as appropriate for broader neighborhood priorities in other public forums and participate, when appropriate, with other community groups.
4. CSC staff, like other people in the community, will be vigilant in identifying and reporting any person or situation in the neighborhood that could impact neighborhood safety.
5. GNA Advisory Committee members and their successors, Neighborhood Advisory Committee members, will encourage residents and businesses to maintain a tolerant and welcoming neighborhood for everyone, including the CSC staff and clients.
6. Jackson Place residents and community-based organizations will take the lead in scheduling and participating in community education meetings to assure that people in the neighborhood have accurate information about mental illness in general and the range of clients served by the CSC in particular. This effort will reduce stigma, expand knowledge, and reduce fear. DESC will help identify appropriate presenters.
7. Neighbors, with the help of CSC staff, will consider converting the current paved right of way strip in front of 1600 S. Lane to a landscaped strip or community art project.

Monitoring Plan

1. DESC will prepare a quarterly report for the Neighborhood Advisory Committee that includes:
 - a. Number of clients admitted to the facility in each program by referral source
 - b. Number of people transported to the facility and not admitted by first responder source
 - c. Number of clients discharged from each program and where each discharged client went at release
 - d. Number of regular neighborhood outings for clients
 - e. Number of clients who had an unplanned departure, where they were left by staff who followed them from the neighborhood, and, to the extent the information is available, whether they had further involvement with police or medics within the next 7 days
 - f. Description of any incident that did not meet the clear intent of the GNA

- g. Description of any other incidents, not related to requirements of the GNA, that could impact neighborhood safety
 - h. Number, type, and resolution of calls made to CSC by residents or businesses within the Jackson Place neighborhood. Types to include:
 - i. Request for information
 - ii. Concern about a person thought to be a client of the CSC
 - iii. Concern about the operations of the CSC or actions of first responders
 - iv. Commendation or thank you
2. An ongoing Neighborhood Advisory Committee will be convened to monitor the implementation of the GNA.
- a. The initial Neighborhood Advisory Committee will be selected and initially convened by the GNA Advisory Committee. Jackson Place neighbors, organizations, and businesses can self-nominate for the Neighborhood Advisory Committee, but membership is contingent upon invitation and approval from the GNA Advisory Committee. The GNA Advisory Committee will publicize broadly the opportunity to participate and the process for selection.
 - b. Membership invitations will include at least
 - i. 2 representatives of the Jackson Place Community Council
 - ii. 2 representatives of Jackson Place Alliance for Equity
 - iii. 1 representative of the Japanese Cultural and Community Center
 - iv. 2 representatives of other community or faith based organizations in Jackson Place
 - v. 4 residents of the immediate neighborhood of the facility
 - vi. 2 representatives of neighborhood business
 - vii. Manager of the Crisis Solutions Center
 - viii. 1 representative of King County Mental Health and Substance Abuse and Dependency Division.
 - c. If any community organization specifically named in the Neighborhood Advisory Committee membership invitations (i.e., JPCC, JPAE, JCCC) declines to participate, the GNA Advisory Committee will work to assure a broad representation from other community organizations or neighbors.

- d. Should a community-based organization or business who is invited, decline to participate on the Neighborhood Advisory Committee, they will be offered an opportunity to participate again at the beginning of each subsequent calendar year.
- e. DESC will provide logistics and meeting support for the Neighborhood Advisory Committee.
- f. The Neighborhood Advisory Committee will elect a Chair, from existing members, at its first meeting.
- g. The Neighborhood Advisory Committee will have the following responsibilities:
 - i. Review performance regarding all elements of the GNA and identify any divergence from intent clearly defined in the GNA.
 - ii. Review a quarterly report from DESC (above).
 - iii. Provide direct feedback to the CSC/DESC on any implementation problems that violate the GNA, including recommendations to remedy those problems.
 - iv. Provide a twice yearly report on implementation that is easily accessible to the broader community during year 1 of implementation and at least annually in subsequent years, unless the schedule is revised by the Neighborhood Advisory Committee.
 - v. Make amendments to the GNA, if necessary, in cooperation with DESC and King County after at least 6 months of implementation, based on experience.
 - vi. Make decisions by consensus whenever possible. If consensus cannot be reached, a yeas vote by at least 60% of members present will be required to carry. For all decisions, at least 51% of the members of the Neighborhood Advisory Committee must participate (quorum).
 - vii. Meet at least monthly for the first 6 months of CSC operations and then with a schedule to be determined by the Neighborhood Advisory Committee. The Neighborhood Advisory Committee will continue to meet as long as the CSC operates at 1600 S. Lane Street or until the Committee decides to disband.

Handling Concerns


1. If there are problems concerning implementation of the GNA, the Neighborhood Advisory Committee will describe them and request resolution from CSC/DESC directly. If the Neighborhood Advisory Committee is unable to secure resolution from CSC/DESC within 30 days, they will place a written request for action to the Director of the King County Department of Community and Human Services Division of Mental Health, Chemical Abuse

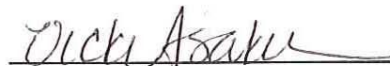
and Dependency Services Division. If no resolution is accomplished within 30 days of the formal request, the Neighborhood Advisory Committee will take their request to the King County Executive for final resolution.


2. For new issues not covered by the GNA that may have a direct impact on the neighborhood, the Neighborhood Advisory Committee will request a remedy directly from CSC/DESC. If they consider the issue and its resolution to be significant, the Neighborhood Advisory Committee may also consider an amendment to the GNA to cover the situation (see Monitoring Plan 2.g.v and 2.g.vi).

Signatures

The GNA Advisory Committee approved this agreement on October 3, 2011. Some of the Committee members signed the agreement as representatives of neighborhood organizations, whereas others signed as individual neighbors.


 Nick Allen
 Neighbor
 10/3/11
 Date

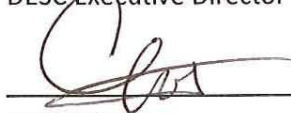

 Vicki Asakura
 Nonprofit Assistance Center (neighbor agency)
 10/3/11
 Date

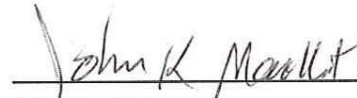

 Moz Benado
 Neighbor
 10/3/11
 Date


 Bill Bradburd
 Neighbor
 10/3/11
 Date


 Lisa Hake
 Neighbor
 10.3.11
 Date

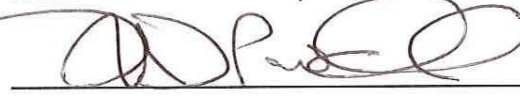

 Bill Hobson
 DESC Executive Director
 10.3.11
 Date

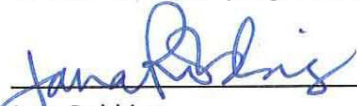

 Grace Liao
 Neighborhood Business
 10.3.11
 Date

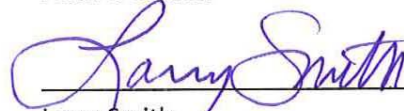

 John Maillot
 St. Mary's Church (neighborhood church)
 10/3/11
 Date

I do not believe at this time that an agreement is needed.
 Curtis Martin
 Neighbor
I am supportive and appreciative of the process.
 Date


 Ryan Morgan
 Jackson Place Community Council Board member
 Date


 Martin Powell
 St. Peter's Church (neighborhood church)
 10/3/2011
 Date


 Jana Robbins
 Board member of Childcare COOP located at St. Peter's Church
 10/3/11
 Date


 Larry Smith
 DESC Board member
 10/3/11
 Date


 Julie Sponsler
 Giddens School (neighborhood school)
 10/4/11
 Date

Appendix

1. *Medical exclusionary criteria*

Attachment A: Hospital Diversion Criteria

Mental Illness and Drug Dependency Plan (MIDD) Crisis Diversion Facility (10b) Planning Workgroup

Hospital Diversion Medical Criteria

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.

Behavioral Crisis: A person who is experiencing acute exacerbation of an existing mental illness and is willing to receive services or someone who may have suicidal ideation while exhibiting behavioral control. Persons experiencing a behavioral crisis are appropriately referred to the CDF.

Consumers who are NOT appropriate for admission to CDF

- Temperature >101 degrees F.,
- Pulse outside of 50 – 120,
- Blood pressure <90 or >200 systolic, or >90 diastolic,
- Respiratory rate >24,
- Glucose blood sugar level <60 or >300,
- Red blood count: Hct <30%, Hgb <10 grams,
- Mental status which is lethargic, in a stupor, comatose or there is spontaneously fluctuating mental status,
- Toxic or rising levels of medications or other substances (some substances may require serum levels to determine potential toxicity),
- Deterioration of vital signs prior to transfer (vital signs must be taken within 2 hours of transfer), or
- Conditions requiring medical services not provided at CDF, and
- Withdrawal from alcohol, opiates and benzodiazepines, even if medications and/or a patch (i.e., Klonidine patch) are prescribed to assist with the withdrawals.

Medical services that are NOT provided at the CDF

- Vital signs monitoring more frequent than Q 8 hours,
- Acute medical treatments,

- Stat (within 1 hour) or urgent (within 4 hours) X-rays and blood work,
- Oxygen, unless client brings in his or her own supply,
- IV therapies,
- Suctioning,
- NG tubes,
- Central catheter insertion and maintenance,
- Medical isolation,
- Feeding tube placement and management,
- Initiation of bowel and bladder training,
- Extensive skin care programs,
- Acute wound care or orthopedic care,
- In-house physical therapy or other rehabilitation programs,
- Retraining for swallowing,
- Renal or peritoneal dialysis,
- Management of first trimester pregnancy or beyond 36 weeks, or delivery,
- Management of advanced or complicated pregnancy and delivery,
- Blood gases,
- 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,
- Post-operative stabilizing demonstrated through labs or vital signs over a 48-hour period,
- Diabetes management with unstable blood sugars or blood glucose exceeding 400 within last six hours,
- 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
- Management of delirium.

Though the CDF will strive to exhibit a welcoming profile to the community, 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.

2. Criminal history exclusionary criteria

Attachment B: Jail Diversion Criteria for Crisis Diversion Facility (CDF)

The Crisis Diversion Facility is designed to provide immediate mental health and chemical dependency services to individuals who are in acute mental health or chemical crisis at the time of being arrested for petty misdemeanor or simple drug possession cases. The facility would steer individuals away from the revolving door of the jail cell in an attempt to stabilize their mental health and chemical dependency issues. Referral to the CDF is not appropriate for individuals who have committed more than petty criminal offenses or for petty offenders who are in acute medical crisis due to the mental health issues and chemical dependency.

Initial Decision to Divert Criminal Offender to the CDF from Jail:

The primary referral source for the CDF will be from police patrol officers. Because a criminal offender can be held up to 48 hours in jail on an arrest, a person can be diverted to the CDF for up to 48 hours or still face booking into the jail if they choose not to engage in the diversion services of the CDF. The following criteria should be considered in making a referral decision:

- Has this person committed a crime?
- Does this person appear to have a mental illness or chemical dependency issue?
- Does the offense the person committed require mandatory arrest and booking into jail?
- Is the offense the person is alleged to have committed, an eligible offense for diversion to CDF?
- Does the person have prior criminal history that is violent or disqualifying from the CDF?
- Does the person have any medical conditions at the time of arrest that requires immediate medical treatment or referral to a hospital?
- Does the person display any interest in being offered services at a Crisis Diversion Facility rather than being taken to and booked into Jail or do the person's words and actions indicate they will be combative and non-cooperative with the offering of services?

If the officer chooses to divert the individual to the CDF, they should deliver the person to the CDF, complete the appropriate paperwork, including the standard Jail Booking Superform as well as a "Notice of Diversion to the CDF." If the person meets the screening criteria, facility staff will have up to 48 hours to get the person engaged in services offered. At some point during this 48 hour window the engagement transitions from a 48 hour involuntary hold based upon a criminal allegation and arrest into a voluntary acceptance of mental health and/or chemical dependency services.

If the person chooses not to engage in services, and/or becomes combative, uncooperative or threatening, then Diversion Facility staff will temporarily detain the individual and re-contact law enforcement in order to

take the person back to jail on the criminal allegation. No two cases will be the same. Consistent communication and back and forth will need to occur between law enforcement and Diversion Facility staff as both will need each other's expertise depending on the situation.

Eligible Crimes for the MIDD Crisis Diversion Facility based upon Criminal Acts

Eligible Misdemeanors:

Criminal Trespass II

Theft 3 < \$50

Malicious Mischief < \$50

Unlawful Bus Conduct

Failure to Appear/Respond (Court Summons)

Disorderly conduct

Obstructing

Resisting Arrest

Use of Drug Paraphernalia

Possession of Marijuana

Alcohol in a Park

NVOL (No Valid Operator's License)

DWLS 3

Furnishing liquor to minor

Minor in Possession of Alcohol

Minor frequenting tavern or lounge

Unlawful issuance of bank checks

Prostitution

Patronizing a Prostitute

Loitering for Purposes of Prostitution

Possess fraudulent driver's license

Failure to Obey

Theft of Rental Property

Felonies that would be eligible for diversion based upon officer discretion:

VUCSA: Simple Possession of Cocaine < 1 gram

VUCSA: Simple Possession of Heroin < 1 gram

VUCSA: Simple Possession of Methamphetamine <1 gram

VUCSA: Possession of Legend Drugs (Prescription Drugs without Proper Prescription)

Exclusionary Factors:

An officer considering diverting an individual to the CDF should screen the person for disqualifying violent and sex offense criminal history and or a history of civil commitment proceedings. The officer can check the criminal history in the field and the mental health professional can access ECLS to determine history and past diagnoses once the person is diverted to the CDF for follow up care. Any person arrested for an offense not on the above list or for a current violent or sex related offense or who has an arrest in the last 7 years for a violent or sex related incident does not qualify for diversion to the CDF.

3. Draft CSC procedures related to the GNA

Client Entry to the CDF WAC 388-865-0429- Revised 9/22/2011

DRAFT

Applicable to: MCT, CDF

Downtown Emergency Service Center

PROCEDURE: Client entry to the CDF
PROGRAM APPLICABILITY: Mobile Crisis Team and Crisis Diversion Facility
DISTRIBUTION LIST:

APPROVAL: This procedure is approved by the Executive Director and is to be effective on _

PURPOSE: The purposes of this procedure is to establish guidelines regarding the procedure for client entry to the CDF.

BACKGROUND:

Procedure:

1. Referents

a) Referents to the CDF are restricted to the Mobile Crisis Team, Police, Medics, Hospital Emergency Rooms, and Designated Mental Health Professionals. Clients may only arrive at the CDF via MCT staff vehicle, Medics, and Police. No other entity may bring a client to the CDF.

2. Access to the Facility

- a) All referents who transport clients to the CDF will utilize a private gated entrance off of S. Lane Street in order to minimize emergency vehicles and other vehicles visibility within the neighborhood, in addition to protecting client confidentiality. Access to the CDF will be managed by CDF and MCT staff. The gate is electronic and is opened by staff from inside the CDF reception area.
- b) All entrances and exits from the CDF will occur at the reception area. Staff will accompany all clients entering or exiting the CDF at all times. Entrances or exits from other doors are not permitted, except during an emergency. Emergency exits have a 15 second delay alarm to alert staff when they are opened.
- c) All admissions will involve staff accompanying the client from the gated entrance to the CDF reception area. Medics and Police are expected to accompany staff and client to the reception area also to provide additional admission information (See Intake Procedure)
- d) All entrances to the CSC are controlled by an access control system, which will be monitored at all times by staff in the reception area via a remote camera monitoring system.
- e) Access to the building is available 24/7 days a week.

3. Reception Area

- a) Reception area staff will notify the intake staff (if they are not the staff that accompanied the client into the facility) of the arrival of the client in order begin the intake process.
- b) As this is an all voluntary facility, clients will be free from all types of restraints or guerney prior to the intake assessment.
- c) Referents are expected to share relevant information regarding the reason for referral, the client's behavior, and any other information requested by CSC staff.
- d) Should a client become uncooperative with the initial admission process, or staff assess the client's needs cannot be met at the CSC, staff will work with the referent in finding alternative resources/providers.

Downtown Emergency Service Center

PROCEDURE: Client Walk-ups/Self Referral Protocol/Other Referrals
PROGRAM APPLICABILITY: Mobile Crisis Team, Crisis Diversion Facility, Crisis Diversion Interim Services

DISTRIBUTION LIST:

APPROVAL: This procedure is approved by the Executive Director and is to be effective on .

PURPOSE: The purposes of this procedure is to establish guidelines regarding the procedure for staff to take when a client shows up unannounced at the CSC requesting admit, or others attempt to bring or refer a client to the CSC.

BACKGROUND:

Procedure:

1. Client Walk-ups and Self Referral Protocol

a) Self referred or clients that walk up to the CSC will not be admitted to the CSC under any circumstances. All potential CSC clients are required to be pre-screened by phone by CSC staff and provided by a Medic, DMHP, Police Officer, or Hospital ER staff prior to admission. As the Crisis Solutions Center programs become known, it is inevitable that the location of the facility will become familiar to clients, their families, their friends, and others. For those clients that have been accepted to the CDF and CDIS, CSC staff will inform them that self-presenting, self-referring, or walking up to the facility, after they are discharged, will result in being refused admission to the CSC.

b) Clients who self-present to the CSC and refuse to leave the premises, will be visually monitored by two CSC facility staff and 911 will be called to assist if necessary. Staff will remain in visual contact with the client until police arrive and have the client removed. If the client walks away from the facility into the Jackson Place neighborhood, staff will follow the client until the client has left the neighborhood boundaries. For any client observed as being a danger to themselves or others, staff will continue to follow the client while calling 911 and until police officers arrive.

c) For clients that willingly leave the grounds, staff will ensure that it is safe for the client to do so and 2 CSC staff will follow the client to the bus stop and visually witness the client leaving the neighborhood within the agreed upon neighborhood boundaries. Staff may offer transportation to facilitate the client leaving the facility in a timely manner. Under no circumstances will any individual be permitted to loiter around the facility, neighborhood, or the surrounding area. Under no circumstances will clients be allowed to wander off into the Jackson Place neighborhood without 2 CSC staff physically following them to ensure they leave the agreed upon boundaries. (Refer to Good Neighborhood Agreement). The exception to this would be if the client happens to reside within the Jackson Place neighborhood.

d) For walk-up clients who are obviously in a psychiatric crisis, are in good behavioral control, and are requesting admission to CSC, they will not be admitted to the CSC, but will be transported to an Emergency Room by CSC staff. The Emergency Room may then subsequently refer the client to the CDF if it is determined that CDF is the most appropriate

therapeutic option, and the established screening process is done.

2. Medical Issues

a) If it is determined that a walk-up client needs immediate medical attention, CSC staff will call 911. 2 CSC staff will remain with the client at all times until medics arrive, and follow the 911 dispatcher's directions. If the client is not transported to the hospital for treatment, CSC staff will arrange for the client to be transported away from the facility via the above described processes.

3. Unannounced Client Drop Off by Family/Friends/Others

a) Clients brought to the facility by the client's friends, family, or others will not be admitted under any circumstance. CSC staff will assess the client and assist in a disposition if necessary. Police will be called to assist if warranted.

b) Clients may not drive themselves to the CSC, nor may they store their vehicles at CSC at any time.

4. Documentation

a) Staff will document all incidences in which an individual has 'walked-up' or self-referred for review by the Program Manager. Documentation will include:

- Client's name
- What client was requesting
- Date, Time, Staff Involved
- Disposition/Outcome
- Mode of Transportation
- Was police or medics involved
- Were family/friends involved

DRAFT

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Admission Process for CDF-Revised 9/22/2011

Applicable to: MCT, CDF

Downtown Emergency Service Center

PROCEDURE: Admission Process for CDF
PROGRAM APPLICABILITY: Mobile Crisis Team and Crisis Diversion Facility
DISTRIBUTION LIST:

APPROVAL: This procedure is approved by the Executive Director and is to be effective on .

PURPOSE: The purposes of this procedure is to establish guidelines regarding the process of admitting clients to the CDF.

BACKGROUND:

Procedure:

1. Admission Process to the CDF

a) Program participants will be welcomed warmly and provided with a clear explanation of basic rules and resources of the CSC facility (*Rules are yet to be developed*). Upon arrival, admitting staff will introduce themselves to the client and attend to the immediate physical and emotional needs of the client.

- Staff to client engagement is the most important aspect of admission to the CDF.
- Staff will be friendly, motivated, empathic, and fully engaged in this initial contact with the client regardless of the client's presentation.
- The client's basic needs will be assessed by staff immediately.

b) Staff will attempt to gather necessary intake information from the client. If the client is unable to complete the initial information gathering/intake assessment, staff will document the reason why. The primary focus at the point of admission is for staff to engage with each client and assess any immediate needs the client may have. Gathering of information should not be a barrier to a client receiving immediate crisis intervention services and/or having their basic needs met.

c) Each client admitted to the CDF will be asked if they possess a weapon, sharp object or any other item which can be used in an aggressive manner to inflict injury on another person. Any items found will be placed in a locked container or disposed of. Two staff will be present at all times during the intake process.

d) At a minimum, clients are expected to sign a Voluntary Admission Form.

e) Each client will be offered food, drink, rest, clothing, shower, hygiene items, etc. immediately, and provided as necessary.

f) Medical staff will conduct a medical screening and provide appropriate medical intervention as warranted.

g) All clients will be oriented to the facility and each client will be assigned a staff member to them per each shift by the Shift Supervisor.

h) At the earliest time possible, an Intake Assessment, Medical Evaluation, and related Intake Forms (*forms have yet to be developed*) are to be completed. (See Intake Assessment Protocols.)

2. Clients who Refuse Voluntary Admit

- a) Any client who refuses voluntary admission to the CDF upon being brought to the CDF will be provided an immediate clinical intervention by staff to encourage them to stay. Staff may use creative means to engage with the client (offering comfort items, rest, etc.) Staff will make an earnest attempt in engaging with the client and every effort should be made to encourage the client to remain at the CDF.
- b) If a client continues to refuse to sign in voluntarily or requests to leave the facility, the Shift Supervisor or a Mental Health Professional will assess the client to determine whether it is safe and appropriate for the client to be discharged immediately.
- c) Staff will document all events related to clients who refuse voluntary admit and include the disposition of the client.
- d) Clients are not permitted to leave the CDF without being accompanied by staff. Staff will follow the procedures related to unplanned discharges. (See Unplanned Discharges Procedure)

3. Clients Deemed Safe to be Discharged after Refusing Voluntary Admit

- a) If staff determine that the client is safe to be discharged, the client will be released immediately and transportation will be offered and arranged. If the client was brought to the CDF as a Police Diversion, the specific Police Jurisdiction will be notified immediately.
- b) Staff will offer the client transportation (bus pass, taxi, MCT) to the destination of their choice.
- c) At no time will a client be discharged to the surrounding neighborhood unaccompanied by at least 2 CSC staff.
- d) Staff will keep any client who leaves the facility in line of sight (and will follow the client) until the client has left the neighborhood. (see previous procedures related to staff following clients)
- e) Clients who refuse transportation will be followed by 2 CSC staff who will visibly witness that the client has left the neighborhood and surrounding area.
- f) 911 will be called for clients who refuse to leave, who are not in behavioral control, or are deemed a danger to themselves or others. 2 CSC staff will keep the client in visual line of sight or remain with client until police arrive.

4. Clients Deemed Unsafe to be Discharged after Refusing Voluntary Admit

- a) If staff feel it is unsafe for the client to be discharged immediately, staff will call 911 for assistance with the intent of preventing client from harming himself or others.
- b) The client will remain in line of sight by staff at all times, even if client leaves the facility, until Police and/or Medics arrive. (see previous procedures)

DRAFT

Downtown Emergency Service Center

PROCEDURE	Discharge Planning
PROGRAM APPLICABILITY:	Mobile Crisis Team, Crisis Diversion Facility, Crisis Diversion Interim Services
DISTRIBUTION LIST:	
APPROVAL:	This procedure is approved by the Executive Director and is to be effective on .
PURPOSE:	The purposes of this procedure is to establish guidelines regarding discharge planning for all clients referred to the CSC.

BACKGROUND:

Procedure:

1. Discharge Planning

- a) Discharge planning begins with each pre-screening call. This means staff are developing a set of resources and interventions for the referred client to access immediately.
- b) For each client who is admitted to the CSC, staff will begin to develop a discharge plan during the initial contact with the client. Staff will work collaboratively with the client and any existing mental health, chemical dependency or other relevant providers to create a discharge plan that is recovery oriented and practical. CSC staff will ensure that each client is connected with the appropriate treatment and resources in the community prior to being discharged.
- c) All clients will receive a comprehensive recovery-oriented assessment for case management and resource needs.
- d) CSC staff will focus on connecting each client to formal and natural supports in the community, and will work with the client on a viable discharge plan with concrete referrals, appointment times, and follow up services. (See Discharge Plan Form-*not fully developed*)
- e) For developmentally delayed, geriatric, ethnic minorities (including refugees/immigrants), homeless and other vulnerable clients, CSC staff will seek consultation within DESC and/or with outside entities for that specific population to ensure culturally appropriate resources are accessed. Care coordination will be established by CSC staff with appropriate agencies that offer unique services for that population.
- f) Each client's Discharge Plan will, at a minimum, include:
 - name of all community referrals, phone numbers, and addresses
 - date and times of all scheduled appointments
 - identified transportation to the appointments
 - crisis line phone numbers
 - potential barriers that would prevent client from following through on referrals
 - follow up steps CSC staff will take to make sure linkage is completed

DRAFT

Downtown Emergency Service Center

PROCEDURE	Planned Discharge from CDF/CDIS
PROGRAM APPLICABILITY:	Mobile Crisis Team, Crisis Diversion Facility, Crisis Diversion Interim Services
DISTRIBUTION LIST:	
APPROVAL:	This procedure is approved by the Executive Director and is to be effective on _
PURPOSE:	The purposes of this procedure is to establish guidelines regarding planned discharges from the CDF to either CDIS, Home/Other Providers, or Home Community.

BACKGROUND:

Procedure:

1. Planned Discharges from CDF/CDIS

a. Clients who complete their treatment at the CSC will have a client-staff generated Discharge Plan prior to leaving the CSC (see Discharge Plan Procedure). CSC staff will never simply discharge any client into the neighborhood for any reason without a viable discharge plan in place. Staff will provide transportation for the client using a CSC vehicle (See Vehicle Safety Procedure), or staff will arrange for alternative transportation such as a Taxi, Bus, Paratransit, Cabulance, Ambulance, Police, ESP VAN or other Professional (see Continuity of Care Procedure). Staff will remain with the client at all times until the client leaves via the arranged mode of transportation.

2. Planned Discharge Locations

a. Discharges may be to the client's home, home community, other providers, drug/alcohol treatment, etc. depending upon the most appropriate location for the client.

Elopement or Unplanned Discharge Requests by Clients- Revised 9/22/2011

Applicable to: MCT, CDF, CDIS

DRAFT

Downtown Emergency Service Center

PROCEDURE: Elopement or Unplanned Discharge Requests by Clients
PROGRAM APPLICABILITY: Mobile Crisis Team, Crisis Diversion Facility, Crisis Diversion Interim Services

DISTRIBUTION LIST:

APPROVAL: This procedure is approved by the Executive Director and is to be effective on .

PURPOSE: The purposes of this procedure is to establish guidelines regarding the procedure for staff to take when a client elopes or requests to be discharged immediately without a planned discharge.

BACKGROUND:

Procedure:

1. Elopement

a) In the highly unlikely event that a client manages to leave the CSC from any door prior to a scheduled/planned discharge, and/or against medical advice, the client will be immediately followed by 2 CSC staff. Staff will make every effort to encourage the client to return to the facility. If the client refuses, staff will offer the client transportation to their destination. Staff will remain in visual contact with the client at all times, and if necessary, will follow the client until staff can visually see that the client has left the neighborhood boundaries. Should the client refuse all assistance, and staff feels the client is unsafe or has concerns about the client as being a danger to himself or others, staff will call 911 to request police assistance. Staff will also call the police jurisdiction (if appropriate) that brought the client to the CSC to notify them the client has left against medical advice.

b) CSC doors are equipped with 15 second alarms that sound when a client is attempting to exit. Security cameras are also strategically placed around the facility to aid in maintaining building security and to monitor activities outside of the facility.

c) Staff will notify the Shift Supervisor immediately of any elopement (or attempts). Staff will document all elopements, the interventions attempted, transportation offered, and the outcome of the elopement for review by the CSC Manager.

d) Staff will maintain communication with the Shift Supervisor via cell phone at all times if they are following a client that has left the facility.

2. Unplanned Discharges

a) For clients who demand or request to be immediately discharged prior to working with staff on a viable discharge plan back to the community, staff will provide an immediate clinical intervention to encourage the client to stay at the CSC.

b) For clients who absolutely refuse to remain at the CSC, staff will offer the client transportation to the client's destination and remain with the client until the transportation arrives, or ensure the client has left the neighborhood area.

c) For clients that refuse all transportation and insist on leaving the facility by foot, 2 staff will accompany client (at a safe and reasonable distance) to ensure the client has gotten onto a bus or has left the Jackson Place neighborhood.

d) For clients who are confrontational, uncooperative, etc., staff will contact 911 for assistance and keep the client in line of site at all times. (see previous procedures for following clients)

Downtown Emergency Service Center

PROCEDURE: Client Appointments and Outings
PROGRAM APPLICABILITY: Mobile Crisis Team, Crisis Diversion Facility, Crisis Diversion Interim Services
DISTRIBUTION LIST:
APPROVAL: This procedure is approved by the Executive Director and is to be effective on .
PURPOSE: The purposes of this procedure is to establish guidelines regarding the procedure for staff to take clients to appointments and outings.

BACKGROUND:

PROCEDURE:

1. Client Appointments

a. Clients admitted to the CSC will most likely have scheduled appointments in the community to ensure continuity of care and coordination with other providers. As part of the CSC procedure for continuity of care and linking clients to community resources, CSC staff will assist clients in scheduling appointments and will provide transportation for the clients to ensure that the client follows through on such appointments. Clients will always be accompanied to and from all appointments by CSC staff or approved providers.

2. Social Outings

- a. Clients admitted to the Crisis Diversion Facility will not participate in outings in the community.
- b. Clients admitted to the Crisis Diversion Interim Services, will have the opportunity to participate in outings. Prior to approval of such outings, the client will have exhibited behavioral control at least 24 hours prior to the outing. All outings will support CDIS clients in meeting their treatment goals and all clients will be clinically assessed as to the appropriateness of such outings. Clients must demonstrate that they are able to cooperate with staff while at CDIS and during any outing.
- c. **No more than 6 clients** at any given time will be on an outing. At least 2 staff will accompany a minimum of 2 clients and maximum of 6 clients on all outings, and staff will wear visible DESC Identification.
- d. Walking outings will be restricted to nearby parks. Behavioral expectations will be reviewed with all clients during any outing. No more than 6 clients with a minimum of 2 staff will be on any walking outings. Staff will use clinical judgement to determine if a client is cooperative and in good behavioral control to participate in such outings.
- e. There may be two potential outings scheduled each day. Outings will only occur if staff are available and the outing does not interfere with the operation of the CDIS.
- f. Outings are not mandatory for any client or for the program. Clients may opt out of any external building social outings.
- g. There may be an occasion that staff will accompany clients to the pharmacy, grocery store, appointment, etc. These types of outings will be related to that particular client's treatment needs and/or specific personal items needs. At least 2 staff will accompany no more than 2 clients on these types of outings.

Downtown Emergency Service Center

PROCEDURE: Visitors to the CDF/CDIS
PROGRAM APPLICABILITY: Mobile Crisis Team, Crisis Diversion Interim Services and Crisis Diversion Facility

DISTRIBUTION LIST:

APPROVAL: This procedure is approved by the Executive Director and is to be effective on _

PURPOSE: The purposes of this procedure is to establish guidelines regarding the procedure of Visitors to the CDF/CDIS.

BACKGROUND:

Procedure:

1. Visitors

a) Although rare, there may be on occasion that it is therapeutically appropriate or necessary to allow clients to have visitors at the CDF or CDIS. Visitors (i.e. other agency case managers, other professionals, DMHP's, etc.) to the CSC will not have access at any time to the CSC without prior approval from a Shift Supervisor or Manager. All visitors must check in at the CDF reception area before entering the facility and may not travel unescorted on the premises at any time. Visitors at the CSC are expected to follow CSC policies and procedures regarding confidentiality and expected behaviors. *(A visitor policy will be expanded as we get closer to opening and we have developed a CSC Release of Information and unit rules.)*

4. Sample MOU with first responders

DRAFT-MEMORANDUM OF AGREEMENT

This is a cooperative community partnership agreement between DESC-Crisis Solutions Center and the name of referent entity.

I. PURPOSE

The purpose of this partnership is to delineate each party's responsibilities relative to collaboration between DESC-Crisis Solutions Center and King County name of referent entity. The Crisis Solutions Center will accept a referral from any name of referent entity for any eligible individual who appears to be in a mental health and/or chemical dependency crisis. The goal is to divert individuals impacted by mental illness and/or substance abuse from hospitals and jails by providing a more appropriate therapeutic alternative.

II. ELIGIBILITY FOR CSC SERVICES

Individuals referred to the Crisis Solutions Center meet eligibility for admission to the CSC within the following guidelines:

- They are at least 18 years old and reside or are homeless in King County.
- They are currently experiencing a behavioral **crisis** related to mental illness and/or substance abuse. A behavioral crisis is when a person is experiencing an acute set of mental health and/or substance abuse symptoms, yet are in behavioral control and willing to accept CSC services.
- The individual would benefit from crisis intervention services.
- The individual may have committed a minor, non-felony crime contributing to the current crisis.
- Admission to the CSC is a more appropriate therapeutic alternative to admission to an emergency room or being booked into jail.

III. NON-ELIGIBILITY FOR CSC SERVICES

Referral to the CSC is not appropriate when:

- The individual has a medical condition(s) that cannot be managed by CSC medical staff.
- The individual is determined to have a criminal history that excludes them from admission (refer to Criminal History Exclusionary Criteria).
- The individual is experiencing a behavioral emergency. A behavioral emergency is when a person is out of behavioral control; is deemed an imminent danger to self or others; is unwilling to accept treatment; and/or is likely to require seclusion or restraint to maintain their safety. Persons experiencing a behavioral emergency are not appropriate for referral to the CSC.

IV. RESPONSIBILITIES

name of referent entity will:

- Contact the Crisis Diversion Facility by phone to provide a brief phone screening that includes demographic information, reason for referral, and location of the individual.
- When transporting clients to the CDF, refrain from using lights and sirens in the

surrounding neighborhood.

- Park vehicle in the gated area located on 1600 Lane Street.
- Agree to work in a cooperative and collegial manner with Crisis Solutions Center staff.

Crisis Solutions Center staff will:

- Be available to respond in a timely manner to assist first responders in the field in assessing an individual who appears to be in a mental health and/or chemical dependency crisis, if requested.
- Be able to provide comprehensive mental health and chemical dependency assessments.
- Be available for phone consultation if needed.
- Assist in arranging or providing transportation to appropriate community providers or the Crisis Diversion Facility of the referred individual.
- Provide a collaborative and respectful atmosphere for referents.

V. INFORMATION SHARING

Collaboration, coordination, and continuity of care is expected and promoted between the name of referent entity and the Crisis Solutions Center staff. Within the current HIPPA, State, and King County code and law, Crisis Solutions Center staff may ask the name of referent entity to provide a variety of documentation and information so that the staff may best serve each individual in a safe and supportive environment.

Both Parties agree to execute relevant key information necessary to assist each individual referred. Such information may include, but is not limited to: criminal history, psychiatric information, medical issues, substance abuse history and current use, current symptoms/behaviors, legal issues and any other relevant information as part of the referral process.

VI. PROBLEM RESOLUTION

Both DESC-Crisis Solutions Center and the name of referent entity agree to work in good faith to resolve issues and problems in a timely manner at the lowest administrative level possible. The order in which issues and problems should be addressed within the Crisis Solutions Center is:

- Shift Supervisor
- Manager (MCT or CDF)
- Crisis Solutions Center Program Manager
- Director of Clinical Services

VII. TERMS OF THE AGREEMENT

This agreement shall remain in effect with no stipulated end date, but will be periodically reviewed as changes are made.

5. CSC staff professional qualifications by position

This list includes ALL CSC staff (MCT, CDF, CDIS)

1 FTE Director of Clinical Programs

Masters Degree in Social Work, Psychology or Counseling

Graydon Andrus

(Department of Health Licensed Independent Clinical Social Worker)

1 FTE Crisis Solutions Center Program Manager (MHP)

Masters Degree in Social Work, Psychology or Counseling

Kathy Ryan

(Department of Health Licensed Mental Health Counselor)

3 FTE Project Managers- MHP

Masters Degree in Social Work, Psychology or Counseling

Requires Department of Health Credentialing

1 FTE CDF Project Assistant (1 FTE)

Bachelor's Degree with Administrative Background

6 FTE Shift Supervisors – Mental Health Professionals (MHP)

Masters Degree in Social Work, Psychology or Counseling

Requires Department of Health Credentialing

24 FTE and 1 Part-time MHP - Case Managers

Masters Degree in Social Work, Psychology or Counseling

Requires Department of Health Credentialing

9 FTE BA Behavioral Health Specialists - Case Managers

Bachelor's Degree in a Behavioral Science

Requires Department of Health Credentialing as Agency Affiliated Counselor

8 FTE Chemical Dependency Counselors

Requires Department of Health Licensing as a Chemical Dependency Counselor or Chemical Dependency Counselor in Training

11 FTE Peer Counselors

Self-Identified as a mental health consumer

Requires Department of Health Credentialing as Agency Affiliated Counselor

1 FTE Psychiatrist– Crisis Solutions Center Medical Director

Medical Degree in Psychiatry

Requires Department of Health Credentialing as Psychiatrist

6 FTE and 1 Part-time Psychiatric ARNP

Masters Degree in Nursing, Psychiatric focus

Requires Department of Health Credentialing as an Advanced Registered Nurse Practitioner

6 FTE Registered Nurses

Associates or Bachelor's Degree in Nursing

Registered Nurse with Psychiatric background

Requires Department of Health Credentialing as a Registered Nurse

Janitor (1 FTE)

General experience in facilities.

Total number of Crisis Solutions Center Staff: 78

1. Potential employees seeking employment at DESC are required to submit a resume and application which includes at a minimum past employment history, education, and references.
2. Prior to hire, all staff undergo a criminal background check (and each year after hire), a check of professional references from previous work experience, and verification of education. The credentials of each staff person are reviewed and confirmed via transcripts, Department of Health provider credential search, and other relevant documentation.
3. Records of training, license, and certification renewals and other professional credentials are monitored and maintained by the DESC Human Resources Department.
4. All staff are required to obtain CPR, First Aid, and HIV/AIDS within 30 days of hire.
5. Additional trainings, such as a Food Handler's Permit, are required if the potential staff member's job description requires this.