Washington State Department of HEALTH

23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #4 - BRIEFING

Introductions of DOH Staff

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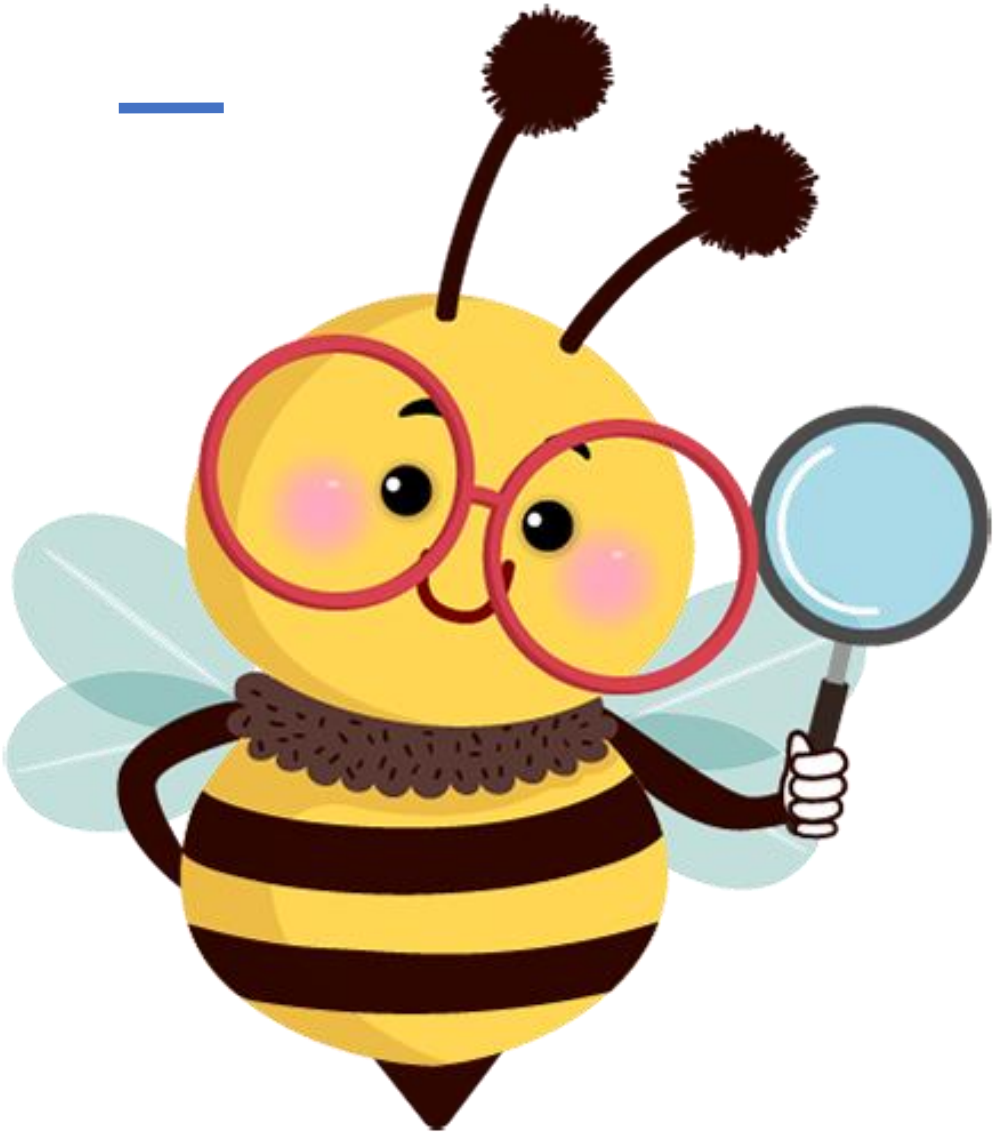
Today's Agenda

- Introduction/Progress Report
- Review incorporated comments and outstanding questions from previous workshops related to discharges/dispositions, walk-ins/drop-offs/admissions, and services
- Review Arizona rules related to discharges/dispositions, walk-ins/drop-offs/admissions, and services to see if WA should incorporate additional language
- Wrap-up
  - Next steps
    - Finish up comments and updated draft language.
  - Q and A

Let's Take a Look



Draft Rule Language	Points to Consider
(b) Limit patient stays to a maximum of 23 hours and 59 minutes, except in the following circumstances in which the patient may stay up to a maximum of up to 36 hours when: (i) A patient is waiting on a designated crisis responder evaluation; or (ii) A patient is making an imminent transition to another setting as part of an established aftercare plan;.	•Consider requirement to provide a bed and/or private space if there beyond 24 hrs. •Workshop comment that the language regarding imminent transition should include to "a more restrictive setting"

- AZ model does not appear to allow for anything beyond 23 hr and 59 min.

Draft Rule Language	Points to Consider
(c) Offer walk-in options and drop-off options for first responders and persons referred through the 988 system, without a requirement for medical clearance for these individuals;.	• Need to define “walk-in”? o Walk-in includes individuals who arrive on their own accord or with the assistance of another person who is not a first responder. o Drop-off includes first responder personnel transporting the individual to the CRC, including those willingly being transported and those who were taken into emergency custody by LE.

- Group polled-majority prefers language without defining ‘walk-in’

Draft Rule Language	Points to Consider
() If a crisis receiving center is at full capacity, the center may go on divert status to alert emergency medical services that it is unable to accept admissions.	•Can CRCs go on “divert”? o Answer from EMS SMEs was “yes”, but recommend having standard language regarding when they can go on divert.

Draft Rule Language	Points to Consider
(e) Have a no-refusal policy for law enforcement, *including tribal law enforcement*	•Added language. Group approved.

Draft Rule Language	Points to Consider
(f) Accept admissions 90 percent of the time when the facility is not at its full capacity with instances of declined admissions and the reasons for the declines tracked and made available to the department;	•(Multiple slides for this discussion) •When is someone "admitted" to the facility? o AZ model has a screening process before admission. The screening is for physical health needs. Once screened they can be admitted to the CRC, if the CRC is capable, or transferred to an entity that can take care of immediate physical needs. Screening must take place within 30 min. of arrival.

•AZ rule regarding assessment upon admission:

o When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient

Draft Rule Language	Points to Consider
(f) Accept admissions 90 percent of the time when the facility is not at its full capacity with instances of declined admissions and the reasons for the declines tracked and made available to the department;	•Need to define "full capacity". Recliners full vs staffing capacity? When a facility is not at full capacity it states they can still decline admissions 10% of the time. What would be the reasons for declining if it isn't because of full capacity? o What if full capacity means all recliners are filled, but the 10% variance could allow for times the CRC may not be fully staffed to operate all recliners?

•AZ rule regarding requirements when declining admissions:

o If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:

a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;

b. Establishing a method to notify the individual when there is an observation chair available;

c. Referring or providing transportation to the individual to another health care institution;

d. Assisting the individual to contact the individual's support system; and

e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

Draft Rule Language	Points to Consider
(f) Accept admissions 90 percent of the time when the facility is not at its full capacity with instances of declined admissions and the reasons for the declines tracked and made available to the department;	•Won't facilities leave recliners open to take mandatory LE drop-off's? o Could we consider having LE designated recliners that are not counted as part of the general recliner capacity?

•AZ rules regarding documenting declined admissions:

o Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;

The log required in subsection (A)(19) is maintained for at least 12 months

Washington State Department of HEALTH

QUESTIONS??

Contact Information

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