



23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #1

Introductions

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Zoom 101



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 - Q&A
 - Live vs. Typed (Public vs. Private) If it is just to the panelists/host please make sure we are aware or all will be considered 'public' and answered 'live'
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Today's Agenda

- Introduction
- Review initial draft language:
 - Certification structure
 - Identify language that will need additional clarification/direction
- Wrap-up
 - Next steps

Introduction to Rulemaking

- Workshops are open to all and attended by many. Each participant brings unique experiences to contribute to the policy making process.
 - Be respectful
 - Listen to understand
- Rules set minimum standards. We must address items required by the legislation and can add language necessary for health and safety.
- When considering a proposed standard think about:
 - How the department would be able to enforce the proposed standard
 - Costs
 - Administrative burden
 - Existing requirements (that might conflict or be duplicative)
 - Other ways a standard has oversight (contracts, MCOs, etc.)

Work Toward the Common Goal

Increase access to effective crisis services for persons in need of crisis care for mental health and substance use disorders.

Let's Take
a Look



Recap of last weeks “kick-off” meeting

- [23 hour kickoff 7-23 2.0.pdf](#)
- [Kickoff Meeting Notes - 7.25.23.pdf](#)
- [A workbook for the workshop](#)
- Review of proposed Workshop agenda
 - Meeting 1 (today): Reviewing the proposed structure and discussing the components that are directly from the statute to determine the need, if any, for any extra language or clarification.
 - Meetings 2 and 3: Work on any areas identified as needing extra language or clarification
 - Meeting 4: Discuss construction requirements, determining maximum number of beds and fee structure
 - Meeting 5: Overall review, hospital rule language, removing “triage” and discussing changes to utilizing peer counselors for crisis outreach response.

Behavioral health—Available certifications.

(1) A behavioral health agency licensed by the department must hold one or more of the following certifications:

(a) Behavioral health information and assistance;

(b) Behavioral health support;

(c) Mental health peer respite;

(d) Clubhouse;

(e) Behavioral health outpatient intervention, assessment and treatment;

(f) Behavioral health outpatient crisis services, ~~observation, and intervention~~;

246-341-0110 continued

(j) 23-hour crisis relief center services;

(g) Designated crisis responder services;

(h) Opioid treatment program;

(i) Withdrawal management;

(j) Behavioral health residential or inpatient intervention, assessment and treatment;

(k) Involuntary behavioral health residential or inpatient;

(l) Intensive behavioral health treatment;

(m) Crisis stabilization unit ~~and triage~~;

(n) Competency restoration;

(o) Problem gambling and gambling disorder; or

(p) Applied behavior analysis

246-341-0200

Behavioral health—Definitions.

- "23-hour crisis relief center" means the same as defined in RCW 71.24.025.
- RCW 71.24.025 [RCW 71.24.025: Definitions. \(wa.gov\)](#)
- [5120-S2.SL.pdf \(wa.gov\)](#)
- (49) "23-hour crisis relief center" means a community-based facility or portion of a facility serving adults, which is licensed or certified by the department of health and open 24 hours a day, seven days a week, offering access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per patient, and which accepts all behavioral health crisis walk-ins drop-offs from first responders, and individuals referred through the 988 system regardless of behavioral health acuity, and meets the requirements under section 2 of this act.

Review proposed structure 246-341-0901

Behavioral health outpatient crisis ~~outreach, observation and intervention~~ services—Certification standards.

(1) Agencies certified for outpatient behavioral health crisis ~~outreach, observation and intervention~~ services provide face-to-face and other means of services to stabilize an individual in crisis to prevent further deterioration, and provide immediate treatment or intervention in the least restrictive environment at a location best suited to meet the needs of the individual which may be in the community, a behavioral health agency, or other setting.

246-341-0901 Continued

(2) An agency certified for outpatient behavioral health crisis ~~outreach, observation and intervention~~ services does not need to meet the requirements in WAC [246-341-0640](#).

(3) An agency providing outpatient behavioral health crisis ~~outreach, observation and intervention~~ services for substance use disorder must ensure a professional appropriately credentialed to provide substance use disorder treatment is available or on staff 24 hours a day, seven days a week.

246-341-0901 Continued

(4) An agency providing any outpatient behavioral health crisis ~~outreach, observation and intervention~~ services must:

- (a) Provide crisis telephone support in accordance with WAC [246-341-0670](#);

(The remainder of [WAC 246-341-0901](#): remains untouched)

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Service standards

[5120-S2.SL.pdf \(wa.gov\)](#)

(1) An agency certified for 23-hour crisis relief center services must:

(i) Follow requirements for outpatient crisis services in WAC 246-341-0901;

(a) Provide services to address mental health and substance use crisis issues;

(b) Limit patient stays to a maximum of 23 hours and 59 minutes except for patients waiting on a designated crisis responder evaluation or making an imminent transition to another setting as part of an established aftercare plan;

(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

Continued

(d) May only accept emergency medical services drop-offs of individuals determined to be medically stable by emergency medical services in accordance with department guidelines developed per RCW 70.168.170;

[EMS Guideline for Transport Mental Health or Chemical Dependency Services \(wa.gov\)](#)

(e) Have a no-refusal policy for law enforcement;

(f) Accept admissions 90 percent of the time when the facility is not at its full capacity with instances of declined admission and the reasons for the declines tracked and made available to the department;

Continued

(g) Be staffed 24 hours a day, seven days a week, with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community, which includes access to a prescriber, the ability to dispense medications appropriate for 23-hour crisis relief center clients;.

(h) Maintain capacity to deliver minor wound care for nonlife-threatening wounds, and provide care for most minor physical or basic health needs that can be addressed without need for medical diagnosis or health care prescriber orders, with an identified pathway to transfer the person to more medically appropriate services if needed;

Continued

(i) Screen all individuals for:

(i) Suicide risk and engage in comprehensive suicide risk assessment and planning when clinically indicated;

(ii) Violence risk and engage in comprehensive violence risk assessment and planning when clinically indicated; and

(iii) Physical health needs.

Finally

(j) Maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services; and

(k) When appropriate, coordinate connection to ongoing care.

The remainder of 246-341-XXXX to be discussed at future workshops



QUESTIONS??

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