

Crisis Relief Center – Youth Workbook: Workshop #4

List WAC sections being discussed.

WAC 246-341-0903

**23-hour crisis relief center services—
Certification standards. Color coding:**

Existing language (black font)

Amendments to existing language (red font)

New language to consider (purple font)

Proposed WAC Revisions	Comments to Consider
<p>WAC 246-341-0903 23-hour crisis relief center services—Certification standards.</p> <p>(1) Crisis Relief Center services are provided to address the mental and substance abuse care issues which may include treatment of chemical withdrawal symptoms. Crisis Relief Center services under this certification include:</p> <p>(a) Adult Crisis Relief Center; and</p> <p>(b) Youth Crisis Relief Center</p> <p>(2) General requirements: An agency certified for 23-hour crisis relief center services must:</p> <p>(a) Follow requirements for outpatient crisis services in WAC 246-341-0901;</p> <p>(b) Provide services to address mental health and substance use crisis issues which may include treatment of chemical withdrawal symptoms;</p> <p>(c) 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 36 hours when:</p> <p>(i) A patient is waiting on a designated crisis responder evaluation; or</p> <p>(ii) A patient is making an imminent transition to another setting as part of an established aftercare plan;</p> <p>(d) Be staffed 24 hours a day, seven days a week, with a multi-disciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community including, but not limited to, nurses, department-credentialed professionals who can provide mental health and substance use disorder assessments, peers, and access to a prescriber;</p>	<ul style="list-style-type: none"> • <u>Meeting number four will be in two weeks to allow for time to go over the draft language, feedback will be reviewed and the draft will be finalized</u> • <u>Poll 1: Majority accepted. A few modify.</u> <ul style="list-style-type: none"> • <u>Concerns and discussion on language surrounding “abuse” (use), “issue” (conditions), “chemical withdrawal” (substance use withdrawal), “substance abuse issues” (substance use disorder)</u> <p>Comment- <u>While I, personally, struggle with using SUD in this context, the DSM V only requires 3 of the 11 symptoms present to diagnose mild SUD</u></p> <ol style="list-style-type: none"> <u>1. Taking the substance in larger amounts or for longer than you're meant to</u> <u>2. Wanting to cut down or stop using the substance but not managing to</u> <u>3. Spending a lot of time getting, using, or recovering from use of the substance</u> <u>4. Cravings and urges to use the substance</u> <u>5. Not managing to do what you should at work, home, or school because of substance use</u> <u>6. Continuing to use, even when it causes problems in relationships</u> <u>7. Giving up important social, occupational, or recreational activities because of substance use</u> <u>8. Using substances again and again, even when it puts you in danger</u>

- (e) 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;
- (f) Only accept emergency medical services drop-offs of individuals determined to be medically stable by emergency medical services in accordance with department guidelines on transport to behavioral health service facilities developed pursuant to RCW 70.168.170 (available at <https://doh.wa.gov/BHA> or by contacting the department at ochsfacilities@doh.wa.gov or 360-236-2957.

(g) Have a no refusal policy for law enforcement, including tribal law enforcement;

- (h) Provide the ability to dispense medications and provide medication management in accordance with WAC 246-337-105, except that references to RTF in WAC 246-337-105 shall be understood to mean behavioral health agency (BHA);
- (i) 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 identified and addressed through a nursing assessment;
- (j) Identify pathways to transfer individuals to more medically appropriate services if needed;
- (k) If restraint or seclusion are used, follow requirements in WAC 246-337-110 (3) through (19) except that references to RTF in WAC 246-337-110 shall be understood to mean behavioral health agency (BHA);
- (l) Establish and maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services:
 - (i) For individuals identifying as American Indian/Alaska Native (AI/AN), relationships will be with tribal behavioral health systems;
 - (ii) For individuals identifying as veterans, relationships will be with the local/regional Veterans Administration Medical Center (VAMC);
- (m) When appropriate, coordinate connection to ongoing care; and
- (n) Have an infection control plan inclusive of:
 - (i) Hand hygiene;
 - (ii) Cleaning and disinfection;
 - (iii) Environmental management; and
 - (iv) Housekeeping functions.

(o) Facilities used for youth services must include separate internal entrances, spaces and treatment areas such that no contact occurs between child and adult 23-hour crisis relief center clients.

- 9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
- 10. Needing more of the substance to get the effect you want (tolerance)
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

It is reasonable to consider that one that would be presenting to a CRC with a crisis situation resultant from chemicals or exacerbated by substance use would easily fit into at least three of the qualifying factors. My issue is that using SUD appears assumptive that the diagnosis of of DSM V condition exists without having a proper assessment. The RCW uses “mental health and substance use care” so I feel that is the best comprise. In respect to chemical withdrawal symptoms I feel pretty strongly that should stay as is secondary to discussion we had with stakeholders in the first CRC rulemaking project.

• Poll 2: Accept

(3) (2) Orientation and initial screening: An agency certified for 23-hour crisis relief center services must:
 (a) Orient all walk-ins and drop-offs upon arrival;

Dementia – Earliest onset 30 y/o. The rest appears applicable to youth.

• Poll 3: Accept/Modify (Dementia screening for ages 30+)

<p>(b) Screen all individuals for:</p> <ul style="list-style-type: none"> (i) Suicide risk and, when clinically indicated, engage in comprehensive suicide risk assessment and planning; (ii) Violence risk and, when clinically indicated, engage in comprehensive violence risk assessment and planning; (iii) Nature of the crisis; and (iv) Physical and cognitive health needs <u>which must include, including</u> dementia screening for <u>all individuals ages -30 years-old or more</u>; <p>(c) Following initial screening, if admission is declined, the agency must:</p> <ul style="list-style-type: none"> (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 individual to identify and, when appropriate, access services or resources necessary for the individual's health and safety. 	<p><u>o Concerns and discussion that the dementia screening being 30+ isn't clear enough and that the 30+ applies to other screenings</u></p>
<p><u>(4)(3)</u> Admission: An agency certified for 23-hour crisis relief center services must:</p> <ul style="list-style-type: none"> (a) Accept eligible admissions 90 percent of the time when the facility is not at its full capacity; and (b) Provide an assessment appropriate to the nature of the crisis to each individual admitted to a recliner. The assessment must inform the interval for monitoring the individual based on their medical condition, behavior, suspected drug or alcohol misuse, and medication status. 	<p>This section appears all applicable to youth</p>
<p><u>(5)(4)</u> For the purposes of this section:</p> <ul style="list-style-type: none"> (a) Eligible admission includes individuals 18 years of age or older who are identified upon screening as needing behavioral health crisis services, and whose physical health needs can be addressed by the crisis relief center in accordance with subsection (1)(i) of this section; (b) Full capacity means all certified recliners are occupied by individuals receiving crisis services; (c) An agency may temporarily exceed the number of certified recliners only to comply with the no refusal policy for law enforcement, up to the maximum occupancy allowed by the local building department for patient care spaces within the licensed unit; (d) A recliner means a piece of equipment used by individuals receiving crisis services that can be in a sitting position and fully reclined. 	<p><u>Poll 4: Modify (adolescent/parent descriptions)</u></p> <p><u>o For consistency, Adolescent is also defined in 71.34.020 (3)</u></p> <p><u>? Should we just reference?</u></p> <p><u>Comment – Yes...makes sense.</u></p> <ul style="list-style-type: none"> <u>• Or “Adolescent’ means an individual ages 13 to 17”</u> <p><u>Comment-“minor” is already defined in statute. Best to stick with that.</u></p> <p><u>o Seems odd to redefine one word reference RCW for the other</u></p> <p><u>o Use of the definition of parent in this WAC is necessary to determine accurate definition</u></p>

(e) "Adolescent" ~~means a minor thirteen years of age or older~~ the same as in RCW 71.34.020 (3): a minor thirteen years of age or older.

(f) "Parent" has the same meaning as in RCW 71.34.020 (47) ~~(a)~~

~~(6)(5)~~ An agency certified to provide 23-hour crisis relief center services must be constructed in such a way to be responsive to the unique characteristics of the types of interventions used to provide care for all levels of behavioral health acuity and accessibility needs. These rules are not retroactive and are intended to be applied as outlined below.

(a) The construction review rules in subsections (6) and (7) of this section will be applied to the following agencies who are providing 23-hour crisis relief center services:

- (i) New buildings to be certified to provide 23-hour crisis relief center services;
- (ii) Conversion of an existing building or portion of an existing building certified or to be certified to provide 23-hour crisis relief center services;
- (iii) Additions to an existing building certified or to be certified to provide 23-hour crisis relief center services;
- (iv) Alterations to an existing building certified or to be certified to provide 23-hour crisis relief center services;
- (v) Buildings or portions of buildings certified to provide 23-hour crisis relief center services and used for providing 23-hour crisis relief center services; and
- (vi) Excludes nonpatient care buildings used exclusively for administration functions.

(b) The requirements of this chapter in effect at the time the complete construction review application and fee are received by the department, apply for the duration of the construction project.

This section appears all applicable to youth

~~(7)(6)~~ Standards for design and construction. Facilities constructed and intended for use under this section shall comply with:

(a) The following sections of the 2022 edition of the Guidelines for Design and Construction of Hospitals as developed by the Facility Guidelines Institute and published by the Facility Guidelines Institute, 9750 Fall Ridge Trail, St. Louis, MO 63127 (available at <https://www.fgiguilines.org> or by contacting the department at ochsfacilities@doh.wa.gov or 360-236-2957):

- (i) 1.1 Introduction;
- (ii) 1.2 Planning, Design, Construction, and Commissioning;
- (iii) 2.1 Common Elements for Hospitals;

This section appears all applicable to youth

- (iv) 2.2 – 3.2 Specific Requirements for General Hospitals, Behavioral Health Crisis Unit;
- (v) Part 4: Ventilation of Health Care Facilities; and
- (b) The following specific requirements:
 - (i) A public walk-in entrance;
 - (ii) A designated area for first responder drop-off;
 - (iii) A bed in a private space for individuals who are admitted for greater than 24 hours per subsection (1)(c) of this section;
 - (iv) A system or systems within the building that give staff awareness of the movements of individuals within the facility. If a door control system is used, it shall not prevent an individual from leaving the licensed space on their own accord, except temporary delays. Such systems include:
 - (A) Limited egress systems consistent with state building code, such as delayed egress;
 - (B) Appropriate staffing levels to address safety and security; and
 - (C) Policies and procedures that are consistent with the assessment of the individual's care needs and plan and do not limit the rights of a voluntary individual;
 - (v) Access to a telephone for individuals receiving services.

(8)(7) Construction review process.

- (a) Preconstruction. The applicant or licensee must request and attend a presubmission conference with the department for projects with a construction value of \$250,000 or more. The presubmission conference shall be scheduled to occur at the end of the design development phase or the beginning of the construction documentation phase of the project.
- (b) Construction document review. The applicant or licensee must submit accurate and complete construction documents for proposed new construction to the department for review within 10 business days of submission to the local authorities. The construction documents must include:
 - (i) A written functional program outlining the types of services provided, types of individuals to be served, and how the needs of the individuals will be met including a narrative description of:
 - (A) Program goals;
 - (B) Staffing and health care to be provided, as applicable;
 - (C) Room functions;
 - (D) Safety and security efforts;

This section appears all applicable to youth

(E) Restraint and seclusion;
 (F) Medication storage; and
 (G) Housekeeping;

(ii) Drawings prepared, stamped, and signed by an architect or engineer licensed by the state of Washington under chapter 18.08 RCW. The services of a consulting engineer licensed by the state of Washington may be used for the various branches of the work, if appropriate; (iii) Drawings with coordinated architectural, mechanical, and electrical work drawn to scale showing complete details for construction;

(iv) Specifications that describe with specificity the workmanship and finishes;

(v) Shop drawings and related equipment specifications;

(vi) An interim life safety measures plan to ensure the health and safety of occupants during construction and renovation; and

(vii) An infection control risk assessment indicating appropriate infection control measures, including keeping the surrounding occupied area free of dust and fumes during construction, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(9) An agency providing crisis relief center services to youth between the ages 8-18 must follow these additional requirements:

(a) Adopt and implement policies defining how differing age groups will be appropriately separated.

(b) Adopt and implement policies detailing coordination with the Youth and Young Adult Housing Response Team

(c) If the crisis relief center withholds notice to a parent under subsection (1) of RCW 71.34.510, or such notice cannot be provided, the ~~professional person appropriately credentialed provider that is admitting the adolescent in charge of the~~ facility must consult the information that the Washington state patrol makes publicly available under RCW 43.43.510(2). If the adolescent is publicly listed as missing, the ~~appropriately credentialed provider professional person~~ must immediately notify the department of children, youth, and families of its contact with the youth listed as missing. ~~The notification must include a description of the adolescent's physical and emotional condition.~~

(d) Create specific policies and procedures to document how the agency will follow the requirements of chapter 71.34 RCW when an adolescent seeks treatment for themselves and for family initiated treatment of an adolescent and must include:

(i) Any adolescent may request and receive outpatient treatment without the consent of the adolescent's parent. Parental authorization, or authorization from a person who may consent on

- Poll 5: Modify/Accept
 - Should say "youth ages 8-17"?
 - Comment-** The use of 18 is to say up to the age of, meaning once a person turns 18 they are no longer considered. Adding "between" should serve to eliminate any confusion.
- Poll 6: Accept (outpatient treatment without consent from parent, parent can request adolescent be examined, etc)
- Poll 7: Accept (All staff members should be trained)
- Poll 8: Accept/Modify (redundant information f/g/h)
- o Section g: "should material be made available to "any" or "all" personnel.

behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen.

(ii) A parent may bring, or authorize the bringing of, his or her adolescent child to a provider of crisis relief center services and request that an appropriately ~~credentialed trained professional provider person~~ examine the adolescent to determine whether the adolescent has a behavioral health disorder and is in need of crisis relief services.

(A) The consent of the adolescent is not required for evaluation if a parent provides consent.

(B) The ~~appropriately credentialed provider professional person~~ may evaluate whether the adolescent has a behavioral health disorder and is in need of crisis relief center services.

(C) If a determination is made by a ~~appropriately credentialed provider professional person~~ that an adolescent is in need of crisis relief center services, a parent of an adolescent may request and receive such service for his or her adolescent without the consent of the adolescent.

(e) Ensure staff members are trained in safe and therapeutic techniques for dealing with a youth's behavior and emotional crisis, including:

- (i) Verbal de-escalation;
- (ii) Crisis intervention;
- (iii) Emotional regulation;
- (iv) Suicide assessment and intervention;
- (v) Conflict management and problem solving skills;
- (vi) Management of assaultive behavior;
- (vii) Proper use of therapeutic physical intervention techniques; and
- (viii) Emergency procedures.

(f) Youth must be protected from assault, abuse, and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty, or neglect to a child must be reported to a law enforcement agency or to the department of children, youth, and families and comply with chapter 26.44 RCW.

(g) Orientation material must be made available to ~~any~~ all facility personnel, clinical staff, or consultants informing practitioners of their reporting responsibilities and requirements. Appropriate local police department phone numbers must be available to personnel and staff.

(h) When suspected or alleged abuse is reported, the individual service record must reflect the fact that an oral or written report has been made to the child protective services of the department of children, youth, and families, or to a law enforcement agency within the timelines identified in chapter 26.44 RCW. This note must include the date and time that the report was made, the agency to which it was made, and the signature of the person making the report.

(8) Copies of the reference material listed in subsections (42)(f) and (67)(a) of this section are available for public inspection at the department's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501.

No Change

