

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>(1) Crisis relief center services are provided to address mental health and substance use crisis issues which may include treatment of chemical withdrawal symptoms. Crisis Relief Center services under this certification include:</p> <p><u>(a) Adult Crisis Relief Center; and</u> <u>(b) Youth Crisis Relief Center.</u></p>	<p>No comments. Accepted by group.</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, <u>and peers when serving individuals 18 and older. Agencies serving youth must be staffed with a pediatric multi-disciplinary team;</u></p>	<p>Group reinforced need for peers even with this population. We discussed how it can be tricky with a youth peer in a 24/7 type facility and it was suggested that “where appropriate” may fit or other wording. Try and come up with something to bring back to group next week.</p>

Language in CLIP WAC to consider:

- If there is not a child psychiatrist on the staff, there must be a child psychiatrist available ~~for consultation~~ at all times.
- There must be a psychologist with documented evidence of skill and experience in working with children available either on the clinical staff or ~~by consultation~~ at all times, responsible for planning and re-viewing psychological services and for developing a written set of guidelines for psychological services.
- There must be a registered nurse, with training and experience in working with psychiatrically impaired children, on staff as a full-time or part-time employee who must be responsible for all nursing functions.
- Peer services must be utilized and applied where appropriate.

Concern that “by consultation” may not be quick enough if child psychologist is not on staff.

(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;

Same space needs clarification.

Privacy needs to be addressed. CRC can expect traumatized youth and trauma informed spaces are important to be able to resolve crisis and e-escalate.

Note: How can one have privacy/separation from older youth, etc. and maintain line of sight for staff. Kids ‘move’ a LOT and need to...adult CRC rules have a ‘room’ set aside for those needing more time than 23 hours and there are consultation rooms...would that suffice? Need feedback.

<p><u>(h) Not allow youth and adult to be served in the same space. (From RCW: 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.)</u></p>	
<p>(3) Orientation and initial screening: An agency certified for 23-hour crisis relief center services must:</p> <ul style="list-style-type: none"> (a) Orient all walk-ins and drop-offs upon arrival; (b) Screen all individuals for: <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, including dementia screening; <u>including dementia screening for individuals 30 years of age and older;</u> 	<p>30 years+ for dementia initial screening (early onset goes back this far)</p>
<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; 	<p>Group had no comment.</p>

<p>(ii) Provide support to those individuals who present for services to identify and, when appropriate, access services or resources necessary for the individual's health and safety.</p>	
<p>(5) For the purposes of this section:</p> <p>(a) Eligible admission includes individuals 18 years of age or older 8 years of age and 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;</p> <p>(9) An agency providing crisis relief center services to youth ages 8 to 18, must follow these additional requirements:</p> <p>(For the purposes of this section:</p> <p>_ Youth means any person 8 years to 18 years of age.</p> <p>- Client means a youth over the age of consent per (refer to RCW) choosing admission as an individual, a legal family member or guardian when the youth is not able to consent to services and the legal family or guardian when applicable to a youth over the age of 13.</p> <p>(a) Adopt and implement policies and procedures defining how differing age groups will be appropriately separated. Clients may not have contact with or be treated in shared spaces with adults.</p> <p>(b) Provide resources to connect children and their families clients with behavioral health supports;</p> <p>(c) Coordinate with the department of children, youth, and families for children youth who do not need inpatient care and are unable to be discharged to home; and</p>	<p>Big concern is having ER drop offs. Perhaps some language in CRC bill to state the ER drop offs are not condoned (problem comes when considering EMTALA)</p> <p>Can we use the term "clients" to refer to "those served" meaning youth as an individual (if over 13) and/or families, care givers, guardians, etc.?</p> <p>Inclusion of the Children and Youth Multisystem Care Project takes care of all concern over youth presenting from all forms of care and going (or not going) back to that form of care.</p>

<p>(d) Adopt and implement policies and procedures that include coordination with the Children and Youth Multisystem Care Project and address discharge planning for a child client who is at risk of dependency, out-of-home placement, or homelessness.</p>	
<p>(10) An agency providing crisis relief services to youth must, in addition to the requirement in 246-341-0901 (5), include documentation of:</p> <p>(a) Any consent or release forms signed by the youth and their parent or legal guardian client; and</p> <p>(b) The parent's or other referring person's client's agreement to participate in the treatment process, as appropriate, and if possible; and</p> <p>(c) Any referrals to school and community support services.</p> <ul style="list-style-type: none"> • Allow communication between the youth and the youth's parent, or if applicable, a legal guardian, and facilitate the communication when clinically appropriate. • Notify the parent or legal guardian as soon as possible and no later than within two hours of any significant decrease in the behavioral or physical health status of the youth that presents an imminent likelihood of serious harm, or imminent danger because of being gravely disabled and document all notification and attempts of notification in the individual service record. • Discharge the youth to their own recognizance, the care of the youth's parent, or if applicable, legal guardian. For 	<p>Question: At what point (thinking the imminent covers it) can a CRC breach confidentiality of a youth that is over the age of consent and wishes to not have parents notified.</p>

an unplanned discharge and when the parent or legal guardian is not available or appropriate, the agency must contact the relevant state's child protective services.