



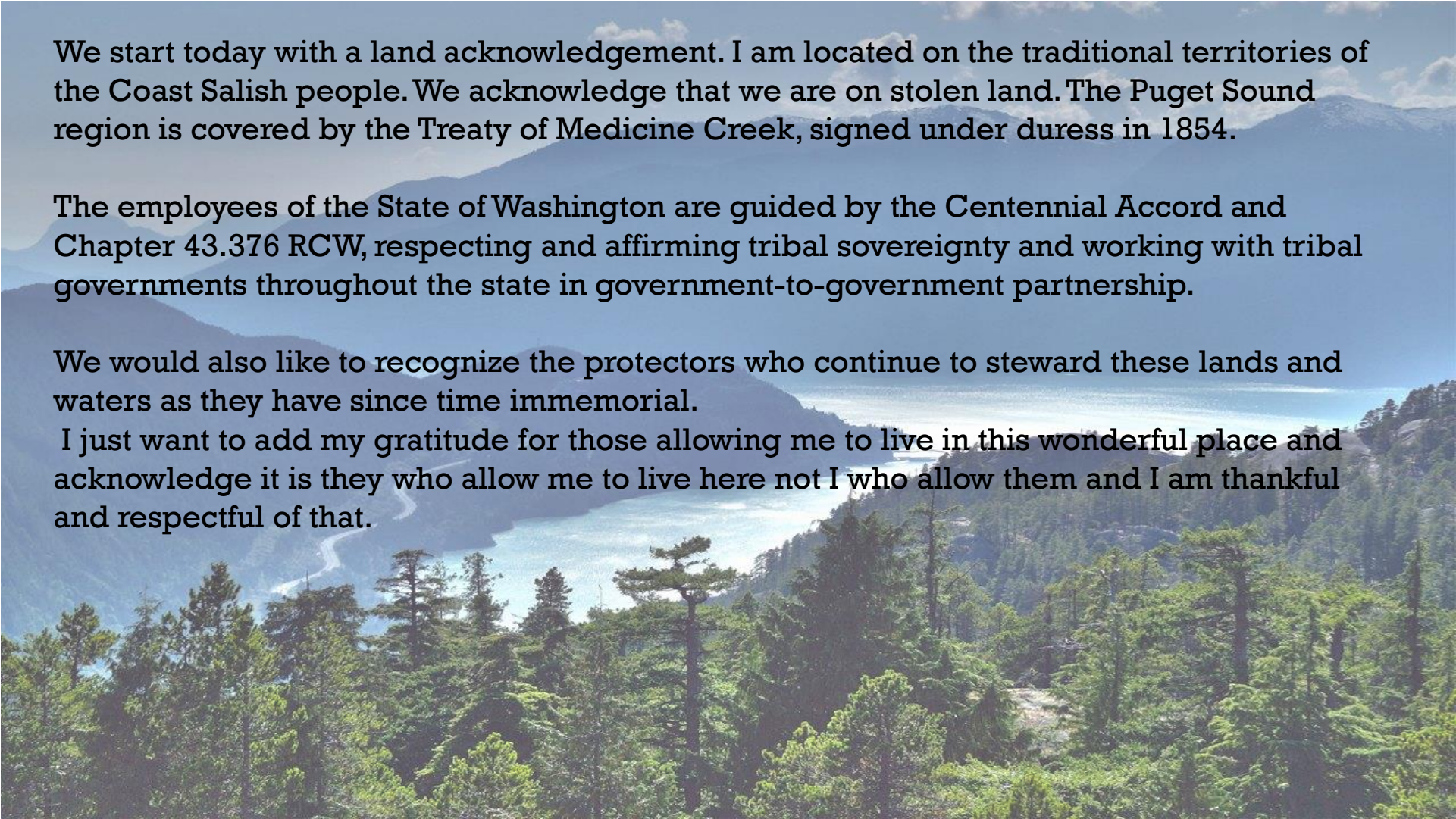
2SSB 6228 SUD MODEL POLICY WORKSHOP

Health Systems Quality Assurance  
Office of Community Health Systems  
Facilities Program



NISQUALLY INDIAN TRIBE



A scenic view of a forested valley with a river and mountains in the background. The foreground is filled with dense green trees, including several tall, thin evergreens. In the middle ground, a river flows through the valley, surrounded by more trees and a small clearing. The background shows rolling mountains under a blue sky with some clouds.

We start today with a land acknowledgement. I am located on the traditional territories of the Coast Salish people. We acknowledge that we are on stolen land. The Puget Sound region is covered by the Treaty of Medicine Creek, signed under duress in 1854.

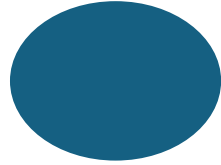
The employees of the State of Washington are guided by the Centennial Accord and Chapter 43.376 RCW, respecting and affirming tribal sovereignty and working with tribal governments throughout the state in government-to-government partnership.

We would also like to recognize the protectors who continue to steward these lands and waters as they have since time immemorial.

I just want to add my gratitude for those allowing me to live in this wonderful place and acknowledge it is they who allow me to live here not I who allow them and I am thankful and respectful of that.

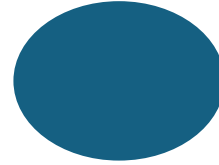
## Introductions of DOH Staff

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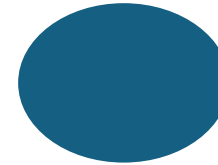
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**Julie Tomaro**

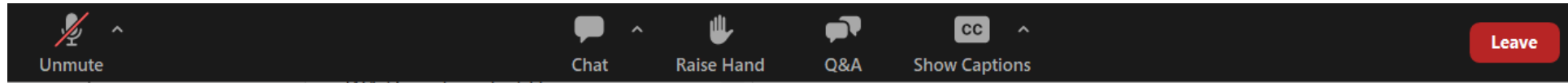
Facilities  
Program  
Director



**Megan Maxey**

Policy  
Analyst

# Zoom 101



- Host, panelists, and attendees
- If you need/want captions
- If you require translations or other formats
- If you want to ask a question/add a comment
  - Raise your hand if you wish to speak.
  - The Q and A will serve as a “Parking lot”. Please post questions here and we will get to as many as we can and respond to the remaining in the session notes that will be distributed after the workshop.
  - Chat will be followed as closely as possible. Comments will be logged in notes and addressed as time allows.
  - More information/tutorials can be found at [Zoom Learning Center](#)

# Today's Agenda

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- Model policy development
- Next Steps
- Questions?

## Summary of 2SSB 6228

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- Law passed in 2024 legislative session
- Requires behavioral health agencies certified to provide residential substance use disorder treatment or withdrawal management to submit policies related to the transfer or discharge of a person without the person's consent.
- Requires the department to work with interested parties to develop a “model policy”
- Requires agencies to report to the department when a person receiving services either:
  - (i) Was transferred or discharged from the facility by the agency without the person's consent; or
  - (ii) released the person's self from the facility prior to a clinical determination that the person had completed treatment.
- Requires the department to write rules regarding reporting

## A model policy

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- Policy Statement:
  - It is the intent of the facility to reduce forced patient discharges from treatment, to ensure that patients receive access to care that is consistent with clinical best practices and, in the case of an unplanned discharge, that the patient is provided with support to ensure a safe transfer and discharge.
- Policy Scope:
  - (Insert name here) that provides voluntary SUD or Withdrawal Management Treatment recognizes the need to create and implement policy and procedures regarding situations in which the agency transfers or discharges a person without the person's consent, therapeutic progressive disciplinary processes used by the agency, and procedures to assure a safe transfer and discharge when the person is discharged without the person's consent.



## A model policy

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- Key Definitions:
  - Consent – To agree and/or approve of the decision/action.
  - Involuntary – A person transferred or discharged from the facility by the agency without the person's consent.
  - Voluntary – A person released themselves from the facility prior to a clinical determination that they had completed treatment.
- [Consider adding other definitions for your facility if desired]

# A model policy

- Procedure:
  - At admission, all clients will receive and sign a consent to treat form that includes behavioral expectations and consequences of violation of the expectations: (facilities may wish to reference WAC 246-337-075 Resident rights)
  - Behavioral Expectations include:
    - [Develop a list of behavioral expectations for example:
      - All persons are to remain free of all recreational drug or alcohol use.
      - All persons are expected to engage in individual and group activities unless specifically excused by the treatment team.
      - All persons are expected to respect the confidentiality of the other clientele and staff
      - All persons are to refrain from engaging in interpersonal physical activity while in treatment (Ex. Engaging in sexual contact with another person.)]

## A model – Procedure continued

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- Consequences of violation of expectations:
  - Violation of any of these expectations will result in an effort to maintain therapeutic benefit by engaging in progressive intervention (see progressive intervention process below). Aggressive, dangerous, severe violations or unsuccessful progressive intervention may result in an administrative discharge which is a discharge that occurs prior to the therapeutic completion of treatment and may not be voluntary.

## A model – Procedure continued

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- Voluntary Discharge
  - Any person may request a voluntary discharge at any time.
  - Persons may be asked to sign a form requesting/agreeing to a voluntary discharge.
  - An elopement will be considered a voluntary discharge.

## A model policy

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- Factors that may contribute to an involuntary discharge or transfer:
- [Develop a list of factors for example:
  - A person may be asked to sign release form for leaving against program advice and have the option of non-consent on the form.
  - A persons' need for medical care that cannot be safely provided by the facility.
  - An unsuccessful course of progressive intervention (See below).
  - The persons meets clinical (ASAM) criteria for a higher level of care
  - The person has made threats of violence or been violent to staff and/or other persons in treatment.
  - The person has exhibited behaviors/made remarks of a derogatory, disrespectful and/or harassing nature to others in treatment.
  - According to the treatment team and not the person, the person has successfully completed the course of treatment as evidenced by the treatment plan.
  - A person is found to be intentionally disruptive to the therapeutic milieu.]

- Progressive Intervention: All interventions will be clearly and timely documented in the person's clinical record.
  - The person will be approached by [insert who or what level of staff person(s)] regarding the behavior observed, verbally reminded of facility expectations and the consequences of not following the expectations. They will be provided with an opportunity to discuss the incident with their primary counselor.
  - The person will be approached [insert who or what level of staff person(s)] regarding the behavior observed, reminded of facility expectations and consequences of not following the expectations. They will be provided with a copy of their signed agreement to the expectations, asked if they would re-commit to the expectations and provided with an opportunity to initial agreement/disagreement to commitment to the expectations. The person will be provided with an opportunity to discuss the incident with their primary counselor, and, at that time, a behavior contract will be created. If found in disagreement to adhere to the expectations, an administrative discharge may ensue.
  - The person and their ongoing violation of expectations will be staffed by the clinical team to determine if sufficient criteria for administrative discharge or transfer have been met. Once a decision has been made the person will be approached and told that due to continued violation of rule they will be discharged.

## A model policy

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- Procedures to assure safe transfers and discharges:
  - If the person is being transferred to another facility, the clinical team will coordinate with the receiving facility to ensure continuity of care. All relevant medical records, treatment plans, and communication will be provided to the receiving facility.
  - Persons transitioned before completion of treatment goals and objectives will receive a referral sheet that identifies how to access other treatment programs and services.
  - An effort will be made and documented to reach the person within 5 business days to assess functioning and provide support/information.
  - Prior to discharge, the person will be informed of the timeline and procedures for re-admission.
  - If there is medication, the person will be provided with the appropriate amount of medication/prescriptions to ensure they are able to re-establish medication treatment post discharge.

## Next Steps

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- More workshops (Next week – rule making and reporting)
- Development of model policy
- Rulemaking – CR102 and public hearing
- June 2025 – start reporting (hopefully on electronic form)



# Communication



## Office of Community Health System Facilities Program

Behavioral Health Agency Rule-making RE: 23-Hour crisis relief centers  
(CRCs) for minors

Greetings!

Are you ready to join us for some rulemaking? In 2023, the legislature passed

[Behavioral Health Agencies  
\(BHA\) Rules in Progress |  
Washington State Department  
of Health](#)

- Contact Us
- Critical Incident Reporting Requirements
- Fees
- Find a BHA
- Frequently Asked Questions
- Inspection Process
- Laws
- License Requirements
- Opioid Treatment Program
- Rules in Progress**

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To get updates about rule-making projects and other topics, [subscribe to GovDelivery](#).

### Topic – 23-hour Crisis Relief Centers

In order to implement [Second Substitute Senate Bill \(2SSB\) 5120 \(PDF\)](#), the Department of Health [filed a CR-101 \(PDF\)](#) to consider updating the Behavioral Health Agency (BHA) Licensing and Certification Requirements in [chapter 246-341 WAC](#) to develop standards for licensure and certification of 23-hour crisis relief centers, a new type of behavioral health service that will provide mental health and substance use crisis response to adults.

The following is regarding upcoming rulemaking workshops:

- The first workshop will be held **August 1 from noon to 2 p.m.** and will occur every Tuesday as needed (anticipating five weeks).
- For those who are unable to attend the Tuesday workshops, we will hold "review" meetings each Thursday evening following the workshops.

More workshop details including materials and registration information will be shared via GovDelivery. To be notified of meetings and information related to this process, [subscribe to GovDelivery](#). Enter your email address and select Health Systems Quality Assurance (HSQA) and Behavioral Health Care Integration.

### Kick-off Meeting Notes and Materials

- [Meeting notes \(PDF\)](#)



QUESTIONS?

INSERT PROGRAM MANAGER EMAIL





To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).