



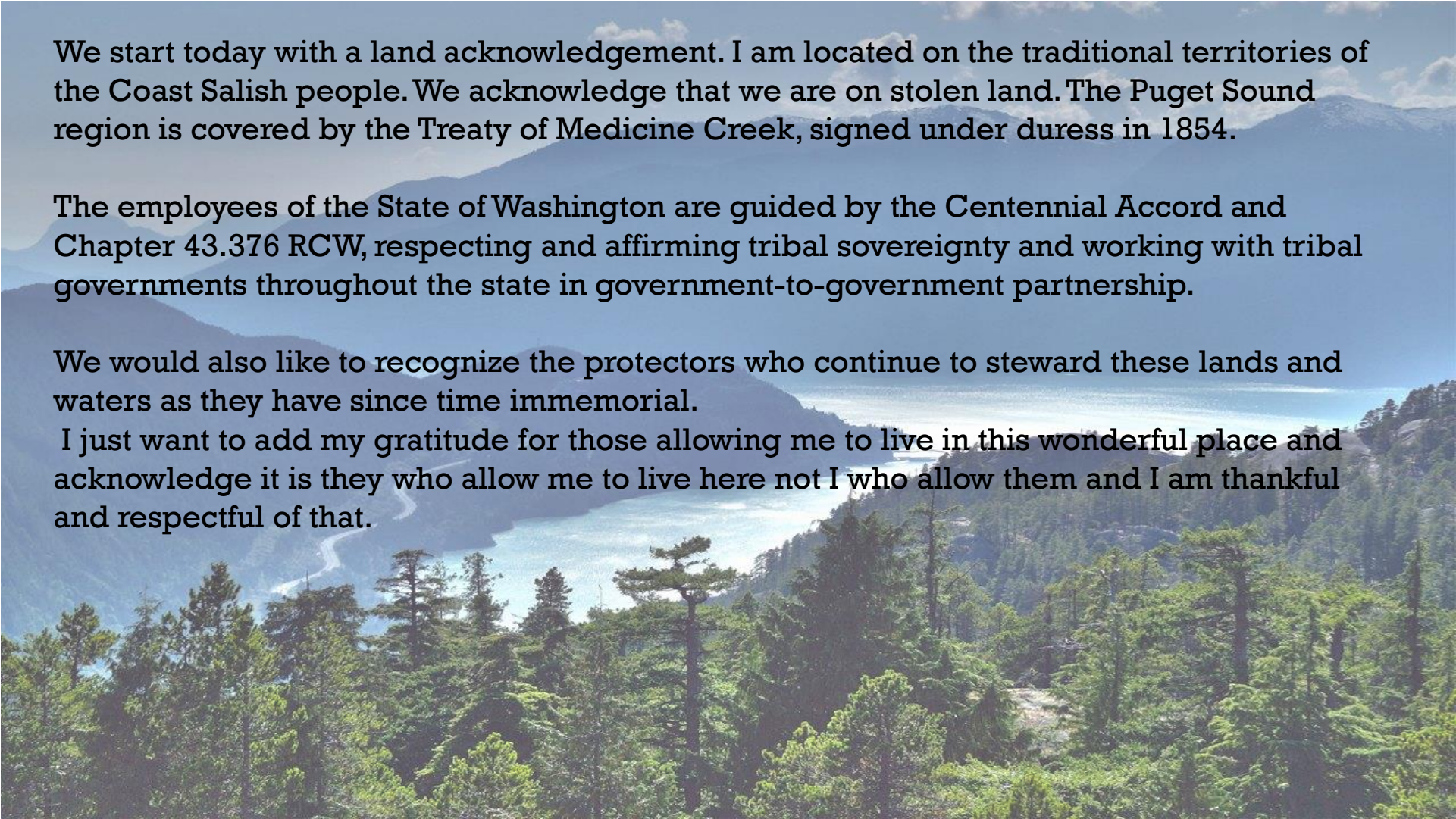
2SSB 6228 SUD MODEL POLICY WORKSHOP

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 lush green pine trees. In the middle ground, a river flows through a valley, surrounded by more trees. In the background, there are blue mountains under a clear sky.

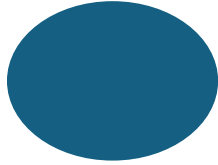
We start today with a land acknowledgement. I am located on the traditional territories of the Coast Salish people. We acknowledge that we are on stolen land. The Puget Sound region is covered by the Treaty of Medicine Creek, signed under duress in 1854.

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.

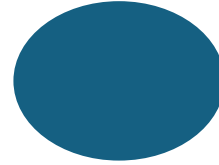
I just want to add my gratitude for those allowing me to live in this wonderful place and acknowledge it is they who allow me to live here not I who allow them and I am thankful and respectful of that.

Introductions of DOH Staff



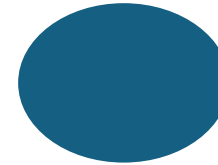
Daniel Overton

Program
Manager



Julie Tomaro

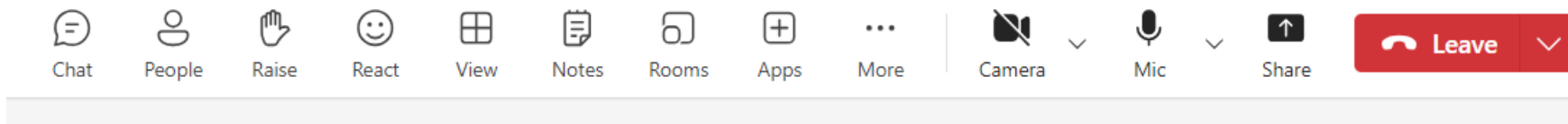
Facilities
Program
Director



Megan Maxey

Policy
Analyst

Teams 101



- Mute and cameras automatically off-can be turned on
- The buttons
- Recording
- Transcriptions
- Chat
- [Present from PowerPoint Live in Microsoft Teams - Microsoft Support](#)
- Questions?

Today's Agenda

- Draft rule discussion
- Reporting discussion
- Next Steps
- Questions?

Summary of RCW 71.24.847

- 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

WAC 246-341-1108 Residential and inpatient substance use disorder treatment services—Service standards.

- (9) All behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services shall submit a report to the department for each instance in which a person receiving services either:
 - (a) Was transferred or discharged from the facility by the agency without the person's consent; or
 - (b) Released the person's self from the facility prior to a clinical determination that the person had completed treatment. Including, but not limited to when the person was:
 - (c) Administratively discharged against their will;
 - Discharged or transferred after completing treatment against their will;
 - Transferred to another facility against their will; and
 - Discharged or transferred due to financial reasons against their will

WAC 246-341-1108 Residential and inpatient substance use disorder treatment services—Service standards.

- (10) All discharge reports will be submitted within 30 calendar days of occurrence on a Department of Health approved form and include information including:
 - (a) Whether the departure was voluntary or involuntary
 - (b) The extent to which a therapeutic progressive disciplinary process was applied
 - (c) The patient's self-reported acceptance or denial of the reasons for discharge
 - (d) The efforts that were made to avert the discharge
 - (e) The efforts that were made to establish a safe discharge or transfer plan prior to the patient leaving the facility.

WAC 246-341-1108 Residential and inpatient substance use disorder treatment services—Service standards.

- (11) Section (9) and (10) of this chapter does not apply to hospitals licensed under chapter 70.41 RCW and psychiatric hospitals licensed under chapter 3171.12 RCW.

Reporting continued

- Date of Occurrence (Fillable)
- Date of Report (Fillable)
- A person was (Choose one or 'drop down menu'):
 - Transferred or discharged from the facility by the agency due to a violation of treatment facility expectations/policies.
 - Transferred or discharged from the facility due to a clinically assessed and determined need for higher level of substance use disorder treatment.
 - Transferred or discharged due to having been considered to have completed a clinical treatment plan.
 - Released from the facility prior to a clinical determination of completion of treatment due to the persons desire to terminate the treatment plan/agreement against the clinical team's advice.
- The person (did/did not) agree and/or approve of the decision/action

Reporting continued

- The departure was (Choose one):
- Voluntary - A person released themselves from the facility prior to a clinical determination that they had completed treatment.
- Involuntary - A person transferred or discharged from the facility by the agency without the person's agreement and/or approval of the decision/action.

Reporting continued

- The agency used a therapeutic progressive disciplinary process.
- Yes/no
 - If Yes:
 - The process was initially successful and extended time in treatment.
 - The process was initiated and unsuccessful.

Reporting continued

- The person's self-reported understanding of the reasons for the discharge/transfer (choose one or 'drop down' menu)
 - The person reported understanding the reasons for discharge transfer.
 - The person was unable to provide an understanding or the reason for discharge/transfer
 - The person reported not understanding the reason for discharge/transfer.

Reporting continued

- Efforts made to avoid the discharge (choose one or 'drop down' menu)
 - Progressive discipline (redundant?)
 - Revised treatment plan (?)
 - Additional individual sessions (?)

Reporting continued

- Efforts to establish a safe discharge plan prior to the person's departure/transfer (Choose on or 'drop down' menu.)
 - The clinical team coordinated with the receiving facility to ensure continuity of care. All relevant medical records, treatment plans, and communication have been provided to the receiving facility.
 - The person transitioned before completion of treatment goals and objectives they received a referral sheet that identifies how to access other treatment programs and services.
 - An effort has been made and documented to reach the person that was discharged/transferred within 5 business days to assess functioning and provide support/information.
 - Prior to discharge/transfer, the person has been informed of the timeline and procedures for re-admission.
 - The person has been provided with the appropriate amount of medication/prescriptions to ensure they are able to re-establish medication treatment post discharge.

Next Steps

- More workshops?(Next week – heading into holidays)
- Development of model policy and reporting procedures
- 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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He/Him

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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





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