

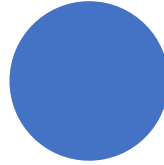


23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #5

Introductions of DOH Staff



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Today's Agenda

- Introduction
- Vision Setting Activity
- Review incorporated comments and outstanding questions from previous workshops related to discharges/dispositions, walk-ins/drop-offs/admissions, and services
- Review Arizona rules related to discharges/dispositions, walk-ins/drop-offs/admissions, and services to see if WA should incorporate additional language
- Wrap-up
 - Next steps
 - Finish up comments and updated draft language.
 - Q and A



Vision Setting Exercise

- A person walks through the door.
 - Then what?

Let's Take
a Look



Draft Rule Language

(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, ***including peers.***

Points to Consider

- Should we be more specific?

- SAMHSA best practices:

Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:

- a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
- b. Nurses
- c. Licensed and/or credentialed clinicians capable of completing assessments in the region; and
- d. Peers with lived experience similar to the experience of the population served.

- AZ model, always a prescriber (MD, ARNP or PA) and a nurse.

Draft Rule Language

(i) Screen all individuals for:
(i) Suicide risk, **using a validated tool**, and engage in comprehensive suicide risk assessment and planning when clinically indicated;
(ii) Violence risk, **using a validated tool**, and engage in comprehensive violence risk assessment and planning when clinically indicated; and
(iii) Physical health needs, **including a cognitive screening for dementia**.

Points to Consider

- When is the screening conducted?

AZ requires that the medical screening be conducted within 30 minutes of arrival.

Draft Rule Language

(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 **identified and addressed through a nursing assessment** addressed without need for medical diagnosis or health care prescriber orders,

Points to Consider

- Workshop recommendation to utilize nursing assessment as a clarifier.

Draft Rule Language

Points to Consider

(c) A disposition including any referrals for services and individualized follow-up plan;

•Note: This is existing language in WAC that would be referenced.

- AZ discharge language:

Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:

- a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
- b. Transferred to another health care institution capable of meeting the patient's needs;
- c. Provided a referral to another entity capable of meeting the patient's needs; or
- d. Discharged and provided patient follow-up instructions

Discharge Continued.

- AZ discharge documentation:

If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:

- a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
- b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
- c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;

When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:

- a. Provides the patient with discharge information that includes:
 - i. The identified specific needs of the patient after discharge, and
 - ii. Resources that may be available for the patient; and
- b. Contacts any resources identified as required in subsection (A)(13)(b);

Draft Rule Language

Points to Consider

() **The facility must be structured to accept admissions 90 percent of the time when the facility is not at its full capacity;**

() **Instances of declined admissions and the reasons for the declines must be tracked and made available to the department;**

- How does DOH regulate this requirement? Require daily census and daily declines?
- When is someone “admitted” to the facility?
- Need to define “full capacity”. Recliners full vs staffing capacity?

•Context of the bill: The facility must be structured to have the capacity to accept admissions 90 percent of the time when the facility is not at its full capacity, and to have a no-refusal policy for law enforcement, with instances of declined admission and the reasons for the declines tracked and made available to the department.

“Admission” Continued.

- o When a patient **is admitted** to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient’s medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient.

- o If an individual is **not admitted** for behavioral health observation/stabilization services because there is not an observation chair available for the individual’s use, a personnel member provides support to the individual to access the services or resources necessary for the individual’s health and safety, which may include:
 - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
 - b. Establishing a method to notify the individual when there is an observation chair available;
 - c. Referring or providing transportation to the individual to another health care institution;
 - d. Assisting the individual to contact the individual’s support system; and
 - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

- o Personnel members establish a log of individuals who were **not admitted** because there was not an observation chair available and document the individual’s name, actions taken to provide support to the individual to access the services or resources necessary for the individual’s health and safety, and date and time the actions were taken;
The log required in subsection (A)(19) is maintained for at least 12 months



QUESTIONS??

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