



## 23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #2

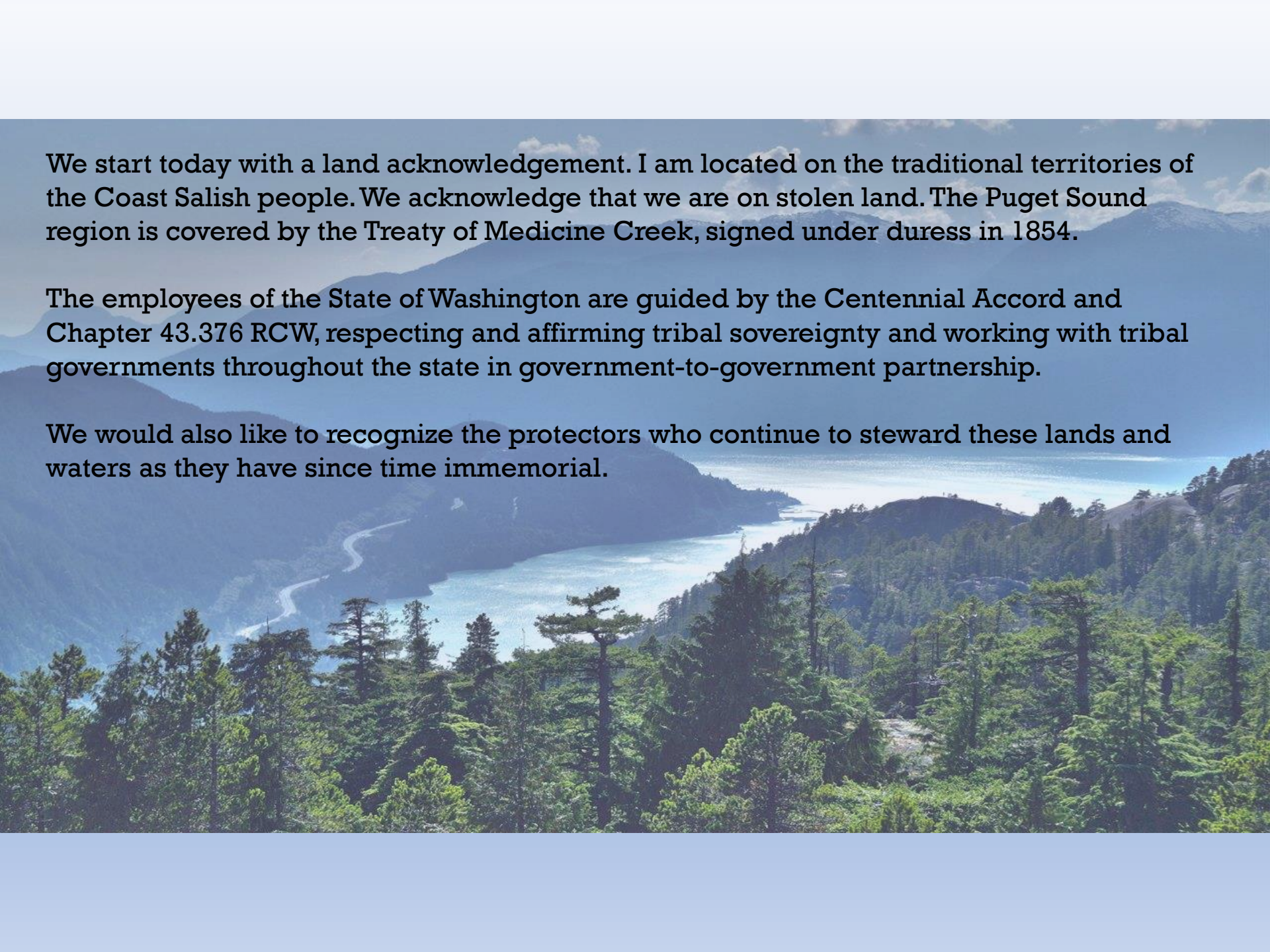




NISQUALLY INDIAN TRIBE





A scenic view of a river flowing through a forested valley towards a large body of water, with mountains in the background. The foreground is filled with dense green trees, and the river winds through the valley. In the distance, a large body of water, likely a bay or sound, is visible, surrounded by more forested hills and 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.**

## Introductions of DOH Staff

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**Daniel Overton**  
Program  
Manager  
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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
  - Q&A
    - Please use the Q&A function to ask questions. We will read them and answer them allowed unless you specify otherwise in the written question.
    - Chat will be used just for DOH to post comments and links.
    - Raise your hand if you wish to speak otherwise use the Q&A
    - More information/tutorials can be found at [Zoom Learning Center](#)

# Today's Agenda

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- Introduction
- Review initial draft language:
  - Certification structure
  - Identify language that will need additional clarification/direction
- Wrap-up
  - Next steps

# Introduction to Rulemaking

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- Workshops are open to all and attended by many. Each participant brings unique experiences to contribute to the policy making process.
  - Be respectful
  - Listen to understand
- Rules set minimum standards. We must address items required by the legislation and can add language necessary for health and safety.
- When considering a proposed standard think about:
  - How the department would be able to enforce the proposed standard
  - Costs
  - Administrative burden
  - Existing requirements (that might conflict or be duplicative)
  - Other ways a standard has oversight (contracts, MCOs, etc.)

## Work Toward the Common Goal

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Increase access to effective crisis services for persons in need of crisis care for mental health and substance use disorders.



## Rulemaking Process

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- Create rules by spring 2025.
  - The Process of Rulemaking
    - A CR-101 Preproposal Statement of Inquiry is the first official notice needed to start most rule-making actions. .
    - CR-102 Proposed Rule-Making Notice. CR-103 Rule-Making Order to adopt the permanent rule. This is the last step in the rule-making process.
    - The CR-103 notice includes the full text of the rule being adopted, and lets the public know when the rules will become effective.

# Workshop plan

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- Review of proposed Workshop agenda
  - Meeting 2 (today): Reviewing the proposed structure and discussing the components that are directly from the statute to determine the need, if any, for any extra language or clarification.
  - Review Meetings each Wednesday after workshop.
  - Meeting 3: Work on any areas identified as needing extra language or clarification
  - Meeting 4 (If needed): Wrap up.

## Draft Language

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- Very initial draft to start discussion
- Adult crisis relief language is in effect as of 9/8
  - A copy of the language is in the chat for reference and context
  - We do not plan to discuss that language except where modifications need to be made to incorporate youth
- Color coding:
  - Existing language (black font)
  - Amendments to existing language (red font)
  - New language to consider (purple font)



Let's Take  
a Look



WAC 246-341-0903  
23-hour crisis relief center services—  
Certification standards.

(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, and peers when serving individuals 18 and older. Agencies serving youth must be staffed with a pediatric multi-disciplinary team;

- 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.**

WAC 246-341-0903  
23-hour crisis relief center services—  
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- ~~(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.)~~
- Privacy...



# Draft language to consider

- (9) An agency providing crisis relief center services to youth ages 8 to 18, must follow these additional requirements:
  - For the purposes of this section:
    - Youth means any person 8 years to 18 years of age.
    - - 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.
  - (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.
  - (b) Provide resources to connect ~~children and their families~~ clients with behavioral health supports;
  - (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
  - (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.

# Language to consider

- (10) An agency providing crisis relief services to youth must, in addition to the requirement in 246-341-0901 (5), include documentation of:
  - (a) Any consent or release forms signed by the ~~youth and their parent or legal guardian~~ **client**; and
  - (b) ~~The parent's or other referring person's~~ **client's** agreement to participate in the treatment process, as appropriate, and if possible; and
  - (c) Any referrals to school and community support services.

# Draft language to consider

- Allow communication between the youth and the youth's parent **when applicable**, 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 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.



# Language in other WACs to Consider

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.

# Language in Other WACs to Consider

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.

# Language in Other WACs to Consider

- Residents 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.
- Orientation material must be made available to any 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.
- 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.

# Next steps

- Wednesday ‘recap’
- Give us your feedback!
- Workshop next week to go over notes, feedback, suggestions, etc.
- Draft language, notes, slide deck, etc. posted to “rules in progress” on [Behavioral Health Agencies \(BHA\) | Washington State Department of Health](#)



QUESTIONS??

## Contact Information

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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 [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).