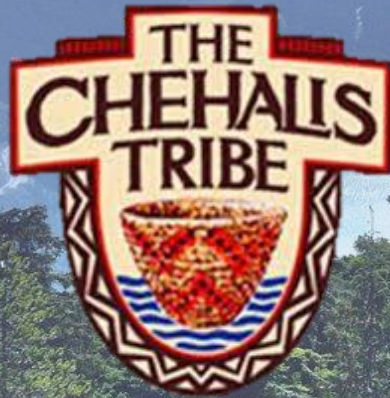


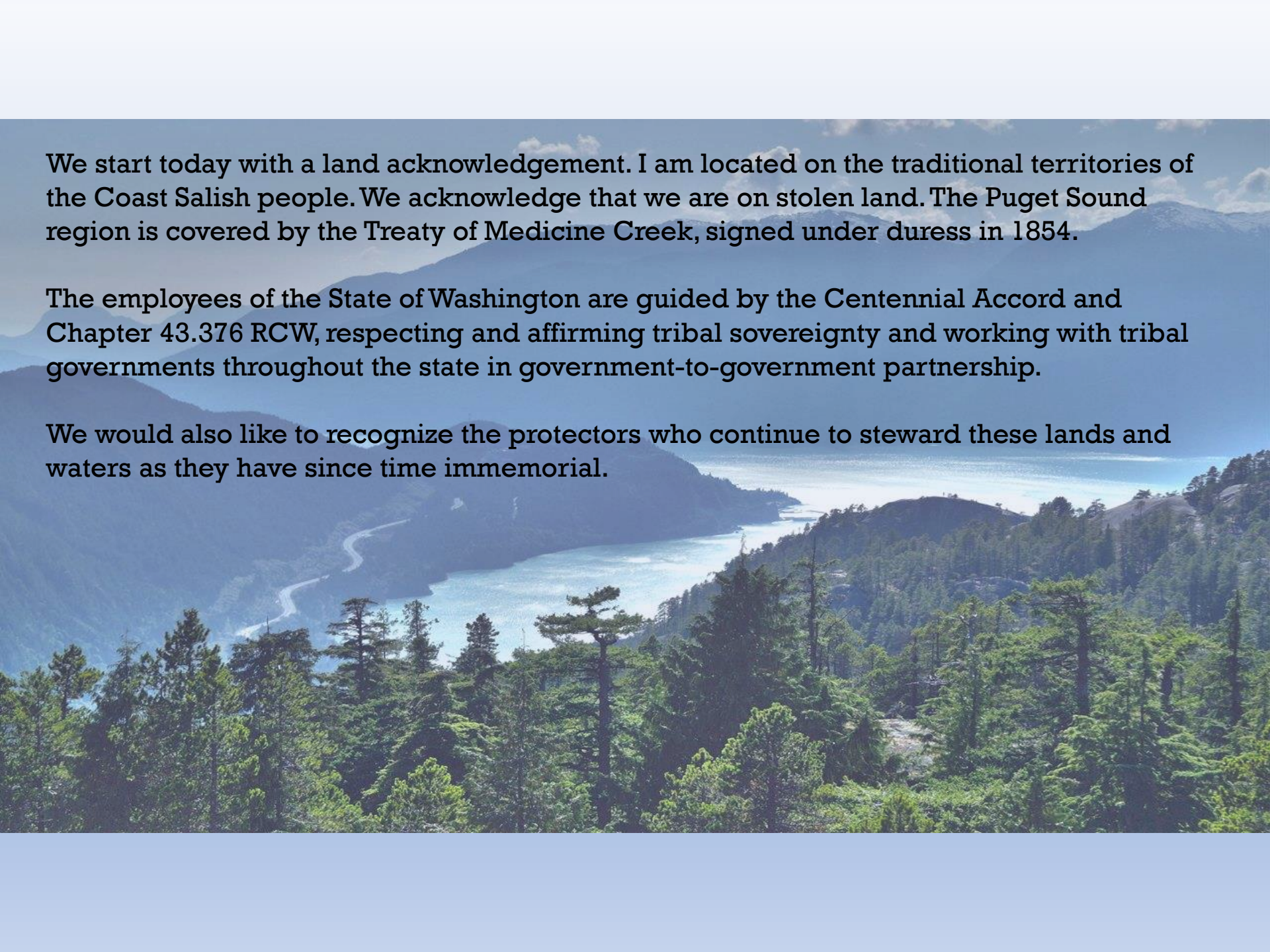


23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #3



NISQUALLY INDIAN TRIBE



A scenic view of a forested valley with a winding river and mountains in the background. The foreground is filled with dense green trees, and the middle ground shows a river winding through the valley. 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
Residential BH
facilities



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

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

Workshop plan

- Review of proposed Workshop agenda
 - Meeting 3 (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 4: In two weeks. Finalizing draft language. Reviewing feedback.

Draft Language

- Initial draft based on previous workshops
- Adult crisis relief language is in effect as of 9/8
 - A copy of the language is in the chat for reference and context
- 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.

- WAC 246-341-0903 23-hour crisis relief center services—Certification standards.
- (1) Crisis Relief Center services are provided to address the mental and substance abuse issues which may include treatment of chemical withdrawal symptoms. Crisis Relief Center services under his certification include:
 - (a) Adult Crisis Relief Center; and
 - (b) Youth Crisis Relief Center

(2) General requirements: An agency certified for 23-hour crisis relief center services must:

(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;

(o) 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.

(3) Orientation and initial screening: An agency certified for 23-hour crisis relief center services must:

(b) Screen all individuals for:

- (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 for individuals 30 years old or more;

(5) For the purposes of this section:

(e) "Adolescent" means a minor thirteen years of age or older.

(f) "Parent" has the same meaning as in RCW 71.34.020 (47)(a)

(e) – the definition is already in 246-341 for:

(12) "Child," "minor," and "youth" mean:

(a) An individual under the age of 18 years; or

(b) An individual age 18 to 21 years who is eligible to receive and who elects to receive an early and periodic screening, diagnostic, and treatment (EPSDT) medicaid service. An individual age 18 to 21 years who receives EPSDT services is not considered a "child" for any other purpose.

So the definition should suffice to separate adolescent from under 13.

47)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).

(9) An agency providing crisis relief center services to youth ages 8-18 must follow these additional requirements:

- (a) Adopt and implement policies defining how differing age groups will be appropriately separated.
- (b) Adopt and implement policies detailing coordination with the Youth and Young Adult Housing Response Team
- (c) If the crisis relief center withholds notice to a parent under subsection (1) of RCW 71.34.510, or such notice cannot be provided, the professional person in charge of the facility must consult the information that the Washington state patrol makes publicly available under RCW 43.43.510(2). If the adolescent is publicly listed as missing, the professional person must immediately notify the department of children, youth, and families of its contact with the youth listed as missing. The notification must include a description of the adolescent's physical and emotional condition.

(d) 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 and must include:

(i) Any adolescent may request and receive outpatient treatment without the consent of the adolescent's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen.

(ii) A parent may bring, or authorize the bringing of, his or her adolescent child to a provider of crisis relief center services and request that an appropriately trained professional person examine the adolescent to determine whether the adolescent has a behavioral health disorder and is in need of crisis relief services.

(A) The consent of the adolescent is not required for evaluation if a parent provides consent.

(B) The professional person may evaluate whether the adolescent has a behavioral health disorder and is in need of crisis relief center services.

(C) If a determination is made by a professional person that an adolescent is in need of crisis relief center services, a parent of an adolescent may request and receive such service for his or her adolescent without the consent of the adolescent

(e) 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.

(f) Youth 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.

(g) 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.

(h) 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 in TWO weeks to finalize, go over any remaining 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

Dan.Overton@DOH.WA.GOV



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.