

**WAC 246-341-0903**

**23-hour crisis relief center services—Certification standards.**

(1) Agencies certified for Crisis Relief Center services provide services to address mental health and substance use crisis issues which may include treatment of chemical withdrawal symptoms. Crisis Relief Center services under this certification include:

- (a) Adult Crisis Relief; and
- (b) Minor Crisis Relief.

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

- (a) Follow requirements for outpatient crisis services in WAC [246-341-0901](#);
- (b) Provide services to address mental health and substance use crisis issues which may include treatment of chemical withdrawal symptoms;
- (c) Limit stays to a maximum of 23 hours and 59 minutes, except in the following circumstances in which the person may stay up to a maximum of 36 hours when:
  - (i) An admission is waiting on a designated crisis responder evaluation; or
  - (ii) An admission is making an imminent transition to another setting as part of an established aftercare plan, including a minor who is:
    - (A) Allegedly abandoned according to RCW 13.34.030(1), and is receiving support from Department of Children, Youth, and Families (DCYF);
    - (B) Transitioning to an alternative placement option; or
    - (C) A dependent of the state who is transitioning to a DCYF placement.
- (d) 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, but not limited to, nurses, department-credentialed professionals who can provide mental health and substance use disorder assessments, peers, and access to a prescriber;
- (e) Offer walk-in options and drop-off options for first responders and persons referred through the 988 system, without a requirement for medical clearance for these individuals.
- (f) Staff serving minors must have documented training, experience, or credentials in pediatric care applicable to the service they are providing;
- (g) Only accept emergency medical services drop-offs of persons determined to be medically stable by emergency medical services in accordance with department

guidelines on transport to behavioral health service facilities developed pursuant to RCW [70.168.170](#) (available at <https://doh.wa.gov/BHA> or by contacting the department at [ochsfacilities@doh.wa.gov](mailto:ochsfacilities@doh.wa.gov) or [360-236-2957](tel:360-236-2957)).

(h) Only accept walk-ins, first responder drop-offs, and referrals through the 988 system of minors who are able to consent to their own care or who are accompanied by a parent able to consent to treatment.

(i) Have a no refusal policy for eligible admissions from law enforcement, including tribal law enforcement; (\*) (Need to confirm with legal whether this is acceptable)

(j) Provide the ability to dispense medications and provide medication management in accordance with WAC [246-337-105](#), except that references to RTF in WAC [246-337-105](#) shall be understood to mean behavioral health agency (BHA);

(k) Maintain capacity to deliver minor wound care for nonlife-threatening wounds, and provide care for most negligible physical or basic health needs that can be identified and addressed through a nursing assessment;

(l) Identify pathways to transfer persons to more medically appropriate services if needed;

(m) If restraint or seclusion are used, follow requirements in WAC [246-337-110](#) (3) through (19) except that references to RTF in WAC [246-337-110](#) shall be understood to mean behavioral health agency (BHA);

(n) Establish and maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of admissions, unless the licensee itself provides sufficient services:

(i) For persons identifying as American Indian/Alaska Native (AI/AN), relationships will be with tribal behavioral health systems;

(ii) For persons identifying as veterans, relationships will be with the local/regional Veterans Administration Medical Center (VAMC);

(o) When appropriate, coordinate connection to ongoing care; and

(p) Have an infection control plan inclusive of:

(i) Hand hygiene;

(ii) Cleaning and disinfection;

(iii) Environmental management; and

(iv) Housekeeping functions.

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

(a) Orient all walk-ins and drop-offs upon arrival;

(b) Screen all persons 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;

(c) Following initial screening, if admission is declined, the agency must:

(i) Document and make available to the department instances of declined admissions, including those that were not eligible for admission, declined due to no capacity, or those declined for any other reason;

(ii) Provide support to the person to identify and, when appropriate, access services or resources necessary for the person's health and safety.

(4) Admission: An agency certified for 23-hour crisis relief center services must:

(a) Accept eligible admissions 90 percent of the time when the facility is not at its full capacity; and

(b) Provide an assessment appropriate to the nature of the crisis to each person admitted to a recliner. The assessment must inform the interval for monitoring the person based on their medical condition, behavior, suspected drug or alcohol misuse, and medication status.

(5) For the purposes of this section:

(a) Eligible admission includes individuals 8 years of age, who are not under arrest or under other legal confinement and either able to consent to their own treatment or are accompanied by a consenting parent, or older who are identified upon screening as needing behavioral health crisis services, and whose physical health needs can be addressed by the crisis relief center in accordance with subsection (1)(i) of this section;

(b) Full capacity means all certified recliners are occupied by persons receiving crisis services;

(c) An agency may temporarily exceed the number of certified recliners only to comply with the no refusal policy for law enforcement, up to the maximum occupancy allowed by the local building department for care spaces within the licensed unit;

(d) A recliner means a piece of equipment used by persons receiving crisis services that can be in a sitting position and fully reclined.

(6) An agency certified to provide 23-hour crisis relief center services must be constructed in such a way to be responsive to the unique characteristics of the types of interventions used to provide care for all levels of behavioral health acuity and accessibility needs. These rules are not retroactive and are intended to be applied as outlined below.

(a) The construction review rules in subsections (7) and (8) of this section will be applied to the following agencies who are providing 23-hour crisis relief center services:

(i) New buildings to be certified to provide 23-hour crisis relief center services;

(ii) Conversion of an existing building or portion of an existing building certified or to be certified to provide 23-hour crisis relief center services;

(iii) Additions to an existing building certified or to be certified to provide 23-hour crisis relief center services;

(iv) Alterations to an existing building certified or to be certified to provide 23-hour crisis relief center services;

(v) Buildings or portions of buildings certified to provide 23-hour crisis relief center services and used for providing 23-hour crisis relief center services; and

(vi) Excludes non care buildings used exclusively for administration functions.

(b) The requirements of this chapter in effect at the time the complete construction review application and fee are received by the department, apply for the duration of the construction project.

(7) Standards for design and construction.

Facilities constructed and intended for use under this section shall comply with:

(a) The following sections of the 2022 edition of the *Guidelines for Design and Construction of Hospitals* as developed by the Facility Guidelines Institute and published by the Facility Guidelines Institute, 9750 Fall Ridge Trail, St. Louis, MO 63127 (available at <https://www.fgiguilines.org> or by contacting the department at [ochsfacilities@doh.wa.gov](mailto:ochsfacilities@doh.wa.gov) or [360-236-2957](tel:360-236-2957)):

(i) 1.1 Introduction;

(ii) 1.2 Planning, Design, Construction, and Commissioning;

(iii) 2.1 Common Elements for Hospitals;

(iv) 2.2 – 3.2 Specific Requirements for General Hospitals, Behavioral Health Crisis Unit;

(v) Part 4: Ventilation of Health Care Facilities; and

(b) The following specific requirements:

(i) A public walk-in entrance;

(ii) A designated area for first responder drop-off;

(iii) A bed in a private space for persons who are admitted for greater than 24 hours per subsection (2)(c) of this section;

(iv) A system or systems within the building that give staff awareness of the movements of admissions within the facility. If a door control system is used, it shall not prevent an admission from leaving the licensed space on their own accord, except temporary delays. Such systems include:

(A) Limited egress systems consistent with state building code, such as delayed egress;

(B) Appropriate staffing levels to address safety and security; and

(C) Policies and procedures that are consistent with the assessment of the person's care needs and plan and do not limit the rights of a voluntary admission;

(v) Access to a telephone for persons receiving services.

(vi) Facilities used for minor services must include separate internal entrances, spaces and treatment areas such that no contact occurs between child and adult 23-hour crisis relief center admissions.

(8) Construction review process.

(a) Preconstruction. The applicant or licensee must request and attend a presubmission conference with the department for projects with a construction value of \$250,000 or more. The presubmission conference shall be scheduled to occur at the end of the design development phase or the beginning of the construction documentation phase of the project.

(b) Construction document review. The applicant or licensee must submit accurate and complete construction documents for proposed new construction to the department for review within 10 business days of submission to the local authorities. The construction documents must include:

(i) A written functional program outlining the types of services provided, types of persons to be served, and how the needs of the person will be met including a narrative description of:

- (A) Program goals;
- (B) Staffing and health care to be provided, as applicable;
- (C) Room functions;
- (D) Safety and security efforts;
- (E) Restraint and seclusion;
- (F) Medication storage; and
- (G) Housekeeping;

(ii) Drawings prepared, stamped, and signed by an architect or engineer licensed by the state of Washington under chapter [18.08](#) RCW. The services of a consulting engineer licensed by the state of Washington may be used for the various branches of the work, if appropriate;

(iii) Drawings with coordinated architectural, mechanical, and electrical work drawn to scale showing complete details for construction;

(iv) Specifications that describe with specificity the workmanship and finishes;

(v) Shop drawings and related equipment specifications;

(vi) An interim life safety measures plan to ensure the health and safety of occupants during construction and renovation; and

(vii) An infection control risk assessment indicating appropriate infection control measures, including keeping the surrounding occupied area free of dust and fumes during construction, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(9) Copies of the reference material listed in subsections (1)(f) and (7)(a) of this section are available for public inspection at the department's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501.

(10) An agency providing crisis relief center services for minors age 8 and over must follow these additional requirements. The agency must:

- (a) Adopt and implement policies defining how differing age groups will be appropriately separated.

(b) Ensure all staff members are trained in safe and therapeutic techniques for dealing with a minor'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.

(c) Inform all employees, consultants, and contractors of mandatory reporting responsibilities and requirements in accordance with WAC 246-341-0605 and require documentation in the individual service record when an oral or written report has been made. 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.

(d) Develop and implement policies and procedures to document how the agency will follow the requirements of chapter RCW 71.34.445 Temporary detention for evaluation regarding involuntary commitment.

(11) Admission of minors:

(a) When admitting minors 8 through 12 years of age the agency must:

- (i) Obtain parental authorization on behalf of the minor pursuant to RCW 7.70.065; and
- (ii) Facilities may require parents, who are consenting to treatment of their minor, to either stay at the facility with their minor during treatment, be available by phone, and/or sign consents regarding alternative discharge plans.

(b) When admitting adolescents the agency must:

- (i) Obtain documented consent from the parent of the adolescent or the adolescent if they are requesting services without a parent;
- (iii) An adolescent, 13 to 17 years old, may request an evaluation for treatment without parental consent. If, based off the evaluation, the MHP agrees with the need for treatment, the adolescent may be offered admission. For a minor under

the age of 13, either parental consent or consent from an approved guardian is required for treatment.

(iii) If a minor 13 through 17 years of age wishes to admit themselves without parental consent, the agency must allow the evaluation and, if admission criteria is met, allow for admission. Upon admission, the agency must immediately 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 agency must immediately notify the Washington State Patrol Missing Persons Unit of its contact with the adolescent listed as missing. The notification must include a description of the adolescent's physical and emotional condition and the circumstances surrounding the adolescent's contact with the Crisis Relief Center.

(iv) A parent may bring their adolescent age 13 to 17 years old to any Minor Crisis Relief Center evaluation and request an evaluation be conducted by an MHP to determine whether the adolescent is in need of treatment. Consent of the adolescent is not required for an evaluation. If, based off the evaluation, the MHP agrees with the need for treatment, the adolescent may be offered admission.

#### (12) Discharge of minors.

(a) The agency must:

(i) Adopt and implement a memorandum of understanding (MOU) or an agreement as established by the Department of Children Youth and Family (DCYF) regarding how the agency will collaborate with DCYF regarding children, youth and families.

(ii) Develop and implement policies and procedures regarding discharge of minors that include but are not limited to:

(A) Discharge or transfer a minor to another healthcare facility may only occur if the minor is in need of a higher level of care or needing medical attention.

(B) Discharge of minors 8 through 12 years of age may only be to a parent unless the parent has signed consent for an alternative.

(C) Required DCYF contact for assistance if a parent has expressed, either through statement or conduct, that they are unwilling to exercise their parental rights and responsibilities, including an unwillingness to take custody of the minor upon discharge from the facility.

a. If the minor is not a dependent of the state the agency must begin seeking alternative discharge options and notify law enforcement if alternatives cannot be found.



- b. If minor is found to be a dependent of the state the agency must contact DCYF upon admission to the facility.
- (D) Required referral to DCYF- Youth and Young Adult Housing Response Team for adolescents experiencing homelessness
- (E) Discharge of adolescents consenting to their own treatment who request to be discharged without the supervision of a parent.
- (F) Contacting alternative legal guardians.
- (G) Adopting and implementing policies detailing coordination with local law enforcement
- (H) Specific to placement options of the Dependent Child per RCW 13.34.030
- (I) Required documentation of all discharge efforts made.

(b) In the event the minor remains in the facility beyond 36 hours the agency must notify the Department of Health (DOH) within 48 hours.

(13) For the purposes of this section:

- (a) "Admission", "Admitting" and "Admit" means acceptance into outpatient treatment services provided by a Crisis Relief Center.
- (b) "Abuse or neglect" means the same as in RCW 26.44.020
- (c) "Dependent Child" means the same as in RCW 13.34.030
- (d) "Adolescent" means the same as in RCW 71.34.020 (3): a minor thirteen years of age or older.
- (e) Definition of "Parent"
  - (i) 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.
  - (ii) For purposes of treatment of a minor, without the minor's consent, at the request of a parent, "parent" also includes a person to whom a parent defined in (f)(i) 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 consenting the care of a minor at a crisis relief center,

the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).

(f) “Minor” means any person 8 through 17 years of age.

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