

**Behavioral Health Agency Rulemaking Workshop – Notes**  
**August 2, 2021**

Notes:

Option 1 – list them individually; Option 2 combine them; Other option: some hybrid. Your thoughts?

**Paul Nagle McNaughton:** Nice work on Option 2. A good first draft of how to simply and reduce redundancy

**Becky:** I think that this is a great step toward clarity and integration

**Robert Hamilton:** option 2 looks good

**Alicia Ferris:** awesome

**Michael Carpenter:** I would prefer Option 2's approach

**Anne Payne:** Option 2

**Brooke Evans:** I like considering both of these options. I would like to gather a bit more information before I respond definitively.

Option 2:

We'd probably move psych med & med mgt out – but we'd have individual specifics listed like (3). (4) captures the outpatient/involuntary court ordered services. I considered this being its own certification. But in reality, agencies that provide these are certified to do assessments & counseling under IAT. Rather than require an additional court ordered services certification, I stuck it here in (4) and included compliance reporting. Does that make sense, or would we need a separate certification?

**Kelly Tongg:** Sorry i might've missed this but why would we move psych med management out of this section? **Answer:** We had this discussion early on – it allows more flexibility for another agency to do assessment etc.

**Alicia Ferris:** Yay! Thank you for the nesting language. That's perfect.

**Charity Laughlin:** Sorry to be late to send a comment on Option 1 vs. 2 above. I would want to see that individual therapy vs family therapy be called out somewhere as distinct types of therapy. (I represent the Washington Association of Marriage & Family Therapy and think the distinction is helpful.)

**Pattie Marshall:** where are the peer and or recovery support services "nested"? If the assumption us that "supports" includes recovery and or peer service, then I vote to call out recovery/peer supports specifically.

**G'Nell Ashley:** Love section 4 no separate certification Please!!! :)

**Paul Nagle-McNaughton:** I think including #4 here makes sense rather than a separate area for court order tx

**Becky Olson-Hernandez:** Placing court-ordered services here makes sense to me...

**Alicia Ferris:** Don't need to do separate certification for LRA and having it not require separate certification but just follow requirements may expand access as it would encourage providers to serve that population., may need it for DUI.

**Brooke Evans:** really like this idea of including the involuntary services (#4) under general IAT (this combo approach), which helps to streamline/approach - but, again before responding definitively, would like to gather a bit more information.

**Julie Mitchell:** Section 4 works great.

**Michael Carpenter:** I would agree with keeping #4 makes sense without a separate certification.

**Robert Hamilton:** #4 & #5: good to go, no separate certification necessary

(4)(a)(b)

**Behavioral Health Agency Rulemaking Workshop – Notes  
August 2, 2021**

A copy of an assessment or ISP... or appropriately credentialed professional. HCA said that they are able to accept an assessment from a non-BHA assuming the assessment was done by the right professional and follows ASAM. Agency doesn't have to accept them but would now be allowed to.

(5) a reference to providing individual services – required to follow applicable requirements. Agency certified for support services can provide them under an IAT certification.

0000 – what this new certification might look like.

***Melanie Green:** One challenge we've had with that option of using another agency's assessment is there is no indication of how recent it has to be. Answer: Someone else brought this up. There will be a memo on this topic. We talked with HCA on this. There should be a time limit. Stay tuned.*

**Action:** One challenge we've had with that option of using another agency's assessment is there is no indication of how recent it has to be

***Becky Olson-Hernandez:** Feeling a little uncomfortable about the "credentialed provider" without more specificity*

***Kelly Tongg:** I believe the HCA SERI indicates assessments are supposed to have been done in the last 12 months. Answer: SERI will be updated; it's the one place that accepts assessments from agencies only.*

***Robert Hamilton:** thank you Dan and Julie for facilitating this and the ongoing work*

***Ann Payne:** Appreciate the approach and communication style with facilitating this Workshop. Well done - thank you*

***Brooke Evans:** Thanks to both of you*

***Jesse Ellis:** Thanks again*

**246-341-0700**

**Behavioral health intervention, assessment and treatment services—  
Certification Standards.**

(1) Agencies certified for intervention, assessment and treatment services provide individualized intervention, assessment and treatment for mental health, substance use, or co-occurring disorders. An agency may choose to provide any of the following individual behavioral health services under this certification:

Option 1:

- (a) Individual mental health treatment services;
- (b) Brief mental health intervention treatment services;
- (c) Group mental health therapy services;
- (d) Family therapy mental health services;
- (e) Rehabilitative case management mental health services;
- (f) Psychiatric medication management services;
- (g) Medication monitoring services;

**Commented [TJ(1):** Only have descriptions of the service. Request to bundle.

**Behavioral Health Agency Rulemaking Workshop – Notes**  
**August 2, 2021**

- (h) Day support mental health services (or partial hospitalization program);
- (i) Substance use disorder level one outpatient services;
- (j) Substance use disorder level two intensive outpatient services;
- (k) Substance use disorder assessment only services;

**Option 2:**

- (a) Assessments;
- (b) Counseling or therapy;
- (c) Medication management;
- (d) Medication monitoring; or
- (e) Case management.

(2) Agencies providing intervention, assessment and treatment services must follow the general clinical requirements as described in WAC sections 246-341-0600 through 0650.

(3) Agencies providing psychiatric medication management or psychiatric medication monitoring must follow the individual service standards in WAC 246-341-0712 and 246-341-0713 as applicable to the service being provided.

(4) Agencies providing intervention, assessment and treatment services may choose to provide involuntary or court-ordered outpatient services to individuals for:

- (a) Outpatient less restrictive alternative or conditional release under chapters 71.05 or 71.34 RCW;
- (b) Substance use disorder counseling, driving under the influence (DUI) substance use assessment, or alcohol and drug information school under chapter 46.61 RCW; or
- (c) Deferred prosecution under **RCW 10.05.150**.

(5) Agencies choosing to provide outpatient involuntary or court-ordered services must follow the non-compliance reporting requirements in WAC 246-341-0800 and requirements in WAC sections 246-341-0805 through 0820 as applicable to the involuntary or court-ordered service being provided.

(6) Agencies certified for intervention, assessment and treatment services may also choose to provide behavioral health information, assistance and referral and support services without additional certification.

**Commented [TJ(2):** \*May include therapy. Is otherwise a support service. PHPs use this certification and so do some Clubhouses. Move to support service and add PHP? Note: Day support currently requires the agency to conduct an assessment and follow full ISP, full clinical record, etc. If moved to support service those requirements would be modified.

**Commented [TJ(3):** Only have descriptions.

**Commented [TJ(4):** Do we need to list all potential programs that would fall under this certification? If not, option 2 may be better. Bundles (a) through (d), combines/covers (a) through (d) and (i) through (k) without having to call them out separately.

**Commented [TJ(5):** Currently specific to psych meds. Do we want to make this BH instead which would cover SUD medication management?

**Commented [TJ(6):** Support service?

**Commented [TJ(7):** Support Service? Current WAC is specific to rehabilitative case management. Should this be broadened to include all case management including SUD?

**Commented [TJ(8):** Currently requirements are included in level 2 IOP and would need to be pulled out and put in it's own section and put somewhere in the 0800 section of WAC.

## **246-341-0718**

### **Behavioral health support services—Certification Standards**

(1) Agencies certified for behavioral health support provide services to promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills for

**Behavioral Health Agency Rulemaking Workshop – Notes**  
**August 2, 2021**

individuals with a behavioral health diagnosis. An agency may choose to provide any of the following behavioral health support services under this certification:

- (a) Supported employment;
- (b) Supportive housing;
- (c) Peer support;
- (d) Peer respite;
- (e) Applied behavioral analysis;
- (f) Consumer-run clubhouse; or
- (g) Day support.

**Commented [TJ(9)]:** Description only

**Commented [TJ(10)]:** Do these require prior approval? Should they be their own certification even though they follow all of the core certification standards?

**Commented [TJ(11)]:** Description only

- (2) Agencies certified to provide behavioral health support services must follow the general requirements for individual rights in WAC 246-341-0600, complaint process in WAC 246-341-0605, and access to clinical records in WAC 246-341-0650.
- (3) When providing any behavioral health support service an agency must, with the consent of the individual, include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual.
- (4) An agency providing any behavioral health support service must maintain an individual's clinical record that contains documentation of the following:
  - (a) The name of the agency or other sources through which the individual was referred;
  - (b) A copy of an assessment and individual treatment plan conducted by a licensed behavioral health agency or appropriately credentialed professional indicating the appropriateness of the support services based on the individual's needs and goals;
  - (c) Any referral made to a more intensive level of care when appropriate;
  - (d) Consent to include the individual's family members, significant others, and other relevant treatment providers as necessary to provide support to the individual;
  - (e) A brief summary of each service encounter, including the date, time, and duration of the encounter; and
  - (f) Names of participant(s), including the name of the individual who provided the service.
  - (d) Any information or copies of documents shared by or with a behavioral health agency or credentialed behavioral health professional.
- (5) Agencies providing behavioral support services must follow the individual service standards in WACs 246-341-0710 through 246-341-0730, as applicable to the service being provided.
- (6) Agencies certified for support services may also choose to provide behavioral health information, assistance and referral services without additional certification.

**246-341-0000**

## Behavioral health information, assistance and referral—Certification Standards.

(1) Agencies certified for behavioral health information, assistance and referral services provide information, assistance and referral services that are considered nontreatment behavioral health services that support an individual who has a need for interventions related to behavioral health. An agency may choose to provide any of the following behavioral health information, assistance and referral individual services under this certification:

- (a) Alcohol and drug information school;
- (b) Crisis telephone support;
- (c) Emergency service patrol;
- (d) Housing assistance; and
- (e) Employment assistance.

(2) Agencies providing information, assistance and referral services are not required to meet the requirements under WAC 246-341-0640.

(3) Agencies providing information and assistance services must maintain and provide a list of resources, including self-help groups and referral options, that can be used by staff members to refer an individual to appropriate services.

(4) Agencies providing behavioral support services must follow the individual service standards in WACs 246-341-0000 through 246-341-0000, as applicable to the service being provided.

## 246-341-0900

### Outpatient crisis behavioral health services—certification standards.

(1) Agencies certified for outpatient crisis behavioral health provide services to stabilize an individual in crisis to prevent further deterioration, provide immediate treatment or intervention in a location best suited to meet the needs of the individual, and provide treatment services in the least restrictive environment available. An agency may choose to provide any of the following outpatient behavioral health crisis services under this certification:

- (a) Behavioral health crisis telephone support;
- (b) Behavioral health crisis outreach services; or
- (c) Behavioral health crisis walk-in services.

(2) An agency certified for crisis behavioral health services does not need to meet the requirements in WAC 246-341-0640.

**Commented [TJ(12):** Remove crisis stabilization since the support services can be provided automatically with this higher level certification?

**Commented [TJ(13):** If only providing crisis telephone support would we be comfortable allowing agencies to add crisis outreach? If not, perhaps add telephone support to BH support services so that an additional certification would be needed to provide outreach.

**Commented [TJ(14):** Inclusive of SUD?

**Commented [TJ(15):** Inclusive of SUD?

**Behavioral Health Agency Rulemaking Workshop – Notes  
August 2, 2021**

(3) An agency providing any crisis behavioral health service must:

(a) Require that trained staff remain, in person or on the phone, with the individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished;

(b) Determine if an individual has a **crisis plan** and request a copy if available;

(c) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the designated crisis responder;

(d) Transport or arrange for transport of an individual in a safe and timely manner, **when necessary**;

(e) Be available twenty-four hours a day, seven days a week; and

(f) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis.

**Commented [TJ(16):** Are there SUD crisis plans?

**Commented [TJ(17):** Apply to SUD? Or telephone support?

~~(4) When services are provided in a private home or nonpublic setting the agency must:~~

~~(a) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's personal residence or in a nonpublic setting;~~

~~(b) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's personal residence or other nonpublic location;~~

~~(c) Ensure that any staff member who engages in home visits is provided access, by their employer, to a wireless telephone or comparable device for the purpose of emergency communication as described in RCW 71.05.710;~~

~~(d) Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.~~

**Commented [TJ(18):** Remove to outreach section only since doesn't apply to telephone only crisis?

**(35)** Documentation of a crisis service must include the following, as applicable to the crisis service provided:

(a) A brief summary of each crisis service encounter, including the date, time, and duration of the encounter;

(b) The names of the participants;

(c) A follow-up plan or disposition, including any referrals for services, including emergency medical services;

(d) Whether the individual has a crisis plan and any request to obtain the crisis plan; and

(e) The name and **credential** of the staff person providing the service.

**Commented [TJ(19):** Apply to SUD?

**Behavioral Health Agency Rulemaking Workshop – Notes**  
**August 2, 2021**

(4) An agency providing SUD crisis services must:

(a) Ensure each staff member completes forty hours of training that covers substance use disorders before assigning the staff member unsupervised duties;

(b) Ensure a substance use disorder professional or a substance use disorder professional trainee is available or on staff twenty-four hours a day, seven days a week;

(c) Maintain a current directory of all certified substance use disorder service providers in the state; and

(d) Maintain a current list of local resources for legal, employment, education, interpreter, and social and health services.

(5) An agency providing behavioral health crisis telephone support or crisis outreach services must follow the individual service standards in WACs 246-341-0905 through 246-341-0000, as applicable to the service being provided.

(6) Agencies certified for behavioral health crisis services may choose to provide information, assistance and referral and behavioral health support services without additional certification.

## **246-341-0905**

### **Behavioral health crisis telephone support services- individual service standards.**

Behavioral health crisis telephone support services are services provided as a means of first contact to an individual in crisis. These services may include de-escalation and referral.

(1) An agency certified to provide telephone support services must assure communication and coordination with the individual's mental health care or substance use treatment provider, if indicated and appropriate.

(2) An agency providing telephone services for mental health is not required to follow the consultation requirement in WAC 246-341-0515(3).

## **246-341-0910**

### **Behavioral health crisis outreach services—individual service standards.**

Behavioral health ~~C~~risis ~~mental health~~ outreach services are face-to-face intervention services provided to assist individuals in a community setting. A community setting can be an individual's home, an emergency room, a nursing facility, or other private or public location including a behavioral health agency facility.

(1) An agency certified to provide crisis outreach services must:

(a) Provide crisis telephone screening.

**Behavioral Health Agency Rulemaking Workshop – Notes  
August 2, 2021**

(b) For a mental health crisis, ensure face-to-face outreach services are provided by a mental health professional or a department-credentialed staff person with documented training in crisis response.

Commented [TJ(20): In-person??

(c) For an SUD crisis, ensure face-to-face outreach services are provided by an SUDP, SUDPT, or individual who has completed forty hours of training that covers substance use disorders.

(d) Resolve the crisis in the least restrictive manner possible.

(2) An agency utilizing certified peer counselors to provide crisis outreach services must:

(a) Ensure services are provided by a person recognized by the health care authority as a peer counselor, as defined in WAC 246-341-0200;

(b) Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential;

(c) Ensure that a peer counselor responding to an initial crisis visit is accompanied by a mental health professional or SUDP as appropriate to the crisis;

(d) Develop and implement policies and procedures for determining when peer counselors may provide follow-up crisis outreach services without being accompanied by a mental health professional or SUDP; and

(e) Ensure peer counselors receive annual training that is relevant to their unique working environment.

(3) In addition to the documentation requirements in WAC 246-341-0900, documentation must include:

(a) The nature of the crisis;

(b) The time elapsed from the initial contact to the face-to-face response;

(c) The outcome, including the basis for a decision not to respond in person.

(4) When services are provided in a private home or nonpublic setting the agency must:

(a) Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an individual's personal residence or in a nonpublic setting;

(b) Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's personal residence or other nonpublic location;

(c) Ensure that any staff member who engages in home visits is provided access, by their employer, to a wireless telephone or comparable device for the purpose of emergency communication as described in RCW 71.05.710;



**Behavioral Health Agency Rulemaking Workshop – Notes**  
**August 2, 2021**

(d) Provide staff members who are sent to a private home or other private location to evaluate an individual in crisis prompt access to information about any history of dangerousness or potential dangerousness on the individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.