

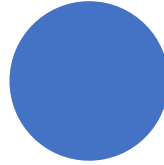


23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #2

Introductions of DOH Staff



Dan Overton
Residential
and Inpatient
Behavioral
Health
Program
Manager



Julie Tomaro
Facilities
Program
Deputy
Director



Kseniya Efremova
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/add a comment
 - Chat will be followed as closely as possible. Comments will be logged in notes and not necessarily responded to “live”.
 - Raise your hand if you wish to speak.
 - The Q and A will serve as a “Parking lot”. Please post questions here and at the end of the workshop we will get to as many as we can “live” and respond to the remaining in the session notes that will go out later this week.
 - More information/tutorials can be found at [Zoom Learning Center](#)

Today's Agenda

- Introduction
- Presentation by Dr. Chris Carson
- Discuss draft language related to:
 - Dispositions
 - Required services
- Wrap-up
 - Next steps
 - Future workshops to include discussion related to:
 - Admissions/Drop-off's (EMS program guest speaker)
 - Physical environment (Construction Review guest speaker)
 - Full draft language review
 - Q and A



A special guest:

Dr. Chris Carson-Co-founder and Chief Strategy Officer at Connections Health Solutions to give an overview of the Arizona model that the legislation was based on.

Let's Take
a Look





Dispositions

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language

(b) Limit patient stays to a maximum of 23 hours and 59 minutes except for patients waiting on a designated crisis responder evaluation or making an imminent transition to another setting as part of an established aftercare plan;

Points to Consider

- There needs to be greater clarification on the word “imminent.”

Note: RCW 71.05.020: Definitions.

(28) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

Note: RCW 71.05.050

(4) If a person is brought to or accepted at a 23-hour crisis relief center and thereafter refuses to stay voluntarily, and the professional staff of the 23-hour crisis relief center regard the person as presenting as a result of a behavioral health disorder an imminent likelihood of serious harm, or presenting as an imminent danger because of grave disability, they may detain the person for sufficient time to enable the designated crisis responder to complete an evaluation, and, if involuntary commitment criteria are met, authorize the person being further held in custody or transported to a hospital emergency department, evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, but which time shall be no more than 12 hours from the time the professional staff notify the designated crisis responder of the need for evaluation.

- Interested party concern about moving patients in the middle of the night vs moving them in the daylight. Since this is a facility meant to be running 24 hours a day, it is likely that transfer may happen not during daylight hours.

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<ul style="list-style-type: none">• (j) Maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services; and	<p><i>Note: WAC 246-341-0901 requires:</i></p> <ul style="list-style-type: none"><i>(h) Assure communication and coordination with the individual's mental health or substance use treatment provider, if indicated and appropriate;</i><i>(i) As appropriate, refer individuals to voluntary or involuntary treatment facilities for admission on a seven day a week, 24 hour a day basis, including arrangements for contacting the designated crisis responder;</i><i>(j) Maintain a current list of local resources for referrals, legal, employment, education, interpreter and social and health services;</i><i>(k) Transport or arrange for transport of an individual in a safe and timely manner, when necessary;</i><i>(l) Be available 24 hours a day, seven days a week; and</i><i>(m) Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the individual in crisis.</i>

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<p>(k) When appropriate, coordinate connection to ongoing care.</p>	<ul style="list-style-type: none">• There was substantial discussion regarding this point.<ul style="list-style-type: none">○ When would coordination of ongoing care not be appropriate?○ If there is a resolution to the crisis, will a person need ongoing care? Perhaps if there is no ongoing SUD or mental health need, then their crisis has been resolved.○ Ongoing care needs to be mandated.○ If a person reaches a point in their mental health to need to go to CRC, at least one “follow-up” should be included (1:1 therapy, med management appointment, follow-up phone call or visit from peer, etc.)• Expectations for discharge planning need to be articulated (social determinants of health, housing status, etc.) <p><i>Note: WAC 246-341-0901</i></p> <p><i>(5) Documentation of a crisis service must include the following:</i></p> <p><i>(a) A brief summary of each crisis service encounter, including the:</i></p> <ul style="list-style-type: none"><i>(i) Date;</i><i>(ii) Time, including time elapsed from initial contact to face-to-face contact, if applicable; and</i><i>(iii) Nature and duration of the encounter.</i> <p><i>(b) The names of the participants;</i></p> <p><i>(c) A disposition including any referrals for services and individualized follow-up plan;</i></p> <p><i>(d) Whether the individual has a crisis plan and any request to obtain the crisis plan; and</i></p> <p><i>(e) The name and credential, if applicable, of the staff person providing the service.</i></p>



Services

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
(a) Provide services to address mental health and substance use crisis issues;	<ul style="list-style-type: none"><li data-bbox="981 375 1760 511">• Dementia crisis needs to be taken into consideration-they can look like a mental health crisis

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<p>(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, which includes access to a prescriber, the ability to dispense medications appropriate for 23-hour crisis relief center clients;</p>	<ul style="list-style-type: none">• What is an appropriate medication for a 23-hour CRC?• What does “dispense” mean in this context? <i>Note: Dispense means having non-patient specific medications (stock medications) that can be dispensed and administered to individuals. This requires a pharmacy credential(health care entity) or a prescriber who takes responsibility for the stock medications.</i>• Does “access to a prescriber” mean that telehealth is allowable and they don’t have to be onsite?• It will be important to collaborate with other health care entities who have been prescribers with patients before they enter the CRC.

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<p>(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 addressed without need for medical diagnosis or health care prescriber orders, with an identified pathway to transfer the person to more medically appropriate services if needed;</p>	<ul style="list-style-type: none">• What is defined as minor wound care?<ul style="list-style-type: none">• Wound care is a complicated issue that requires evaluation by someone appropriately credentialed and trained.• Is it appropriate to not have a medical diagnosis and still provide wound care and basic health care needs?• What is defined as a basic health need?• There needs to be a discussion of transfer vs discharge.• There needs to be collaboration with existing health systems that have been working with these patients.

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<ul style="list-style-type: none">• (i) Screen all individuals for:<ul style="list-style-type: none">• (i) Suicide risk and engage in comprehensive suicide risk assessment and planning when clinically indicated;• (ii) Violence risk and engage in comprehensive violence risk assessment and planning when clinically indicated; and• (iii) Physical health needs.	<ul style="list-style-type: none">• What are the criteria for someone being too much of a violence or suicide risk?



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 civil.rights@doh.wa.gov.