RCW 71.24.916 23-hour crisis relief centers—Licensing and certification—Rules—Standards. (1) The secretary shall license or certify 23-hour crisis relief centers that meet state minimum standards. The department shall create rules in consultation with the authority by January 1, 2024, to develop standards for licensure or certification of 23-hour crisis relief centers.

(a) The rules, at a minimum, must require the 23-hour crisis relief center to:

(i) 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. The facility must be structured to have the capacity to accept admissions 90 percent of the time when the facility is not at its full capacity, and to have a no-refusal policy for law enforcement, with instances of declined admission and the reasons for the declines tracked and made available to the department;

(ii) Provide services to address mental health and substance use crisis issues;

(iii) Maintain capacity to screen for physical health needs, 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;

(iv) 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 and the ability to dispense medications appropriate for 23-hour crisis relief center clients;

(v) Screen all individuals for suicide risk and engage in comprehensive suicide risk assessment and planning when clinically indicated;

(vi) Screen all individuals for violence risk and engage in comprehensive violence risk assessment and planning when clinically indicated;

(vii) 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. Exceptions to the time limit made under this subsection shall not cause a 23-hour crisis relief center to be classified as a residential treatment facility under RCW 71.12.455;

(viii) Maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services; and

(ix) When appropriate, coordinate connection to ongoing care.

(b) The rules, at a minimum, must develop standards for determining medical stability before an emergency medical services drop-off.

(c) The rules must include standards for the number of recliner chairs that may be licensed or certified in a 23-hour crisis relief center and the appropriate variance for temporarily exceeding that number in order to provide the no-refusal policy for law enforcement.

(d) The department shall specify physical environment standards for the construction review process that are responsive to the unique characteristics of the types of interventions used to provide care for

all levels of acuity in facilities operating under the 23-hour crisis relief center model. In a 23-hour crisis relief center which proposes to serve both child and adult clients in the same facility, these standards must include separate internal entrances, spaces, and treatment areas such that no contact occurs between child and adult 23-hour crisis relief center clients.

(e) The department shall coordinate with the authority and department of social and health services to establish rules that prohibit facilities that are licensed or required to be licensed under chapter 18.51, 18.20, 70.97, 72.36, or 70.128 RCW from discharging or transferring a resident to a 23-hour crisis relief center.

(f) The department shall coordinate with the authority to establish rules that prohibit a hospital that is licensed under chapter 70.41 RCW from discharging or transferring a patient to a 23-hour crisis relief center unless the hospital has a formal relationship with the 23-hour crisis relief center.

(g) The authority shall take steps necessary to make 23-hour crisis relief center services, including on-site physical health care, eligible for medicaid billing to the maximum extent allowed by federal law.

(2) By March 31, 2025, the secretary shall amend licensure and certification rules for 23-hour crisis relief clinics in consultation with the authority and the department of children, youth, and families to create standards for licensure or certification of 23-hour crisis relief centers which provide services to children. To meet the needs of children in crisis and their families, 23-hour crisis relief centers treating children must, in addition to meeting the requirements of subsection (1) of this section:

(a) Not treat children in a shared space or allow them to have contact with adult clients;

(b) Be structured to meet the crisis needs of children ages eight and over and their families;

(c) Have written policies and procedures defining how different age groups will be appropriately separated;

(d) Provide resources to connect children and their families with behavioral health supports;

(e) Coordinate with the department of children, youth, and families for children who do not need inpatient care and are unable to be discharged to home;

(f) Address discharge planning for a child who is at risk of dependency, out-of-home placement, or homelessness; and

(g) Be staffed 24 hours a day, seven days a week, with a pediatric multidisciplinary team.

(3) The secretary shall solicit input from stakeholders when engaging in rule making under subsection (2) of this section. [2024 c 367 s 2; 2023 c 433 s 2.]

Rules—2023 c 433 s 2: "When making rules under section 2 of this act, the department of health shall consult with stakeholders including, but not limited to: The Washington council for behavioral health; WAADAC, the voice for Washington state addiction professionals persons with lived experience of behavioral health crisis; family members with lived experience of caring for someone in behavioral health crisis; the Washington state hospital association; the American college of emergency physicians; behavioral health administrative services organizations; the Washington association of designated

crisis responders; the Washington association of sheriffs and police chiefs; and an individual or entity representing emergency medical services." [2023 c 433 s 22.]