FINAL BILL REPORT
2SSB 5120

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Synopsis as Enacted

Brief Description: Establishing crisis relief centers in Washington state.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Braun, Frame, Hasegawa, Keiser, Kuderer, Nguyen, Nobles, Pedersen, Randall, Saldaña, Shewmake, Stanford, Warnick, Wellman and Wilson, C.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Crisis Diversion. A crisis diversion facility is a facility that provides a person in a behavioral health crisis with a place to go when they are in a behavioral health crisis as an alternative to a less desirable location, like an emergency room, involuntary treatment facility, or jail. Crisis diversion facilities are typically structured to receive clients dropped off by police or emergency medical personnel, and may also accept clients who walk in or who are brought by friends or family. The Washington State Department of Health (DOH) certifies two types of crisis diversion facilities which are identical in function but referred to by different names: crisis stabilization units and triage facilities. A crisis stabilization unit or triage facility is a short-term facility licensed as a residential treatment facility which can keep clients for up to three days in beds provided by the facility.

Other states such as Arizona have pioneered a somewhat different model of crisis diversion facility which employs shorter stays of less than 24 hours. This is sometimes referred to as a "living room model," because instead of beds the facilities admit the client to lazy boy recliners, using an open layout instead of individual rooms. Other features of this model include procedures to make client drop off as fast and frictionless as possible for law enforcement and other first responders.

Designated Crisis Responders. Designated crisis responders (DCRs) are individuals authorized to evaluate a person in crisis for possible involuntary commitment to a locked

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behavioral health facility. Involuntary commitment is a court process, and is available for individuals if the DCR determines they present a likelihood of serious harm or are gravely disabled due to a behavioral health disorder, as those terms are legally defined under the Involuntary Treatment Act.

Summary: 23-Hour Crisis Relief Centers. By January 1, 2024, DOH must license or certify 23-Hour Crisis Relief Centers (CRCs), which are defined as facilities open 24 hours a day, seven days a week, which offer access to behavioral health care to adults for no more than 23 hours 59 minutes at a time per patient, and accept all behavioral health walk-ins and drop-offs from ambulance, fire, police, DCRs, mobile rapid response crisis teams, fire department mobile integrated health and CARES teams, and individuals referred through the 988 system regardless of behavioral health acuity. A CRC must not require medical clearance for individuals dropped off by first responders, and must be structured to have a no-refusal policy for individuals dropped off by law enforcement. A CRC must be structured to accept all other admissions 90 percent of the time and track instances of refusal and the reason for that refusal, making this data available to DOH. A CRC must maintain capacity to assess physical health needs, deliver minor wound care for nonlife-threatening wounds, and provide care for most minor physical or basic health needs, with an identified pathway to transfer to more medically appropriate services if needed. A CRC must provide access to a prescriber and have the ability to dispense medications appropriate for CRCs. DOH must develop standards for the number of recliner chairs allowed in a CRC, and the appropriate variance needed to accommodate the no-refusal policy for law enforcement. Real-time bed tracker technology under development for the 988 system must track availability of recliners in CRCs.

If a person is brought to a CRC and thereafter refuses to stay voluntarily, and the professional staff regard the person as presenting an imminent likelihood of serious harm or to be in imminent risk because of a grave disability, the staff may detain the person for sufficient time to allow a DCR to authorize further custody or transport the person to another facility for detention under the Involuntary Treatment Act, but for no longer than 12 hours from the notification to the DCR.

DOH must develop standards for determining medical stability before an emergency medical services drop-off at a CRC. The CRC must screen individuals for suicide risk and violence risk, with more comprehensive assessment available if needed. It must maintain relationships with entities capable of providing ongoing service needs of its clients, or provide sufficient aftercare services for the clients itself. An exception to the time limit of 23 hours 59 minutes is available for individuals who are waiting on a DCR evaluation or making an imminent transition to an established aftercare plan. DOH must not require a CRC to be licensed as a residential treatment facility. DOH must coordinate with the Health Care Authority (HCA) and Department of Social and Health Services to prohibit discharges or transfers to a CRC from a nursing home, assisted living facility, enhanced services facility, soldier's and veteran's home, adult family home, or hospital, unless the hospital has a formal relationship with the CRC. HCA must make CRC services eligible for Medicaid

billing to the maximum extent allowed by federal law.

Other Kinds of Crisis Diversion Facilities. Language authorizing DOH to certify triage facilities is repealed. All remaining triage facilities are converted to crisis stabilization units, and references to triage facilities are removed from the Revised Code of Washington. Crisis stabilization units must determine an individual's need for involuntary hospitalization.

Votes on Final Passage:

Senate	47	0	
House	97	0	(House amended)
Senate			(Senate refused to concur)
House	98	0	(House receded)

Effective: July 23, 2023
July 1, 2026 (Section 7, 9, and 11)
Contingent (Sections 4 and 13)