

WAC 246-341-0903 23-hour crisis relief center services—Certification standards. (1) 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 patient stays to a maximum of 23 hours and 59 minutes, except in the following circumstances in which the patient may stay up to a maximum of 36 hours when:

(i) A patient is waiting on a designated crisis responder evaluation; or

(ii) A patient is making an imminent transition to another setting as part of an established aftercare plan;

(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) Only accept emergency medical services drop-offs of individuals 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 or 360-236-2957.

(g) Have a no refusal policy for law enforcement, including tribal law enforcement;

(h) 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);

(i) 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 identified and addressed through a nursing assessment;

(j) Identify pathways to transfer individuals to more medically appropriate services if needed;

(k) 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);

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

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

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

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

(n) Have an infection control plan inclusive of:

- (i) Hand hygiene;
- (ii) Cleaning and disinfection;
- (iii) Environmental management; and
- (iv) Housekeeping functions.

(2) 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 individuals 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 individual to identify and, when appropriate, access services or resources necessary for the individual's health and safety.

(3) 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 individual admitted to a recliner. The assessment must inform the interval for monitoring the individual based on their medical condition, behavior, suspected drug or alcohol misuse, and medication status.

(4) For the purposes of this section:

(a) Eligible admission includes individuals 18 years of age 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 individuals 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 patient care spaces within the licensed unit;

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

(5) 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 (6) and (7) 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 nonpatient 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.

(6) 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.fgiguidelines.org> or by contacting the department at ochsfacilities@doh.wa.gov or 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 individuals who are admitted for greater than 24 hours per subsection (1)(c) of this section;

(iv) A system or systems within the building that give staff awareness of the movements of individuals within the facility. If a door control system is used, it shall not prevent an individual 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 individual's care needs and plan and do not limit the rights of a voluntary individual;

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

(7) 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 individuals to be served, and how the needs of the individuals 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.

(8) Copies of the reference material listed in subsections (1)(f) and (6)(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.

[Statutory Authority: RCW 71.24.037, 2023 c 433, 2023 c 425, and 2023 c 469. WSR 24-17-003, § 246-341-0903, filed 8/8/24, effective 9/8/24.]