



# RULE-MAKING ORDER

## PERMANENT RULE ONLY

### CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: August 08, 2024

TIME: 8:10 AM

WSR 24-17-003

**Agency:** Department of Health

**Effective date of rule:**

**Permanent Rules**

31 days after filing.

Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

Yes  No If Yes, explain:

**Purpose:** Behavioral health agency regulations as they relate to 23-hour crisis relief centers in Washington state.

The Department of Health (department) is adopting amendments to the behavioral health agency regulations in WAC 246-341-0110, 246-341-0200, 246-341-0365, 246-341-0901, 246-341-0912, 246-341-1140, and new WAC 246-341-0903, to implement Second Substitute Senate Bill (2SSB) 5120 (chapter 433, Laws of 2023), an act concerning the establishment of 23-hour crisis relief centers in Washington state.

The department is also adopting amendments in WAC 246-341-0200, 246-341-0515, and 246-341-0901 to align the regulations with statutory changes passed by the 2023 legislature, in Second Substitute House Bill (2SHB) 1724 (chapter 425, Laws of 2023) and Second Substitute Senate Bill (2SSB) 5555 (chapter 469, Laws of 2023 partial veto).

**Citation of rules affected by this order:**

New: WAC 246-341-0903

Repealed: None

Amended: WAC 246-341-0110, 246-341-0200, 246-341-0365, 246-341-0515, 246-341-0901, 246-341-0912, and 246-341-1140

Suspended: None

**Statutory authority for adoption:** RCW 71.24.037 and 2SSB 5120 (chapter 433, Laws of 2023) codified as RCW 71.24.916

**Other authority:** 2SSB 5120 (chapter 433, Laws of 2023), 2SHB 1724 (chapter 425, Laws of 2023), and 2SSB 5555 (chapter 469, Laws of 2023 partial veto)

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as [WSR 24-10-095](#) on [04/30/24](#)

Describe any changes other than editing from proposed to adopted version: No changes were made from the proposed language.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: Dan Overton

Address: Department of Health

PO Box 47843

Olympia, WA 98504-7843

Phone: 564-201-0579

Fax: 360-236-2321

TTY: 711

Email: [dan.overton@doh.wa.gov](mailto:dan.overton@doh.wa.gov)

Web site: None

Other:

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>1</u>	Amended	<u>7</u>	Repealed	<u>0</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
-----	----------	---------	----------	----------	----------

**The number of sections adopted on the agency's own initiative:**

New	<u>1</u>	Amended	<u>7</u>	Repealed	<u>0</u>
-----	----------	---------	----------	----------	----------

**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>1</u>	Amended	<u>7</u>	Repealed	<u>0</u>
-----	----------	---------	----------	----------	----------

**The number of sections adopted using:**

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>1</u>	Amended	<u>7</u>	Repealed	<u>0</u>

**Date Adopted:** 8/8/2024

**Name:** Kristin Peterson, JD for Umair A. Shah, MD, MPH

**Title:** Chief of Policy for Secretary of Health

**Signature:**



AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-0110 Behavioral health—Available certifications.**

- (1) A behavioral health agency licensed by the department must hold one or more of the following certifications:
- (a) Behavioral health information and assistance;
  - (b) Behavioral health support;
  - (c) Mental health peer respite;
  - (d) Clubhouse;
  - (e) Behavioral health outpatient intervention, assessment and treatment;
  - (f) Behavioral health outpatient crisis ~~((, observation, and intervention))~~ services;
  - (g) 23-hour crisis relief center services;
  - (h) Designated crisis responder services;
  - ~~((h))~~ (i) Opioid treatment program;
  - ~~((i))~~ (j) Withdrawal management;
  - ~~((j))~~ (k) Behavioral health residential or inpatient intervention, assessment and treatment;
  - ~~((k))~~ (l) Involuntary behavioral health residential or inpatient;
  - ~~((l))~~ (m) Intensive behavioral health treatment;
  - ~~((m))~~ (n) Crisis stabilization unit ~~((and triage))~~;
  - ~~((n))~~ (o) Competency restoration;
  - ~~((o))~~ (p) Problem gambling and gambling disorder; or
  - ~~((p))~~ (q) Applied behavior analysis.
- (2) The type of certification(s) held by the agency determines which behavioral health services the agency is approved to provide.

AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-0200 Behavioral health—Definitions.**

The definitions in this section and RCW 71.05.020, 71.24.025, and 71.34.020 apply throughout this chapter unless the context clearly requires otherwise.

(1) "23-hour crisis relief center" has the same meaning as under RCW 71.24.025.

(2) "Administrator" means the designated person responsible for the day-to-day operation of either the licensed behavioral health agency, or certified treatment service, or both.

~~((2))~~ (3) "Adult" means an individual 18 years of age or older. For purposes of the medicaid program, adult means an individual 21 years of age or older.

~~((3))~~ (4) "ASAM criteria" means admission, continued service, transfer, and discharge criteria for the treatment of substance use disorders as published by the American Society of Addiction Medicine (ASAM).

~~((4))~~ (5) "Assessment" means the process of obtaining all pertinent bio-psychosocial information, as identified by the individual,

and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

~~((5))~~ (6) "Behavioral health" means the prevention, treatment of, and recovery from any or all of the following disorders: Substance use disorders, mental health disorders, co-occurring disorders, or problem gambling and gambling disorders.

~~((6))~~ (7) "Behavioral health agency," "licensed behavioral health agency," or "agency" means an entity licensed by the department to provide behavioral health services under chapter 71.24, 71.05, or 71.34 RCW.

~~((7))~~ (8) "Behavioral health service" means the specific service(s) that may be provided under an approved certification.

~~((8))~~ (9) "Branch site" means a physically separate licensed site, governed by the same parent organization as the main site, where qualified staff provides certified treatment services.

~~((9))~~ (10) "Campus" means an area where all of the agency's buildings are located on contiguous properties undivided by:

(a) Public streets, not including alleyways used primarily for delivery services or parking; or

(b) Other land that is not owned and maintained by the owners of the property on which the agency is located.

~~((10))~~ (11) "Care coordination" or "coordination of care" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs of an individual. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies, organizing, facilitating and participating in team meetings, and providing for continuity of care by creating linkages to and managing transitions between levels of care.

~~((11))~~ (12) "Certified" or "certification" means the status given by the department that authorizes the agency to provide specific types of behavioral health services included under the certification category.

~~((12))~~ (13) "Child," "minor," and "youth" mean:

(a) An individual under the age of 18 years; or

(b) An individual age 18 to 21 years who is eligible to receive and who elects to receive an early and periodic screening, diagnostic, and treatment (EPSDT) medicaid service. An individual age 18 to 21 years who receives EPSDT services is not considered a "child" for any other purpose.

~~((13))~~ (14) "Clinical supervision" means regular and periodic activities performed by a mental health professional, co-occurring disorder specialist, or substance use disorder professional licensed, certified, or registered under Title 18 RCW. Clinical supervision may include review of assessment, diagnostic formulation, individual service plan development, progress toward completion of care, identification of barriers to care, continuation of services, authorization of care, and the direct observation of the delivery of clinical care. In the context of this chapter, clinical supervision is separate from clinical supervision required for purposes of obtaining supervised hours toward fulfilling requirements related to professional licensure under Title 18 RCW.

~~((14))~~ (15) "Complaint" means an alleged violation of licensing or certification requirements under chapters 71.05, 71.12, 71.24, 71.34 RCW, and this chapter, which has been authorized by the department for investigation.

~~((15))~~ (16) "Consent" means agreement given by an individual after being provided with a description of the nature, character, anticipated results of proposed treatments and the recognized serious possible risks, complications, and anticipated benefits, including alternatives and nontreatment, that must be provided in a terminology that the individual can reasonably be expected to understand. Consent can be obtained from an individual's parent or legal representative, when applicable.

~~((16))~~ (17) "Consultation" means the clinical review and development of recommendations by persons with appropriate knowledge and experience regarding activities or decisions of clinical staff, contracted employees, volunteers, or students.

~~((17))~~ (18) "Co-occurring disorder" means the coexistence of both a mental health and a substance use disorder. Co-occurring treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.

~~((18))~~ (19) "Cultural competence" or "culturally competent" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

~~((19))~~ (20) "Deemed" means a status that is given to a licensed behavioral health agency as a result of the agency receiving accreditation by a recognized behavioral health accrediting body which has a current agreement with the department.

~~((20))~~ (21) "Disability" means a physical or mental impairment that substantially limits one or more major life activities of the individual and the individual:

- (a) Has a record of such an impairment; or
- (b) Is regarded as having such impairment.

~~((21))~~ (22) "Face-to-face" means either in person or by way of synchronous video conferencing.

~~((22))~~ (23) "Individual service record" means either a paper, or electronic file, or both that is maintained by the behavioral health agency and contains pertinent behavioral health, medical, and clinical information for each individual served.

~~((23))~~ (24) "Licensed" or "licensure" means the status given to behavioral health agencies by the department under its authority to license and certify mental health and substance use disorder programs under chapters 71.05, 71.12, 71.34, and 71.24 RCW and its authority to certify problem gambling and gambling disorder treatment programs under RCW 43.70.080(5) and 41.05.750.

~~((24))~~ (25) "Medical practitioner" means a physician licensed under chapter 18.57 or 18.71 RCW, advance registered nurse practitioner (ARNP) licensed under chapter 18.79 RCW, or physician assistant licensed under chapter 18.71A RCW.

~~((25))~~ (26) "Mental health disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

~~((26))~~ (27) "Mental health professional" or "MHP" means a person who meets the ~~((qualifications in WAC 246-341-0515-4))~~ definition in RCW 71.05.020.

~~((27))~~ (28) "Peer ~~((counselor))~~" means ~~((the same))~~ a peer counselor as defined in WAC 182-538D-0200 or a certified peer specialist certified under chapter 18.420 RCW.

~~((28))~~ (29) "Peer support" means services provided by peer counselors to individuals under the supervision of a mental health professional or individual appropriately credentialed to provide substance use disorder treatment. Peer support provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

~~((29))~~ (30) "Problem gambling and gambling disorder" means one or more of the following disorders:

(a) "Gambling disorder" means a mental disorder characterized by loss of control over gambling, progression in preoccupation with gambling and in obtaining money to gamble, and continuation of gambling despite adverse consequences;

(b) "Problem gambling" is an earlier stage of gambling disorder that compromises, disrupts, or damages family or personal relationships or vocational pursuits.

~~((30))~~ (31) "Progress notes" means permanent written or electronic record of services and supports provided to an individual documenting the individual's participation in, and response to, treatment or support services, progress in recovery, and progress toward intended outcomes.

~~((31))~~ (32) "Secretary" means the secretary of the department of health.

~~((32))~~ (33) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement chapters 71.05, 71.24, and 71.34 RCW for delivery of behavioral health services.

~~((33))~~ (34) "Substance use disorder professional" or "SUDP" means a person credentialed by the department as a substance use disorder professional (SUDP) under chapter 18.205 RCW.

~~((34))~~ (35) "Substance use disorder professional trainee" or "SUDPT" means a person credentialed by the department as a substance use disorder professional trainee (SUDPT) under chapter 18.205 RCW.

~~((35))~~ (36) "Summary suspension" means the immediate suspension of either a facility's license or program-specific certification or both by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department.

~~((36))~~ (37) "Supervision" means the regular monitoring of the administrative, clinical, or clerical work performance of a staff member, trainee, student, volunteer, or employee on contract by a person with the authority to give direction and require change.

~~((37))~~ (38) "Suspend" means termination of a behavioral health agency's license or program specific certification to provide behavioral health treatment program service for a specified period or until specific conditions have been met and the department notifies the agency of the program's reinstatement of license or certification.

**WAC 246-341-0365 Agency licensure and certification—Fee requirements.** (1) An agency must include payment of licensing and certification fees required under this chapter with the initial application, renewal application, or with requests for other services.

(2) The department may refund one-half of the application fee if an application is withdrawn before certification or denial.

(3) The department will not refund fees when licensure or certification is denied, revoked, or suspended.

(4) The applicant shall submit the following fees for approved substance use disorder treatment programs:

New agency application	\$1,000
Branch agency application	\$500
Application to add one or more certifications	\$200
Application to change ownership	\$500
Initial and annual certification fees for withdrawal management, residential, and nonresidential services	
Withdrawal management and residential services	\$100 per licensed bed, per year, for agencies not renewing certification through deeming
	\$50 per licensed bed, per year, for agencies renewing certification through deeming per WAC 246-341-0310
Nonresidential services	\$750 per year for agencies not renewing certification through deeming
	\$200 per year for agencies certified through deeming per WAC 246-341-0310
Complaint/critical incident investigation fees	
All agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(5) An agency providing substance use disorder treatment programs must annually complete a declaration form provided by the department to indicate information necessary for establishing fees and updating certification information. Required information includes, but is not limited to:

(a) The number of licensed withdrawal management and residential beds; and

(b) The agency provider's national accreditation status.

(6) The applicant shall submit the following fees for approved mental health treatment programs:

Initial licensing application fee	\$1,000
-----------------------------------	---------

Initial and annual licensing fees for agencies not deemed	
Annual service hours provided:	Initial and annual licensing fees:
0-3,999	\$728
4,000-14,999	\$1,055
15,000-29,999	\$1,405
30,000-49,999	\$2,105
50,000 or more	\$2,575
Annual licensing fees for deemed agencies	
Annual licensing fee for deemed agencies licensed by the department	\$500
Complaint/critical incident investigation fee	
All residential and nonresidential agencies	\$1,000 per substantiated complaint investigation and \$1,000 per substantiated critical incident investigation that results in a requirement for corrective action

(7) Agencies providing nonresidential mental health services or inpatient or residential mental health services in accordance with WAC 246-341-1118 must report the number of annual service hours provided.

(a) Existing licensed agencies must compute the annual service hours based on the most recent state fiscal year.

(b) Newly licensed agencies must compute the annual service hours by projecting the service hours for the first 12 months of operation.

(8) Agencies providing mental health peer respite services, 23-hour crisis relief center services, intensive behavioral health treatment services, evaluation and treatment services, and competency evaluation and restoration treatment services must pay the following certification fees:

(a) Ninety dollars initial certification fee, per bed or recliner; and

(b) Ninety dollars annual certification fee, per bed or recliner.

AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-0515 Personnel—Agency staff requirements.** Each behavioral health agency must ensure that all of the following staff requirements are met:

(1) All staff providing clinical services are appropriately credentialed for the services they provide, which may include a co-occurring disorder specialist enhancement.

(2) All staff providing clinical services receive clinical supervision.

(3) An agency providing group counseling or group therapy must have a staff ratio of at least one staff member to every 16 individuals during group counseling or therapy sessions.

(4) ((A mental health professional is:



~~(a) A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric nurse, or social worker as defined in chapters 71.05 and 71.34 RCW;~~

~~(b) A person who is licensed by the department as a mental health counselor or mental health counselor associate, marriage and family therapist, or marriage and family therapist associate; or~~

~~(c) An agency staff member with a designation given by the department or an attestation by the licensed behavioral health agency that the person meets the following:~~

~~(i) Holds a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, experience that was gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency;~~

~~(ii) Who meets the waiver criteria of RCW 71.24.260, and the waiver was granted prior to 1986; or~~

~~(iii) Who had an approved waiver to perform the duties of a mental health professional (MHP), that was requested by the behavioral health organization (BHO) and granted by the mental health division prior to July 1, 2001.~~

(5)) An agency providing problem gambling and gambling disorder treatment services must ensure staffing in accordance with WAC 246-341-1200.

AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-0901 Behavioral health outpatient crisis (~~outreach, observation and intervention~~) services—Certification standards.**

(1) Agencies certified for outpatient behavioral health crisis (~~outreach, observation and intervention~~) services provide face-to-face and other means of services to stabilize an individual in crisis to prevent further deterioration, provide immediate treatment or intervention in the least restrictive environment at a location best suited to meet the needs of the individual which may be in the community, a behavioral health agency, or other setting.

(2) An agency certified for outpatient behavioral health crisis (~~outreach, observation and intervention~~) services does not need to meet the requirements in WAC 246-341-0640.

(3) An agency providing outpatient behavioral health crisis (~~outreach, observation and intervention~~) services for substance use disorder must ensure a professional appropriately credentialed to provide substance use disorder treatment is available or on staff 24 hours a day, seven days a week.

(4) An agency providing any outpatient behavioral health crisis (~~outreach, observation and intervention~~) services must:

(a) Provide crisis telephone support in accordance with WAC 246-341-0670;

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

(c) For a substance use disorder crisis, ensure face-to-face outreach services are provided by a professional appropriately credentialed to provide substance use disorder treatment, or individual who has completed training that covers substance use disorders;

(d) Develop and implement policies and procedures for training staff to identify and assist individuals in crisis before assigning the staff member unsupervised duties;

(e) Resolve the crisis in the least restrictive manner possible;

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

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

(h) Assure communication and coordination with the individual's mental health or substance use treatment provider, if indicated and appropriate;

(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;

(j) Maintain a current list of local resources for referrals, legal, employment, education, interpreter and social and health services;

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

(l) Be available 24 hours a day, seven days a week; and

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

(5) Documentation of a crisis service must include the following:

(a) A brief summary of each crisis service encounter, including the:

(i) Date;

(ii) Time, including time elapsed from initial contact to face-to-face contact, if applicable; and

(iii) Nature and duration of the encounter.

(b) The names of the participants;

(c) A disposition including any referrals for services and individualized follow-up plan;

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

(e) The name and credential, if applicable, of the staff person providing the service.

(6) An agency utilizing ~~((certified))~~ peers ~~((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's ~~((counselor's))~~ training and credential;

(c) Ensure peers ~~((counselors))~~ receive annual training that is relevant to their unique working environment.

(7) 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 location;

(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;

(d) Provide staff members who are sent to a personal residence or other nonpublic 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.

(8) If utilizing peers ((~~counselors~~)) for crisis outreach response:

(a) Ensure that a peer ((~~counselor~~)) responding to an initial crisis visit is accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis;

(b) Develop and implement policies and procedures for determining when peers ((~~counselors~~)) may provide follow-up crisis outreach services without being accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.

#### NEW SECTION

**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](mailto: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](mailto: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.

AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-0912 Designated crisis responder (DCR) services—Certification standards.** Designated crisis responder (DCR) services are services provided by a DCR to evaluate an individual in crisis and determine if involuntary services are required. An agency providing DCR services must do all of the following:

(1) Ensure that services are provided by a DCR;

(2) Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214;

(3) Document that services provided to the individual were in accordance with the requirements in chapter 71.05 or 71.34 RCW, as applicable; and

(4) Meet the outpatient behavioral health crisis (~~outreach, observation and intervention~~) services certification standards in WAC 246-341-0901.

AMENDATORY SECTION (Amending WSR 22-24-091, filed 12/6/22, effective 5/1/23)

**WAC 246-341-1140 Crisis stabilization unit (~~and triage~~)—Certification standards.** An agency certified to provide crisis stabilization unit (~~or triage~~) services must meet all of the following criteria:

(1) (~~A triage facility must be licensed as a residential treatment facility under chapter 71.12 RCW.~~

~~(2))~~ If a crisis stabilization unit (~~or triage facility~~) is part of a jail, the unit must be located in an area of the building that is physically separate from the general population. "Physically separate" means:

(a) Out of sight and sound of the general population at all times;

(b) Located in an area with no foot traffic between other areas of the building, except in the case of emergency evacuation; and

(c) Has a secured entrance and exit between the unit and the rest of the facility.

~~((3))~~ (2) Ensure that a mental health professional is on-site at least eight hours per day, seven days a week, and accessible 24 hours per day, seven days per week.

~~((4))~~ (3) Ensure a mental health professional assesses an individual within three hours of the individual's arrival at the facility.

~~((5))~~ (4) For persons admitted to the crisis stabilization unit ~~((or triage facility))~~ on a voluntary basis, the individual service record must meet the individual service record requirements in WAC 246-341-0640.

~~((6))~~ (5) An agency certified to provide crisis stabilization unit ~~((or triage))~~ services must meet the service standards for residential and inpatient behavioral health services in WAC 246-341-1105 and the applicable standards in WAC 246-341-1131 if providing involuntary crisis stabilization unit ~~((or triage))~~ services.