



23-HOUR CRISIS RELIEF CENTER RULEMAKING WORKSHOP #3

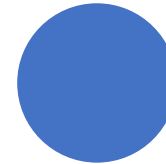
Introductions of DOH Staff



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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 EMS partners
- Discuss draft language related to:
 - Walk-ins and drop-offs
 - Required services continued discussion
- Wrap-up
 - Next steps
 - Future workshops to include discussion related to:
 - Physical environment (Construction Review guest speaker)
 - Full draft language review
 - Q and A

Let's Take
a Look



NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
(d) May only accept emergency medical services drop-offs of individuals determined to be medically stable by emergency medical services in accordance with department guidelines developed per RCW 70.168.170;	<ul style="list-style-type: none">• What is considered to be “medically stable”?

- Before we have our discussion, let’s hear from our EMS partners.

Catie Holstein and Dawn Felt

The screenshot shows the Washington State Department of Health website. At the top left is the logo with the text "Washington State Department of HEALTH". To the right are links for "About Us", "Contact Us", and "Newsroom". Below these is a search bar. A dark blue navigation bar contains several menu items: "You & Your Family", "Community & Environment", "Licenses, Permits, & Certificates", "Data & Statistical Reports", "Emergencies", and "Public Health & Provider Resources". Below the navigation bar is a breadcrumb trail: "Home | Public Health & Provider Resources | Emergency Medical Services (EMS) Systems | Trauma System | EMS And Trauma Care Clinical Guidelines".

In this section

- Trauma System
- EMS and Trauma Care Clinical Guidelines
- System Evaluation and Quality Improvement
- Trauma Care Fund
- Trauma Designation
- Trauma Registry

EMS and Trauma Care Clinical Guidelines

[More EMS Resources](#)

The Washington State Department of Health distributes these guidelines on behalf of the Governor's Steering Committee on Emergency Medical Services and Trauma. The purpose is to help Washington hospitals and trauma care services address critical illness, burn and trauma.

The department doesn't mandate the use of these guidelines. We recognize that the availability of resources varies, and that what works for one facility may not work for another. Hospitals and physicians should evaluate the content of these guidelines to determine the potential benefits for their own practices or for any particular patient. The decision to use these guidelines depends on the independent medical judgment of the physician. We recommend that facilities and

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<p>(c) 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;</p>	<ul style="list-style-type: none">• Clarify “walk in”• Note: Definition of first responder: "First responders" includes ambulance, fire, mobile rapid response crisis team, coresponder team, designated crisis responder, fire department mobile integrated health team, community assistance referral and education services program under RCW 35.21.930, and law enforcement personnel.

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
(e) Have a no-refusal policy for law enforcement;	<ul style="list-style-type: none">• Clarification around “no-refusal policy”• Need for specifying tribal LE?• How does this work if the CRC is at capacity?

NEW SECTION WAC 246-341-XXXX

23-hour Crisis relief center services - Certification standards

Draft Rule Language	Points to Consider
<p>(f) Accept admissions 90 percent of the time when the facility is not at its full capacity with instances of declined admission and the reasons for the declines tracked and made available to the department;</p>	<ul style="list-style-type: none">• Does full capacity mean fully staffed and therefore all beds open/for use? Capacity could go down if centers are not fully staffed which would impact the ability for the CRCs to function as intended.• There needs to be clarity about the points of data collection for this requirement (is it calling to inquire about bed availability or making a formal referral?)• What happens if the facility is at full capacity?

Circle back to:



FROM WHERE WE LEFT OFF LAST WORKSHOP

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

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