

SENATE BILL REPORT

SB 5120

As of January 12, 2023

Title: An act relating to establishing 23-hour crisis relief centers in Washington State.

Brief Description: Establishing 23-hour crisis relief centers in Washington State.

Sponsors: Senators Dhingra, Wagoner, Braun, Frame, Hasegawa, Keiser, Kuderer, Nguyen, Nobles, Pedersen, Randall, Saldaña, Shewmake, Stanford, Warnick, Wellman and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/13/23.

Brief Summary of Bill

- Directs the Department of Health to license or certify 23-Hour Crisis Relief Centers, a new type of crisis diversion facility to serve persons regardless of behavioral health acuity.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

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.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

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 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 of Bill: 23-Hour Crisis Relief Centers. 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 for no more than 23 hours 59 minutes at a time per patient, and accept all walk-ins and drop-offs from ambulance, fire, and police 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 these individuals. A CRC must be structured to accept all other admissions 90 percent of the time. A CRC must maintain capacity to assess physical health needs, deliver wound care, and provide care for most minor physical or basic health needs, with an identified pathway to transfer to more medically appropriate services if needed.

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.

A 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 transitioning to an aftercare plan. DOH must not require a CRC to be licensed as a residential treatment facility.

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 RCW.

Appropriation: None.

Fiscal Note: Requested on January 9, 2023.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.