## Washington State House of Representatives Office of Program Research



# Human Services, Youth, & Early Learning Committee

### **HB 1580**

**Brief Description:** Creating a system to support children in crisis.

**Sponsors:** Representatives Callan, Harris, Senn, Eslick, Dent, Ortiz-Self, Simmons, Leavitt, Ryu, Berry, Taylor, Walen, Bateman, Bronoske, Goodman, Ormsby, Schmidt, Orwall, Gregerson, Thai, Doglio, Lekanoff, Ramel, Rule, Reed, Pollet, Timmons and Macri.

#### **Brief Summary of Bill**

- Requires that the Governor maintain a Children and Youth Multisystem Care Coordinator (Care Coordinator) to serve as a state lead on addressing complex cases of children in crisis.
- Requires that the Care Coordinator, in coordination with the Department
  of Children, Youth, and Families; the Health Care Authority; the Office
  of Financial Management; and the Department of Social and Health
  Services, develop and implement a Rapid Care Team for the purpose of
  supporting and identifying appropriate services and living arrangements
  for a child in crisis, and that child's family, if appropriate.
- Allows the Care Coordinator to have access to flexible funds to support the safe discharge of children in crisis from hospitals and long-term, appropriate placement for children in crisis who are dependent.

**Hearing Date:** 2/1/23

**Staff:** Luke Wickham

**Background:** 

House Bill Analysis - 1 - HB 1580

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.

#### Dependency Court Proceedings.

Anyone, including the Department of Children, Youth, and Families (DCYF), may file a petition in court alleging that a child should be a dependent of the state due to abandonment, abuse, neglect, or because there is no parent, guardian, or custodian capable of adequately caring for the child. For purposes of dependency court proceedings, the term "abandoned" means when the child's parent, guardian, or other custodian has expressed, either by statement or conduct, an intent to forego, for an extended period, parental rights or responsibilities despite an ability to exercise such rights and responsibilities.

These petitions must be verified and contain a statement of facts that constitute a dependency and the names and residence of the parents if known. When a child is taken into custody, the court is to hold a shelter care hearing within 72 hours. The primary purpose of the shelter care hearing is to determine whether the child can be immediately and safely returned home while the dependency case is being resolved. If a court determines that a child is dependent, the court will conduct periodic reviews and make determinations regarding the child's placement, provision of services by the DCYF, compliance of the parents, and whether progress has been made by the parents.

#### Candidate for Foster Care.

A child who is a candidate for foster care is a child who the DCYF identifies as being at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent entry of the child into foster care are provided, and includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

A child who is a candidate for foster care includes when:

- the child has been abandoned by the parent and the child's health, safety, and welfare is seriously endangered as a result;
- the child has been abused or neglected and the child's health, safety, and welfare is seriously endangered as a result;
- there is no parent capable of meeting the child's needs such that the child is in circumstances that constitute a serious danger to the child's development; and
- the child is otherwise at imminent risk of harm.

#### Voluntary Placement Agreements.

The DCYF may enter into a voluntary placement agreement with a parent to place a child with a relative or in a licensed foster home when:

- a safety threat exists, that cannot be managed in the home, and services provided for 90 days are likely to eliminate the need for court intervention;
- a safety threat exists that cannot be managed in the home after business hours and the child is not placed in protective custody by law enforcement;
- parents or legal guardians need temporary care for a child while undergoing medical care or treatment and there are no alternative placement resources; or
- the child's parent is not immediately available to provide care.

#### **Summary of Bill:**

The Governor must maintain a Children and Youth Multisystem Care Coordinator (Care Coordinator) to serve as a state lead on addressing complex cases of children in crisis. The children and youth multisystem care coordinator must:

- help direct the appropriate use of state and other resources to a child in crisis, and that child's family, if appropriate; and
- have access to flexible funds to support the safe discharge of children in crisis from hospitals and long-term, appropriate placement for children in crisis who are dependent.

The term "child in crisis" is defined to mean a person under age 18 who is:

- at risk of remaining in a hospital without medical necessity, without the ability to return to the care of a parent, and not dependent;
- staying in a hospital without medical necessity and who is unable to return to the care of a parent but is not dependent; or
- dependent, experiencing placement instability, and referred to the rapid care team by the Department of Children, Youth, and Families (DCYF).

The Care Coordinator, in coordination with the DCYF, the Health Care Authority (HCA), the Office of Financial Management (OFM), and the Department of Social and Health Services (DSHS), shall develop and implement a Rapid Care Team (Team) for the purpose of supporting and identifying appropriate services and living arrangements for a child in crisis, and that child's family, if appropriate. The Team must be implemented as soon as possible, but no later than January 1, 2024.

The Team's work is managed and directed by the Care Coordinator, working to quickly identify the appropriate services and living arrangements for a child in crisis. A rapid care team must include:

- one designee from the HCA;
- one designee from the DSHS;
- one designee from the OFM;
- one designee from the Developmental Disabilities Administration of the DSHS;
- one designee from the DCYF; and
- any other entities or individuals that the Care Coordinator deems appropriate to support a child in crisis.

In creating the Team, the Care Coordinator must develop and implement a system for:

- identifying children in crisis who should be served by the Team;
- initiating the Team in a timely manner that reduces the time a child in crisis spends in a hospital without a medical need;
- locating services and connecting youth and families with the appropriate services to allow the child in crisis to safely discharge from a hospital;
- screening referrals for a child in crisis;
- accepting referrals from the DCYF for a child in crisis; and

- determining when it would be appropriate for the DCYF to provide services to a child in crisis as the:
  - youth meets the definition of a "child who is a candidate for foster care;"
  - youth meets the definition of "dependent child" based on the child being abandoned;
     or
  - family should be offered a voluntary placement agreement.

The Team may provide assistance and support to a child in crisis, or the family of a child in crisis.

The following individuals may refer a child in crisis to the Team:

- a child in crisis themselves;
- a family member of the child in crisis;
- an advocate for the child in crisis;
- an educator;
- a law enforcement officer;
- an employee of the DCYF;
- an employee of the DSHS;
- an employee of the HCA;
- a service provider contracting with the DCYF;
- a service provider contracting with the DSHS;
- a behavioral health service provider;
- a person providing health care services to the child in crisis; or
- a hospital employee.

**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

**Effective Date:** The bill contains an emergency clause and takes effect immediately.