HOUSE BILL REPORT
HB 1580

As Reported by House Committee On:
Human Services, Youth, & Early Learning
Appropriations

Title: An act relating to creating a system to support children in crisis.

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 History:
Committee Activity:
Human Services, Youth, & Early Learning: 2/1/23, 2/7/23 [DPS];
Appropriations: 2/20/23, 2/23/23 [DP2S(w/o sub HSEL)].

Brief Summary of Second Substitute 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.

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.

HOUSE COMMITTEE ON HUMAN SERVICES, YOUTH, & EARLY LEARNING

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Senn, Chair; Cortes, Vice Chair; Taylor, Vice Chair; Eslick, Ranking Minority Member; Couture, Assistant Ranking Minority Member; Callan, Dent, Goodman, Ortiz-Self and Rule.

Minority Report: Without recommendation. Signed by 1 member: Representative Walsh.

Staff: Luke Wickham (786-7146).

Background:

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 Substitute 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 Care Coordinator must direct:
- the appropriate use of state and other resources to a child in crisis, and that child's family, if appropriate; and
- the appropriate and timely action by state agencies to serve children in crisis.

Additionally, the Care Coordinator must:
- 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; and
- coordinate with:
    - the rapid response team to make sure that resources are effectively identified and mobilized for people who meet the definition of child in crisis and a youth or young adult exiting a publicly funded system of care; and
    - youth behavioral health and inpatient navigator teams to efficiently and effectively mobilize services for a child in crisis.

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 (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 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 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.

Individuals who may refer a child in crisis to the Team include:

- 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
- a representative from a managed care organization;
- a representative from a youth behavioral health or inpatient navigator program; or
- a hospital employee.

By November 1, 2023, the Governor must provide an initial report to the Legislature describing the process of developing and implementing the Team created under this section, and must include a projection of when the Team process will be implemented. By November 1, 2024, the Governor shall provide a final report to the Legislature, including data and recommendations related to the Team.

Substitute Bill Compared to Original Bill:

The substitute bill requires that the Children and Youth Multisystem Care Coordinator (Care Coordinator) created in the underlying bill direct appropriate and timely action by state agencies to serve children in crisis.

The substitute bill requires that the Care Coordinator coordinate with:
- the Rapid Care Team (Team) to make sure that resources are effectively identified and mobilized for people who meet the definition of child in crisis and a youth or young adult exiting a publicly funded system of care; and
- youth behavioral health and inpatient navigator teams to efficiently and effectively mobilize services for a child in crisis.

The substitute bill adds a representative from a managed care organization and a youth behavioral health or inpatient navigator team to the list of people who can refer to the Team.

The substitute bill specifies in the catchall category of entities and individuals that the Care Coordinator may include in the Team that this may include governmental entities, managed care organizations, clinicians, and other service providers.

The substitute bill requires that the report required in the underlying bill regarding Teams include discussion regarding the implementation of youth behavioral health and inpatient navigator programs and their role in serving children in crisis.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) Hospitals are where people go when there is an emergency. A child in crisis is also a family in crisis. A trip to the emergency room often provides relief. For some, that visit does not result in relief from a concrete medical issue. Finding the right support for a child and family in crisis is very challenging and very complex. Each child and family in this scenario has a unique story.

This bill is about helping to support families to allow children to safely discharge from hospitals.

There are about 15 to 200 children boarding in Washington hospitals.

This bill creates a multisystem response and a responsible entity for this issue.

A change in the interpretation of the abandonment statute, and not a change in the statute itself, has led to more children remaining in hospitals. Typically these children are connected to several state agencies.

Children are stuck in adult hospitals as well as the three children's hospitals in the state.

Seattle Children's Hospital has repeatedly had children remain in the hospital for as long as a year or two following a psychiatric admission. Prolonged stays in a hospital setting has a detrimental impact on a child's health.

There is currently minimal accountability for state services responsible for providing support for these children. The process created in this bill will allow agencies and providers to come together more effectively. It is critical that there is a process that makes agencies and providers come together more effectively to create a plan of services for children who no longer need to be hospitalized and have nowhere else to go.

Since 2021 Mary Bridge Hospital (Mary Bridge) has boarded over 23 children for over 600 days because their parents could not safely bring them home. These children have complex developmental challenges that overwhelm their families. In desperation, families bring their children to hospitals in hopes that their child will find an out-of-home placement to foster their child's recovery. No one agency can provide all that is necessary for kids to be healthy and well. The complexity of these cases led Mary Bridge to quickly understand that creating safe dispositions for kids stuck in hospitals requires a collective approach with funding from the Legislature for youth and inpatient navigators we developed regional multidisciplinary teams focused on complex and difficult to discharge patients. The Pierce County multidisciplinary team helped find the 23 children at Mary Bridge a way to return to

the community with the appropriate services.

Some of these children spend their days in windowless hospital rooms for days on end. Imagine being in an 8 by 8 foot room with no windows for over a year. The only exercise the person gets is walking down the hallway. The individual listens to the trauma coming in and out of the hospital all day and eat cold grilled cheese sandwiches.

Some of the children who are boarding in hospitals require a higher level of care than can be provided at home, but that does not appear to exist in this state. There needs to be better places for children and families.

There are children in virtually every hospital across the state spending days, weeks, and even years unnecessarily.

The emergency rooms in hospitals are already overrun. These children do not have adequate therapy, especially when living in adult hospitals.

The resources should be spent helping get these children back in the community.

This bill is necessary for children and families across the state, particularly the children staying in nonpediatric hospitals that are not designed for their needs.

Children across the state have severe mental health needs. There is an increase in youth using fentanyl. Finding inpatient treatment centers is difficult.

One of the recommendations of the Developmental Disabilities Ombuds report is creating support navigating services. This bill would help build cross-system partnerships. This would be beneficial for building services to help support these children in crisis.

(Opposed) None.

Persons Testifying: Representative Lisa Callan, prime sponsor; Jamie Kautz, MultiCare Health System; Nina Martinez, Latino Civic Alliance; Greta Johnson; Cara Helmer, Washington State Hospital Association; Mike Barsotti, Providence Sacred Heart Children's Hospital; Noah Seidel, Office of Developmental Disabilities Ombuds; Kashi Arora and Sina Shah, Seattle Children's Hospital; Jessica Cook; Kristian Stone, EvergreenHealth; and Anna Morrow.

Persons Signed In To Testify But Not Testifying: Diana Stadden, The Arc of Washington State.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second

substitute bill do pass and do not pass the substitute bill by Committee on Human Services, Youth, & Early Learning. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

Staff: Emily Stephens (786-7157).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Human Services, Youth, & Early Learning:

The second substitute bill adds a null and void clause, making the act null and void if specific funding for the act is not provided in the omnibus appropriations act by June 30, 2023.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill contains an emergency clause and takes effect immediately. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The bill creates a multisystem response to meet the needs of youth who are stuck in hospitals. There are inadequate community resources to support youth whose behaviors and needs exceed what their families can safely manage at home. The current process does not work. The bill allows every player to come to the table. There are both direct and indirect costs when children are stuck in hospitals. When pediatric emergency departments are constrained, children may be diverted to hospitals outside their community, or stay in adult facilities without access to pediatric behavioral health services.

(Opposed) Multiple systems for children in crisis already exist, including the juvenile criminal system and the Department of Children, Youth, and Families. Existing laws exclude parents from adolescent health care, and this bill could further cut parents out of the process. The bill expands the powers of the executive office, which could lead to abuse by ideologically-driven appointees. Language could be added to the bill to enhance the role of parents in the processes described in the bill. Language could be added to the bill clarifying whether members of the Rapid Care Team would be personally liable.

Persons Testifying: (In support) Kashi Arora, Seattle Children's Hospital; Jamie Kautz, MultiCare Health System; and Cara Helmer, Washington State Hospital Association.

(Opposed) Eric Pratt.

Persons Signed In To Testify But Not Testifying: None.