SENATE BILL REPORT
2SHB 1580

As of March 14, 2023

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

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

Sponsors: House Committee on Appropriations (originally sponsored by 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: Passed House: 3/2/23, 96-0.
Committee Activity: Human Services: 3/14/23.

Brief Summary of Bill

- Requires the Governor to maintain a Children and Youth Multisystem Care Coordinator (care coordinator) to be the state lead on addressing complex cases of children in crisis.
- Specifies the care coordinator's duties, which include creating and directing a rapid care team to support and identify appropriate services and living arrangements for children in crisis.
- Directs the membership of the rapid care team and identifies individuals who can make referrals to the rapid care team.
- Requires the Governor to submit an initial report by November 1, 2023, and a final report by November 1, 2024, with certain data and recommendations on the rapid care team.

SENATE COMMITTEE ON HUMAN SERVICES

Staff: Kelsey-anne Fung (786-7479)

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.

Background: Dependency. The Department of Children, Youth, and Families (DCYF) or any person may file a petition in court to determine if a child should be a dependent of the state due to abuse, neglect, or abandonment, or because there is no parent or custodian capable of caring for the child. If the court determines the child is dependent, the court conducts periodic reviews and makes determinations about the child's placement and the parent's progress in correcting parental deficiencies. Abandoned means when the child's parent, guardian, or other custodian has expressed, either by statement or conduct, an intent to forgo for an extended period, parental rights or responsibilities despite an ability to exercise such rights and responsibilities.

Foster Care. A child who is a candidate for foster care is a child who 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. This includes a child whose adoption or guardianship arrangement is at risk of disruption or dissolution that would result in a foster care placement.

A child who is a candidate for foster care also includes circumstances 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. DCYF may enter into a voluntary placement agreement with a parent to place a child with a relative or in a licensed foster home in the following circumstances:

- 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;
- when 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;
- when parents or legal guardians need temporary care for their child while undergoing medical care or treatment, and there are no alternative placement resources; or
- when the child's parent or legal guardian is not immediately available to provide care.

Rapid Response Team. Legislation from 2022 requires DCYF, in coordination with the Office of Homeless Youth Prevention and Protection Programs (OHY), to develop and implement a rapid response team that appropriately responds to support youth and young adults exiting a publicly funded system of care. Publicly funded system of care includes the child welfare system, behavioral health system, the juvenile justice system, and programs administered by OHY. When developing the rapid response team, DCYF and OHY must develop and implement a system for:

- identifying youth and young adults that should be served by the rapid response team;
- initiating use of the rapid response team in a timely manner allowing for the best possible transition planning; and
- locating services and connecting youth and young adults with those services to establish stability.

The rapid response team can provide assistance and support to youth and young adults who are at risk of becoming homeless and who are exiting a publicly funded system of care with the goal of securing appropriate housing and other supports for the youth or young adult. If there is no housing identified for a youth or young adult upon exit, the rapid response team must meet before the youth or young adult transitions out of a publicly funded system of care. Specified individuals, including family members, advocates, educators, law enforcement officers, DCYF or OHY employees, and service providers, may refer a youth to the rapid response team.

Youth Behavioral Health and Inpatient Navigator Teams. The youth navigator program is a behavioral health care model funded through the Health Care Authority (HCA) that uses multidisciplinary teams to connect youth and families to the care and resources they need to address their complex behavioral health concerns.

Summary of Bill: The Governor must maintain a Children and Youth Multisystem Care Coordinator (care coordinator) to serve as the 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;
- direct appropriate and timely action by state agencies to serve children in crisis;
- have access to flexible funds to support the safe discharge of children in crisis from hospitals and the long-term, appropriate placement for children in crisis who are dependent; and
- coordinate with rapid response teams and youth behavioral health and inpatient navigator teams.

The care coordinator, along with DCYF, HCA, Office of Financial Management (OFM), and the Department of Social and Health Services (DSHS), must develop and implement a rapid care team to support and identify appropriate services and living arrangements for a child in crisis, and the family if appropriate. The rapid care team must be implemented as soon as possible, but no later than January 1, 2024, and is authorized to provide assistance and support to a child in crisis, or the family of a child in crisis.

When creating the rapid care team, the care coordinator must develop and implement a system for:

- identifying children in crisis who should be served by the rapid care team;
- initiating the rapid care team in a timely manner that reduces the time spent 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; and
- determining when it would be appropriate for DCYF to provide services as the youth meets the definition of a child who is a candidate for foster care; when the youth meets the definition of a dependent child based on the child being abandoned; or the family should be offered a voluntary placement agreement.

A rapid care team is a team whose work is managed and directed by the care coordinator, working to quickly identify the appropriate services and living arrangements for a child in crisis. The membership of the rapid care team must include:

- one designee from HCA;
- one designee from DSHS;
- one designee from OFM;
- one designee from the Developmental Disabilities Administration of DSHS;
- one designee from DCYF; and
- any other entities, including governmental entities and managed care organizations, or individuals, including clinicians and other service providers, that the care coordinator deems appropriate to support a child in crisis.

A child in crisis may be referred to the rapid care team by:

- 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 DCYF, DSHS, or HCA;
- a service provider contracting with DCYF or DSHS;
- a behavioral health service provider;
- a representative of a managed care organization;
- a representative from a youth behavioral health or inpatient navigator team;
- a person providing health care services to the child in crisis; or
- a hospital employee.

A child in crisis is a person under the age of 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 the 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 DCYF.

By November 1, 2023, the Governor must provide an initial report to the Legislature describing the process of developing and implementing the rapid care team, and include a

projection of when the rapid care team process will be implemented. By November 1, 2024, the Governor must provide a final report to the Legislature with certain data and recommendations on the rapid care team.

This act expires June 30, 2025.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

Fiscal Note: Available. New fiscal note requested on March 9, 2023.

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

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

Staff Summary of Public Testimony: PRO: This bill is about making sure families, state agencies, and communities are coming together for children with highly complex needs who are stuck in hospitals for long periods of time not because of medical need but because appropriate services are not available outside the hospital. This requires a lot of multisystem coordination that is not happening right now, and there needs to be an entity accountable to create a process for interagency communication to develop options for children with nowhere else to go. When a child is spending extensive time in the hospital and not getting the services they need, the child continues to decline physically and mentally, and the costs to the state and trauma for the child and family pile up. This is a critical time for a child's growth, learning, and social development, and children stuck in hospitals are not interacting with peers or siblings, accessing therapeutic services, or experiencing outdoor recreation. The state can do better by making sure the right people are in the room to problem solve, develop resources and agency responses, coordinate services early and quickly, and stop vulnerable kids from languishing in hospitals. This is part of the larger behavioral health vision and strategic plan that the state has been working to build up in recent years to create a continuum of care. The care coordinator will identify any gaps in services, and find solutions for kids in crisis right now.

There are children essentially stuck in hospitals across the state because of a lack of community resources and mental health services, and their behavioral needs exceed what their parents can handle. If the child is unable to return to the parent, the child stays in the hospital for weeks or months, or sometimes for as long as a year. This is more profound for children with developmental disabilities or intellectual disabilities, who tend to have longer length of stays. If the hospital does not have a children's psychiatric ward or children's behavioral expert on staff, the child is placed and boarded in an emergency room or adult medical ward for acute care, even though the child does not need hospitalization, which essentially results in solitary confinement for weeks and months when the family is unable to provide the level of care needed at home. There needs to be accountability and collaboration to make sure children with complex behavioral health needs can access more

appropriate care in a timely manner.

Persons Testifying: PRO: Representative Lisa Callan, Prime Sponsor; Kashi Arora, Seattle Children's; Sina Shah, Seattle Children's; Jessica Cook; Anna Rassman, EvergreenHealth; Diana Stadden, The Arc of WA State; Laura Knapp, Providence Swedish; Cara Helmer, WSHA.

Persons Signed In To Testify But Not Testifying: No one.