SENATE BILL REPORT
SB 5853

As Reported by Senate Committee On:
Health & Long Term Care, January 16, 2024
Ways & Means, February 5, 2024

Title: An act relating to extending the crisis relief center model to provide behavioral health crisis services for minors.

Brief Description: Extending the crisis relief center model to provide behavioral health crisis services for minors.

Sponsors: Senators Dhingra, Wagoner, Frame, Hasegawa, Kuderer, Lovelett, Lovick, Muzzall, Nguyen, Nobles, Shewmake, Stanford, Torres, Valdez and Wilson, C..

Brief History:
Committee Activity: Health & Long Term Care: 1/11/24, 1/16/24 [DPS].
Ways & Means: 2/02/24, 2/05/24 [DP2S].

Brief Summary of Second Substitute Bill

- Allows 23-hour Crisis Relief Centers to serve children, but only in a separate treatment area from adults.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5853 be substituted therefor, and the substitute bill do pass.
Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

Staff: Kevin Black (786-7747)

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.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5853 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Robinson, Chair; Mullet, Vice Chair, Capital; Nguyen, Vice Chair, Operating; Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Rivers, Assistant Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Billig, Boehnke, Braun, Conway, Dhingra, Hasegawa, Hunt, Keiser, Muzzall, Pedersen, Randall, Saldaña, Torres, Van De Wege, Wagoner and Wellman.

Staff: Corban Nemeth (786-7736)

Background: A 23-hour Crisis Relief Center (CRC) is a community-based behavioral health facility serving adults which offers access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per patient. A CRC must be open 24 hours a day, seven days a week and accept behavioral health crisis walk-ins, drop-offs from first responders, and individuals referred through the 988 system, regardless of behavioral health acuity, and without requiring medical clearance.

23-hour CRCs were enacted into law in 2023 through 2SSB 5120. The Department of Health (DOH) expects to finalize rulemaking for CRCs and start accepting license applications in May 2024.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Second Substitute): A CRC may serve children, but may not serve adults and children in the same treatment area. A CRC which proposes to serve both child and adult clients in the same facility must create separate entrances, spaces, and treatment areas such that no contact occurs between child and adult CRC clients.

By March 31, 2025, DOH must create licensure and certification rules for CRCs which provide services to children in consultation with the Health Care Authority and the Department of Children, Youth, and Families. DOH must solicit input from stakeholders in making these rules. The rules must:

- require CRCs to meet the needs of children eight and over and their families,
- provide resources to connect children and their families with behavioral health supports,
- require coordination with the Department of Children, Youth, and Families for children who do not need inpatient care and are unable to be discharged to home;
- address discharge planning for children who are at risk of dependency, out-of-home placement, or homelessness;
- require CRCs to have written policies and procedures that define how age groups will be separated appropriately; and

- require staffing 24 hours a day, seven days a week, by a pediatric multidisciplinary team.

A peace officer may take a minor to a CRC when the officer has reasonable cause to believe the minor is suffering from a mental disorder and presents an imminent likelihood of serious harm or is gravely disabled. A CRC must provide parents or guardians who bring their children for treatment with written and verbal notice of all statutorily available treatment options.

If a minor is brought to a CRC and thereafter refuses to stay voluntarily, and the CRC staff regard the minor as presenting an imminent risk of harm to self of others or imminent danger from grave disability due to a mental disorder, the CRC may detain the minor for sufficient time to complete a designated crisis responder evaluation, but for not more than 12 hours.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):

A 23-hour CRC which proposes to serve both child and adult clients in the same facility to create separate entrances, spaces, and treatment areas such that no contact occurs between child and adult CRC clients. DOH must consult with the Department of Children, Youth, and Families and to solicit input from stakeholders when making rules for CRCs that serve child clients. The rules must include:

- discharge planning for a child who is at risk of dependency, out-of-home placement, or homelessness; and
- a requirement for written policies and procedures defining how different age groups will be appropriately separated.

The staff of a CRC may detain an adolescent whom the staff regards as presenting an imminent danger to self or others based on a behavioral health disorder for evaluation by a designated crisis responder for up to 12 hours from notification of the need for evaluation.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

DOH is required to amend licensure and certification rules for CRCs for CRCs which provide services for children by March 31, 2025. A CRC must provide parents or guardians with written and verbal notice of statutorily available treatment options. Staff of a CRC or crisis stabilization unit may detain an adolescent who is in need of inpatient behavioral health treatment and unwilling to consent for up to 12 hours for a designated crisis responder evaluation.

Appropriation: None.

Fiscal Note: Available.

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

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

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: In the last six years we have been working on building capacity for services across the crisis continuum. This bill helps create a safe place to be. Seattle Children's has seen an increase in visits to the emergency departments related to behavioral health crises. Many don't need to come to the ED, but there is nowhere else to go. Expanding this model to minors is critically needed. This closes a gap. Youth deserve therapeutic spaces designed for behavioral health relief. Washington's behavioral health system is chronically under-resourced, especially for kids. We have amendment suggestions to support rulemaking that addresses special concerns of minors. A crisis center for minors offering observation and short-term stabilization fits well in the continuum. Kirkland is partnering with its surrounding cities to build a CRC. We have suggestions to make these facilities more flexible. Retail theft rings prey on vulnerable individuals and often recruit minors. We support treatment instead of jail. The needs of youth and adults are vastly different. Arizona facilities keep youth separated from the adults. An average of 2.6 Washington youth die by suicide every week. Over half of Washington youth experience depression and anxiety. As a teenager who has suffered from major depression I can say the disease affects kids in terrible ways.

CON: We feel this bill will promote diagnosing more childhood behaviors as mental illness. Pathologizing behavior leads to excessive prescription of psychiatric drugs.

Persons Testifying (Health & Long Term Care): PRO: Senator Manka Dhingra, Prime Sponsor; Mark Johnson, Washington Retail Association; Neal Black, City of Kirkland; Anna Nepomuceno, NAMI Washington and Patients Coalition of Washington; Sarah Perry, King County; Kimberlee Hauff, Washington Chapter of the American Academy of Pediatrics; Katie Kolan, Washington State Hospital Association; Kashi Aurora, Seattle Children's Hospital; Dr. Jeff Eisen, Multicare; Beckett Leeson, Parth Parashar, citizens; Michael Transue, Connections Health Solutions.

CON: Steven Pearce, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on Proposed Second Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: This bill is built on the foundation set by Senate Bill 6120 last year, which established these facilities for adults. We think that extending this model to minors is a great idea. The CRC

model has been shown to be cost effective. Many youth end up at emergency departments for behavioral health conditions, and there needs to be a more therapeutic option for minors in crisis. Most kids in our state who need mental health treatment don't receive it, and are forced to use costly emergency department services if they reach the point of crisis. This is not cost effective or therapeutic. This bill will help children stabilize in more cost effective ways. Please pass this bill to provide mental health support to kids in the right place and at the right time.

CON: We are concerned about the direction that this bill pushes the treatment of youth. There needs to be an amendment to screen youth coming in to these facilities to make sure the services are necessary. This bill will cost more money down the road than some may realize.

Persons Testifying (Ways & Means): PRO: Senator Manka Dhingra, Prime Sponsor; Kashi Arora, Seattle Children's; Michael Transue, National Alliance on Mental Illness and Connections Health Solutions; Emily Ferrell, WA Chapter of the American Academy of Pediatrics.

CON: Steven Pearce, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.