# FINAL BILL REPORT 2SHB 1580

## PARTIAL VETO C 423 L 23

Synopsis as Enacted

**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).

House Committee on Human Services, Youth, & Early Learning House Committee on Appropriations Senate Committee on Human Services Senate Committee on Ways & Means

### **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

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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:**

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;
- direct the 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 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. The 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 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.

The bill expires June 30, 2025.

#### **Votes on Final Passage:**

House 96 0 Senate 49 0

Effective: July 23, 2023

**Partial Veto Summary:** The Governor vetoed the section of the bill that included an emergency clause and made the bill effective immediately, so the bill will now take effect July 23, 2023.