HOUSE BILL REPORT HB 1272

As Reported by House Committee On:

Early Learning & Human Services

Title: An act relating to extending the program to address complex cases of children in crisis.

Brief Description: Extending the program to address complex cases of children in crisis.

Sponsors: Representatives Callan, Eslick, Berry, Leavitt, Salahuddin, Davis, Reed, Nance, Kloba, Timmons, Macri, Simmons, Hunt and Fey.

Brief History:

Committee Activity:

Early Learning & Human Services: 1/21/25, 1/24/25 [DP].

Brief Summary of Bill

• Extends the child and youth multisystem care project director position within the Office of the Governor and other related programs to address complex cases of children in crisis until June 30, 2027 (instead of expiring on June 30, 2025).

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: Do pass. Signed by 11 members: Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Burnett, Assistant Ranking Minority Member; Bernbaum, Dent, Goodman, Hill, Ortiz-Self, Penner and Taylor.

Staff: Luke Wickham (786-7146).

Background:

Children and Youth Multisystem Care Coordinator.

The Governor is required to maintain a children and youth multisystem care coordinator to

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serve as a state lead on addressing complex cases of children in crisis. Children in crisis are defined for this purpose as individuals who are under age 18 who are:

- at risk of remaining in a hospital without medical necessity;
- staying in a hospital without medical necessity; or
- dependent (part of an active child welfare case), experiencing placement instability, and referred by the Department of Children, Youth, and Families (DCYF).

The children and youth multisystem care coordinator must:

- direct the appropriate use of state and other resources to a child in crisis;
- 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 long-term appropriate placement for children in crisis who are dependent;
- coordinate with the rapid response team to make sure that resources are effectively identified and mobilized for children in crisis; and
- coordinate with youth behavioral health and inpatient navigator teams to efficiently and effectively mobilize services for a child in crisis.

The children and youth multisystem care coordinator is also required to 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 in coordination with the DCYF, the Health Care Authority, the Office of Financial Management, and the Department of Social and Health Services. This rapid care team must include a system for:

- identifying children in crisis;
- initiating the rapid response team in a timely manner;
- locating services and connecting youth and families with the appropriate services to allow the child to safely discharge from a hospital;
- · screening referrals; and
- determining when it would be appropriate for the DCYF to provide services to a child as the youth is a candidate for foster care, dependent child, or the family should be offered a voluntary placement agreement.

Certain individuals are identified as those who can refer a child in crisis to the rapid care team.

The children and youth multisystem care coordinator position expires June 30, 2025.	

Summary of Bill:

The title of the staff person addressing complex cases of children in crisis in the Governor's Office is changed from the children and youth multisystem care "coordinator" to the children and youth multisystem care "project director." The child and youth multisystem care project director and other related programs to address complex cases of children in

crisis are extended until June 30, 2027 (instead of expiring on June 30, 2025).

The Governor is required to provide an annual report to the Legislature including data and recommendations related to the rapid care team established by the children and youth multisystem care project director.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) This was a great idea to help find appropriate placements for kids stuck in hospitals that originated from a bill that passed two years ago, House Bill 1580. This bill extends that crucial program until 2027.

The program to address complex cases of children in crisis collaborates with a multi-agency team that includes the Department of Children, Youth, and Families; the Health Care Authority; and the Department of Social and Health Services to address the need of children and youth with complex needs. This program is rooted in racial equity and social justice. It also builds a human-centered, data-driven, integrated system of care, making every decision with children, youth and their family at the core.

The rapid care team has supported nearly 60 children and their families facing exceptionally complex challenges. For example, this team supported a youth with profound autism and co-occurring mental health needs who was in a hospital for months due to lack of discharge options. Through the team's intervention, the youth was safely discharged into appropriate care, significantly improving their well-being. This was possible due to the strong partnership the team built with state agencies, hospitals, service providers, and community organizations, including these led by individuals with lived experience.

This program's two-tiered approach, and child-specific case conferencing paired with systems level meetings addresses immediate crises while addressing systemic challenges.

The rapid care team supports Washington's most vulnerable children and children with complex needs and has established a vital framework for collaboration previously unseen in our state.

This program has created an environment where every agency is accountable to come to the table with their full toolbox of services to support families.

Seattle Children's Hospital has referred 25 youth over the past year to this program, which has led to reductions in length of stay for youth who have been referred to this program compared to those youth who did not have access to it before the program existed. Because of these reductions, children are quickly moving into facilities and community services that can more appropriately meet their needs than a hospital. This approach is a more appropriate and responsible use of state resources, helping kids get connected to what they need rather than paying for months or in some cases even years of unnecessary hospital care.

Given the important progress that is being made, now is not the time to wind down this program when there's still so much more to do.

(Opposed) None.

Persons Testifying: Taku Mineshita, The Office of the Governor Bob Ferguson; and Alysha Thompson, Seattle Children's .

Persons Signed In To Testify But Not Testifying: None.

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