

SENATE BILL REPORT

SHB 1272

As Reported by Senate Committee On:
Human Services, March 25, 2025
Ways & Means, April 8, 2025

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: House Committee on Appropriations (originally sponsored by Representatives Callan, Eslick, Berry, Leavitt, Salahuddin, Davis, Reed, Nance, Kloba, Timmons, Macri, Simmons, Hunt and Fey).

Brief History: Passed House: 3/4/25, 95-0.

Committee Activity: Human Services: 3/25/25 [DP-WM].

Ways & Means: 4/04/25, 4/08/25 [DP].

Brief Summary of Bill

- Changes the position of the Children and Youth Multisystem Care Coordinator to the Children and Youth Multisystem Care Project Director (project director).
- Extends the duties of the project director and rapid care team from June 30, 2025, to June 30, 2027.

SENATE COMMITTEE ON HUMAN SERVICES

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Wilson, C., Chair; Frame, Vice Chair; Christian, Ranking Member; Orwall and Warnick.

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.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Robinson, Chair; Stanford, Vice Chair, Operating; Trudeau, Vice Chair, Capital; Frame, Vice Chair, Finance; Gildon, Ranking Member, Operating; Torres, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Dozier, Assistant Ranking Member, Capital; Boehnke, Braun, Cleveland, Conway, Dhingra, Hansen, Hasegawa, Kauffman, Muzzall, Pedersen, Riccelli, Saldaña, Wagoner, Warnick, Wellman and Wilson, C..

Staff: Josh Hinman (786-7281)

Background: Children and Youth Multisystem Care Coordinator. Legislation passed in 2023 requires the Governor to 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, in coordination with the Department of Children, Youth, and Families (DCYF), Health Care Authority, Office of Financial Management, and Department of Social and Health Services, must develop and implement a rapid care team to support and identify appropriate services and living arrangements for a child in crisis and their family, if appropriate. There are specified individuals who may refer a child in crisis to the rapid care team.

Children in crisis are defined as individuals under age 18 who are:

- staying in or at risk of remaining in a hospital without medical necessity, without the ability to return to the care of a parent, and not dependent; or
- dependent, experiencing placement instability, and referred to the rapid care team by DYCF.

In 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 a child in crisis spends in a hospital without 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 to a child in crisis.

The Governor was required to provide an initial legislative report by November 1, 2023, and a final report by November 1, 2024, with specified data and information on the rapid care team. The report must include:

- the number of children in crisis referred to the rapid care team and the types of people making referrals to the rapid care team;

- the demographic data of the children in crisis served by the rapid care team;
- the types of services and living arrangements identified by the rapid care team;
- the availability of the services and living arrangements identified as needed for the children in crisis served by the rapid care team;
- any barriers preventing children in crisis from safely exiting the hospital setting when there is not a medical need for that hospital stay;
- any barriers preventing children in crisis who are dependent from maintaining an appropriate and stable placement;
- recommendations for earlier intervention to prevent children from becoming children in crisis;
- discussion regarding the implementation of youth behavioral health and inpatient navigator programs and their role in serving children in crisis; and
- recommendations for systemic changes that could replace the rapid care team in addressing complex cases of children in crisis.

The care coordinator and rapid care team expire June 30, 2025.

Summary of Bill: The position of the care coordinator is changed to the Children and Youth Multisystem Care Project Director (project director). The duties of the project director and the rapid care team are extended from June 30, 2025, to June 30, 2027.

Outdated reporting requirements are removed, and instead an annual report must be provided by the Governor to the Legislature with data and recommendations related to the rapid care team.

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

Fiscal Note: Available.

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 (Human Services): No public hearing was held.

Persons Testifying (Human Services): N/A

Persons Signed In To Testify But Not Testifying (Human Services): N/A

Staff Summary of Public Testimony (Ways & Means): PRO: My agency provides crisis intervention in-home counseling across the state. We urge support for HB 1272, which extends the life of the children crisis program. Since the program began, half of the children served have been able to be safely discharged. Half of the children served were from the

Seattle Children's Hospital and had a reduced length of stay compared to similar youth who did not participate in the program. At over \$3,000 per day for hospitalization, this program is a really significant cost savings. The program is more than just cost effective. The program is really life-changing for the children and families who participate. The Governor's office supports this bill. Seattle Children's Hospital strongly supports the bill, which extends the program first enacted in 2023. Hospitalizations are costly and they negatively impact the well-being of children and youth. Before this program, Seattle Children's paid over \$3.7 million in one year to hospitalize youth who should have been receiving mental health care in far more appropriate settings, yet faced barriers to discharge. We have seen firsthand that the crisis team and their use of flexible funding is effective and a critical investment, even in this fiscal environment. This bill saves the state money. If this works sunsets, the state will return to a costly and ineffective process where kids and families fall through the cracks. House bill 1272 continues a fiscally responsible approach by extending the timeline of this team and their work. We urge support.

Persons Testifying (Ways & Means): PRO: Kashi Arora, Seattle Children's; Mary Fischer, Institute for Family Development; Taku Mineshita, Washington State Office of Governor Bob Ferguson.

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