

# SENATE BILL REPORT

## SB 5475

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As Reported by Senate Committee On:  
Human Services & Corrections, February 19, 2013

**Title:** An act relating to the creating of a licensing category for receiving care centers.

**Brief Description:** Creating a licensing category for receiving care centers.

**Sponsors:** Senators Harper and Hobbs.

**Brief History:**

**Committee Activity:** Human Services & Corrections: 2/12/13, 2/19/13 [DPS].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** That Substitute Senate Bill No. 5475 be substituted therefor, and the substitute bill do pass.

Signed by Senators Carrell, Chair; Pearson, Vice Chair; Darneille, Ranking Member; Hargrove, Harper and Padden.

**Staff:** Joan Miller (786-7784)

**Background:** The Department of Social and Health Services (DSHS) has the authority to establish licensing requirements for foster homes and other agencies or entities that provide care for children residing in out-of-home placements. Receiving care centers provide immediate placement and care for children who have been removed from their homes. Receiving care centers have entered into an agreement with regional DSHS offices to provide emergency or crisis care to children. Currently, receiving care centers are not formally licensed by DSHS.

**Summary of Bill (Recommended Substitute):** A resource and assessment center is defined as an agency that provides short-term emergency and crisis care for a period of up to 72 hours, excluding weekends and holidays, to children who have been removed from their parents or guardians by Child Protective Services or law enforcement. Resource and assessment centers serve children from birth to 12 years of age or children over the age of 12 who have a sibling less than 13 years of age being admitted to a resource and assessment center. Centers may operate 24 hours per day, seven days per week but are not required to be open if there are no children in their care. DSHS is authorized to license resource and assessment centers if (1) there is a demonstrated need in the local community for a resource

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and assessment center, (2) the center will be staffed primarily by trained volunteers, and (3) the center demonstrates that it is not financially dependent on reimbursement from the state to operate. DSHS may adopt rules that specify licensing requirements.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Substitute):** The name of receiving care center is changed to resource and assessment center. The length of stay at the center is amended from seven days to 72 hours, excluding weekends and holidays, which mirrors the shelter care statute. A provision is added stating that centers may not be used to address placement disruptions for children already in foster care. The following licensing requirements are established as: (1) a demonstrated need in the local community for a center, (2) is primarily staffed by trained volunteers, and (3) reimbursement from the state is not necessary for the center to operate.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony on Original Bill:** PRO: Todd McNeal's family is a long-time foster family and is on the after-hours list, meaning most of the children they have cared for have come to them in the middle of the night after traumatic experiences, such as drug raids, domestic violence, and DUIs. One of the first things asked is whether the child has any communicable diseases because they can be common in children who need foster care. In such a situation, Todd would need to meet the social worker and child at the doctor's office to avoid spreading the disease to the other children in his household. In one particular case, the family was told that a child placed in their care did not have any communicable diseases, but within three hours, Todd discovered that the child was infested with scabies. Basically, the child was bounced around from home to home because there was nowhere to treat the communicable disease and prepare the child for foster care, but this is the role that receiving care centers play. When children are in this situation, they can come to the receiving care center and be treated for any communicable diseases. The receiving care center has partnerships with many hospitals, and it documents any abuse.

OTHER: If there were other receiving care centers that were patterned exactly like Hand in Hand with a staff of trained volunteers, then they would be an important resource for DSHS and Children's Administration. DSHS does have a couple of issues that it would like clarified: (1) it is not clear whether receiving care centers would be staffed solely by volunteers; and (2) it is not clear whether receiving care centers may choose their own hours of operation.

**Persons Testifying:** PRO: Todd McNeal, Hand in Hand.

OTHER: Randy Hart, DSHS, Children's Administration.