HOUSE BILL REPORT
E2SSB 5853

As Reported by House Committee On:
Human Services, Youth, & Early Learning

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: Senate Committee on Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Frame, Hasegawa, Kuderer, Lovelett, Lovick, Muzzall, Nguyen, Nobles, Shewmake, Stanford, Torres, Valdez and Wilson, C.).

Brief History:

Committee Activity:

Human Services, Youth, & Early Learning: 2/20/24, 2/21/24 [DP].

Brief Summary of Engrossed Second Substitute Bill

- Authorizes 23-hour crisis relief centers to serve nonadult clients, and establishes guidelines for centers serving this population.
- Aligns the definition of "mental health professional" for purposes of provisions governing treatment of minors with the definition applicable to the treatment of adults, and makes other changes to incorporate references to these centers and similar facilities in current law provisions.

HOUSE COMMITTEE ON HUMAN SERVICES, YOUTH, & EARLY LEARNING

Majority Report: Do pass. Signed by 9 members: Representatives Senn, Chair; Cortes, Vice Chair; Rule, Vice Chair; Eslick, Ranking Minority Member; Couture, Assistant Ranking Minority Member; Callan, Goodman, Ortiz-Self and Taylor.

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.

Minority Report: Without recommendation. Signed by 2 members: Representatives Dent and Walsh.

Staff: Omeara Harrington (786-7136).

Background:

23-Hour Crisis Relief Centers.
Pursuant to legislation enacted in 2023, "23-hour crisis relief centers" (crisis relief centers) were established as a new category of behavioral health facility. Crisis relief centers are community-based facilities, or portions of facilities, that offer access to behavioral health care to adults for less than 24 hours. Crisis relief centers are open 24 hours per day, seven days per week, and must accept all clients in behavioral health crisis who arrive voluntarily, are brought in by first responders, or are referred through the 988 behavioral health crisis system, regardless of the acuity of the person's behavioral health condition.

Crisis relief centers are licensed or certified by the Department of Health (DOH). The enacting legislation required the DOH to adopt rules to require crisis relief centers to:

- offer, without medical clearance requirements, walk-in options, drop-off options for first responders, and drop-off options for persons referred through the 988 system;
- be capable of accepting admissions 90 percent of the time when the facility is not at full capacity and must maintain a no-refusal policy for law enforcement;
- track instances of declined admissions and the reasons for the denials and make the information available to the DOH;
- provide services for mental health conditions and substance use disorder issues;
- maintain the capacity to screen for physical health needs, deliver minor wound care, and provide care for most minor physical or basic health needs, with a pathway to transfer the person to more medically appropriate services, if needed;
- be staffed 24 hours per day, seven days per week with a multidisciplinary team, including a prescribing provider, that is capable of meeting the needs of individuals experiencing all levels of crisis and the ability to dispense medications;
- screen all individuals for suicide risk and engage in comprehensive suicide risk assessment and planning;
- screen all individuals for violence risk and engage in comprehensive violence risk assessment and planning;
- limit patient stays to less than 24 hours, except for patients waiting for a designated crisis responder evaluation or an imminent transition to another setting as part of an aftercare plan;
- maintain relationships with entities capable of providing for ongoing service needs, unless the licensee provides those services; and
- coordinate connection to ongoing care, when appropriate.

If a person at a crisis relief center refuses to stay voluntarily, the staff may detain the person for sufficient time to allow a designated crisis responder to complete an evaluation if the

professional staff believe that the person either presents an imminent likelihood of serious harm due to a behavioral health disorder or presents an imminent danger because of grave disability and may qualify for involuntary commitment. If involuntary commitment criteria are met, the person may be held in custody or transferred to an appropriate facility within 12 hours of notifying the designated crisis responder.

In addition to other listed facilities:

- designated crisis responders may send a person to crisis relief centers for evaluation and treatment if they voluntarily agree;
- when a person is subject to emergency custody for a behavioral health condition, a peace officer may deliver the person to a crisis relief center where they may be held for up to 12 hours;
- agencies or facilities that are monitoring persons under a less restrictive alternative treatment order or conditional release order, or a designated crisis responder, may detain a person at a crisis relief center for up to 12 hours for evaluation when enforcing, modifying, or revoking an order; and
- police officers may take a person with a behavioral health condition who is believed to have committed a crime to a crisis relief center where the person may be held for up to 12 hours.

Long-term care facilities are prohibited from discharging or transferring residents to a crisis relief center, as are hospitals with respect to discharging patients, unless the hospital has a formal relationship with the crisis relief center.

Crisis Stabilization Units.
A crisis stabilization unit is a short-term facility or a portion of a facility licensed or certified by the DOH, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual.

Mental Health Professionals.
For purposes of provisions relating to the community behavioral health system and the involuntary commitment system, until recently, a "mental health professional" was defined in the provisions governing treatment of both minors and adults to include psychiatrists, psychologists, physician assistants working with a supervising psychiatrist, psychiatric advanced registered nurse practitioners, psychiatric nurses, social workers, and any other mental health professional defined in rule by the DOH, which included mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, and certain agency staff members. Legislation in 2023 modified the definition only with respect to treatment of adults to include certified or licensed agency-affiliated counselors within the statutory definition, remove the DOH rulemaking authority, and add professions listed in the rule to the statutory definition. The definition in the provisions governing minors was not amended.

Summary of Bill:

The provisions governing crisis relief centers are modified to allow crisis relief centers to accept clients that are children, subject to additional requirements.

By March 31, 2025, the DOH must amend licensure and certification rules for crisis relief centers in consultation with the Health Care Authority and the Department of Children, Youth, and Families (DCYF) to create standards for licensure or certification of crisis relief centers that provide services to children. The DOH must solicit input from stakeholders when engaging in rulemaking for this purpose.

Crisis relief centers treating children must, in addition to meeting existing requirements:

- not treat children in a shared space or allow them to have contact with adult clients;
- be structured to meet the crisis needs of children ages 8 and over and their families;
- have written policies and procedures defining how different age groups will be appropriately separated;
- provide resources to connect children and their families with behavioral health supports;
- coordinate with the DCYF for children who do not need inpatient care and are unable to be discharged to their home;
- address discharge planning for a child who is at risk of dependency, out-of-home placement, or homelessness; and
- be staffed 24 hours a day, seven days a week, with a pediatric multidisciplinary team.

For crisis relief centers proposing to serve both child and adult clients in the same facility, the DOH must establish physical environment standards that require separate internal entrances, spaces, and treatment areas such that no contact occurs between child and adult clients.

Provisions authorizing delivery by law enforcement and emergency detention of minors suspected of meeting involuntary commitment criteria, and parent-initiated behavioral health treatment, are modified to include references to crisis relief centers. Provisions authorizing facilities to release a minor's behavioral health information to the minor's parents in certain circumstances are modified to include crisis relief centers and crisis stabilization units.

The definition of "mental health professional" for purposes of provisions governing treatment of minors is aligned with the definition applicable to the treatment of adults.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 14, 2024.

Effective Date: The bill contains multiple effective dates. Please see the bill.

Staff Summary of Public Testimony:

(In support) Last session the Legislature created crisis relief centers, and it is critically necessary to expand these facilities to allow treatment of minors. This model has been successful in other states. Minors are experiencing mental health issues that are growing in prevalence and acuity. There are increases in minors coming to the emergency room experiencing behavioral health crises who have nowhere else to go, sometimes languishing for days. These crisis relief centers are equipped to handle all kinds of behavioral health crises, and youth should have designated spaces for crisis relief. Most children who need mental health treatment do not receive it, and doctors have seen the devastating consequences of suicide attempts, including permanent disability and death. Emergency rooms have hazardous equipment and environmental interruptions that are not appropriate for psychiatric care. Many minors with untreated mental health issues face higher rates of school discipline, criminal justice involvement, and other negative consequences. High school students have experienced peer overdoses and suicide attempts. These tragedies spread through rumors and affect entire school environments, making them feel unsafe. Retail business owners have felt the effects of community safety issues and organized retail crime. It will take a multipronged approach to break the cycle that is currently occurring. This bill will expand Washington's crisis services model, and will provide treatment by the least restrictive means possible. The bill as amended requires separate entrances and separate treatment areas for centers that will colocate minors and adults.

(Opposed) It is necessary to look for nonpsychiatric and environmental causes of behaviors that may falsely present as behavioral health issues. Young people may be falsely identified as having mental illness when they do not, and may be administered psychotropic drugs that exacerbate other underlying conditions. A medical evaluation should be offered for every youth entering a center. The mental health system is already overtaxed, and this change will add to that issue.

Persons Testifying: (In support) Scarlett Coll, Lake Washington High School; Kashika Arora, Seattle Children's Hospital; Mark Johnson, Washington Retail Association; Divya Natarajan, Washington Chapter of the American Academy of Pediatrics; Caitlin Hochul, Inseparable; and Michael Transue, Connections Health Solutions and National Alliance for Mental Illness Washington.

(Opposed) Kathleen Wedemeyer, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying: None.