

# SENATE BILL REPORT

## SB 5853

---

---

As Reported by Senate Committee On:  
Health & Long Term Care, January 16, 2024

**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:** Senators Dhingra, Wagoner, Frame, Hasegawa, Kuderer, Lovelett, Lovick, Muzzall, Nguyen, Nobles, Shewmake, Stanford, Torres, Valdez and Wilson, C..

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/11/24, 1/16/24 [DPS].

**Brief Summary of First Substitute Bill**

- Allows 23-hour Crisis Relief Centers to serve children, but not in the same treatment area as adults.

---

### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5853 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

**Staff:** Kevin Black (786-7747)

**Background:** A 23-hour Crisis Relief Center (CRC) is a community-based behavioral health facility serving adults which offers access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per patient. A CRC must be open 24 hours

---

*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.*

a day, seven days a week and accept behavioral health crisis walk-ins, drop-offs from first responders, and individuals referred through the 988 system, regardless of behavioral health acuity, and without requiring medical clearance.

23-hour CRCs were enacted into law in 2023 through 2SSB 5120. The Department of Health (DOH) expects to finalize rulemaking for CRCs and start accepting license applications in May 2024.

**Summary of Bill (First Substitute):** A CRC may serve children, but may not serve adults and children in the same treatment area.

By March 31, 2025, DOH must amend licensure and certification rules for CRCs in consultation with the Health Care Authority to amend licensure and certification rules for CRCs which provide services to children. The rules must require CRCs to meet the needs of children eight and over and their families, provide resources to connect children and their families with behavioral health supports, coordinate with the Department of Children, Youth, and Families for children who do not need inpatient care and are unable to be discharged to home, and be staffed 24 hours a day, seven days a week, with a pediatric multidisciplinary team.

A peace officer may take a minor to a CRC when the officer has reasonable cause to believe the minor is suffering from a mental disorder and presents an imminent likelihood of serious harm or is gravely disabled. A CRC must provide parents or guardians who bring their children for treatment with written and verbal notice of all statutorily available treatment options.

The staff of a crisis stabilization unit or CRC must evaluate the immediate need for inpatient behavioral health treatment of an adolescent who is brought to the facility. If inpatient treatment is required and the adolescent is unwilling to consent, the facility may detain the adolescent for up to 12 hours for evaluation by a designated crisis responder.

**EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

DOH is required to amend licensure and certification rules for CRCs for CRCs which provide services for children by March 31, 2025. A CRC must provide parents or guardians with written and verbal notice of statutorily available treatment options. Staff of a CRC or crisis stabilization unit may detain an adolescent who is in need of inpatient behavioral health treatment and unwilling to consent for up to 12 hours for a designated crisis responder evaluation.

**Appropriation:** None.

**Fiscal Note:** Requested on January 9, 2024.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

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

**Staff Summary of Public Testimony on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: In the last six years we have been working on building capacity for services across the crisis continuum. This bill helps create a safe place to be. Seattle Children's has seen an increase in visits to the emergency departments related to behavioral health crises. Many don't need to come to the ED, but there is nowhere else to go. Expanding this model to minors is critically needed. This closes a gap. Youth deserve therapeutic spaces designed for behavioral health relief. Washington's behavioral health system is chronically under-resourced, especially for kids. We have amendment suggestions to support rulemaking that addresses special concerns of minors. A crisis center for minors offering observation and short-term stabilization fits well in the continuum. Kirkland is partnering with its surrounding cities to build a CRC. We have suggestions to make these facilities more flexible. Retail theft rings prey on vulnerable individuals and often recruit minors. We support treatment instead of jail. The needs of youth and adults are vastly different. Arizona facilities keep youth separated from the adults. An average of 2.6 Washington youth die by suicide every week. Over half of Washington youth experience depression and anxiety. As a teenager who has suffered from major depression I can say the disease affects kids in terrible ways.

CON: We feel this bill will promote diagnosing more childhood behaviors as mental illness. Pathologizing behavior leads to excessive prescription of psychiatric drugs.

**Persons Testifying:** PRO: Senator Manka Dhingra, Prime Sponsor; Mark Johnson, Washington Retail Association; Neal Black, City of Kirkland; Anna Nepomuceno, NAMI Washington and Patients Coalition of Washington; Sarah Perry, King County; Kimberlee Hauff, Washington Chapter of the American Academy of Pediatrics; Katie Kolan, Washington State Hospital Association; Kashi Aurora, Seattle Children's Hospital; Dr. Jeff Eisen, Multicare; Beckett Leeson, Parth Parashar, citizens; Michael Transue, Connections Health Solutions.

CON: Steven Pearce, Citizens Commission on Human Rights.

**Persons Signed In To Testify But Not Testifying:** No one.