

FINAL BILL REPORT

E2SSB 5853

C 367 L 24
Synopsis as Enacted

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.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Human Services, Youth, & Early Learning
House Committee on Appropriations

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 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.

Twenty three-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: A CRC may serve children, but may not serve adults and children in the same treatment area. A CRC which proposes to serve both child and adult clients in the same facility must create separate internal entrances, spaces, and treatment areas such that no contact occurs between child and adult CRC clients.

By March 31, 2025, DOH must create licensure and certification rules for CRCs which provide services to children in consultation with the Health Care Authority and the Department of Children, Youth, and Families. DOH must solicit input from stakeholders in

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making these rules. 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,
- require coordination with the Department of Children, Youth, and Families for children who do not need inpatient care and are unable to be discharged to home;
- address discharge planning for children who are at risk of dependency, out-of-home placement, or homelessness;
- require CRCs to have written policies and procedures that define how age groups will be separated appropriately; and
- require staffing 24 hours a day, seven days a week, by 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.

If a minor is brought to a CRC and thereafter refuses to stay voluntarily, and the CRC staff regard the minor as presenting an imminent risk of harm to self or others, or in imminent danger from grave disability due to a mental disorder, the CRC may detain the minor for sufficient time to complete a designated crisis responder evaluation, but for not more than 12 hours.

Votes on Final Passage:

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| Senate | 49 | 0 |
| House | 92 | 4 |

Effective: June 6, 2024
Contingent (Section 4)