

# SENATE BILL REPORT

## SB 5427

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As of February 5, 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:** Senators Wilson, C., Hasegawa, Nobles and Trudeau.

**Brief History:**

**Committee Activity:** Human Services: 2/05/25.

**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.

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### SENATE COMMITTEE ON HUMAN SERVICES

**Staff:** Kelsey-anne Fung (786-7479)

**Background:** Children and Youth Multisystem Care Coordinator. Under legislation passed in 2023, the Governor must 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.

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*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.*

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:** None.

**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:** PRO: This bill is about children stuck in the hospital with no where to go. The children and youth behavioral health work group recommended creation of the care coordinator position to help find appropriate placements for these children who are at risk of remaining in hospitals and who may not be able to return home because there was not a parent who was able to take care of them. There has been success in the short time the program has been online, and this bill extends the program for another two years.

The rapid care team has created a patient and family centered environment where each state agency is accountable to come to the table with their full toolbox of services and supports. The team has identified creative solutions, worked quickly to break down barriers and access to care, and moved care forward for youth. The legislation from 2023 did not create more services or placements but created an approach that is an appropriate and responsible use of state resources to help kids actually get what they need rather than paying for months of unneeded hospital care.

The rapid care team has been successful in interventions for youth to safely discharge into appropriate care settings. Because of strong partnerships with state agencies, hospitals, services providers, and community organizations, the work is compassionate, informed, and effective. There have been children with exceptionally complex medical issues living in the hospital for weeks, even months or years due to lack of available placements in the state. This program provides necessary resources and interventions for the family so they can receive practical assistance from the state, bridge gaps in services, and alleviate immense stress.

Children in crisis often have complex needs, and they often have co-occurring mental health conditions and intellectual or developmental disabilities. They are multi-system users and are more likely to experience systemic barriers to care and crisis coordination. Public education partners should be formally included in this work to enhance crisis intervention infrastructure and include a plan for children with developmental disabilities. This work strengthens the comprehensive integrated system of care for children with developmental disabilities, reduces hospital stays, and ensures timely discharge from hospitals when there

is no medical necessity.

There are children with complex intellectual disabilities and severe mental illness and it is hard to find specialists and effective help. Families are often blamed and shamed, and the child is hospitalized or placed in a group home with small staffing ratios. This is very traumatic for families to find a placement, but now with a coordinated system of care, the rapid care team can help families facing similar crises and use flexible funds to cover travel expenses for families and develop long-term sustainable plans.

**Persons Testifying:** PRO: Senator Claire Wilson, Prime Sponsor; Stacy Dym, The Arc of Washington State; Kashi Arora, Seattle Children's; Sheryl Landstrom, A Common Voice | C.O.P.E. Project 1580 LPSS; Richelle Madigan; Kimberly Runge, A Common Voice | 1580 Program Manager; Taku Mineshita, Washington State The Office of The Governor.

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