

HOUSE BILL ANALYSIS

ESSB 5082

Title: *An act relating to mental health and chemical dependency treatment for minors.*

Brief Description: *Revising procedures for mental health and chemical dependency treatment for minors.*

Sponsors: *Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Long, Franklin, Oke and Winsley).*

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Meeting Date: *March 25, 1997.*

Bill Analysis Prepared by: *Doug Ruth (786-7134).*

Background: *Prior to enactment of the Becca Bill in 1995, there were two methods for admitting a child to a mental hospital: voluntary and involuntary admissions. Involuntary admissions require a court to find that a child is gravely disabled or presents a likelihood of serious harm to himself or herself. For voluntary admission, a professional in charge of a facility must determine that the child is in need of treatment, that the facility provides the type of treatment needed, and there are no other lesser restrictive treatment settings for the child. Once a child is admitted, if the child gives a facility a notice of intent to leave, the facility must discharge the child within 24 hours or file a petition for further detention.*

The Becca Bill created a new procedure for admitting a child to a mental health facility: parental admission. The intent of the new procedure was to broaden parents' rights to seek professional help for their children without the necessity of a court proceeding. Like voluntary admissions, the parental admissions procedure requires that the professional in charge determine that the child is in need of treatment, that the facility provides the type of treatment needed, and that there are no other lesser restrictive treatment settings for the child.

Under both parental and voluntary procedures, the designated county medical health professional may review a child's admission between 15 and 30 days after the admission. The Department of Social and Health Services is required to review the medical appropriateness of all admissions 60 days after admission.

In June 1996, the Washington State Supreme Court heard the case State of Washington v. CPC Fairfax Hospital, which involved the parental admission procedures. Specifically, the court examined whether notice of intent to leave by a child admitted to a mental health facility has the same effect if the child was admitted by a parent as it does if the child was voluntarily admitted. The court held that the provision applies to both admission procedures and requires release of the child or filing of a petition to further detention.

A child may also be admitted voluntarily, involuntarily, or by parental consent to a chemical dependency treatment facility. The procedures for admission are similar to those for admissions to a mental health facility. Involuntary admissions require court authorization. For voluntary admissions, parental consent is necessary unless the child is older than 13 and meets the definition of a child in need of services. Parental admission is permitted for children of all ages and regardless of whether the child consents.

Voluntary and parental admissions must be reviewed by the department no later than 60 days following admission. The county designated chemical dependency specialist may review a child's admission between 15 and 30 days following the admission.

Summary of Bill: *The procedures for admitting a child to mental health and chemical dependency treatment are changed. The procedures for involuntary, parental, and voluntary inpatient and outpatient admissions are clearly separated in statute.*

Parent-Initiated Mental Health and Chemical Dependency Inpatient Treatment

Mental health and chemical dependency treatment of children is allowed, without the child's consent, when the decision to admit the child is made by a medical professional at the request of a parent. Within 24 hours of a child's arrival at a facility, a professional must determine if treatment is a medical necessity-. Medical necessity is defined as:

a requested service which is reasonably calculated to: (a) diagnose, correct, cure, or alleviate a mental disorder or chemical dependency; or (b) prevent the worsening of mental or chemical dependency conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.-

The child cannot be held longer than 72 hours without being admitted or discharged.

Between 7 and 14 days after admission, the department must review the professional's decision to treat the child. The purpose of the review is to determine whether the child's condition has sufficiently improved to be released to a less restrictive setting. Subsequent reviews are provided every 30 days. The department may contract out the reviews.

If the department finds that it is medically appropriate for the child to be released, the facility must discharge the child to his or her parents' care. If the parents and medical professional disagree with the department's finding, the child may be held for two judicial days so the parent may file an at-risk youth- (ARY) petition in court. Upon release of a child, the department may recommend outpatient treatment for the child. A child's refusal to participate in outpatient treatment is grounds for filing an ARY petition.

At any time, a child's parents may demand release of a child, however a child may not gain release through a notice of intent to leave.

Voluntary Mental Health Inpatient Treatment

A facility must immediately discharge a child on the written request of the child's parent.

Periodic review by the department and the county designated mental health professional are eliminated. The current requirements of annual verification of a child's wish to receive treatment and independent review of a child's condition every 180 days are preserved.

Mental Health Outpatient Treatment

Providers of outpatient community mental health services who treat children 13 years old or older must notify parents of their child's treatment. The notice must be given after a child's third visit. Exemptions are provided for children the department identifies as abused or whose treatment would be compromised by notification.

Appropriation: None.

Fiscal Note: Available.

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