

FINAL BILL REPORT

SHB 2883

C 185 L 20
Synopsis as Enacted

Brief Description: Expanding adolescent behavioral health care access.

Sponsors: House Committee on Human Services & Early Learning (originally sponsored by Representatives Eslick, Frame and Davis).

House Committee on Human Services & Early Learning
Senate Committee on Health & Long Term Care
Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care

Background:

Adolescent-Initiated Treatment.

A minor age 13 or older (adolescent) may admit himself or herself to an evaluation and treatment facility for inpatient mental health treatment or an approved substance use disorder treatment program for inpatient substance use disorder treatment without parental consent. The admission may occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Parental authorization, or authorization from a person who may consent on behalf of the minor, is required for inpatient treatment of a minor under age 13.

A minor may be admitted to an evaluation and treatment facility or substance use disorder program when:

- there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder or substance use disorder;
- the facility provides the type of evaluation and treatment needed by the minor; and
- it is not feasible to treat the minor in any less restrictive setting or the minor's home.

Written renewal of voluntary consent must be obtained from the applicant no less than once every 12 months. The minor's need for continued inpatient treatments must be reviewed and documented no less than every 180 days.

Any adolescent may request and receive outpatient treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor, is required for outpatient treatment of a minor under age 13.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Family-Initiated Treatment for Adolescents.

A parent may bring, or authorize the bringing of, his or her adolescent child to:

- an evaluation and treatment facility or a licensed inpatient facility and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or
- a secure detoxification facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the minor has a substance use disorder and is in need of inpatient treatment.

Inpatient treatment is defined as 24-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the Department of Health (DOH) as an evaluation and treatment facility for minors, secure detoxification facility for minors, or approved substance use disorder treatment program for minors.

An evaluation and treatment facility is defined as a public or private facility or unit that is licensed or certified by the DOH to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility that is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility.

An agency providing evaluation and treatment services must ensure:

- designation of a physician or other mental health professional as the professional in charge of clinical services at that facility; and
- a designated policy management structure that establishes certain safety procedures, detention procedures for arrested persons, among others.

The consent of the adolescent is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.

The Health Care Authority (HCA) must assure that, for any adolescent admitted to inpatient treatment under family-initiated treatment, a review is conducted by a physician or other mental health professional who is employed by the HCA, or an agency under contract with the HCA, and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the facility providing the treatment. The physician or other mental health professional must conduct the review not less than seven, but no more than 14, days following the date the minor was brought to the facility to determine whether it is a medical necessity to continue the minor's treatment on an inpatient basis. In conducting this review, the HCA must consider the opinion of the treatment provider, the safety of the minor, and the likelihood the adolescent's mental health will deteriorate if released from inpatient treatment. The HCA must also consult with the parent in advance of making its determination.

If the HCA determines it is no longer a medical necessity for a minor to receive inpatient treatment, the HCA must immediately notify the parents and the facility. The facility must

release the minor to the parents within 24 hours of receiving notice. If the professional person in charge and the parent believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor must be released to the parent on the second day following the HCA's determination in order to allow the parent time to file an at-risk youth petition. If the HCA determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal is grounds for the parent to file an at-risk youth petition.

Following the HCA review, the adolescent may petition the superior court for his or her release from a facility. This petition may be filed five days following the review. The court must release the adolescent unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the adolescent to remain at the facility.

Summary:

Residential treatment facilities are added to the definition of "inpatient treatment" for purposes of family-initiated treatment, such that parents can bring an adolescent child to a residential treatment facility to determine whether the adolescent has a mental disorder or substance use disorder and is in need of inpatient treatment. The consent of the adolescent is not required for admission, evaluation, and treatment at residential treatment facilities is not required if a parent consents.

For adolescents receiving treatment in a residential treatment facility through family-initiated treatment, the physician or other mental health professional under contract with the HCA must conduct an additional review every 30 days after the initial review.

If an adolescent receiving treatment in a residential treatment facility is not released as a result of a court petition filed by the adolescent seeking release from the facility, the adolescent may remain in a residential treatment facility so long as it continues to be a medical necessity for the adolescent to receive such treatment.

The HCA must develop and operate a data collection and tracking system for youth receiving family-initiated treatment. In implementing this data collection and tracking system, the HCA must, in collaboration with the DOH, collect certain information from facilities serving adolescents receiving family-initiated treatment, if possible.

Votes on Final Passage:

House	98	0
Senate	49	0

Effective: June 11, 2020
July 1, 2026 (Section 7)