
**Human Services & Early Learning
Committee**

HB 1874

Brief Description: Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.

Sponsors: Representatives Frame, Eslick, Davis, Bergquist and Doglio.

Brief Summary of Bill

- Authorizes mental health professionals to provide certain treatment information to a parent or legal guardian who is involved in the treatment of the adolescent when the mental health professional believes that sharing this information would not be detrimental to the adolescent.
- Authorizes the Department of Children, Youth, and Families to share certain mental health treatment records with a care provider.
- Authorizes a parent of an adolescent to request and receive medically necessary outpatient mental health or substance use disorder treatment for up to 3 months or 12 sessions.

Hearing Date: 2/6/19

Staff: Luke Wickham (786-7146).

Background:

Age of Consent for Behavioral Health Treatment.

A minor age 13 or older 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 shall 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.

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.

When, in the judgment of the professional person in charge of an evaluation and treatment facility or approved substance use disorder treatment program, there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder or substance use disorder, and 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, the minor may be admitted to the facility.

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 shall be reviewed and documented no less than every one hundred eighty days.

Any minor age 13 or older 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 the age of 13.

Parent-Initiated Inpatient Treatment.

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

- an evaluation and treatment facility or an inpatient facility licensed 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.

The consent of the minor 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 minor admitted to inpatient treatment under parent-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 shall 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 minor'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 shall 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 shall be grounds for the parent to file an at-risk youth petition.

Following the HCA review, a minor child 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 minor unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the minor to remain at the facility.

Parent-Initiated Outpatient Treatment.

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

- a provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment; or
- a provider of outpatient substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a substance use disorder and is in need of outpatient treatment.

The consent of the minor is not required for evaluation if the parent brings the minor to the provider. The professional person may evaluate whether the minor has a mental disorder or substance use disorder and is in need of outpatient treatment.

Summary of Bill:

The definition of chemical dependency professional is expanded to include a chemical dependency trainee working under the direct supervision of a certified chemical dependency professional.

The definition of mental health professional is expanded to include a licensed mental health counselor associate working under the direct supervision of a licensed mental health professional.

An "adolescent" is defined as a minor age 13 or older.

Parental Authorization for Inpatient Treatment.

Parents of adolescents are authorized to admit a child to an evaluation and treatment center for inpatient mental health or substance use disorder treatment without the consent of the adolescent if the professional person agrees that there is a need for that level of treatment. The treatment team must convene a treatment review at least every 30 days after this admission. The treatment facility must also provide notice of this admission to the HCA within 24 hours where an independent review will determine medical necessity for that level of treatment. At least every 45 days after admission, the HCA must conduct an additional review to determine whether that level of treatment is necessary.

Parental Authorization for Outpatient Treatment.

Parents of adolescents may request and receive medically necessary outpatient mental health or substance use disorder treatment without the consent of the adolescent for:

- up to 12 outpatient sessions; or
- a 3-month period of outpatient treatment.

Sharing of Adolescent Mental Health Information.

Mental health professionals are authorized to provide treatment information to a parent or legal guardian who is involved in the treatment of the adolescent when the mental health professional believes that sharing this information would not be detrimental to the adolescent.

The treatment information that mental health professionals can share includes:

- diagnosis;
- treatment plan and progress in treatment;
- recommended medication;
- psychoeducation about the child's behavioral health condition;
- referrals to community resources;
- coaching on parenting or behavioral management strategies; and
- crisis prevention planning and safety planning.

The mental health professional must provide notice of this disclosure to the adolescent, and the adolescent must have an opportunity to express any concerns about disclosure before that disclosure is made.

An adolescent, parent, or legal guardian is allowed to authorize release of mental health treatment records to a treatment provider or potential treatment provider for the purpose of facilitating referrals for additional mental health services.

The liability of outpatient or inpatient mental health providers that release information is limited if they determine that release will not be detrimental to an adolescent or declining to release information if it determined that release of the information would be detrimental.

The Department of Children, Youth, and Families is allowed to share the following mental health treatment records with a care provider to include:

- diagnosis;
- treatment plan and progress in treatment;
- recommended medication;
- psychoeducation about the child's behavioral health condition;
- referrals to community resources;
- coaching on parenting or behavioral management strategies; and
- crisis prevention planning and safety planning.

The bill may be known and cited to as the Adolescent Behavioral Health Care Access Act.

Appropriation: None.

Fiscal Note: Requested on February 1, 2019.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.