

**SENATE BILL REPORT**

**SB 6218**

**AS OF FEBRUARY 3, 1992**

**Brief Description:** Concerning mental health services for minors.

**SPONSORS:** Senator Roach

**SENATE COMMITTEE ON HEALTH & LONG-TERM CARE**

**Staff:** Sarena Seifer (786-7417)

**Hearing Dates:** February 4, 1992

**BACKGROUND:**

The Juvenile Issues Task Force was created by the 1991 Legislature to examine the operation of the 1977 Juvenile Justice Act, the Family Reconciliation Act, 1990 at-risk youth legislation and related issues, and make recommendations. It held 16 public hearings around the state to solicit broad public input. The task force divided its work into three substantive areas: juvenile offenders, families at risk, and involuntary commitment and treatment.

Changes to the involuntary commitment and treatment process and mental health services to minors were among the task force's recommendations to the Legislature. Particular attention was paid to the fact that there is no mechanism by which a parent can appeal a mental health professional's decision that involuntary commitment is unwarranted.

The purpose of the state's Mental Health Services for Minors Act is to ensure that minors receive appropriate mental health care and to enable clinically appropriate treatment decisions to be made while recognizing parents' rights to participate in those decisions.

Under the act, when a county-designated mental health professional (CDMHP) determines that a minor, 13 years of age or older, is likely to cause serious harm due to a mental disorder or is gravely disabled, and that voluntary admission for inpatient treatment is impossible, the CDMHP may take the minor into custody and transport the minor to an evaluation and treatment facility providing inpatient treatment.

**SUMMARY:**

The purpose of the Mental Health Services for Minors Act is clarified to ensure that a continuum of culturally-relevant services are available to both minors and their families.

Mental health care and treatment providers must encourage the use of voluntary services, less restrictive alternatives to inpatient treatment, and services that involve the minors' parents or family. Providers must also ensure that parents are given an opportunity to participate in the treatment decisions for their children.

All divisions of the Department of Social and Health Services (DSHS) that provide mental health services to minors are required to jointly plan and deliver those services.

When a minor is not detained for involuntary treatment, the CDMHP is required to: (1) inform the parents of their right to file an at-risk youth petition or an alternative residential placement petition; (2) inform the parents of their right to file a petition to seek a review of the decision not to commit; (3) provide the parents with a written report detailing the reasons a commitment was not authorized; and (4) refer the minor and parents to any other available resources.

An appeal process is created to allow parents the right to petition the court for a review of a CDMHP decision not to detain a minor for involuntary mental health treatment. If the court finds that the minor, as a result of a mental disorder, presents a likelihood of serious harm or is gravely disabled, the court must issue a warrant for the detention of the minor at an evaluation and treatment facility.

DSHS must ensure that the act's provisions are applied consistently and uniformly by the counties. DSHS must also ensure that CDMHPs are specifically trained in adolescent mental health issues, the mental health civil commitment laws, and the criteria for civil commitment.

**Appropriation:** none

**Revenue:** none

**Fiscal Note:** requested January 28, 1992