HOUSE BILL REPORT
HB 2883

As Reported by House Committee On:
Human Services & Early Learning

Title: An act relating to implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.

Brief Description: Expanding adolescent behavioral health care access.

Sponsors: Representatives Eslick, Frame and Davis.

Brief History:
Committee Activity:
Human Services & Early Learning: 2/4/20, 2/7/20 [DPS].

Brief Summary of Substitute Bill

- Expands family-initiated treatment to include residential treatment.
- Requires that the Health Care Authority develop and operate a data collection and tracking system for youth receiving family-initiated treatment.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Dent, Ranking Minority Member; Eslick, Assistant Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Corry, Goodman, Griffey, Kilduff, Klippert, Lovick and Ortiz-Self.

Staff: Luke Wickham (786-7146).

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

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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.

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 which 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 of Substitute Bill:

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.

Substitute Bill Compared to Original Bill:

The substitute bill adds residential treatment facilities to the definition of "inpatient treatment" for purposes of family-initiated treatment.

The substitute bill requires that a physician or other mental health professional conduct an additional medical necessity review every 30 days after the initial review while the adolescent remains in treatment under family-initiated treatment.

The substitute bill specifies that the HCA must communicate review findings with the appropriate Medicaid managed care organization, and that managed care organizations can conduct their own medical necessity reviews.

The substitute bill specifies that an adolescent receiving treatment in a residential facility may remain in the facility so long as it continues to be a medical necessity.

The substitute bill removes information from the partnership access line from the information collected through the HCA data collection and tracking system required under the bill.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 7, relating to petitions for a 180-day commitment, which takes effect July 1, 2026.

Staff Summary of Public Testimony:

(In support) This appeared to be a simple bill, but it is not. There will be an amendment coming to create a workable alternative to simplify the definition. The changes in this bill are so important in keeping kids well. Because of the changes made to the family-initiated treatment law made last year, a data tracking system is needed to make sure the law is working as intended. Last year was a big year because of the passage of the family-initiated treatment bill. There will be amendments coming that will further refine the bill. This bill helps make sure that parents and youth have access to services that are needed while

safeguarding the rights of these youth. The bill that passed last year included about 75 percent of the changes that were needed to family-initiated treatment. This bill has medical necessity at the center and reduces barriers to allow youth to access the appropriate services. There are delays in care for many reasons, including a shortage of providers. It is concerning that there have been increased youth suicides in the area. Expanding family-initiated treatment in this bill is appropriate, and increased communication with families about the available options is needed. The state ranks thirty-first in youth behavioral health access.

(Opposed) None.

(Other) There are concerns about the review completed after 45 days. There are two payable Medicaid codes that direct the frequency of reviews. Depending on the acuity of the child, there may need to be more frequent reviews.

Persons Testifying: (In support) Representative Eslick, prime sponsor; Laurie Lippold, Partners for Our Children; Marissa Ingalls, Coordinated Care of Washington; Manuela Slye, Seattle Council Parent Teacher Student Association; Jennifer Cole; and Peggy Dolane.

(Other) Helen Harlow, Tennis Shoe Brigade.

Persons Signed In To Testify But Not Testifying: None.