SENATE BILL REPORT SB 6634

As of February 5, 2020

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: Senators Warnick, Darneille and Dhingra.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 2/07/20.

Brief Summary of Bill

- Allows family-initiated treatment to be used to place an adolescent into residential treatment.
- Delays confirmation of medical necessity by the Health Care Authority (HCA) and removes time limits from family-initiated treatment in a residential facility.
- Directs HCA to develop a data collection and tracking system related to family-initiated treatment.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Adolescent-Initiated Treatment. A minor age 13 or older (adolescent) may self-admit to an evaluation and treatment facility (E&T) or an approved substance use disorder (SUD) treatment program for inpatient behavioral health 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.

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A minor may be admitted to an E&T or SUD program when:

- there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder or SUD;
- 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 shall 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.

<u>Family-Initiated Treatment for Adolescents.</u> A parent may bring, or authorize to bring, their adolescent child to:

- an E&T 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 withdrawal management and stabilization facility (SWMS) or approved SUD
 treatment program and request that an SUD assessment be conducted by a
 professional person to determine whether the minor has an SUD 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 E&T facility for minors, SWMS for minors, or approved SUD treatment program for minors. 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 conduct a review of any adolescent admitted to inpatient treatment under family-initiated treatment by a physician or mental health professional. The physician or 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 there is a medical necessity to continue the minor's treatment on an inpatient basis. In conducting this review, 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. HCA must also consult with the parent before making its determination.

If HCA determines there is no medical necessity supporting inpatient treatment, 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 treatment of the minor is supported by medical necessity, the minor must be released to the parent on the second day following HCA's determination in order to allow the parent time to file an at-risk youth petition. If HCA confirms 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.

If HCA confirms medical necessity, the adolescent may petition superior court for release from the facility five days following the review. The court must release the adolescent unless it finds, upon a preponderance of the evidence, that it is medically necessary for the adolescent to remain at the facility.

Summary of Bill: Residential treatment is added as a treatment option for an adolescent under family-initiated treatment. The medical necessity review by HCA is delayed until 45 days if the adolescent is admitted to a residential treatment facility.

A requirement for an adolescent to be released from treatment initiated through family-initiated treatment within 30 days following confirmation of medical necessity by HCA or a petition for court review is removed when the adolescent is admitted to residential treatment, allowing treatment for as long as the treatment is medically necessary.

HCA must develop a data collection and tracking system for youth receiving family-initiated treatment, including facilities, demographic information, diagnosis, length of stay, and number of adolescents.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

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