

Adolescent Access to Behavioral Health Services

Overview

In Washington State, adolescents (ages 13-17) have the right to receive behavioral health services with or without their parents' consent.

Parents and guardians also have the right to get behavioral health services for their adolescent without the adolescent's consent, if a behavioral health professional determines these services are medically necessary. Family-initiated treatment offers a time-limited opportunity for behavioral health professionals to engage an adolescent with an end goal of having them agree to continued treatment voluntarily.

Three core values guide Washington's Children's Behavioral Health System of Care Values:

- Treatment is family-driven and youth-guided, with the family and youth's strengths and needs determining the types of services and supports provided.
- Whenever possible, services are delivered within the individual's community.
- Services are culturally and linguistically sensitive.

Whether treatment is voluntary or not, the adolescent always has the right to receive services in the least restrictive setting that meets their needs.

When adolescents initiate treatment

Adolescents may initiate evaluation and treatment for outpatient and/or inpatient behavioral health services (mental health, substance use disorder [SUD], or secure withdrawal management).

Outpatient treatment

Any adolescent may receive outpatient behavioral health evaluation and/or treatment without the consent of their parent or guardian.

Inpatient/residential treatment

An adolescent may admit themselves to an evaluation and treatment (E&T) facility, inpatient mental health treatment program, or inpatient SUD treatment program without parental consent. The professional person in charge determines if the adolescent meets medically necessary

criteria for inpatient treatment. For mental health treatment, the administrator of the treatment facility must provide notice to parent(s) within 24 hours of when the adolescent is admitted to treatment unless the professional person in charge determines this would be detrimental to the adolescent, or contact cannot be made. In these cases, the professional person must document the reasons in the adolescent's record. The professional in charge of an the E&T or approved SUD treatment program shall provide notice to the parent of an adolescent voluntarily admitted to inpatient treatment for SUD only if the adolescent provides written consent to the disclosure. A voluntarily admitted adolescent may give notice of their intent to leave at any time.

When families initiate treatment without an adolescent's consent

Parents or guardians may initiate treatment for non-consenting adolescents through:

- Family Initiated Treatment (FIT)
- The Involuntary Treatment Act (ITA)

Family Initiated Treatment (FIT)


A parent or guardian may bring or authorize someone to bring their adolescent to a participating outpatient behavioral health provider, evaluation and treatment facility, inpatient facility (licensed under RCW 70.41 and 72.23), secure withdrawal management facility, or approved substance use disorder treatment program and request an evaluation to determine if the adolescent is in need of behavioral health treatment. The adolescent's consent is not required. Federal laws currently prevent parents and guardians from using FIT for a substance use disorder without the adolescent's consent.

Outpatient Family Initiated Treatment

If, after evaluation, the professional person agrees that the adolescent could benefit from outpatient treatment, the parent may provide consent for up to 12 outpatient visits within a three month period. Following the three month treatment period, the adolescent must provide their consent for further treatment with that professional.

A professional providing treatment to an adolescent under FIT shall provide notification of the treatment to HCA's





independent reviewer within 24 hours of the first treatment session and again at least every 45 days. HCA's independent reviewer shall determine if the current level of treatment is medically necessary.

A professional person who is licensed solely to provide SUD treatment, or co-occurring SUD and mental health treatment under an SUD license, will only be able to provide an evaluation to determine appropriate level of care and medical necessity. Information cannot be shared unless the adolescent is willing to sign a release of information as required by federal law. The provider should continuously attempt to engage the adolescent throughout the process to voluntarily consent to treatment, at which time FIT is no longer necessary.

Inpatient Family Initiated Treatment

When a parent is seeking inpatient care for their adolescent, they may get an evaluation at an:

- Evaluation and treatment facility,
- Hospital emergency room,
- Approved SUD treatment program,
- Secure withdrawal management program, or
- Inpatient facility.

This evaluation must be completed within 24 hours from the time the adolescent is brought to the facility, unless the professional person determines that the individual's condition necessitates additional time for evaluation. An adolescent cannot be held for more than 72 hours for an evaluation. Treatment during this period is limited to what the professional determines is medically necessary to stabilize the adolescent's condition until the evaluation has been completed.

An adolescent can be admitted to inpatient treatment under FIT only if a behavioral health professional determines that it is medically necessary. The professional shall notify the adolescent of his or her right to petition superior court for release from the facility. An adolescent receiving inpatient FIT may not be discharged from the program based solely on their request.

If the adolescent is held for treatment, the facility is required to submit a review of admission and determination of medical necessity to HCA's independent reviewer. The facility must complete the review between 7 and 14 days following the date the adolescent is admitted. HCA's independent reviewer will periodically re-assess the medical necessity of treatment.

Adolescents admitted to inpatient facilities under family initiated treatment procedures must be released from the facility immediately upon the written request of the parent.

Providers are not obligated to treat an adolescent under FIT; however, a provider may not refuse to treat an adolescent solely on the basis that the adolescent has not consented to the treatment.

Involuntary Treatment Act (ITA)

Behavioral health treatment under the Involuntary Treatment Act is the most restrictive type of admission and is only used when an individual is assessed as:

- A danger to themselves,
- A danger to others, or
- Gravely disabled (unable to take care of basic needs or make safe choices).

When a parent or guardian contacts a facility about ITA, facility staff must also give them information about FIT.

If an adolescent is brought to an E&T facility, secure withdrawal management facility with available space, or hospital emergency room for mental health or SUD concerns, the professional person in charge shall evaluate the adolescent. If the evaluator determines that the adolescent is experiencing a significant mental health and/or SUD condition, is in need of immediate inpatient treatment, and is unwilling to consent to treatment, a Designated Crisis Responder (DCR, a mental health professional who is designated to do these evaluations by the county) evaluates the adolescent and begins detention proceedings if the adolescent meets the criteria for ITA.

Authority

[RCW 71.34](#) and 42 CFR (2)

Oversight

Per RCW 71.34.610, the CLIP Administration Office is HCA's contracted agency to provide reviews of medical necessity determinations of adolescents admitted to treatment through FIT under 71.34.600-670.

For more information

HCAFamilyInitiatedTreatment@hca.wa.gov