

Youth access to behavioral health services

Overview

In Washington State, youth (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 youth without the youth's consent, if a behavioral health professional determines these services are medically necessary. Family-initiated treatment (FIT) offers a time-limited opportunity for behavioral health professionals to engage a youth with an end goal of having them agree to continue medically necessary 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 youth always has the right to receive services in the least restrictive setting that meets their needs.

When youth initiate treatment

Youth 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 youth may consent to receive outpatient behavioral health evaluation and/or treatment without the consent of their parent or guardian.

Inpatient and residential treatment

A youth may admit themselves to an evaluation and treatment (E&T) facility, inpatient mental health treatment program, residential program, or inpatient SUD treatment program without parental consent. The professional person in charge determines if the youth 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 youth is admitted to treatment unless the professional person in charge determines this would be detrimental to the youth, or contact cannot be made. In these cases, the professional person must document the reasons in the youth's record. The professional in charge of the E&T or approved SUD treatment program only provides notice to the parent of a youth voluntarily admitted to inpatient treatment for SUD if the youth provides written consent to the disclosure. A voluntarily admitted youth may give notice of their intent to leave at any time.

When families initiate treatment on behalf of the youth

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

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

Family Initiated Treatment (FIT)

A parent, as defined by [RCW 71.34.020\(46\)](#), may seek an evaluation for their reluctant youth to determine medically necessary services. This evaluation may be requested through a behavioral health provider licensed under RCW 70.41 and 72.23. Each provider's processes and procedures will determine the availability for evaluations. If the evaluation determines the youth needs behavioral health treatment the parent will be able to consent on behalf of the youth for services.

Outpatient Family Initiated Treatment

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

A professional providing treatment to a youth 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.



Inpatient and residential Family Initiated Treatment

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

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

This evaluation must be completed within 24 hours from the time the youth is brought to the facility, unless the professional person determines that the youth's condition necessitates additional time for evaluation. A youth 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 youth until the evaluation has been completed.

A youth can be admitted to inpatient treatment through FIT only if a behavioral health professional determines that it is medically necessary. The professional shall notify the youth of his or her right to petition superior court for release from the facility and of the youth's right to representation per [RCW 71.34.620](#) and [RCW 71.34.330](#). A youth admitted to inpatient or residential services through FIT may not be discharged from the program based solely on their request.

If the youth 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 youth is admitted. HCA's independent reviewer will periodically re-assess the medical necessity of treatment.

Youth who are 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 a youth under FIT; however, a provider may not refuse to treat a youth solely on the basis that the youth 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.

Facility staff can do this by using the behavioral health treatment options form provided by HCA and available here.

If a youth 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 youth. If the evaluator determines that the youth is experiencing a significant mental health and/or SUD condition, needs 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 youth and begins detention proceedings if the youth meets the criteria.

Authority

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

Oversight

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

For more information

www.hca.wa.gov/FIT

www.hca.wa.gov/FITproviders

Or Contact:

HCAFamilyInitiatedTreatment@hca.wa.gov

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