

**TESTIMONY**  
**HB 1408 – SENATE HUMAN SERVICES COMMITTEE**  
**SENATOR LEE, CHAIRMAN**  
**MARCH 1, 2005**

Chairman Lee, members of the Senate Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse for the Department of Human Services. I am here today to provide information regarding HB 1408.

Section two of this bill significantly impacts how the Department of Human Services creates and implements administrative rules for substance abuse treatment programs.

The Division is extremely concerned that this section negates the results of what was an open, fully interactive process of developing new rules for substance abuse services. While this section specifically addresses treatment regarding adolescents and adults, the implications are far more reaching. The Division held regional meetings and facilitated open dialogue with many providers across the state. Every concern discussed at these meetings was addressed with all participants. A consensus building workgroup specific to the adolescent issue was formed. The Division made substantial changes to the rules reflecting these comments and process. While it is obvious that the results did not satisfy all, it was an open process with substance abuse providers.

Adolescents have specific developmental tasks, life style, and environmental issues that differ from adults. Many have history of trauma which presents additional challenges in treatment. To place them in a group without screening for appropriateness is reckless and not in the best interest of either party. The Division's current rules require that

determination be made based on the clinical judgment of the addiction counselor that an adolescent is appropriately served in an adult program. Some examples of areas to assess to consider are level of emotional maturity, living status, and history of sexual acting out. With this determination, there is no problem with serving both together.

The American Society of Addiction Medicine (ASAM), which is an association of physicians dedicated to improving the treatment of alcoholism and other addictions, issued patient placement criteria regarding this issue which states: “Ideally, the treatment environment should be physically separate from that of adult patients.” ASAM PPC-2R, p. 185. The rules were designed to provide even more flexibility than ASAM recommends and allow treatment of adolescents in an adult program when it is determined to be appropriate based on the provider’s professional judgment.

The Division is committed to working with providers and putting into place administrative rules which reflect best practice.

Thank you!