

2 **E2SSB 5025 - H COMM AMD ADOPTED 4-11-91 ADOPTED AS AMENDED BY 648**
3 **4-25-91 ADOPTED AS AMENDED BY 650 4-27-91**
4 By Committee on Human Services

5

6 Strike everything after the enacting clause and insert the
7 following:

8 "NEW SECTION. Sec. 1. Evaluation of programs is essential in
9 determining their effectiveness and cost benefit and in obtaining data
10 for improving services. The department of social and health services
11 shall conduct an evaluation of the family reconciliation services
12 program. The study shall include the following information:

13 (1) A description of services offered in phase I and phase II;

14 (2) The number and characteristics of youth and families served in
15 family reconciliation services phase I and phase II and the outcome of
16 services provided to youth and families;

17 (3) A description of outreach services including program
18 information provided to referring agencies and the general public;

19 (4) The number and type of referrals to family reconciliation
20 services from law enforcement, juvenile courts, schools, and community
21 agencies and their perception of its effectiveness;

22 (5) Follow-up contact with a random sample of youth and families
23 receiving family reconciliation services assistance and their
24 perception of the effectiveness of these services;

25 (6) The number of youth referred again after services were
26 terminated and outcome of services provided;

27 (7) The number of youth and families who requested specific
28 services but who did not receive services because they were not

1 available, including a list of the services requested but not
2 available; and

3 (8) Recommendations for improving services to at-risk youth and
4 families."

5 "NEW SECTION. Sec. 2. The demand for family reconciliation
6 services continues to increase. The number of families served by the
7 family reconciliation services program has nearly doubled in the past
8 ten years while the number of staff providing these services has
9 decreased. The department of social and health services shall expand
10 family reconciliation services to serve an additional one thousand
11 families per year."

12 "NEW SECTION. Sec. 3. The behavioral sciences institute
13 homebuilders intensive in-home counseling program has been highly
14 successful in serving at-risk youth and families. This program shall
15 expand to serve an additional one hundred twenty-six youth and families
16 while preserving program integrity and quality."

17 "NEW SECTION. Sec. 4. There is a lack of knowledge of existing
18 laws and services on the part of those agencies and organizations
19 serving at-risk youth and on the part of the general public. The
20 office of the administrator for the courts is requested to develop a
21 curriculum on at-risk youth for superior court judges and court
22 personnel to be presented at a regularly scheduled educational session.
23 The department of social and health services is directed to produce a
24 videotape on at-risk youth laws and services for use by law
25 enforcement, family reconciliation services staff, prosecuting and
26 defense attorneys, other agencies and organizations dealing with at-
27 risk youth, and the general public. The department shall consult with

1 other agencies and organizations providing services to at-risk youth in
2 the production of the videotape."

3 "Sec. 5. RCW 74.13.034 and 1981 c 298 s 17 are each amended to
4 read as follows:

5 (1) A child taken into custody and taken to a crisis residential
6 center established pursuant to RCW 74.13.032(2) may, if the center is
7 unable to provide appropriate treatment, supervision, and structure to
8 the child, be taken at department expense to another crisis residential
9 center or the nearest regional crisis residential center. Placement in
10 both centers shall not exceed seventy-two hours from the point of
11 intake as provided in RCW 13.32A.130.

12 (2) A child taken into custody and taken to a crisis residential
13 center established by this chapter may be placed physically by the
14 department or the department's designee and, at departmental expense
15 and approval, in a secure juvenile detention facility operated by the
16 county in which the center is located for a maximum of forty-eight
17 hours, including Saturdays, Sundays, and holidays, if ~~((the person in~~
18 ~~charge of the crisis residential center finds that the child is~~
19 ~~seriously assaultive or seriously destructive towards others and the~~
20 ~~center is unable to provide appropriate supervision and structure. Any~~
21 ~~child who takes unauthorized leave from the center, if)) the child has~~
22 taken unauthorized leave from the center and the person in charge of
23 the center determines that the center cannot provide supervision and
24 structure adequate to ensure that the child will not again take
25 unauthorized leave~~((, may be taken to a secure juvenile detention~~
26 ~~facility subject to the provisions of this section: PROVIDED, That)).~~
27 Juveniles placed in such a facility pursuant to this section may not,
28 to the extent possible, come in contact with alleged or convicted
29 juvenile or adult offenders.

1 (3) Any child placed in secure detention pursuant to this section
2 shall, during the period of confinement, be provided with appropriate
3 treatment by the department or the department's designee, which shall
4 include the services defined in RCW 74.13.033(2). If the child placed
5 in secure detention is not returned home or if an alternative living
6 arrangement agreeable to the parent and the child is not made within
7 twenty-four hours after the child's admission, the child shall be taken
8 at the department's expense to a crisis residential center. Placement
9 in the crisis residential center or centers plus placement in juvenile
10 detention shall not exceed seventy-two hours from the point of intake
11 as provided in RCW 13.32A.130.

12 (4) Juvenile detention facilities used pursuant to this section
13 shall first be certified by the department to ensure that juveniles
14 placed in the facility pursuant to this section are provided with
15 living conditions suitable to the well-being of the child. Where space
16 is available, juvenile courts, when certified by the department to do
17 so, shall provide secure placement for juveniles pursuant to this
18 section, at department expense.

19 (5) It is the intent of the legislature that by July 1, 1982,
20 crisis residential centers, supplemented by community mental health
21 programs and mental health professionals, will be able to respond
22 appropriately to children admitted to centers under this chapter and
23 will be able to respond to the needs of such children with appropriate
24 treatment, supervision, and structure."

25 "NEW SECTION. **Sec. 6.** A new section is added to chapter 43.20A
26 RCW to read as follows:

27 The department shall ensure that the administration of chapter
28 13.32A RCW and applicable portions of chapter 74.13 RCW relating to

1 runaway youth, at-risk youth, and families in conflict is consistent in
2 all areas of the state and in accordance with statutory requirements."

3 "NEW SECTION. Sec. 7. The legislature finds that the use of
4 alcohol and illicit drugs continues to be a primarycrippler of our
5 youth. This translates into incredible costs to individuals, families,
6 and society in terms of traffic fatalities, suicides, criminal activity
7 including homicides, sexual promiscuity, familial incorrigibility, and
8 conduct disorders, and educational fallout. Among children of all
9 socioeconomic groups lower expectations for the future, low motivation
10 and self-esteem, alienation, and depression are associated with alcohol
11 and drug abuse.

12 Studies reveal that deaths from alcohol and other drug-related
13 injuries rise sharply through adolescence, peaking in the early
14 twenties. But second peak occurs in later life, where it accounts for
15 three times as many deaths from chronic diseases. A young victim's
16 life expectancy is likely to be reduced by an average of twenty-six
17 years.

18 Yet the cost of treating alcohol and drug addicts can be recouped
19 in the first three years of abstinence in health care savings alone.
20 Public money spent on treatment saves not only the life of the chemical
21 abuser, it makes us safer as individuals, and in the long-run costs
22 less.

23 The legislature further finds that many children who abuse alcohol
24 and other drugs may not require involuntary treatment, but still are
25 not adequately served. These children remain at risk for future
26 chemical dependency, and may become mentally ill or a juvenile offender
27 or need out-of-home placement. Children placed at risk because of
28 chemical abuse may be better served by the creation of a comprehensive
29 integrated system for children in crisis.

1 The legislature declares that an emphasis on the treatment of youth
2 will pay the largest dividend in terms of preventable costs to
3 individuals themselves, their families, and to society. The provision
4 of augmented involuntary alcohol treatment services to youths, as well
5 as involuntary treatment for youths addicted by other drugs, is in the
6 interest of the public health and safety."

7 **"Sec. 8.** RCW 70.96A.020 and 1990 c 151 s 2 are each amended to
8 read as follows:

9 For the purposes of this chapter the following words and phrases
10 shall have the following meanings unless the context clearly requires
11 otherwise:

12 (1) "Alcoholic" means a person who suffers from the disease of
13 alcoholism.

14 (2) "Alcoholism" means a disease, characterized by a dependency on
15 alcoholic beverages, loss of control over the amount and circumstances
16 of use, symptoms of tolerance, physiological or psychological
17 withdrawal, or both, if use is reduced or discontinued, and impairment
18 of health or disruption of social or economic functioning.

19 (3) "Approved treatment program" means a discrete program of
20 chemical dependency treatment provided by a treatment program certified
21 by the department of social and health services as meeting standards
22 adopted under this chapter.

23 (4) "Chemical dependency" means alcoholism or drug addiction, or
24 dependence on alcohol and one or more other psychoactive chemicals, as
25 the context requires.

26 (5) "Chemical dependency program" means expenditures and activities
27 of the department designed and conducted to prevent or treat alcoholism
28 and other drug addiction, including reasonable administration and
29 overhead.

1 (6) "Department" means the department of social and health
2 services.

3 (7) "Designated chemical dependency specialist" means a person
4 designated by the county alcoholism and other drug addiction program
5 coordinator designated under RCW 70.96A.310 to perform the commitment
6 duties described in RCW 70.96A.140 and qualified to do so by meeting
7 standards adopted by the department.

8 (8) "Director" means the person administering the chemical
9 dependency program within the department.

10 (9) "Drug addict" means a person who suffers from the disease of
11 drug addiction.

12 (10) "Drug addiction" means a disease characterized by a dependency
13 on psychoactive chemicals, loss of control over the amount and
14 circumstances of use, symptoms of tolerance, physiological or
15 psychological withdrawal, or both, if use is reduced or discontinued,
16 and impairment of health or disruption of social or economic
17 functioning.

18 (11) "Emergency service patrol" means a patrol established under
19 RCW 70.96A.170.

20 (12) "Gravely disabled by alcohol or other drugs" means that a
21 person, as a result of the use of alcohol or other drugs: (a) Is in
22 danger of serious physical harm resulting from a failure to provide for
23 his or her essential human needs of health or safety; or (b) manifests
24 severe deterioration in routine functioning evidenced by a repeated and
25 escalating loss of cognition or volitional control over his or her
26 actions and is not receiving care as essential for his or her health or
27 safety.

28 (13) "Incapacitated by alcohol or other psychoactive chemicals"
29 means that a person, as a result of the use of alcohol or other
30 psychoactive chemicals, has his or her judgment so impaired that he or

1 she is incapable of realizing and making a rational decision with
2 respect to his or her need for treatment and constitutes a danger to
3 himself or herself, to any other person, or to property.

4 (14) "Incompetent person" means a person who has been adjudged
5 incompetent by the superior court.

6 (15) "Intoxicated person" means a person whose mental or physical
7 functioning is substantially impaired as a result of the use of alcohol
8 or other psychoactive chemicals.

9 (16) "Licensed physician" means a person licensed to practice
10 medicine or osteopathy in the state of Washington.

11 (17) "Minor" means a person less than eighteen years of age.

12 (18) "Peace officer" means a law enforcement official of a public
13 agency or governmental unit, and includes persons specifically given
14 peace officer powers by any state law, local ordinance, or judicial
15 order of appointment.

16 (~~(18)~~) (19) "Person" means an individual, including a minor.

17 (20) "Secretary" means the secretary of the department of social
18 and health services.

19 (~~(19)~~) (21) "Treatment" means the broad range of emergency,
20 detoxification, residential, and outpatient services and care,
21 including diagnostic evaluation, chemical dependency education and
22 counseling, medical, psychiatric, psychological, and social service
23 care, vocational rehabilitation and career counseling, which may be
24 extended to alcoholics and other drug addicts and their families,
25 persons incapacitated by alcohol or other psychoactive chemicals, and
26 intoxicated persons.

27 (~~(20)~~) (22) "Treatment program" means an organization,
28 institution, or corporation, public or private, engaged in the care,
29 treatment, or rehabilitation of alcoholics or other drug addicts."

1 **"Sec. 9.** RCW 70.96A.095 and 1989 c 270 s 24 are each amended to
2 read as follows:

3 Any person fourteen years of age or older may give consent for
4 himself or herself to the furnishing of counseling, care, treatment, or
5 rehabilitation by a treatment program or by any person. Consent of the
6 parent, parents, or legal guardian of a person less than eighteen years
7 of age is not necessary to authorize the care, except that the person
8 shall not become a resident of the treatment program without such
9 permission except as provided in RCW 70.96A.120 or 70.96A.140. The
10 parent, parents, or legal guardian of a person less than eighteen years
11 of age are not liable for payment of care for such persons pursuant to
12 this chapter, unless they have joined in the consent to the counseling,
13 care, treatment, or rehabilitation."

14 **"Sec. 10.** RCW 70.96A.140 and 1990 c 151 s 3 are each amended to
15 read as follows:

16 (1) When a designated chemical dependency specialist((~~7~~)) receives
17 information alleging that a person is incapacitated as a result of
18 alcoholism, or in the case of a minor incapacitated by alcoholism
19 and/or other drug addiction, the designated chemical dependency
20 specialist, after investigation and evaluation of the specific facts
21 alleged and of the reliability and credibility of the information, may
22 file a petition for commitment of such person with the superior court
23 or district court. If the designated chemical dependency
24 specialist((~~7~~)) finds that the initial needs of such person would be
25 better served by placement within the mental health system, the person
26 shall be referred to an evaluation and treatment facility as defined in
27 RCW 71.05.020 or 71.34.020. If placement in an alcohol treatment
28 program is available and deemed appropriate, the petition shall allege
29 that: The person is an alcoholic who is incapacitated by alcohol, or

1 in the case of a minor incapacitated by alcoholism and/or other drug
2 addiction, or that the person has twice before in the preceding twelve
3 months been admitted for detoxification or treatment for alcoholism
4 pursuant to RCW 70.96A.110, or in the case of a minor, detoxification
5 or treatment for alcohol or drug addiction, and is in need of a more
6 sustained treatment program, or that the person is an alcoholic, or in
7 the case of a minor, an alcoholic or other drug addict, who has
8 threatened, attempted, or inflicted physical harm on another and is
9 likely to inflict physical harm on another unless committed. A refusal
10 to undergo treatment, by itself, does not constitute evidence of lack
11 of judgment as to the need for treatment. The petition shall be
12 accompanied by a certificate of a licensed physician who has examined
13 the person within five days before submission of the petition, unless
14 the person whose commitment is sought has refused to submit to a
15 medical examination, in which case the fact of refusal shall be alleged
16 in the petition. The certificate shall set forth the licensed
17 physician's findings in support of the allegations of the petition. A
18 physician employed by the petitioning program or the department is
19 eligible to be the certifying physician.

20 (2) Upon filing the petition, the court shall fix a date for a
21 hearing no less than two and no more than seven days after the date the
22 petition was filed unless the person petitioned against is presently
23 being detained in a program, pursuant to RCW 70.96A.120 ~~((or))~~,
24 71.05.210, or 71.34.050, as now or hereafter amended, in which case the
25 hearing shall be held within seventy-two hours of the filing of the
26 petition: PROVIDED, HOWEVER, That the above specified seventy-two
27 hours shall be computed by excluding Saturdays, Sundays, and holidays:
28 PROVIDED FURTHER, That, the court may, upon motion of the person whose
29 commitment is sought, or upon motion of petitioner with written
30 permission of the person whose commitment is sought, or his or her

1 counsel and, upon good cause shown, extend the date for the hearing.
2 A copy of the petition and of the notice of the hearing, including the
3 date fixed by the court, shall be served by the designated chemical
4 dependency specialist on the person whose commitment is sought, his or
5 her next of kin, a parent or his or her legal guardian if he or she is
6 a minor, and any other person the court believes advisable. A copy of
7 the petition and certificate shall be delivered to each person
8 notified.

9 (3) At the hearing the court shall hear all relevant testimony,
10 including, if possible, the testimony, which may be telephonic, of at
11 least one licensed physician who has examined the person whose
12 commitment is sought. Communications otherwise deemed privileged under
13 the laws of this state are deemed to be waived in proceedings under
14 this chapter when a court of competent jurisdiction in its discretion
15 determines that the waiver is necessary to protect either the detained
16 person or the public. The waiver of a privilege under this section is
17 limited to records or testimony relevant to evaluation of the detained
18 person for purposes of a proceeding under this chapter. Upon motion by
19 the detained person, or on its own motion, the court shall examine a
20 record or testimony sought by a petitioner to determine whether it is
21 within the scope of the waiver.

22 The record maker shall not be required to testify in order to
23 introduce medical, nursing, or psychological records of detained
24 persons so long as the requirements of RCW 5.45.020 are met, except
25 that portions of the record that contain opinions as to whether the
26 detained person is an alcoholic, or in the case of a minor
27 incapacitated by alcoholism and/or other drug addiction, must be
28 deleted from the records unless the person offering the opinions is
29 available for cross-examination. The person shall be present unless
30 the court believes that his or her presence is likely to be injurious

1 to him or her; in this event the court may deem it appropriate to
2 appoint a guardian ad litem to represent him or her throughout the
3 proceeding. If deemed advisable, the court may examine the person out
4 of courtroom. If the person has refused to be examined by a licensed
5 physician, he or she shall be given an opportunity to be examined by a
6 court appointed licensed physician. If he or she refuses and there is
7 sufficient evidence to believe that the allegations of the petition are
8 true, or if the court believes that more medical evidence is necessary,
9 the court may make a temporary order committing him or her to the
10 department for a period of not more than five days for purposes of a
11 diagnostic examination.

12 (4) If after hearing all relevant evidence, including the results
13 of any diagnostic examination, the court finds that grounds for
14 involuntary commitment have been established by clear, cogent, and
15 convincing proof, it shall make an order of commitment to an approved
16 treatment program. It shall not order commitment of a person unless it
17 determines that an approved treatment program is available and able to
18 provide adequate and appropriate treatment for him or her.

19 (5) A person committed under this section shall remain in the
20 program for treatment for a period of sixty days unless sooner
21 discharged. At the end of the sixty-day period, he or she shall be
22 discharged automatically unless the program, before expiration of the
23 period, files a petition for his or her recommitment upon the grounds
24 set forth in subsection (1) of this section for a further period of
25 ninety days unless sooner discharged. If a person has been committed
26 because he or she is an alcoholic, or, in the case of a minor, an
27 alcoholic or other drug addict, likely to inflict physical harm on
28 another, the program shall apply for recommitment if after examination
29 it is determined that the likelihood still exists.

1 (6) Upon the filing of a petition for recommitment under subsection
2 (5) of this section, the court shall fix a date for hearing no less
3 than two and no more than seven days after the date the petition was
4 filed: PROVIDED, That, the court may, upon motion of the person whose
5 commitment is sought and upon good cause shown, extend the date for the
6 hearing. A copy of the petition and of the notice of hearing,
7 including the date fixed by the court, shall be served by the treatment
8 program on the person whose commitment is sought, his or her next of
9 kin, the original petitioner under subsection (1) of this section if
10 different from the petitioner for recommitment, one of his or her
11 parents or his or her legal guardian if he or she is a minor, and his
12 or her attorney and any other person the court believes advisable. At
13 the hearing the court shall proceed as provided in subsection (3) of
14 this section.

15 (7) The approved treatment program shall provide for adequate and
16 appropriate treatment of a person committed to its custody. A person
17 committed under this section may be transferred from one approved
18 public treatment program to another if transfer is medically advisable.

19 (8) A person committed to the custody of a program for treatment
20 shall be discharged at any time before the end of the period for which
21 he or she has been committed and he or she shall be discharged by order
22 of the court if either of the following conditions are met:

23 (a) In case of an alcoholic committed on the grounds of likelihood
24 of infliction of physical harm upon himself, herself, or another, or,
25 in the case of a minor, an alcoholic or other drug addict, the
26 likelihood no longer exists; or further treatment will not be likely to
27 bring about significant improvement in the person's condition, or
28 treatment is no longer adequate or appropriate.

29 (b) In case of an alcoholic committed on the grounds of the need of
30 treatment and incapacity or, in the case of a minor, incapacitated by

1 alcoholism and/or other drug addiction, that the incapacity no longer
2 exists.

3 (9) The court shall inform the person whose commitment or
4 recommitment is sought of his or her right to contest the application,
5 be represented by counsel at every stage of any proceedings relating to
6 his or her commitment and recommitment, and have counsel appointed by
7 the court or provided by the court, if he or she wants the assistance
8 of counsel and is unable to obtain counsel. If the court believes that
9 the person needs the assistance of counsel, the court shall require, by
10 appointment if necessary, counsel for him or her regardless of his or
11 her wishes. The person shall, if he or she is financially able, bear
12 the costs of such legal service; otherwise such legal service shall be
13 at public expense. The person whose commitment or recommitment is
14 sought shall be informed of his or her right to be examined by a
15 licensed physician of his or her choice. If the person is unable to
16 obtain a licensed physician and requests examination by a physician,
17 the court shall employ a licensed physician.

18 (10) A person committed under this chapter may at any time seek to
19 be discharged from commitment by writ of habeas corpus in a court of
20 competent jurisdiction.

21 (11) The venue for proceedings under this section is the county in
22 which person to be committed resides or is present.

23 (12) When in the opinion of the professional person in charge of
24 the program providing involuntary treatment under this chapter, the
25 committed patient can be appropriately served by less restrictive
26 treatment before expiration of the period of commitment, then the less
27 restrictive care may be required as a condition for early release for
28 a period which, when added to the initial treatment period, does not
29 exceed the period of commitment. If the program designated to provide
30 the less restrictive treatment is other than the program providing the

1 initial involuntary treatment, the program so designated must agree in
2 writing to assume such responsibility. A copy of the conditions for
3 early release shall be given to the patient, the designated chemical
4 dependency specialist of original commitment, and the court of original
5 commitment. The program designated to provide less restrictive care
6 may modify the conditions for continued release when the modifications
7 are in the best interests of the patient. If the program providing
8 less restrictive care and the designated chemical dependency specialist
9 determine that a conditionally released patient is failing to adhere to
10 the terms and conditions of his or her release, or that substantial
11 deterioration in the patient's functioning has occurred, then the
12 designated chemical dependency specialist shall notify the court of
13 original commitment and request a hearing to be held no less than two
14 and no more than seven days after the date of the request to determine
15 whether or not the person should be returned to more restrictive care.
16 The designated chemical dependency specialist shall file a petition
17 with the court stating the facts substantiating the need for the
18 hearing along with the treatment recommendations. The patient shall
19 have the same rights with respect to notice, hearing, and counsel as
20 for the original involuntary treatment proceedings. The issues to be
21 determined at the hearing are whether the conditionally released
22 patient did or did not adhere to the terms and conditions of his or her
23 release to less restrictive care or that substantial deterioration of
24 the patient's functioning has occurred and whether the conditions of
25 release should be modified or the person should be returned to a more
26 restrictive program. The hearing may be waived by the patient and his
27 or her counsel and his or her guardian or conservator, if any, but may
28 not be waived unless all such persons agree to the waiver. Upon
29 waiver, the person may be returned for involuntary treatment or
30 continued on conditional release on the same or modified conditions."

1 **"Sec. 11.** RCW 71.05.210 and 1989 c 120 s 6 are each amended to
2 read as follows:

3 Each person involuntarily admitted to an evaluation and treatment
4 facility shall, within twenty-four hours of his or her admission, be
5 examined and evaluated by a licensed physician who may be assisted by
6 a physician(~~(s)~~) assistant according to chapter 18.71A RCW or a nurse
7 practitioner according to chapter 18.88 RCW and a mental health
8 professional as defined in this chapter, and shall receive such
9 treatment and care as his or her condition requires including treatment
10 on an outpatient basis for the period that he or she is detained,
11 except that, beginning twenty-four hours prior to a court proceeding,
12 the individual may refuse all but emergency life-saving treatment, and
13 the individual shall be informed at an appropriate time of his or her
14 right to such refusal of treatment. Such person shall be detained up
15 to seventy-two hours, if, in the opinion of the professional person in
16 charge of the facility, or his or her professional designee, the person
17 presents a likelihood of serious harm to himself or herself or others,
18 or is gravely disabled. A person who has been detained for seventy-two
19 hours shall no later than the end of such period be released, unless
20 referred for further care on a voluntary basis, or detained pursuant to
21 court order for further treatment as provided in this chapter.

22 If, after examination and evaluation, the licensed physician and
23 mental health professional determine that the initial needs of the
24 person would be better served by placement in (~~(an alcohol)~~) a chemical
25 dependency treatment facility, then the person shall be referred to an
26 approved treatment (~~(facility)~~) program defined under RCW 70.96A.020.

27 An evaluation and treatment center admitting any person pursuant to
28 this chapter whose physical condition reveals the need for
29 hospitalization shall assure that such person is transferred to an
30 appropriate hospital for treatment. Notice of such fact shall be given

1 to the court, the designated attorney, and the designated county mental
2 health professional and the court shall order such continuance in
3 proceedings under this chapter as may be necessary, but in no event may
4 this continuance be more than fourteen days."

5 "Sec. 12. RCW 71.34.060 and 1985 c 354 s 6 are each amended to
6 read as follows:

7 (1) Each minor approved by the facility for inpatient admission
8 shall be examined and evaluated by a children's mental health
9 specialist as to the child's mental condition and by a physician as to
10 the child's physical condition within twenty-four hours of admission.
11 Reasonable measures shall be taken to ensure medical treatment is
12 provided for any condition requiring immediate medical attention.

13 (2) If, after examination and evaluation, the children's mental
14 health specialist and the physician determine that the initial needs of
15 the minor would be better served by placement in a chemical dependency
16 treatment facility, then the minor shall be referred to an approved
17 treatment program defined under RCW 70.96A.020.

18 (3) The admitting facility shall take reasonable steps to notify
19 immediately the minor's parent of the admission.

20 (~~(3)~~) (4) During the initial seventy-two hour treatment period,
21 the minor has a right to associate or receive communications from
22 parents or others unless the professional person in charge determines
23 that such communication would be seriously detrimental to the minor's
24 condition or treatment and so indicates in the minor's clinical record,
25 and notifies the minor's parents of this determination. In no event
26 may the minor be denied the opportunity to consult an attorney.

27 (~~(4)~~) (5) If the evaluation and treatment facility admits the
28 minor, it may detain the minor for evaluation and treatment for a
29 period not to exceed seventy-two hours from the time of provisional

1 acceptance. The computation of such seventy-two hour period shall
2 exclude Saturdays, Sundays, and holidays. This initial treatment
3 period shall not exceed seventy-two hours except when an application
4 for voluntary inpatient treatment is received or a petition for
5 fourteen-day commitment is filed.

6 ~~((5))~~ (6) Within twelve hours of the admission, the facility
7 shall advise the minor of his or her rights as set forth in this
8 chapter."

9 "NEW SECTION. Sec. 13. The purpose of sections 7 through 12 of
10 this act is solely to provide authority for the involuntary commitment
11 of minors addicted by drugs within available funds and current programs
12 and facilities. Nothing in sections 7 through 12 of this act shall be
13 construed to require the addition of new facilities nor affect the
14 department's authority for the uses of existing programs and facilities
15 authorized by law. Nothing in sections 7 through 12 of this act shall
16 prevent a parent or guardian from requesting the involuntary commitment
17 of a minor through a county designated chemical dependency specialist
18 on an ability to pay basis."

19 **"Sec. 14.** RCW 13.32A.196 and 1990 c 276 s 14 are each amended to
20 read as follows:

21 (1) At the dispositional hearing regarding an adjudicated at-risk
22 youth, the court shall consider the recommendations of the parties and
23 the recommendations of any dispositional plan submitted by the
24 department. The court may enter a dispositional order that will assist
25 the parent in maintaining the care, custody, and control of the child
26 and assist the family to resolve family conflicts or problems.

27 (2) The court may set conditions of supervision for the child that
28 include:

- 1 (a) Regular school attendance;
- 2 (b) Counseling;
- 3 (c) Participation in a substance abuse treatment program;
- 4 (d) Reporting on a regular basis to the department or any other
- 5 designated person or agency; and
- 6 (e) Any other condition the court deems an appropriate condition of
- 7 supervision.

8 (3) No dispositional order or condition of supervision ordered by

9 a court pursuant to this section shall include involuntary commitment

10 of a child for substance abuse or mental health treatment.

11 (4) The court may order the parent to participate in counseling

12 services or any other services for the child requiring parental

13 participation. The parent shall cooperate with the court-ordered case

14 plan and shall take necessary steps to help implement the case plan.

15 The parent shall be financially responsible for costs related to the

16 court-ordered plan; however, this requirement shall not affect the

17 eligibility of the parent or child for public assistance or other

18 benefits to which the parent or child may otherwise be entitled. The

19 parent may request dismissal of an at-risk youth proceeding at any time

20 and upon such a request, the court shall dismiss the matter and cease

21 court supervision of the child unless a contempt action is pending in

22 the case. The court may retain jurisdiction over the matter for the

23 purpose of concluding any pending contempt proceedings, including the

24 full satisfaction of any penalties imposed as a result of a contempt

25 finding.

26 ((+4)) (5) The court may order the department to monitor

27 compliance with the dispositional order, assist in coordinating the

28 provision of court-ordered services, and submit reports at subsequent

29 review hearings regarding the status of the case."

1 "NEW SECTION. **Sec. 15.** If any part of this act is found to be
2 in conflict with federal requirements that are a prescribed condition
3 to the allocation of federal funds to the state, the conflicting part
4 of this act is inoperative solely to the extent of the conflict and
5 with respect to the agencies directly affected, and this finding does
6 not affect the operation of the remainder of this act in its
7 application to the agencies concerned. The rules under this act shall
8 meet federal requirements that are a necessary condition to the receipt
9 of federal funds by the state."

10 "NEW SECTION. **Sec. 16.** If specific funding for section 1 of
11 this act, referencing section 1 of this act by bill and section number,
12 is not provided by June 30, 1991, in the omnibus appropriations act,
13 section 1 this act shall be null and void."

14 "NEW SECTION. **Sec. 17.** If specific funding for section 2 of
15 this act, referencing section 2 of this act by bill and section number,
16 is not provided by June 30, 1991, in the omnibus appropriations act,
17 section 2 this act shall be null and void."

18 "NEW SECTION. **Sec. 18.** If specific funding for section 3 of
19 this act, referencing section 3 of this act by bill and section number,
20 is not provided by June 30, 1991, in the omnibus appropriations act,
21 section 3 of this act shall be null and void."

22 "NEW SECTION. **Sec. 19.** If specific funding for section 4 of
23 this act, referencing section 4 of this act by bill and section number,
24 is not provided by June 30, 1991, in the omnibus appropriations act,
25 section 4 of this act shall be null and void."

1 "NEW SECTION. **Sec. 20.** The expansion of services referenced in
2 sections 2, 3, and 4 of this act shall apply exclusively to the fiscal
3 period commencing on July 1, 1991, and ending on June 30, 1993."

4 **E2SSB 5025** - H COMM AMD
5 By Committee on Human Services

6

7 On page 1, line 1 of the title, after "services;" strike the
8 remainder of the title and insert "amending RCW 74.13.034, 70.96A.020,
9 70.96A.095, 70.96A.140, 71.05.210, 71.34.060, and 13.32A.196; adding a
10 new section to chapter 43.20A RCW; and creating new sections."