
HOUSE BILL 1418

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52nd Legislature

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By Representatives Rasmussen, Winsley, Leonard, Tate, Moyer, Brumsickle, Bowman, Beck, Wood, R. Meyers, Dorn, Basich, Hine, Haugen, Scott, Pruitt and Wineberry.

Read first time January 29, 1991. Referred to Committee on Human Services\Appropriations.

1 AN ACT Relating to youth and family services; amending RCW
2 70.96A.095, 71.34.030, and 13.32A.250; adding a new chapter to Title 13
3 RCW; and making appropriations.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

- 10 (1) A description of services offered in phase I and phase II;
11 (2) The number and characteristics of youth and families served in
12 family reconciliation services phase I and phase II and the outcome of
13 services provided to youth and families;
14 (3) A description of outreach services including program
15 information provided to referring agencies and the general public;

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

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

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

9 (7) The number of youth and families who requested specific
10 services but who did not receive services because they were not
11 available, including a list of the services requested but not
12 available; and

13 (8) Recommendations for improving services to at-risk youth and
14 families.

15 NEW SECTION. **Sec. 2.** The demand for family reconciliation
16 services continues to increase. The number of families served by the
17 family reconciliation services program has nearly doubled in the past
18 ten years while the number of staff providing these services has
19 decreased. The department of social and health services shall expand
20 family reconciliation services to serve an additional one thousand
21 families.

22 NEW SECTION. **Sec. 3.** The behavioral sciences institute
23 homebuilders intensive in-home counseling program has been highly
24 successful in serving at-risk youth and families. This program shall
25 expand to serve an additional one hundred twenty-six youth and families
26 while preserving program integrity and quality.

1 NEW SECTION. **Sec. 4.** There is a lack of knowledge of existing
2 laws and services on the part of those agencies and organizations
3 serving at-risk youth and on the part of the general public. The
4 office of the administrator for the courts is requested to develop a
5 curriculum on at-risk youth for superior court judges and court
6 personnel to be presented at a regularly scheduled educational session.
7 The department of social and health services is directed to produce a
8 videotape for use by law enforcement, family reconciliation services
9 staff, prosecuting and defense attorneys, other agencies and
10 organizations dealing with at-risk youth, and the general public. The
11 department shall consult with other agencies and organizations
12 providing services to at-risk youth in the production of the videotape.

13 NEW SECTION. **Sec. 5.** There is a lack of vision, planning,
14 coordination, and accountability in the development and provision of
15 services to at-risk youth and families. The department of social and
16 health services shall establish an interdivisional at-risk youth
17 committee to plan and coordinate all agency services to this
18 population. The committee shall report quarterly to the senate
19 children and family services committee and the house of representatives
20 human services committee beginning September 1, 1991. The senate
21 children and family services committee and the house of representatives
22 human services committee shall jointly appoint a twelve-member, state-
23 wide, at-risk youth oversight committee to serve in an advisory
24 capacity. At least two parents, not employed by an organization or
25 agency serving children, shall be appointed to serve on the committee.
26 Two members of the oversight committee shall be appointed to serve as
27 liaisons to the department's interdivisional at-risk youth committee.
28 The at-risk youth oversight committee shall have, but is not limited
29 to, the following duties:

1 (1) Review existing laws and services for at-risk youth and
2 families to determine their effectiveness;

3 (2) Recommend changes and improvements in existing laws or services
4 for at-risk youth and families, emphasizing joint planning efforts,
5 coordination of service delivery, and program evaluation and
6 accountability;

7 (3) Recommend new laws and services to help at-risk youth and
8 families, emphasizing joint planning efforts, coordination of service
9 delivery, and program evaluation and accountability;

10 (4) Recommend ways to increase professional and public knowledge of
11 at-risk youth laws and services;

12 (5) Encourage local communities to establish at-risk youth
13 committees and develop local programs to help at-risk youth; and

14 (6) Report annually to the senate children and family services
15 committee and the house of representatives human services committee,
16 beginning December 1, 1992.

17 NEW SECTION. **Sec. 6.** The legislature finds that involuntary
18 treatment of minors with substance abuse problems or mental disorders
19 is sometimes necessary for their protection and well-being.

20 **Sec. 7.** RCW 70.96A.095 and 1989 c 270 s 24 are each amended to
21 read as follows:

22 Any person fourteen years of age or older may give consent for
23 himself or herself to the furnishing of counseling, care, treatment, or
24 rehabilitation by a treatment program or by any person. Consent of the
25 parent, parents, or legal guardian of a person less than eighteen years
26 of age is not necessary to authorize the care, except that the person
27 shall not become a resident of the treatment program without such
28 permission except as provided in RCW 70.96A.120. The parent, parents,

1 or legal guardian of a person less than eighteen years of age are not
2 liable for payment of care for such persons pursuant to this chapter,
3 unless they have joined in the consent to the counseling, care,
4 treatment, or rehabilitation. A parent may request the involuntary
5 treatment of a minor under eighteen years of age, but the request does
6 not confer any entitlement to treatment. Within existing funds,
7 substance abuse evaluations of the minor shall be made available to the
8 parent.

9 **Sec. 8.** RCW 71.34.030 and 1985 c 354 s 3 are each amended to read
10 as follows:

11 (1) Any minor thirteen years or older may request and receive
12 outpatient treatment without the consent of the minor's parent.
13 Parental authorization is required for outpatient treatment of a minor
14 under the age of thirteen.

15 (2) When in the judgment of the professional person in charge of an
16 evaluation and treatment facility there is reason to believe that a
17 minor is in need of inpatient treatment because of a mental disorder,
18 and the facility provides the type of evaluation and treatment needed
19 by the minor, and it is not feasible to treat the minor in any less
20 restrictive setting or the minor's home, the minor may be admitted to
21 an evaluation and treatment facility in accordance with the following
22 requirements:

23 (a) A minor under thirteen years of age may only be admitted on the
24 application of the minor's parent.

25 (b) A minor thirteen years or older may be voluntarily admitted by
26 application of the parent. Such application must be accompanied by the
27 written consent, knowingly and voluntarily given, of the minor.

28 (c) A parent may request the involuntary treatment of a minor, but
29 the request does not confer any entitlement to treatment. Within

1 existing funds, mental health assessments of the minor shall be made
2 available to the parent.

3 (d) A minor thirteen years or older may, with the concurrence of
4 the professional person in charge of an evaluation and treatment
5 facility, admit himself or herself without parental consent to the
6 evaluation and treatment facility, provided that notice is given by the
7 facility to the minor's parent in accordance with the following
8 requirements:

9 (i) Notice of the minor's admission shall be in the form most
10 likely to reach the parent within twenty-four hours of the minor's
11 voluntary admission and shall advise the parent that the minor has been
12 admitted to inpatient treatment; the location and telephone number of
13 the facility providing such treatment; and the name of a professional
14 person on the staff of the facility providing treatment who is
15 designated to discuss the minor's need for inpatient treatment with the
16 parent.

17 (ii) The minor shall be released to the parent at the parent's
18 request for release unless the facility files a petition with the
19 superior court of the county in which treatment is being provided
20 setting forth the basis for the facility's belief that the minor is in
21 need of inpatient treatment and that release would constitute a threat
22 to the minor's health or safety.

23 (iii) The petition shall be signed by the professional person in
24 charge of the facility or that person's designee.

25 (iv) The parent may apply to the court for separate counsel to
26 represent the parent if the parent cannot afford counsel.

27 (v) There shall be a hearing on the petition, which shall be held
28 within three judicial days from the filing of the petition.

29 (vi) The hearing shall be conducted by a judge, court commissioner,
30 or licensed attorney designated by the superior court as a hearing

1 officer for such hearing. The hearing may be held at the treatment
2 facility.

3 (vii) At such hearing, the facility must demonstrate by a
4 preponderance of the evidence presented at the hearing that the minor
5 is in need of inpatient treatment and that release would constitute a
6 threat to the minor's health or safety. The hearing shall not be
7 conducted using the rules of evidence, and the admission or exclusion
8 of evidence sought to be presented shall be within the exercise of
9 sound discretion by the judicial officer conducting the hearing.

10 (~~(d)~~) (e) Written renewal of voluntary consent must be obtained
11 from the applicant and the minor thirteen years or older no less than
12 once every twelve months.

13 (~~(e)~~) (f) The minor's need for continued inpatient treatments
14 shall be reviewed and documented no less than every one hundred eighty
15 days.

16 (3) A notice of intent to leave shall result in the following:

17 (a) Any minor under the age of thirteen must be discharged
18 immediately upon written request of the parent.

19 (b) Any minor thirteen years or older voluntarily admitted may give
20 notice of intent to leave at any time. The notice need not follow any
21 specific form so long as it is written and the intent of the minor can
22 be discerned.

23 (c) The staff member receiving the notice shall date it
24 immediately, record its existence in the minor's clinical record, and
25 send copies of it to the minor's attorney, if any, the county-
26 designated mental health professional, and the parent.

27 (d) The professional person in charge of the evaluation and
28 treatment facility shall discharge the minor, thirteen years or older,
29 from the facility within twenty-four hours after receipt of the minor's
30 notice of intent to leave, unless the county-designated mental health

1 professional files a petition for initial detention within the time
2 prescribed by this chapter.

3 NEW SECTION. **Sec. 9.** Involuntary commitment in residential
4 treatment facilities for chemically dependent youth is nonexistent.
5 The department of social and health services, within existing funds,
6 shall designate twenty-five residential beds located state-wide by need
7 for involuntary commitment of substance-abusing youth. The department
8 shall develop treatment protocols for the voluntary and involuntary
9 treatment of substance-abusing youth. The department shall report
10 annually to the senate children and family services committee and the
11 house of representatives human services committee on the number of
12 youth, including at-risk youth, served in substance abuse programs,
13 both voluntary and involuntary; the treatment protocols used; and the
14 effectiveness of voluntary and involuntary treatment. Computerized
15 tracking of youth shall be used to provide longitudinal information.

16 NEW SECTION. **Sec. 10.** The department of social and health
17 services does not track youth in crisis residential centers. The
18 department of social and health services shall incorporate the
19 following data into the existing computerized children's services
20 tracking system for each youth placed in a crisis residential center:
21 (1) The reason for placement; (2) the length of time the youth stays in
22 the crisis residential center; (3) if the youth runs from the crisis
23 residential center; (4) the placement of the youth upon discharge; (5)
24 the availability of services needed to reconcile the youth with his or
25 her family; and (6) the progress the department is making towards using
26 crisis residential center beds for the purpose set forth in law. The
27 department shall report this information semiannually to the senate

1 children and family services committee and the house of representatives
2 human services committee.

3 NEW SECTION. **Sec. 11.** There is established a continuum of
4 services pilot project for youth in one region as designated by the
5 department of social and health services. The project, administered by
6 the department of social and health services and developed in
7 cooperation with local elected officials, service providers, parents,
8 and other interested citizens, shall meet the following requirements:
9 (1) Family reconciliation services, both phase I and phase II, and
10 behavioral sciences institute homebuilders services must be available
11 and utilized appropriately; (2) family crisis residential center
12 placements may be increased by no more than eight beds based on need
13 and shall be used solely for the placement of youth referred to in
14 chapter 13.32A RCW; (3) group home and residential care placements may
15 be increased by no more than six beds based on need, provided group
16 home and residential care contractors, as a whole, agree to establish
17 a no-decline policy. Furthermore, group home and residential care
18 treatment shall be family-focused with a continuum of services offered
19 based on need and documentation of services offered prior to an out-of-
20 home placement. At least two beds on a region-wide basis shall be
21 designed and used for secure lock-up for youth who will not stay in
22 placement on a voluntary basis. Secure lock-up, in lieu of detention,
23 shall only be used pursuant to RCW 13.32A.050(4), 13.32A.065, and
24 74.13.034; (4) aftercare for youth coming out of crisis residential
25 centers may be provided for a maximum of fifty youth as referred to in
26 chapter 13.32A RCW and for a maximum of twenty youth coming out of
27 group home or residential care placement; (5) the department of social
28 and health services shall develop a tracking system for each youth in
29 the region who receives family reconciliation services, or who is

1 placed in a crisis residential center or in a group home or residential
2 care to determine if services offered were appropriate and effective;
3 and in cases where an out-of-home placement was made, if reasonable
4 efforts were made to keep the child in the home and if the placement
5 was necessary and appropriate, if all requirements listed in this
6 section were followed, and the placement upon discharge; and (6) the
7 department shall conduct an evaluation of the entire pilot project and
8 submit a report to the senate children and family services committee
9 and the house of representatives human services committee on December
10 1, 1992.

11 **Sec. 12.** RCW 13.32A.250 and 1990 c 276 s 16 are each amended to
12 read as follows:

13 (1) In all alternative residential placement proceedings and at-
14 risk youth proceedings, the court shall verbally notify the parents and
15 the child of the possibility of a finding of contempt for failure to
16 comply with the terms of a court order entered pursuant to this
17 chapter. The court shall treat the parents and the child equally for
18 the purposes of applying contempt of court processes and penalties
19 under this section.

20 (2) Failure by a party to comply with an order entered under this
21 chapter is a contempt of court as provided in chapter 7.21 RCW, subject
22 to the limitations of subsection (~~((2))~~) (3) of this section.

23 (3) The court may impose a fine of up to one hundred dollars and
24 imprisonment for up to seven days, or both for contempt of court under
25 this section.

26 (4) A child imprisoned for contempt under this section shall be
27 imprisoned only in a secure juvenile detention facility operated by or
28 pursuant to a contract with a county or a secure lock-up facility
29 operated by the department under a pilot project.

1 (5) A motion for contempt may be made by a parent, a child,
2 juvenile court personnel, or by any public agency, organization, or
3 person having custody of the child under a court order adopted pursuant
4 to this chapter.

5 NEW SECTION. **Sec. 13.** Sections 1 through 6 and 9 through 11 of
6 this act shall constitute a new chapter in Title 13 RCW.

7 NEW SECTION. **Sec. 14.** The sum of one hundred fifty thousand
8 dollars, or as much thereof as may be necessary, is appropriated from
9 the general fund to the department of social and health services for
10 the biennium ending June 30, 1993, solely for costs associated with an
11 evaluation of the family reconciliation services program, as required
12 by section 1 of this act.

13 NEW SECTION. **Sec. 15.** The sum of one million four hundred
14 thousand dollars, or as much thereof as may be necessary, is
15 appropriated from the general fund to the department of social and
16 health services for the biennium ending June 30, 1993, solely for
17 expansion of phase I and phase II family reconciliation services, as
18 required by section of 2 this act.

19 NEW SECTION. **Sec. 16.** The sum of four hundred twenty-seven
20 thousand dollars, or as much thereof as may be necessary, is
21 appropriated from the general fund to the department of social and
22 health services for the biennium ending June 30, 1993, solely for
23 expansion of the behavioral sciences institute homebuilders program to
24 serve an additional one hundred twenty-six youth and families, as
25 required by section 3 of this act.

1 NEW SECTION. **Sec. 17.** The sum of ten thousand dollars, or as
2 much thereof as may be necessary, is appropriated from the general fund
3 to the department of social and health services for the biennium ending
4 June 30, 1993, solely for producing a videotape and copies dealing with
5 at-risk youth laws and services, as required by section 4 of this act.

6 NEW SECTION. **Sec. 18.** The sum of one million dollars, or as
7 much thereof as may be necessary, is appropriated from the general fund
8 to the department of social and health services for the biennium ending
9 June 30, 1993, solely for carrying out the purposes of section 11 of
10 this act.