
SECOND SUBSTITUTE HOUSE BILL 1874

State of Washington

66th Legislature

2019 Regular Session

By House Appropriations (originally sponsored by Representatives Frame, Eslick, Davis, Bergquist, and Doglio)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to implementing policies related to expanding
2 adolescent behavioral health care access as reviewed and recommended
3 by the children's mental health work group; amending RCW 71.34.010,
4 71.34.020, 71.34.500, 71.34.510, 71.34.520, 71.34.530, 71.34.650,
5 71.34.700, 71.34.700, 71.34.710, 71.34.710, and 74.13.280; adding new
6 sections to chapter 71.34 RCW; creating new sections; providing an
7 effective date; and providing expiration dates.

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

9 **Sec. 1.** RCW 71.34.010 and 2018 c 201 s 5001 are each amended to
10 read as follows:

11 It is the purpose of this chapter to assure that minors in need
12 of mental health care and treatment receive an appropriate continuum
13 of culturally relevant care and treatment, including prevention and
14 early intervention, self-directed care, parent-directed care, and
15 involuntary treatment. To facilitate the continuum of care and
16 treatment to minors in out-of-home placements, all divisions of the
17 authority and the department that provide mental health services to
18 minors shall jointly plan and deliver those services.

19 It is also the purpose of this chapter to protect the rights of
20 ~~((minors))~~ adolescents to confidentially and independently seek
21 services for mental health and substance use disorders. Mental health

1 and substance use disorder treatment providers shall guard against
2 needless hospitalization and deprivations of liberty ~~((and to)),~~
3 enable treatment decisions to be made in response to clinical needs
4 in accordance with sound professional judgment ~~((The mental health~~
5 ~~care and treatment providers shall))~~, and encourage the use of
6 voluntary services ~~((and))~~. Mental health and substance use disorder
7 treatment providers shall also, whenever clinically appropriate,
8 ~~((the providers shall))~~ offer less restrictive alternatives to
9 inpatient treatment. Additionally, all mental health care and
10 treatment providers shall assure that minors' parents are given an
11 opportunity to participate in the treatment decisions for their minor
12 children. The mental health care and treatment providers shall, to
13 the extent possible, offer services that involve minors' parents or
14 family.

15 It is also the purpose of this chapter to assure the ability of
16 parents to exercise reasonable, compassionate care and control of
17 their minor children when there is a medical necessity for treatment
18 and without the requirement of filing a petition under this chapter.
19 This includes a parent's ability to request and receive medically
20 necessary treatment for his or her adolescent without the consent of
21 the adolescent.

22 **Sec. 2.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to
23 read as follows:

24 Unless the context clearly requires otherwise, the definitions in
25 this section apply throughout this chapter.

26 (1) "Alcoholism" means a disease, characterized by a dependency
27 on alcoholic beverages, loss of control over the amount and
28 circumstances of use, symptoms of tolerance, physiological or
29 psychological withdrawal, or both, if use is reduced or discontinued,
30 and impairment of health or disruption of social or economic
31 functioning.

32 (2) "Approved substance use disorder treatment program" means a
33 program for minors with substance use disorders provided by a
34 treatment program licensed or certified by the department of health
35 as meeting standards adopted under chapter 71.24 RCW.

36 (3) "Authority" means the Washington state health care authority.

37 (4) "Chemical dependency" means:

38 (a) Alcoholism;

39 (b) Drug addiction; or

1 (c) Dependence on alcohol and one or more other psychoactive
2 chemicals, as the context requires.

3 (5) "Chemical dependency professional" means a person certified
4 as a chemical dependency professional by the department of health
5 under chapter 18.205 RCW, or a person certified as a chemical
6 dependency professional trainee under RCW 18.205.095 working under
7 the direct supervision of a certified chemical dependency
8 professional.

9 (6) "Child psychiatrist" means a person having a license as a
10 physician and surgeon in this state, who has had graduate training in
11 child psychiatry in a program approved by the American Medical
12 Association or the American Osteopathic Association, and who is board
13 eligible or board certified in child psychiatry.

14 (7) "Children's mental health specialist" means:

15 (a) A mental health professional who has completed a minimum of
16 one hundred actual hours, not quarter or semester hours, of
17 specialized training devoted to the study of child development and
18 the treatment of children; and

19 (b) A mental health professional who has the equivalent of one
20 year of full-time experience in the treatment of children under the
21 supervision of a children's mental health specialist.

22 (8) "Commitment" means a determination by a judge or court
23 commissioner, made after a commitment hearing, that the minor is in
24 need of inpatient diagnosis, evaluation, or treatment or that the
25 minor is in need of less restrictive alternative treatment.

26 (9) "Department" means the department of social and health
27 services.

28 (10) "Designated crisis responder" means a person designated by a
29 behavioral health organization to perform the duties specified in
30 this chapter.

31 (11) "Director" means the director of the authority.

32 (12) "Drug addiction" means a disease, characterized by a
33 dependency on psychoactive chemicals, loss of control over the amount
34 and circumstances of use, symptoms of tolerance, physiological or
35 psychological withdrawal, or both, if use is reduced or discontinued,
36 and impairment of health or disruption of social or economic
37 functioning.

38 (13) "Evaluation and treatment facility" means a public or
39 private facility or unit that is licensed or certified by the
40 department of health to provide emergency, inpatient, residential, or

1 outpatient mental health evaluation and treatment services for
2 minors. A physically separate and separately-operated portion of a
3 state hospital may be designated as an evaluation and treatment
4 facility for minors. A facility which is part of or operated by the
5 state or federal agency does not require licensure or certification.
6 No correctional institution or facility, juvenile court detention
7 facility, or jail may be an evaluation and treatment facility within
8 the meaning of this chapter.

9 (14) "Evaluation and treatment program" means the total system of
10 services and facilities coordinated and approved by a county or
11 combination of counties for the evaluation and treatment of minors
12 under this chapter.

13 (15) "Gravely disabled minor" means a minor who, as a result of a
14 mental disorder, or as a result of the use of alcohol or other
15 psychoactive chemicals, is in danger of serious physical harm
16 resulting from a failure to provide for his or her essential human
17 needs of health or safety, or manifests severe deterioration in
18 routine functioning evidenced by repeated and escalating loss of
19 cognitive or volitional control over his or her actions and is not
20 receiving such care as is essential for his or her health or safety.

21 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
22 health care provided within a general hospital, psychiatric hospital,
23 residential treatment facility licensed or certified by the
24 department of health as an evaluation and treatment facility for
25 minors, secure detoxification facility for minors, or approved
26 substance use disorder treatment program for minors.

27 (17) "Intoxicated minor" means a minor whose mental or physical
28 functioning is substantially impaired as a result of the use of
29 alcohol or other psychoactive chemicals.

30 (18) "Less restrictive alternative" or "less restrictive setting"
31 means outpatient treatment provided to a minor who is not residing in
32 a facility providing inpatient treatment as defined in this chapter.

33 (19) "Likelihood of serious harm" means either: (a) A substantial
34 risk that physical harm will be inflicted by an individual upon his
35 or her own person, as evidenced by threats or attempts to commit
36 suicide or inflict physical harm on oneself; (b) a substantial risk
37 that physical harm will be inflicted by an individual upon another,
38 as evidenced by behavior which has caused such harm or which places
39 another person or persons in reasonable fear of sustaining such harm;
40 or (c) a substantial risk that physical harm will be inflicted by an

1 individual upon the property of others, as evidenced by behavior
2 which has caused substantial loss or damage to the property of
3 others.

4 (20) "Medical necessity" for inpatient care means a requested
5 service which is reasonably calculated to: (a) Diagnose, correct,
6 cure, or alleviate a mental disorder or substance use disorder; or
7 (b) prevent the progression of a substance use disorder that
8 endangers life or causes suffering and pain, or results in illness or
9 infirmity or threatens to cause or aggravate a handicap, or causes
10 physical deformity or malfunction, and there is no adequate less
11 restrictive alternative available.

12 (21) "Mental disorder" means any organic, mental, or emotional
13 impairment that has substantial adverse effects on an individual's
14 cognitive or volitional functions. The presence of alcohol abuse,
15 drug abuse, juvenile criminal history, antisocial behavior, or
16 intellectual disabilities alone is insufficient to justify a finding
17 of "mental disorder" within the meaning of this section.

18 (22) "Mental health professional" means a psychiatrist,
19 psychiatric advanced registered nurse practitioner, physician
20 assistant working with a supervising psychiatrist, psychologist,
21 psychiatric nurse, (~~(or)~~) social worker, and such other mental health
22 professionals as (~~may be~~) defined by rules adopted by the secretary
23 of the department of health under this chapter.

24 (23) "Minor" means any person under the age of eighteen years.

25 (24) "Outpatient treatment" means any of the nonresidential
26 services mandated under chapter 71.24 RCW and provided by licensed or
27 certified service providers as identified by RCW 71.24.025.

28 (25) "Parent" means one of the following persons in the following
29 order of priority:

30 (a) The appointed guardian, or legal custodian authorized
31 pursuant to Title 26 RCW, of the minor patient, if any;

32 (b) A person authorized by the court to consent to medical care
33 for a child in out-of-home placement pursuant to chapter 13.32A or
34 13.34 RCW, if any;

35 (c) A biological or adoptive parent who has legal custody of the
36 child, including either parent if custody is shared under a joint
37 custody agreement; (~~or~~

38 ~~(b) A person or agency judicially appointed as legal guardian or~~
39 ~~custodian of the child)) (d) The individual, if any, to whom the~~

1 minor's parent has given a signed authorization to make health care
2 decisions for the minor patient; or

3 (e) A competent adult representing himself or herself to be a
4 relative responsible for the health care of such minor patient or a
5 competent adult who has signed and dated a declaration under penalty
6 of perjury pursuant to RCW 9A.72.085 stating that the adult person is
7 a relative responsible for the health care of the minor patient. Such
8 declaration is effective for up to six months from the date of the
9 declaration.

10 (26) "Private agency" means any person, partnership, corporation,
11 or association that is not a public agency, whether or not financed
12 in whole or in part by public funds, that constitutes an evaluation
13 and treatment facility or private institution, or hospital, or
14 approved substance use disorder treatment program, that is conducted
15 for, or includes a distinct unit, floor, or ward conducted for, the
16 care and treatment of persons with mental illness, substance use
17 disorders, or both mental illness and substance use disorders.

18 (27) "Physician assistant" means a person licensed as a physician
19 assistant under chapter 18.57A or 18.71A RCW.

20 (28) "Professional person in charge" or "professional person"
21 means a physician, other mental health professional, or other person
22 empowered by an evaluation and treatment facility, secure
23 detoxification facility, or approved substance use disorder treatment
24 program with authority to make admission and discharge decisions on
25 behalf of that facility.

26 (29) "Psychiatric nurse" means a registered nurse who has
27 experience in the direct treatment of persons who have a mental
28 illness or who are emotionally disturbed, such experience gained
29 under the supervision of a mental health professional.

30 (30) "Psychiatrist" means a person having a license as a
31 physician in this state who has completed residency training in
32 psychiatry in a program approved by the American Medical Association
33 or the American Osteopathic Association, and is board eligible or
34 board certified in psychiatry.

35 (31) "Psychologist" means a person licensed as a psychologist
36 under chapter 18.83 RCW.

37 (32) "Public agency" means any evaluation and treatment facility
38 or institution, or hospital, or approved substance use disorder
39 treatment program that is conducted for, or includes a distinct unit,
40 floor, or ward conducted for, the care and treatment of persons with

1 mental illness, substance use disorders, or both mental illness and
2 substance use disorders if the agency is operated directly by
3 federal, state, county, or municipal government, or a combination of
4 such governments.

5 (33) "Responsible other" means the minor, the minor's parent or
6 estate, or any other person legally responsible for support of the
7 minor.

8 (34) "Secretary" means the secretary of the department or
9 secretary's designee.

10 (35) "Secure detoxification facility" means a facility operated
11 by either a public or private agency or by the program of an agency
12 that:

13 (a) Provides for intoxicated minors:

14 (i) Evaluation and assessment, provided by certified chemical
15 dependency professionals;

16 (ii) Acute or subacute detoxification services; and

17 (iii) Discharge assistance provided by certified chemical
18 dependency professionals, including facilitating transitions to
19 appropriate voluntary or involuntary inpatient services or to less
20 restrictive alternatives as appropriate for the minor;

21 (b) Includes security measures sufficient to protect the
22 patients, staff, and community; and

23 (c) Is licensed or certified as such by the department of health.

24 (36) "Social worker" means a person with a master's or further
25 advanced degree from a social work educational program accredited and
26 approved as provided in RCW 18.320.010.

27 (37) "Start of initial detention" means the time of arrival of
28 the minor at the first evaluation and treatment facility, secure
29 detoxification facility, or approved substance use disorder treatment
30 program offering inpatient treatment if the minor is being
31 involuntarily detained at the time. With regard to voluntary
32 patients, "start of initial detention" means the time at which the
33 minor gives notice of intent to leave under the provisions of this
34 chapter.

35 (38) "Substance use disorder" means a cluster of cognitive,
36 behavioral, and physiological symptoms indicating that an individual
37 continues using the substance despite significant substance-related
38 problems. The diagnosis of a substance use disorder is based on a
39 pathological pattern of behaviors related to the use of the
40 substances.

1 (39) "Adolescent" means a minor thirteen years of age or older.

2 **Sec. 3.** RCW 71.34.500 and 2016 sp.s. c 29 s 261 are each amended
3 to read as follows:

4 (1) (~~(A minor thirteen years or older)~~) An adolescent may admit
5 himself or herself to an evaluation and treatment facility for
6 inpatient mental health treatment or an approved substance use
7 disorder treatment program for inpatient substance use disorder
8 treatment without parental consent. The admission shall occur only if
9 the professional person in charge of the facility concurs with the
10 need for inpatient treatment. Parental authorization, or
11 authorization from a person who may consent on behalf of the minor
12 pursuant to RCW 7.70.065, is required for inpatient treatment of a
13 minor under the age of thirteen.

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

22 (3) Written renewal of voluntary consent must be obtained from
23 the applicant no less than once every twelve months. The minor's need
24 for continued inpatient treatments shall be reviewed and documented
25 no less than every one hundred eighty days.

26 **Sec. 4.** RCW 71.34.510 and 1998 c 296 s 15 are each amended to
27 read as follows:

28 (1) The (~~(administrator)~~) professional person in charge of
29 (~~(the)~~) an evaluation and treatment facility shall provide notice to
30 the parent(~~(s)~~) of (~~(a minor)~~) an adolescent when the (~~(minor)~~)
31 adolescent is voluntarily admitted to inpatient treatment under RCW
32 71.34.500 solely for mental health treatment and not for substance
33 use disorder treatment.

34 (2) The professional person in charge of an evaluation and
35 treatment facility shall provide notice to parents of an adolescent
36 voluntarily admitted to inpatient treatment under RCW 71.34.500 for
37 substance use disorder treatment only if: (a) The adolescent provides
38 written consent to the disclosure of the fact of admission and such

1 other substance use disorder treatment information in the notice; or
2 (b) permitted by federal law.

3 (3) The notice required under this section shall be in the form
4 most likely to reach the parent within twenty-four hours of the
5 ((minor's)) adolescent's voluntary admission and shall advise the
6 parent: ((1)) (a) That the ((minor)) adolescent has been admitted
7 to inpatient treatment; ((2)) (b) of the location and telephone
8 number of the facility providing such treatment; ((3)) (c) of the
9 name of a professional person on the staff of the facility providing
10 treatment who is designated to discuss the ((minor's)) adolescent's
11 need for inpatient treatment with the parent; and ((4)) (d) of the
12 medical necessity for admission.

13 **Sec. 5.** RCW 71.34.520 and 2016 sp.s. c 29 s 262 are each amended
14 to read as follows:

15 (1) Any ((minor thirteen years or older)) adolescent voluntarily
16 admitted to an evaluation and treatment facility or approved
17 substance use disorder treatment program under RCW 71.34.500 may give
18 notice of intent to leave at any time. The notice need not follow any
19 specific form so long as it is written and the intent of the minor
20 can be discerned.

21 (2) The staff member receiving the notice shall date it
22 immediately((7)) and record its existence in the ((minor's))
23 adolescent's clinical record((, and send)).

24 (a) If the evaluation and treatment facility is providing the
25 adolescent solely with mental health treatment and not substance use
26 disorder treatment, copies of ((it)) the notice must be sent to the
27 ((minor's)) adolescent's attorney, if any, the designated crisis
28 responders, and the parent.

29 (b) If the evaluation and treatment facility or substance use
30 disorder treatment program is providing the adolescent with substance
31 use disorder treatment, copies of the notice must be sent to the
32 adolescent's attorney, if any, the designated crisis responders, and
33 the parent only if: (i) The adolescent provides written consent to
34 the disclosure of substance use disorder information; or (ii)
35 permitted by federal law.

36 (3) The professional person shall discharge the ((minor, thirteen
37 years or older,)) adolescent from the facility by the second judicial
38 day following receipt of the minor's notice of intent to leave.

1 **Sec. 6.** RCW 71.34.530 and 2006 c 93 s 4 are each amended to read
2 as follows:

3 Any (~~minor thirteen years or older~~) adolescent may request and
4 receive outpatient treatment without the consent of the (~~minor's~~)
5 adolescent's parent. Parental authorization, or authorization from a
6 person who may consent on behalf of the minor pursuant to RCW
7 7.70.065, is required for outpatient treatment of a minor under the
8 age of thirteen.

9 **Sec. 7.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each amended
10 to read as follows:

11 (1) A parent may bring, or authorize the bringing of, his or her
12 minor child to:

13 (a) A provider of outpatient mental health treatment and request
14 that an appropriately trained professional person examine the minor
15 to determine whether the minor has a mental disorder and is in need
16 of outpatient treatment; or

17 (b) A provider of outpatient substance use disorder treatment and
18 request that an appropriately trained professional person examine the
19 minor to determine whether the minor has a substance use disorder and
20 is in need of outpatient treatment.

21 (2) The consent of the minor is not required for evaluation if
22 the parent brings the minor to the provider.

23 (3) The professional person may evaluate whether the minor has a
24 mental disorder or substance use disorder and is in need of
25 outpatient treatment.

26 (4) If a determination is made by a provider under this section
27 that an adolescent is in need of outpatient treatment, a parent of an
28 adolescent may request and receive outpatient treatment for his or
29 her adolescent without the consent of the adolescent for up to twelve
30 outpatient sessions occurring within a three-month period.

31 (5) Following the treatment periods under subsection (4) of this
32 section, an adolescent must provide his or her consent for further
33 treatment.

34 (6) If a determination is made by a provider under this section
35 that an adolescent is in need of treatment in a less restrictive
36 setting, including partial hospitalization or intensive outpatient
37 treatment, a parent of an adolescent may request and receive such
38 treatment without the consent of the adolescent.

1 (a) An entity providing solely mental health treatment to an
2 adolescent under this subsection (6) must convene a treatment review
3 at least every thirty days after treatment begins that includes the
4 adolescent, parent, and treatment team to determine whether continued
5 care under this subsection is necessary.

6 (b) An entity providing solely mental health treatment to an
7 adolescent under this subsection (6) shall provide notification of
8 the adolescent's treatment to an independent reviewer at the
9 authority within twenty-four hours of the adolescent's receipt of
10 treatment under this section to determine whether the level of
11 treatment provided is medically necessary. At least every forty-five
12 days after the adolescent's first receipt of treatment under this
13 subsection, the authority shall conduct an additional review to
14 determine whether the current level of treatment is medically
15 necessary.

16 (c) An entity providing substance use disorder treatment under
17 this subsection (6) shall convene a treatment review under (a) of
18 this subsection and provide the notification of the adolescent's
19 receipt of treatment to an independent reviewer at the authority as
20 described in (b) of this subsection only if: (i) The adolescent
21 provides written consent to the disclosure of substance use disorder
22 treatment information including the fact of his or her receipt of
23 such treatment; or (ii) permitted by federal law.

24 (7) Any minor admitted to inpatient treatment under RCW 71.34.500
25 or 71.34.600 shall be discharged immediately from inpatient treatment
26 upon written request of the parent.

27 **Sec. 8.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each amended
28 to read as follows:

29 (1) If ~~((a minor, thirteen years or older,))~~ an adolescent is
30 brought to an evaluation and treatment facility or hospital emergency
31 room for immediate mental health services, the professional person in
32 charge of the facility shall evaluate the ~~((minor's))~~ adolescent's
33 mental condition, determine whether the ~~((minor))~~ adolescent suffers
34 from a mental disorder, and whether the ~~((minor))~~ adolescent is in
35 need of immediate inpatient treatment.

36 (2) If ~~((a minor, thirteen years or older,))~~ an adolescent is
37 brought to a secure detoxification facility with available space, or
38 a hospital emergency room for immediate substance use disorder
39 treatment, the professional person in charge of the facility shall

1 evaluate the ((~~minor's~~)) adolescent's condition, determine whether
2 the ((~~minor~~)) adolescent suffers from a substance use disorder, and
3 whether the ((~~minor~~)) adolescent is in need of immediate inpatient
4 treatment.

5 (3) If it is determined under subsection (1) or (2) of this
6 section that the ((~~minor~~)) adolescent suffers from a mental disorder
7 or substance use disorder, inpatient treatment is required, the
8 ((~~minor~~)) adolescent is unwilling to consent to voluntary admission,
9 and the professional person believes that the ((~~minor~~)) adolescent
10 meets the criteria for initial detention set forth herein, the
11 facility may detain or arrange for the detention of the ((~~minor~~))
12 adolescent for up to twelve hours in order to enable a designated
13 crisis responder to evaluate the ((~~minor~~)) adolescent and commence
14 initial detention proceedings under the provisions of this chapter.

15 **Sec. 9.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each amended
16 to read as follows:

17 (1) If ((~~a minor, thirteen years or older,~~)) an adolescent is
18 brought to an evaluation and treatment facility or hospital emergency
19 room for immediate mental health services, the professional person in
20 charge of the facility shall evaluate the ((~~minor's~~)) adolescent's
21 mental condition, determine whether the ((~~minor~~)) adolescent suffers
22 from a mental disorder, and whether the ((~~minor~~)) adolescent is in
23 need of immediate inpatient treatment.

24 (2) If ((~~a minor, thirteen years or older,~~)) an adolescent is
25 brought to a secure detoxification facility or a hospital emergency
26 room for immediate substance use disorder treatment, the professional
27 person in charge of the facility shall evaluate the ((~~minor's~~))
28 adolescent's condition, determine whether the ((~~minor~~)) adolescent
29 suffers from a substance use disorder, and whether the ((~~minor~~))
30 adolescent is in need of immediate inpatient treatment.

31 (3) If it is determined under subsection (1) or (2) of this
32 section that the ((~~minor~~)) adolescent suffers from a mental disorder
33 or substance use disorder, inpatient treatment is required, the
34 ((~~minor~~)) adolescent is unwilling to consent to voluntary admission,
35 and the professional person believes that the ((~~minor~~)) adolescent
36 meets the criteria for initial detention set forth herein, the
37 facility may detain or arrange for the detention of the ((~~minor~~))
38 adolescent for up to twelve hours in order to enable a designated

1 crisis responder to evaluate the ((~~minor~~)) adolescent and commence
2 initial detention proceedings under the provisions of this chapter.

3 **Sec. 10.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
4 amended to read as follows:

5 (1) (a) (i) When a designated crisis responder receives information
6 that ((~~a minor, thirteen years or older,~~)) an adolescent as a result
7 of a mental disorder presents a likelihood of serious harm or is
8 gravely disabled, has investigated the specific facts alleged and of
9 the credibility of the person or persons providing the information,
10 and has determined that voluntary admission for inpatient treatment
11 is not possible, the designated crisis responder may take the
12 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
13 into custody and transported to an evaluation and treatment facility
14 providing inpatient treatment.

15 (ii) When a designated crisis responder receives information that
16 ((~~a minor, thirteen years or older,~~)) an adolescent as a result of a
17 substance use disorder presents a likelihood of serious harm or is
18 gravely disabled, has investigated the specific facts alleged and of
19 the credibility of the person or persons providing the information,
20 and has determined that voluntary admission for inpatient treatment
21 is not possible, the designated crisis responder may take the
22 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
23 into custody and transported to a secure detoxification facility or
24 approved substance use disorder treatment program, if a secure
25 detoxification facility or approved substance use disorder treatment
26 program is available and has adequate space for the ((~~minor~~))
27 adolescent.

28 (b) If the ((~~minor~~)) adolescent is not taken into custody for
29 evaluation and treatment, the parent who has custody of the ((~~minor~~))
30 adolescent may seek review of that decision made by the designated
31 crisis responder in court. The parent shall file notice with the
32 court and provide a copy of the designated crisis responder's report
33 or notes.

34 (2) Within twelve hours of the ((~~minor's~~)) adolescent's arrival
35 at the evaluation and treatment facility, secure detoxification
36 facility, or approved substance use disorder treatment program, the
37 designated crisis responder shall serve on the ((~~minor~~)) adolescent a
38 copy of the petition for initial detention, notice of initial
39 detention, and statement of rights. The designated crisis responder

1 shall file with the court on the next judicial day following the
2 initial detention the original petition for initial detention, notice
3 of initial detention, and statement of rights along with an affidavit
4 of service. The designated crisis responder shall commence service of
5 the petition for initial detention and notice of the initial
6 detention on the ((~~minor's~~)) adolescent's parent and the ((~~minor's~~))
7 adolescent's attorney as soon as possible following the initial
8 detention.

9 (3) At the time of initial detention, the designated crisis
10 responder shall advise the ((~~minor~~)) adolescent both orally and in
11 writing that if admitted to the evaluation and treatment facility,
12 secure detoxification facility, or approved substance use disorder
13 treatment program for inpatient treatment, a commitment hearing shall
14 be held within seventy-two hours of the ((~~minor's~~)) adolescent's
15 provisional acceptance to determine whether probable cause exists to
16 commit the ((~~minor~~)) adolescent for further treatment.

17 The ((~~minor~~)) adolescent shall be advised that he or she has a
18 right to communicate immediately with an attorney and that he or she
19 has a right to have an attorney appointed to represent him or her
20 before and at the hearing if the ((~~minor~~)) adolescent is indigent.

21 (4) Subject to subsection (5) of this section, whenever the
22 designated crisis responder petitions for detention of ((~~a minor~~)) an
23 adolescent under this chapter, an evaluation and treatment facility,
24 secure detoxification facility, or approved substance use disorder
25 treatment program providing seventy-two hour evaluation and treatment
26 must immediately accept on a provisional basis the petition and the
27 person. Within twenty-four hours of the ((~~minor's~~)) adolescent's
28 arrival, the facility must evaluate the ((~~minor's~~)) adolescent's
29 condition and either admit or release the ((~~minor~~)) adolescent in
30 accordance with this chapter.

31 (5) A designated crisis responder may not petition for detention
32 of ((~~a minor~~)) an adolescent to a secure detoxification facility or
33 approved substance use disorder treatment program unless there is a
34 secure detoxification facility or approved substance use disorder
35 treatment program available and that has adequate space for the
36 ((~~minor~~)) adolescent.

37 (6) If ((~~a minor~~)) an adolescent is not approved for admission by
38 the inpatient evaluation and treatment facility, secure
39 detoxification facility, or approved substance use disorder treatment
40 program, the facility shall make such recommendations and referrals

1 for further care and treatment of the ((~~minor~~)) adolescent as
2 necessary.

3 **Sec. 11.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each
4 amended to read as follows:

5 (1) (a) (i) When a designated crisis responder receives information
6 that ((~~a minor, thirteen years or older,~~)) an adolescent as a result
7 of a mental disorder presents a likelihood of serious harm or is
8 gravely disabled, has investigated the specific facts alleged and of
9 the credibility of the person or persons providing the information,
10 and has determined that voluntary admission for inpatient treatment
11 is not possible, the designated crisis responder may take the
12 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
13 into custody and transported to an evaluation and treatment facility
14 providing inpatient treatment.

15 (ii) When a designated crisis responder receives information that
16 ((~~a minor, thirteen years or older,~~)) an adolescent as a result of a
17 substance use disorder presents a likelihood of serious harm or is
18 gravely disabled, has investigated the specific facts alleged and of
19 the credibility of the person or persons providing the information,
20 and has determined that voluntary admission for inpatient treatment
21 is not possible, the designated crisis responder may take the
22 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
23 into custody and transported to a secure detoxification facility or
24 approved substance use disorder treatment program.

25 (b) If the ((~~minor~~)) adolescent is not taken into custody for
26 evaluation and treatment, the parent who has custody of the ((~~minor~~))
27 adolescent may seek review of that decision made by the designated
28 crisis responder in court. The parent shall file notice with the
29 court and provide a copy of the designated crisis responder's report
30 or notes.

31 (2) Within twelve hours of the ((~~minor's~~)) adolescent's arrival
32 at the evaluation and treatment facility, secure detoxification
33 facility, or approved substance use disorder treatment program, the
34 designated crisis responder shall serve on the ((~~minor~~)) adolescent a
35 copy of the petition for initial detention, notice of initial
36 detention, and statement of rights. The designated crisis responder
37 shall file with the court on the next judicial day following the
38 initial detention the original petition for initial detention, notice
39 of initial detention, and statement of rights along with an affidavit

1 of service. The designated crisis responder shall commence service of
2 the petition for initial detention and notice of the initial
3 detention on the ((~~minor's~~)) adolescent's parent and the ((~~minor's~~))
4 adolescent's attorney as soon as possible following the initial
5 detention.

6 (3) At the time of initial detention, the designated crisis
7 responder shall advise the ((~~minor~~)) adolescent both orally and in
8 writing that if admitted to the evaluation and treatment facility,
9 secure detoxification facility, or approved substance use disorder
10 treatment program for inpatient treatment, a commitment hearing shall
11 be held within seventy-two hours of the ((~~minor's~~)) adolescent's
12 provisional acceptance to determine whether probable cause exists to
13 commit the ((~~minor~~)) adolescent for further treatment.

14 The ((~~minor~~)) adolescent shall be advised that he or she has a
15 right to communicate immediately with an attorney and that he or she
16 has a right to have an attorney appointed to represent him or her
17 before and at the hearing if the ((~~minor~~)) adolescent is indigent.

18 (4) Whenever the designated crisis responder petitions for
19 detention of ((~~a minor~~)) an adolescent under this chapter, an
20 evaluation and treatment facility, secure detoxification facility, or
21 approved substance use disorder treatment program providing seventy-
22 two hour evaluation and treatment must immediately accept on a
23 provisional basis the petition and the person. Within twenty-four
24 hours of the ((~~minor's~~)) adolescent's arrival, the facility must
25 evaluate the ((~~minor's~~)) adolescent's condition and either admit or
26 release the ((~~minor~~)) adolescent in accordance with this chapter.

27 (5) If ((~~a minor~~)) an adolescent is not approved for admission by
28 the inpatient evaluation and treatment facility, secure
29 detoxification facility, or approved substance use disorder treatment
30 program, the facility shall make such recommendations and referrals
31 for further care and treatment of the ((~~minor~~)) adolescent as
32 necessary.

33 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.34
34 RCW to read as follows:

35 (1) A mental health professional providing solely mental health
36 treatment and not substance use disorder treatment to an adolescent
37 may provide mental health treatment information pursuant to
38 subsection (2) of this section without the consent of the adolescent
39 to a parent who is involved in the treatment of the adolescent when

1 the mental health professional determines that sharing this
2 information would not be detrimental to the adolescent. A mental
3 health professional shall not proactively provide this information to
4 a parent unless the adolescent states a clear and documented desire
5 to do so, or in cases concerning the imminent health and safety of
6 the youth.

7 (2) The mental health treatment information that a mental health
8 professional can disclose pursuant to subsection (1) of this section
9 includes the following:

- 10 (a) Diagnosis;
- 11 (b) Treatment plan and progress in treatment;
- 12 (c) Recommended medications, including risks, benefits, side
13 effects, typical efficacy, dose, and schedule;
- 14 (d) Psychoeducation about the adolescent's mental health;
- 15 (e) Referrals to community resources;
- 16 (f) Coaching on parenting or behavioral management strategies;
- 17 and
- 18 (g) Crisis prevention planning and safety planning.

19 (3) In the event a mental health professional discloses mental
20 health treatment information of an adolescent pursuant to subsection
21 (1) of this section, the mental health professional must provide
22 notice of this disclosure to the adolescent and the adolescent must
23 have ample opportunity to express any concerns about this disclosure
24 to the mental health professional well in advance of action to
25 disclose mental health treatment information. The mental health
26 professional shall document any objections to disclosure in the
27 adolescent's medical record if the mental health professional
28 discloses mental health treatment information over the objection of
29 the adolescent.

30 (4) If the mental health professional determines that disclosure
31 of mental health information pursuant to subsection (1) of this
32 section would be detrimental to the adolescent and declines to
33 disclose such information, the mental health professional shall
34 document the reasons for the lack of disclosure in the adolescent's
35 medical record.

36 (5) An adolescent or parent is allowed to authorize release of
37 mental health treatment records to a current treatment provider or to
38 a potential treatment provider for the purpose of facilitating
39 referrals for additional mental health treatment services. A mental
40 health treatment provider shall release mental health treatment

1 records following direction from a parent or legal guardian pursuant
2 to this subsection, unless the treatment provider believes that the
3 release of information would be detrimental to the adolescent.

4 (a) The family shall make efforts to jointly agree on the release
5 of mental health treatment information to treatment providers
6 pursuant to this subsection.

7 (b) If the mental health professional declines to allow release
8 of mental health treatment information pursuant to this subsection,
9 the provider shall document reasons for not releasing the information
10 in the medical record.

11 (c) Treatment records may not be released pursuant to this
12 subsection for conversion therapy as defined in RCW 18.130.020.

13 (6) Information about an adolescent's substance use disorder
14 evaluation or treatment may only be provided to a parent or legal
15 guardian without the written consent of the adolescent if permitted
16 by federal law. A mental health professional or chemical dependency
17 professional providing substance use disorder treatment to an
18 adolescent may seek the written consent of the adolescent to provide
19 substance use disorder treatment information to a parent who is
20 involved in the treatment of the adolescent when the mental health
21 professional or chemical dependency professional determines that both
22 seeking the written consent and sharing the substance use disorder
23 treatment information of the adolescent would not be detrimental to
24 the adolescent.

25 NEW SECTION. **Sec. 13.** A new section is added to chapter 71.34
26 RCW to read as follows:

27 (1) A mental health professional providing inpatient or
28 outpatient mental health treatment is not liable for an action
29 regarding the following:

30 (a) Releasing mental health treatment information to a parent
31 without an adolescent's consent pursuant to section 12 of this act if
32 it is determined by the professional that release of the information
33 would not be detrimental to the adolescent; or

34 (b) Declining to release mental health treatment information to a
35 parent or legal guardian pursuant to section 12 of this act if it is
36 determined by the professional that release of the information would
37 be detrimental to the adolescent.

38 (2) A chemical dependency professional providing inpatient or
39 outpatient substance use disorder treatment is not liable for either

1 releasing or declining to release substance use disorder treatment
2 information to a parent without an adolescent's consent pursuant to
3 section 12 of this act if permitted by federal law.

4 **Sec. 14.** RCW 74.13.280 and 2018 c 284 s 45 are each amended to
5 read as follows:

6 (1) Except as provided in RCW 70.02.220, whenever a child is
7 placed in out-of-home care by the department or with an agency, the
8 department or agency shall share information known to the department
9 or agency about the child and the child's family with the care
10 provider and shall consult with the care provider regarding the
11 child's case plan. If the child is dependent pursuant to a proceeding
12 under chapter 13.34 RCW, the department or agency shall keep the care
13 provider informed regarding the dates and location of dependency
14 review and permanency planning hearings pertaining to the child.

15 (2) Information about the child and the child's family shall
16 include information known to the department or agency as to whether
17 the child is a sexually reactive child, has exhibited high-risk
18 behaviors, or is physically assaultive or physically aggressive, as
19 defined in this section.

20 (3) Information about the child shall also include information
21 known to the department or agency that the child:

22 (a) Has received a medical diagnosis of fetal alcohol syndrome or
23 fetal alcohol effect;

24 (b) Has been diagnosed by a qualified mental health professional
25 as having a mental health disorder;

26 (c) Has witnessed a death or substantial physical violence in the
27 past or recent past; or

28 (d) Was a victim of sexual or severe physical abuse in the recent
29 past.

30 (4) Any person who receives information about a child or a
31 child's family pursuant to this section shall keep the information
32 confidential and shall not further disclose or disseminate the
33 information except as authorized by law. Care providers shall agree
34 in writing to keep the information that they receive confidential and
35 shall affirm that the information will not be further disclosed or
36 disseminated, except as authorized by law.

37 (5) Nothing in this section shall be construed to limit the
38 authority of the department or an agency to disclose client
39 information or to maintain client confidentiality as provided by law.

1 (6) ~~((As used in))~~ The department may share the following mental
2 health treatment records with a care provider, even if the child does
3 not consent to releasing those records, if the department has
4 initiated treatment pursuant to RCW 71.34.600:

5 (a) Diagnosis;

6 (b) Treatment plan and progress in treatment;

7 (c) Recommended medications, including risks, benefits, side
8 effects, typical efficacy, dose, and schedule;

9 (d) Psychoeducation about the child's mental health;

10 (e) Referrals to community resources;

11 (f) Coaching on parenting or behavioral management strategies;

12 and

13 (g) Crisis prevention planning and safety planning.

14 (7) The department may not share substance use disorder treatment
15 records with a care provider without the written consent of the child
16 except as permitted by federal law.

17 (8) For the purposes of this section:

18 (a) "Sexually reactive child" means a child who exhibits sexual
19 behavior problems including, but not limited to, sexual behaviors
20 that are developmentally inappropriate for their age or are harmful
21 to the child or others.

22 (b) "High-risk behavior" means an observed or reported and
23 documented history of one or more of the following:

24 (i) Suicide attempts or suicidal behavior or ideation;

25 (ii) Self-mutilation or similar self-destructive behavior;

26 (iii) Fire-setting or a developmentally inappropriate fascination
27 with fire;

28 (iv) Animal torture;

29 (v) Property destruction; or

30 (vi) Substance or alcohol abuse.

31 (c) "Physically assaultive or physically aggressive" means a
32 child who exhibits one or more of the following behaviors that are
33 developmentally inappropriate and harmful to the child or to others:

34 (i) Observed assaultive behavior;

35 (ii) Reported and documented history of the child willfully
36 assaulting or inflicting bodily harm; or

37 (iii) Attempting to assault or inflict bodily harm on other
38 children or adults under circumstances where the child has the
39 apparent ability or capability to carry out the attempted assaults
40 including threats to use a weapon.

1 (d) "Care provider" means a person with whom a child is placed in
2 out-of-home care, or a designated official for a group care facility
3 licensed by the department.

4 NEW SECTION. Sec. 15. A new section is added to chapter 71.34
5 RCW to read as follows:

6 Subject to the availability of amounts appropriated for this
7 specific purpose, the authority must provide an online training for
8 behavioral health providers regarding state law and best practices
9 when providing behavioral health services to children, youth, and
10 families. The training must be free for providers and must include
11 information related to parent-initiated treatment, minor-initiated
12 treatment, and other treatment services provided under this chapter.

13 NEW SECTION. Sec. 16. A new section is added to chapter 71.34
14 RCW to read as follows:

15 (1) Subject to the availability of amounts appropriated for this
16 specific purpose, the authority must conduct an annual survey of a
17 sample group of parents, youth, and behavioral health providers to
18 measure the impacts of implementing policies resulting from this act
19 during the first three years of implementation. The first survey must
20 be complete by July 1, 2020, followed by subsequent annual surveys
21 completed by July 1, 2021, and by July 1, 2022. The authority must
22 report on the results of the surveys annually to the governor and the
23 legislature beginning November 1, 2020. The final report is due
24 November 1, 2022, and must include any recommendations for statutory
25 changes identified as needed based on survey results.

26 (2) This section expires December 31, 2022.

27 NEW SECTION. Sec. 17. This act may be known and cited as the
28 adolescent behavioral health care access act.

29 NEW SECTION. Sec. 18. Sections 8 and 10 of this act expire July
30 1, 2026.

31 NEW SECTION. Sec. 19. Sections 9 and 11 of this act take effect
32 July 1, 2026.

33 NEW SECTION. Sec. 20. If specific funding for the purposes of
34 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2019, in the omnibus appropriations act, this
2 act is null and void.

--- **END** ---