
HOUSE BILL 1874

State of Washington

66th Legislature

2019 Regular Session

By Representatives Frame, Eslick, Davis, Bergquist, and Doglio

Read first time 02/04/19. Referred to Committee on Human Services & Early Learning.

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 71.34.020,
4 71.34.500, 71.34.510, 71.34.520, 71.34.530, 71.34.700, 71.34.700,
5 71.34.710, 71.34.710, and 74.13.280; adding new sections to chapter
6 71.34 RCW; creating a new section; providing an effective date; and
7 providing an expiration date.

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

9 **Sec. 1.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to
10 read as follows:

11 Unless the context clearly requires otherwise, the definitions in
12 this section apply throughout this chapter.

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

19 (2) "Approved substance use disorder treatment program" means a
20 program for minors with substance use disorders provided by a

1 treatment program licensed or certified by the department of health
2 as meeting standards adopted under chapter 71.24 RCW.

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

4 (4) "Chemical dependency" means:

5 (a) Alcoholism;

6 (b) Drug addiction; or

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

9 (5) "Chemical dependency professional" means a person certified
10 as a chemical dependency professional by the department of health
11 under chapter 18.205 RCW, or a person certified as a chemical
12 dependency professional trainee under RCW 18.205.095 working under
13 the direct supervision of a certified chemical dependency
14 professional.

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

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

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

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

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

32 (9) "Department" means the department of social and health
33 services.

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

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

38 (12) "Drug addiction" means a disease, characterized by a
39 dependency on psychoactive chemicals, loss of control over the amount
40 and circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,
2 and impairment of health or disruption of social or economic
3 functioning.

4 (13) "Evaluation and treatment facility" means a public or
5 private facility or unit that is licensed or certified by the
6 department of health to provide emergency, inpatient, residential, or
7 outpatient mental health evaluation and treatment services for
8 minors. A physically separate and separately-operated portion of a
9 state hospital may be designated as an evaluation and treatment
10 facility for minors. A facility which is part of or operated by the
11 state or federal agency does not require licensure or certification.
12 No correctional institution or facility, juvenile court detention
13 facility, or jail may be an evaluation and treatment facility within
14 the meaning of this chapter.

15 (14) "Evaluation and treatment program" means the total system of
16 services and facilities coordinated and approved by a county or
17 combination of counties for the evaluation and treatment of minors
18 under this chapter.

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

27 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
28 health care provided within a general hospital, psychiatric hospital,
29 residential treatment facility licensed or certified by the
30 department of health as an evaluation and treatment facility for
31 minors, secure detoxification facility for minors, or approved
32 substance use disorder treatment program for minors.

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

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

39 (19) "Likelihood of serious harm" means either: (a) A substantial
40 risk that physical harm will be inflicted by an individual upon his

1 or her own person, as evidenced by threats or attempts to commit
2 suicide or inflict physical harm on oneself; (b) a substantial risk
3 that physical harm will be inflicted by an individual upon another,
4 as evidenced by behavior which has caused such harm or which places
5 another person or persons in reasonable fear of sustaining such harm;
6 or (c) a substantial risk that physical harm will be inflicted by an
7 individual upon the property of others, as evidenced by behavior
8 which has caused substantial loss or damage to the property of
9 others.

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

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

24 (22) "Mental health professional" means a psychiatrist,
25 psychiatric advanced registered nurse practitioner, physician
26 assistant working with a supervising psychiatrist, psychologist,
27 psychiatric nurse, ~~((or))~~ social worker, ~~((and such other))~~ a
28 provider from a licensed community mental health agency under the
29 direction of a licensed mental health professional ~~((s))~~ as ~~((may be))~~
30 defined by rules adopted by the secretary of the department of health
31 under this chapter, or a licensed mental health counselor associate
32 under chapter 18.225 RCW working under the direct supervision of a
33 licensed mental health professional.

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

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

38 (25) "Parent" means:

1 (a) A biological or adoptive parent who has legal custody of the
2 child, including either parent if custody is shared under a joint
3 custody agreement; or

4 (b) A person or agency judicially appointed as legal guardian or
5 custodian of the child.

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

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

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

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

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

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

33 (32) "Public agency" means any evaluation and treatment facility
34 or institution, or hospital, or approved substance use disorder
35 treatment program that is conducted for, or includes a distinct unit,
36 floor, or ward conducted for, the care and treatment of persons with
37 mental illness, substance use disorders, or both mental illness and
38 substance use disorders if the agency is operated directly by
39 federal, state, county, or municipal government, or a combination of
40 such governments.

1 (33) "Responsible other" means the minor, the minor's parent or
2 estate, or any other person legally responsible for support of the
3 minor.

4 (34) "Secretary" means the secretary of the department or
5 secretary's designee.

6 (35) "Secure detoxification facility" means a facility operated
7 by either a public or private agency or by the program of an agency
8 that:

9 (a) Provides for intoxicated minors:

10 (i) Evaluation and assessment, provided by certified chemical
11 dependency professionals;

12 (ii) Acute or subacute detoxification services; and

13 (iii) Discharge assistance provided by certified chemical
14 dependency professionals, including facilitating transitions to
15 appropriate voluntary or involuntary inpatient services or to less
16 restrictive alternatives as appropriate for the minor;

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

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

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

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

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

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

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

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

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

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

23 (4) A parent of an adolescent may admit his or her child to an
24 evaluation and treatment facility for inpatient mental health
25 treatment or an approved substance use disorder treatment program for
26 inpatient substance use disorder treatment without the consent of the
27 adolescent. The admission shall occur only if the professional person
28 in charge of the facility concurs with the need for inpatient
29 treatment.

30 (a) The evaluation and treatment facility for inpatient mental
31 health treatment or approved substance use disorder treatment program
32 for inpatient substance use disorder treatment shall convene a
33 treatment review at least every thirty days after an adolescent's
34 admission under this subsection that includes the adolescent, parent
35 or guardian, and treatment team to determine whether continued care
36 under this subsection is necessary.

37 (b) The evaluation and treatment facility providing treatment
38 under this subsection shall provide notification of the adolescent's
39 admission to an independent reviewer at the authority within twenty-
40 four hours of the adolescent's admission under this section to

1 determine whether the level of treatment provided is medically
2 necessary. At least every forty-five days after the adolescent's
3 admission to inpatient treatment under this section, the authority
4 shall conduct an additional review to determine whether the current
5 level of treatment is medically necessary.

6 **Sec. 3.** RCW 71.34.510 and 1998 c 296 s 15 are each amended to
7 read as follows:

8 The administrator of the treatment facility shall provide notice
9 to the parents, legal guardian, or kinship caregiver as defined in
10 RCW 74.13.600 of ~~((a—minor))~~ an adolescent when the ~~((minor))~~
11 adolescent is voluntarily admitted to inpatient treatment under RCW
12 71.34.500. The notice shall be in the form most likely to reach the
13 parent, legal guardian, or kinship caregiver as defined in RCW
14 74.13.600 within twenty-four hours of the ~~((minor's))~~ adolescent's
15 voluntary admission and shall advise the parent, legal guardian, or
16 kinship caregiver as defined in RCW 74.13.600: (1) That the ~~((minor))~~
17 adolescent has been admitted to inpatient treatment; (2) of the
18 location and telephone number of the facility providing such
19 treatment; (3) of the name of a professional person on the staff of
20 the facility providing treatment who is designated to discuss the
21 ~~((minor's))~~ adolescent's need for inpatient treatment with the
22 parent, legal guardian, or kinship caregiver as defined in RCW
23 74.13.600; and (4) of the medical necessity for admission.

24 **Sec. 4.** RCW 71.34.520 and 2016 sp.s. c 29 s 262 are each amended
25 to read as follows:

26 (1) Any ~~((minor—thirteen—years—or—older))~~ adolescent voluntarily
27 admitted to an evaluation and treatment facility or approved
28 substance use disorder treatment program under RCW 71.34.500 may give
29 notice of intent to leave at any time. The notice need not follow any
30 specific form so long as it is written and the intent of the minor
31 can be discerned.

32 (2) The staff member receiving the notice shall date it
33 immediately, record its existence in the ~~((minor's))~~ adolescent's
34 clinical record, and send copies of it to the ~~((minor's))~~
35 adolescent's attorney, if any, the designated crisis responders, and
36 the parent.

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

4 **Sec. 5.** RCW 71.34.530 and 2006 c 93 s 4 are each amended to read
5 as follows:

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

12 (2) A parent of an adolescent may request and receive medically
13 necessary outpatient mental health treatment or outpatient substance
14 use disorder treatment from an approved substance use disorder
15 treatment program for his or her adolescent child without the consent
16 of the adolescent for the following:

17 (a) Up to twelve outpatient sessions; or

18 (b) A three-month period of outpatient treatment.

19 (3) Following the treatment periods under subsection (2) of this
20 section, an adolescent must provide his or her consent to request and
21 receive further outpatient treatment.

22 **Sec. 6.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each amended
23 to read as follows:

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

31 (2) If (~~a minor, thirteen years or older,~~) an adolescent is
32 brought to a secure detoxification facility with available space, or
33 a hospital emergency room for immediate substance use disorder
34 treatment, the professional person in charge of the facility shall
35 evaluate the (~~minor's~~) adolescent's condition, determine whether
36 the (~~minor~~) adolescent suffers from a substance use disorder, and
37 whether the (~~minor~~) adolescent is in need of immediate inpatient
38 treatment.

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

11 **Sec. 7.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each amended
12 to read as follows:

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

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

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

37 **Sec. 8.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each amended
38 to read as follows:

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

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

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

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

1 detention on the ((~~minor's~~)) adolescent's parent and the ((~~minor's~~))
2 adolescent's attorney as soon as possible following the initial
3 detention.

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

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

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

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

32 (6) If ((~~a minor~~)) an adolescent is not approved for admission by
33 the inpatient evaluation and treatment facility, secure
34 detoxification facility, or approved substance use disorder treatment
35 program, the facility shall make such recommendations and referrals
36 for further care and treatment of the ((~~minor~~)) adolescent as
37 necessary.

38 **Sec. 9.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each amended
39 to read as follows:

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

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

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

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

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

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

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

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

28 NEW SECTION. Sec. 10. A new section is added to chapter 71.34
29 RCW to read as follows:

30 (1) A mental health professional providing treatment to an
31 adolescent may provide treatment information pursuant to subsection
32 (2) of this section without the consent of the adolescent to a parent
33 or legal guardian who is involved in the treatment of the adolescent
34 when the mental health professional determines that sharing this
35 information would not be detrimental to the adolescent.

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

39 (a) Diagnosis;

- 1 (b) Treatment plan and progress in treatment;
- 2 (c) Recommended medications, including risks, benefits, side
3 effects, typical efficacy, dose, and schedule;
- 4 (d) Psychoeducation about the adolescent's mental health or
5 substance use condition;
- 6 (e) Referrals to community resources;
- 7 (f) Coaching on parenting or behavioral management strategies;
- 8 and
- 9 (g) Crisis prevention planning and safety planning.

10 (3) In the event a mental health professional discloses treatment
11 information of an adolescent pursuant to subsection (1) of this
12 section, the mental health professional must provide notice of this
13 disclosure to the adolescent and the adolescent must have an
14 opportunity to express any concerns about this disclosure to the
15 mental health professional before disclosure of the treatment
16 information. The mental health professional shall document any
17 objections to disclosure in the adolescent's medical record if the
18 mental health professional discloses treatment information over the
19 objection of the adolescent.

20 (4) If the mental health professional determines that disclosure
21 of information pursuant to subsection (1) of this section would be
22 detrimental to the adolescent and declines to disclose such
23 information, the mental health professional shall document the
24 reasons for the lack of disclosure in the adolescent's medical
25 record.

26 (5) An adolescent, parent, or legal guardian is allowed to
27 authorize release of mental health treatment records to a current
28 treatment provider or to a potential treatment provider for the
29 purpose of facilitating referrals for additional mental health
30 treatment services. A mental health treatment provider shall release
31 records following direction from a parent or legal guardian pursuant
32 to this subsection, unless the treatment provider believes that the
33 release of information would be detrimental to the adolescent.

34 (a) The family shall make efforts to jointly agree on the release
35 of information to treatment providers pursuant to this subsection.

36 (b) If the mental health professional declines to allow release
37 of information pursuant to this subsection, the provider shall
38 document reasons for not releasing the information in the medical
39 record.

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

3 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.34
4 RCW to read as follows:

5 A mental health professional providing inpatient or outpatient
6 mental health treatment is not liable for an action regarding the
7 following:

8 (1) Releasing information to a parent without an adolescent's
9 consent pursuant to section 10 of this act if it is determined by the
10 professional that release of the information would not be detrimental
11 to the adolescent; or

12 (2) Declining to release information to a parent or legal
13 guardian pursuant to section 10 of this act if it is determined by
14 the professional that release of the information would be detrimental
15 to the adolescent.

16 **Sec. 12.** RCW 74.13.280 and 2018 c 284 s 45 are each amended to
17 read as follows:

18 (1) Except as provided in RCW 70.02.220, whenever a child is
19 placed in out-of-home care by the department or with an agency, the
20 department or agency shall share information known to the department
21 or agency about the child and the child's family with the care
22 provider and shall consult with the care provider regarding the
23 child's case plan. If the child is dependent pursuant to a proceeding
24 under chapter 13.34 RCW, the department or agency shall keep the care
25 provider informed regarding the dates and location of dependency
26 review and permanency planning hearings pertaining to the child.

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

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

34 (a) Has received a medical diagnosis of fetal alcohol syndrome or
35 fetal alcohol effect;

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

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

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

5 (4) Any person who receives information about a child or a
6 child's family pursuant to this section shall keep the information
7 confidential and shall not further disclose or disseminate the
8 information except as authorized by law. Care providers shall agree
9 in writing to keep the information that they receive confidential and
10 shall affirm that the information will not be further disclosed or
11 disseminated, except as authorized by law.

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

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

19 (a) Diagnosis;

20 (b) Treatment plan and progress in treatment;

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

23 (d) Psychoeducation about the child's mental health or substance
24 use disorder condition;

25 (e) Referrals to community resources;

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

27 and

28 (g) Crisis prevention planning and safety planning.

29 (7) For the purposes of this section:

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

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

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

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

38 (iii) Fire-setting or a developmentally inappropriate fascination
39 with fire;

40 (iv) Animal torture;

1 (v) Property destruction; or
2 (vi) Substance or alcohol abuse.

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

6 (i) Observed assaultive behavior;

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

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

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

16 NEW SECTION. **Sec. 13.** This act may be known and cited as the
17 adolescent behavioral health care access act.

18 NEW SECTION. **Sec. 14.** Sections 6 and 8 of this act expire July
19 1, 2026.

20 NEW SECTION. **Sec. 15.** Sections 7 and 9 of this act take effect
21 July 1, 2026.

--- END ---