
HOUSE BILL 2883

State of Washington

66th Legislature

2020 Regular Session

By Representatives Eslick, Frame, and Davis

Read first time 01/28/20. 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 71.34.010,
4 71.34.610, 71.34.630, and 71.34.730; reenacting and amending RCW
5 71.34.020, 71.34.600, 71.34.750, and 71.34.750; adding a new section
6 to chapter 71.34 RCW; providing an effective date; and providing an
7 expiration date.

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

9 **Sec. 1.** RCW 71.34.010 and 2019 c 381 s 1 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 adolescents to confidentiality and to independently seek services for
21 mental health and substance use disorders. Mental health and

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

13 It is also the purpose of this chapter to assure the ability of
14 parents to exercise reasonable, compassionate care and control of
15 their minor children when there is a medical necessity for treatment
16 and without the requirement of filing a petition under this chapter,
17 including the ability to request and receive medically necessary
18 treatment for their adolescent children without the consent of the
19 adolescent.

20 **Sec. 2.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17, 2019
21 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended to
22 read as follows:

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

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

26 (2) "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 (3) "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 (4) "Authority" means the Washington state health care authority.

37 (5) "Behavioral health administrative services organization" has
38 the same meaning as provided in RCW 71.24.025.

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

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

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

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

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

18 (9) "Co-occurring disorder specialist" means an individual
19 possessing an enhancement granted by the department of health under
20 chapter 18.205 RCW that certifies the individual to provide substance
21 use disorder counseling subject to the practice limitations under RCW
22 18.205.105.

23 (10) "Department" means the department of social and health
24 services.

25 (11) "Designated crisis responder" has the same meaning as
26 provided in RCW 71.05.020.

27 (12) "Director" means the director of the authority.

28 (13) "Evaluation and treatment facility" means a public or
29 private facility or unit that is licensed or certified by the
30 department of health to provide emergency, inpatient, residential, or
31 outpatient mental health evaluation and treatment services for
32 minors. A physically separate and separately operated portion of a
33 state hospital may be designated as an evaluation and treatment
34 facility for minors. A facility which is part of or operated by the
35 state or federal agency does not require licensure or certification.
36 No correctional institution or facility, juvenile court detention
37 facility, or jail may be an evaluation and treatment facility within
38 the meaning of this chapter.

39 (14) "Evaluation and treatment program" means the total system of
40 services and facilities coordinated and approved by a county or

1 combination of counties for the evaluation and treatment of minors
2 under this chapter.

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

11 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
12 health care provided within a general hospital, psychiatric hospital,
13 residential treatment facility licensed or certified by the
14 department of health as an evaluation and treatment facility for
15 minors, secure withdrawal management and stabilization facility for
16 minors, or approved substance use disorder treatment program for
17 minors.

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

21 (18) "Kinship caregiver" has the same meaning as in RCW
22 74.13.031(19)(a).

23 (19) "Less restrictive alternative" or "less restrictive setting"
24 means outpatient treatment provided to a minor who is not residing in
25 a facility providing inpatient treatment as defined in this chapter.

26 (20) "Likelihood of serious harm" means either: (a) A substantial
27 risk that physical harm will be inflicted by an individual upon his
28 or her own person, as evidenced by threats or attempts to commit
29 suicide or inflict physical harm on oneself; (b) a substantial risk
30 that physical harm will be inflicted by an individual upon another,
31 as evidenced by behavior which has caused such harm or which places
32 another person or persons in reasonable fear of sustaining such harm;
33 or (c) a substantial risk that physical harm will be inflicted by an
34 individual upon the property of others, as evidenced by behavior
35 which has caused substantial loss or damage to the property of
36 others.

37 (21) "Managed care organization" has the same meaning as provided
38 in RCW 71.24.025.

39 (22) "Medical necessity" for inpatient care means a requested
40 service which is reasonably calculated to: (a) Diagnose, correct,

1 cure, or alleviate a mental disorder or substance use disorder; or
2 (b) prevent the progression of a mental disorder or substance use
3 disorder that endangers life or causes suffering and pain, or results
4 in illness or infirmity or threatens to cause or aggravate a
5 handicap, or causes physical deformity or malfunction, and there is
6 no adequate less restrictive alternative available.

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

13 (24) "Mental health professional" means a psychiatrist,
14 psychiatric advanced registered nurse practitioner, physician
15 assistant working with a supervising psychiatrist, psychologist,
16 psychiatric nurse, social worker, and such other mental health
17 professionals as defined by rules adopted by the secretary of the
18 department of health under this chapter.

19 (25) "Minor" means any person under the age of eighteen years.

20 (26) "Outpatient treatment" means any of the nonresidential
21 services mandated under chapter 71.24 RCW and provided by licensed or
22 certified behavioral health agencies as identified by RCW 71.24.025.

23 (27)(a) "Parent" has the same meaning as defined in RCW
24 26.26A.010, including either parent if custody is shared under a
25 joint custody agreement, or a person or agency judicially appointed
26 as legal guardian or custodian of the child.

27 (b) For purposes of family-initiated treatment under RCW
28 71.34.600 through 71.34.670, "parent" also includes a person to whom
29 a parent defined in (a) of this subsection has given a signed
30 authorization to make health care decisions for the adolescent, a
31 stepparent who is involved in caring for the adolescent, a kinship
32 caregiver who is involved in caring for the adolescent, or another
33 relative who is responsible for the health care of the adolescent,
34 who may be required to provide a declaration under penalty of perjury
35 stating that he or she is a relative responsible for the health care
36 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If
37 a dispute arises between individuals authorized to act as a parent
38 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement
39 must be resolved according to the priority established under RCW
40 7.70.065(2)(a).

1 (28) "Physician assistant" means a person licensed as a physician
2 assistant under chapter 18.57A or 18.71A RCW.

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

11 (30) "Professional person in charge" or "professional person"
12 means a physician, other mental health professional, or other person
13 empowered by an evaluation and treatment facility, secure withdrawal
14 management and stabilization facility, or approved substance use
15 disorder treatment program with authority to make admission and
16 discharge decisions on behalf of that facility.

17 (31) "Psychiatric nurse" means a registered nurse who has
18 experience in the direct treatment of persons who have a mental
19 illness or who are emotionally disturbed, such experience gained
20 under the supervision of a mental health professional.

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

26 (33) "Psychologist" means a person licensed as a psychologist
27 under chapter 18.83 RCW.

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

36 (35) "Responsible other" means the minor, the minor's parent or
37 estate, or any other person legally responsible for support of the
38 minor.

39 (36) "Secretary" means the secretary of the department or
40 secretary's designee.

1 (37) "Secure withdrawal management and stabilization facility"
2 means a facility operated by either a public or private agency or by
3 the program of an agency which provides care to voluntary individuals
4 and individuals involuntarily detained and committed under this
5 chapter for whom there is a likelihood of serious harm or who are
6 gravely disabled due to the presence of a substance use disorder.
7 Secure withdrawal management and stabilization facilities must:

8 (a) Provide the following services:

9 (i) Assessment and treatment, provided by certified substance use
10 disorder professionals or co-occurring disorder specialists;

11 (ii) Clinical stabilization services;

12 (iii) Acute or subacute detoxification services for intoxicated
13 individuals; and

14 (iv) Discharge assistance provided by certified substance use
15 disorder professionals or co-occurring disorder specialists,
16 including facilitating transitions to appropriate voluntary or
17 involuntary inpatient services or to less restrictive alternatives as
18 appropriate for the individual;

19 (b) Include security measures sufficient to protect the patients,
20 staff, and community; and

21 (c) Be licensed or certified as such by the department of health.

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

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

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

39 (41) "Substance use disorder professional" means a person
40 certified as a substance use disorder professional by the department

1 of health under chapter 18.205 RCW, or a person certified as a
2 (~~chemical dependency~~) substance use disorder professional trainee
3 under RCW 18.205.095 working under the direct supervision of a
4 certified (~~chemical dependency~~) substance use disorder
5 professional.

6 (42) "Residential treatment facility" means a facility licensed
7 under chapter 71.12 RCW in which twenty-four-hour on-site care is
8 provided for the evaluation, stabilization, or treatment of minors
9 for substance use disorder, mental disorder, or co-occurring
10 disorders.

11 **Sec. 3.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7 are
12 each reenacted and amended to read as follows:

13 (1) A parent may bring, or authorize the bringing of, his or her
14 adolescent child to:

15 (a) An evaluation and treatment facility, residential treatment
16 facility, or an inpatient facility licensed under chapter 70.41,
17 71.12, or 72.23 RCW and request that the professional person examine
18 the adolescent to determine whether the adolescent has a mental
19 disorder and is in need of inpatient treatment or treatment in a
20 residential treatment facility; or

21 (b) A secure withdrawal management and stabilization facility or
22 approved substance use disorder treatment program and request that a
23 substance use disorder assessment be conducted by a professional
24 person to determine whether the adolescent has a substance use
25 disorder and is in need of inpatient treatment or treatment in a
26 residential treatment facility.

27 (2) The consent of the adolescent is not required for admission,
28 evaluation, and treatment if a parent provides consent.

29 (3) An appropriately trained professional person may evaluate
30 whether the adolescent has a mental disorder or has a substance use
31 disorder. The evaluation shall be completed within twenty-four hours
32 of the time the adolescent was brought to the facility, unless the
33 professional person determines that the condition of the adolescent
34 necessitates additional time for evaluation. In no event shall an
35 adolescent be held longer than seventy-two hours for evaluation. If,
36 in the judgment of the professional person, it is determined it is a
37 medical necessity for the adolescent to receive inpatient treatment
38 or treatment in a residential treatment facility, the adolescent may
39 be held for treatment. The facility shall limit treatment to that

1 which the professional person determines is medically necessary to
2 stabilize the adolescent's condition until the evaluation has been
3 completed. Within twenty-four hours of completion of the evaluation,
4 the professional person shall notify the authority if the adolescent
5 is held solely for mental health and not substance use disorder
6 treatment and of the date of admission. If the adolescent is held for
7 substance use disorder treatment only, the professional person shall
8 provide notice to the authority which redacts all patient identifying
9 information about the adolescent unless: (a) The adolescent provides
10 written consent to the disclosure of the fact of admission and such
11 other substance use disorder treatment information in the notice; or
12 (b) permitted by federal law.

13 (4) No provider is obligated to provide treatment to an
14 adolescent under the provisions of this section except that no
15 provider may refuse to treat an adolescent under the provisions of
16 this section solely on the basis that the adolescent has not
17 consented to the treatment. No provider may admit an adolescent to
18 treatment under this section unless it is medically necessary.

19 (5) No adolescent receiving inpatient treatment or treatment in a
20 residential treatment facility under this section may be discharged
21 from the facility based solely on his or her request.

22 (6) Prior to the review conducted under RCW 71.34.610, the
23 professional person shall notify the adolescent of his or her right
24 to petition superior court for release from the facility.

25 (7) For the purposes of this section "professional person" means
26 "professional person" as defined in RCW 71.05.020.

27 **Sec. 4.** RCW 71.34.610 and 2019 c 381 s 8 are each amended to
28 read as follows:

29 (1) The authority shall assure that, for any adolescent admitted
30 to inpatient treatment or treatment in a residential treatment
31 facility under RCW 71.34.600, a review is conducted by a physician or
32 other mental health professional who is employed by the authority, or
33 an agency under contract with the authority, and who neither has a
34 financial interest in continued inpatient treatment or treatment in a
35 residential treatment facility of the adolescent nor is affiliated
36 with the facility providing the treatment. ((The))

37 (a) For adolescents receiving inpatient treatment, the physician
38 or other mental health professional shall conduct the review not less
39 than seven nor more than fourteen days following the date the

1 adolescent was brought to the facility under RCW 71.34.600 to
2 determine whether it is a medical necessity to continue the
3 adolescent's treatment on an inpatient or residential basis.

4 (b) For adolescents receiving treatment in a residential
5 treatment facility, the physician or other mental health professional
6 shall conduct the review after forty-five days of treatment, and
7 every forty-five days thereafter while the adolescent remains in
8 treatment.

9 (2) In making a determination under subsection (1) of this
10 section, the authority shall consider the opinion of the treatment
11 provider, the safety of the adolescent, and the likelihood the
12 adolescent's mental health will deteriorate if released from
13 inpatient treatment or treatment in a residential treatment facility.
14 The authority shall consult with the parent in advance of making its
15 determination.

16 (3) If, after any review conducted by the authority under this
17 section, the authority determines it is no longer a medical necessity
18 for an adolescent to receive inpatient treatment or treatment in a
19 residential treatment facility, the authority shall immediately
20 notify the parents and the facility. The facility shall release the
21 adolescent to the parents within twenty-four hours of receiving
22 notice. If the professional person in charge and the parent believe
23 that it is a medical necessity for the adolescent to remain in
24 inpatient treatment or treatment in a residential treatment facility,
25 the adolescent shall be released to the parent on the second judicial
26 day following the authority's determination in order to allow the
27 parent time to file an at-risk youth petition under chapter 13.32A
28 RCW. If the authority determines it is a medical necessity for the
29 adolescent to receive outpatient treatment and the adolescent
30 declines to obtain such treatment, such refusal shall be grounds for
31 the parent to file an at-risk youth petition.

32 (4) If the evaluation conducted under RCW 71.34.600 is done by
33 the authority, the reviews required by subsection (1) of this section
34 shall be done by contract with an independent agency.

35 (5) The authority may, subject to available funds, contract with
36 other governmental agencies to conduct the reviews under this
37 section. The authority may seek reimbursement from the parents, their
38 insurance, or medicaid for the expense of any review conducted by an
39 agency under contract.

1 (6) In addition to the review required under this section, the
2 authority may periodically determine and redetermine the medical
3 necessity of treatment for purposes of payment with public funds.

4 **Sec. 5.** RCW 71.34.630 and 2019 c 381 s 10 are each amended to
5 read as follows:

6 (1) If the adolescent receiving inpatient treatment is not
7 released as a result of the petition filed under RCW 71.34.620, he or
8 she shall be released not later than thirty days following the later
9 of: (~~(1)~~) (a) The date of the authority's determination under RCW
10 71.34.610(2); or (~~(2)~~) (b) the filing of a petition for judicial
11 review under RCW 71.34.620, unless a professional person or the
12 designated crisis responder initiates proceedings under this chapter.

13 (2) If the adolescent receiving treatment in a residential
14 treatment facility is not released as a result of the petition filed
15 under RCW 71.34.620, he or she may remain in a residential treatment
16 facility so long as it continues to be a medical necessity for the
17 adolescent to receive such treatment.

18 **Sec. 6.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to
19 read as follows:

20 (1) The professional person in charge of an evaluation and
21 treatment facility, secure withdrawal management and stabilization
22 facility, or approved substance use disorder treatment program where
23 a minor has been admitted involuntarily for the initial seventy-two
24 hour treatment period under this chapter may petition to have a minor
25 committed to an evaluation and treatment facility or, in the case of
26 a minor with a substance use disorder, to a secure withdrawal
27 management and stabilization facility or approved substance use
28 disorder treatment program for fourteen-day diagnosis, evaluation,
29 and treatment.

30 If the professional person in charge of the facility does not
31 petition to have the minor committed, the parent who has custody of
32 the minor may seek review of that decision in court. The parent shall
33 file notice with the court and provide a copy of the treatment and
34 evaluation facility's report.

35 (2) A petition for commitment of a minor under this section shall
36 be filed with the superior court in the county where the minor is
37 residing or being detained.

38 (a) A petition for a fourteen-day commitment shall be signed by:

1 (i) One physician, physician assistant, or psychiatric advanced
2 registered nurse practitioner; and

3 (ii) One physician, physician assistant, psychiatric advanced
4 registered nurse practitioner, or mental health professional.

5 (b) If the petition is for substance use disorder treatment, the
6 petition may be signed by a (~~chemical dependency~~) substance use
7 disorder professional instead of a mental health professional and by
8 an advanced registered nurse practitioner instead of a psychiatric
9 advanced registered nurse practitioner. The person signing the
10 petition must have examined the minor, and the petition must contain
11 the following:

12 (i) The name and address of the petitioner;

13 (ii) The name of the minor alleged to meet the criteria for
14 fourteen-day commitment;

15 (iii) The name, telephone number, and address if known of every
16 person believed by the petitioner to be legally responsible for the
17 minor;

18 (iv) A statement that the petitioner has examined the minor and
19 finds that the minor's condition meets required criteria for
20 fourteen-day commitment and the supporting facts therefor;

21 (v) A statement that the minor has been advised of the need for
22 voluntary treatment but has been unwilling or unable to consent to
23 necessary treatment;

24 (vi) If the petition is for mental health treatment, a statement
25 that the minor has been advised of the loss of firearm rights if
26 involuntarily committed;

27 (vii) A statement recommending the appropriate facility or
28 facilities to provide the necessary treatment; and

29 (viii) A statement concerning whether a less restrictive
30 alternative to inpatient treatment is in the best interests of the
31 minor.

32 (c) A copy of the petition shall be personally delivered to the
33 minor by the petitioner or petitioner's designee. A copy of the
34 petition shall be sent to the minor's attorney and the minor's
35 parent.

36 **Sec. 7.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008
37 are each reenacted and amended to read as follows:

38 (1) At any time during the minor's period of fourteen-day
39 commitment, the professional person in charge may petition the court

1 for an order requiring the minor to undergo an additional one hundred
2 eighty-day period of treatment. The evidence in support of the
3 petition shall be presented by the county prosecutor unless the
4 petition is filed by the professional person in charge of a state-
5 operated facility in which case the evidence shall be presented by
6 the attorney general.

7 (2) The petition for one hundred eighty-day commitment shall
8 contain the following:

9 (a) The name and address of the petitioner or petitioners;

10 (b) The name of the minor alleged to meet the criteria for one
11 hundred eighty-day commitment;

12 (c) A statement that the petitioner is the professional person in
13 charge of the evaluation and treatment facility, secure withdrawal
14 management and stabilization facility, or approved substance use
15 disorder treatment program responsible for the treatment of the
16 minor;

17 (d) The date of the fourteen-day commitment order; and

18 (e) A summary of the facts supporting the petition.

19 (3) The petition shall be supported by accompanying affidavits
20 signed by: (a) Two examining physicians, one of whom shall be a child
21 psychiatrist, or two psychiatric advanced registered nurse
22 practitioners, one of whom shall be a child and adolescent or family
23 psychiatric advanced registered nurse practitioner. If the petition
24 is for substance use disorder treatment, the petition may be signed
25 by a (~~chemical dependency~~) substance use disorder professional
26 instead of a mental health professional and by an advanced registered
27 nurse practitioner instead of a psychiatric advanced registered nurse
28 practitioner, or two physician assistants, one of whom must be
29 supervised by a child psychiatrist; (b) one children's mental health
30 specialist and either an examining physician, physician assistant, or
31 a psychiatric advanced registered nurse practitioner; or (c) two
32 among an examining physician, physician assistant, and a psychiatric
33 advanced registered nurse practitioner, one of which needs to be a
34 child psychiatrist, a physician assistant supervised by a child
35 psychiatrist, or a child and adolescent psychiatric nurse
36 practitioner. The affidavits shall describe in detail the behavior of
37 the detained minor which supports the petition and shall state
38 whether a less restrictive alternative to inpatient treatment is in
39 the best interests of the minor.

1 (4) The petition for one hundred eighty-day commitment shall be
2 filed with the clerk of the court at least three days before the
3 expiration of the fourteen-day commitment period. The petitioner or
4 the petitioner's designee shall within twenty-four hours of filing
5 serve a copy of the petition on the minor and notify the minor's
6 attorney and the minor's parent. A copy of the petition shall be
7 provided to such persons at least twenty-four hours prior to the
8 hearing.

9 (5) At the time of filing, the court shall set a date within
10 seven days for the hearing on the petition. The court may continue
11 the hearing upon the written request of the minor or the minor's
12 attorney for not more than ten days. The minor or the parents shall
13 be afforded the same rights as in a fourteen-day commitment hearing.
14 Treatment of the minor shall continue pending the proceeding.

15 (6) For one hundred eighty-day commitment:

16 (a) The court must find by clear, cogent, and convincing evidence
17 that the minor:

18 (i) Is suffering from a mental disorder or substance use
19 disorder;

20 (ii) Presents a likelihood of serious harm or is gravely
21 disabled; and

22 (iii) Is in need of further treatment that only can be provided
23 in a one hundred eighty-day commitment.

24 (b) If commitment is for a substance use disorder, the court must
25 find that there is an available approved substance use disorder
26 treatment program that has adequate space for the minor.

27 (7) If the court finds that the criteria for commitment are met
28 and that less restrictive treatment in a community setting is not
29 appropriate or available, the court shall order the minor committed
30 to the custody of the director for further inpatient mental health
31 treatment, to an approved substance use disorder treatment program
32 for further substance use disorder treatment, or to a private
33 treatment and evaluation facility for inpatient mental health or
34 substance use disorder treatment if the minor's parents have assumed
35 responsibility for payment for the treatment. If the court finds that
36 a less restrictive alternative is in the best interest of the minor,
37 the court shall order less restrictive alternative treatment upon
38 such conditions as necessary.

39 If the court determines that the minor does not meet the criteria
40 for one hundred eighty-day commitment, the minor shall be released.

1 (8) Successive one hundred eighty-day commitments are permissible
2 on the same grounds and under the same procedures as the original one
3 hundred eighty-day commitment. Such petitions shall be filed at least
4 five days prior to the expiration of the previous one hundred eighty-
5 day commitment order.

6 **Sec. 8.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009
7 are each reenacted and amended to read as follows:

8 (1) At any time during the minor's period of fourteen-day
9 commitment, the professional person in charge may petition the court
10 for an order requiring the minor to undergo an additional one hundred
11 eighty-day period of treatment. The evidence in support of the
12 petition shall be presented by the county prosecutor unless the
13 petition is filed by the professional person in charge of a state-
14 operated facility in which case the evidence shall be presented by
15 the attorney general.

16 (2) The petition for one hundred eighty-day commitment shall
17 contain the following:

18 (a) The name and address of the petitioner or petitioners;

19 (b) The name of the minor alleged to meet the criteria for one
20 hundred eighty-day commitment;

21 (c) A statement that the petitioner is the professional person in
22 charge of the evaluation and treatment facility, secure withdrawal
23 management and stabilization facility, or approved substance use
24 disorder treatment program responsible for the treatment of the
25 minor;

26 (d) The date of the fourteen-day commitment order; and

27 (e) A summary of the facts supporting the petition.

28 (3) The petition shall be supported by accompanying affidavits
29 signed by: (a) Two examining physicians, one of whom shall be a child
30 psychiatrist, or two psychiatric advanced registered nurse
31 practitioners, one of whom shall be a child and adolescent or family
32 psychiatric advanced registered nurse practitioner. If the petition
33 is for substance use disorder treatment, the petition may be signed
34 by a (~~chemical dependency~~) substance use disorder professional
35 instead of a mental health professional and by an advanced registered
36 nurse practitioner instead of a psychiatric advanced registered nurse
37 practitioner, or two physician assistants, one of whom must be
38 supervised by a child psychiatrist; (b) one children's mental health
39 specialist and either an examining physician, physician assistant, or

1 a psychiatric advanced registered nurse practitioner; or (c) two
2 among an examining physician, physician assistant, and a psychiatric
3 advanced registered nurse practitioner, one of which needs to be a
4 child psychiatrist, a physician assistant supervised by a child
5 psychiatrist, or a child and adolescent psychiatric nurse
6 practitioner. The affidavits shall describe in detail the behavior of
7 the detained minor which supports the petition and shall state
8 whether a less restrictive alternative to inpatient treatment is in
9 the best interests of the minor.

10 (4) The petition for one hundred eighty-day commitment shall be
11 filed with the clerk of the court at least three days before the
12 expiration of the fourteen-day commitment period. The petitioner or
13 the petitioner's designee shall within twenty-four hours of filing
14 serve a copy of the petition on the minor and notify the minor's
15 attorney and the minor's parent. A copy of the petition shall be
16 provided to such persons at least twenty-four hours prior to the
17 hearing.

18 (5) At the time of filing, the court shall set a date within
19 seven days for the hearing on the petition. The court may continue
20 the hearing upon the written request of the minor or the minor's
21 attorney for not more than ten days. The minor or the parents shall
22 be afforded the same rights as in a fourteen-day commitment hearing.
23 Treatment of the minor shall continue pending the proceeding.

24 (6) For one hundred eighty-day commitment, the court must find by
25 clear, cogent, and convincing evidence that the minor:

26 (a) Is suffering from a mental disorder or substance use
27 disorder;

28 (b) Presents a likelihood of serious harm or is gravely disabled;
29 and

30 (c) Is in need of further treatment that only can be provided in
31 a one hundred eighty-day commitment.

32 (7) If the court finds that the criteria for commitment are met
33 and that less restrictive treatment in a community setting is not
34 appropriate or available, the court shall order the minor committed
35 to the custody of the director for further inpatient mental health
36 treatment, to an approved substance use disorder treatment program
37 for further substance use disorder treatment, or to a private
38 treatment and evaluation facility for inpatient mental health or
39 substance use disorder treatment if the minor's parents have assumed
40 responsibility for payment for the treatment. If the court finds that

1 a less restrictive alternative is in the best interest of the minor,
2 the court shall order less restrictive alternative treatment upon
3 such conditions as necessary.

4 If the court determines that the minor does not meet the criteria
5 for one hundred eighty-day commitment, the minor shall be released.

6 (8) Successive one hundred eighty-day commitments are permissible
7 on the same grounds and under the same procedures as the original one
8 hundred eighty-day commitment. Such petitions shall be filed at least
9 five days prior to the expiration of the previous one hundred eighty-
10 day commitment order.

11 NEW SECTION. **Sec. 9.** A new section is added to chapter 71.34
12 RCW to read as follows:

13 The authority shall develop and operate a data collection and
14 tracking system for youth receiving family-initiated treatment under
15 RCW 71.34.600 through 71.34.670. In implementing this data collection
16 and tracking system, the authority shall:

17 (1) In collaboration with the department of health, collect
18 information from facilities serving youth receiving family-initiated
19 treatment under RCW 71.34.600 through 71.34.670 including, if
20 possible, the following information:

21 (a) The names of facilities serving youth receiving family-
22 initiated treatment under RCW 71.34.600 through 71.34.670;

23 (b) The number of youth receiving family-initiated treatment
24 under RCW 71.34.600 through 71.34.670 who are defined as dependent
25 children under chapter 13.34 RCW;

26 (c) Demographic information about the youth receiving family-
27 initiated treatment under RCW 71.34.600 through 71.34.670;

28 (d) The diagnosis upon entry for youth receiving family-initiated
29 treatment under RCW 71.34.600 through 71.34.670;

30 (e) Length of stay for youth receiving family-initiated treatment
31 under RCW 71.34.600 through 71.34.670; and

32 (f) Information related to the discharge summary for youth
33 receiving family-initiated treatment under RCW 71.34.600 through
34 71.34.670; and

35 (2) Collect information provided voluntarily by parents through
36 the partnership access line for moms and kids established under RCW
37 71.24.061(3)(a)(ii).

1 NEW SECTION. **Sec. 10.** Section 7 of this act expires July 1,
2 2026.

3 NEW SECTION. **Sec. 11.** Section 8 of this act takes effect July
4 1, 2026.

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