
ENGROSSED 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, 71.34.600,
5 71.34.610, 71.34.620, 71.34.630, 71.34.640, 71.34.650, 71.34.660,
6 71.34.700, 71.34.700, 71.34.710, 71.34.710, 70.02.240, and 74.13.280;
7 adding a new section to chapter 70.02 RCW; adding new sections to
8 chapter 71.34 RCW; creating new sections; providing an effective
9 date; and providing expiration dates.

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

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

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

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

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

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

26 Unless the context clearly requires otherwise, the definitions in
27 this section apply throughout this chapter.

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

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

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

39 (4) "Chemical dependency" means:

1 (a) Alcoholism;
2 (b) Drug addiction; or
3 (c) Dependence on alcohol and one or more other psychoactive
4 chemicals, as the context requires.
5 (5) "Chemical dependency professional" means a person certified
6 as a chemical dependency professional by the department of health
7 under chapter 18.205 RCW, or a person certified as a chemical
8 dependency professional trainee under RCW 18.205.095 working under
9 the direct supervision of a certified chemical dependency
10 professional.
11 (6) "Child psychiatrist" means a person having a license as a
12 physician and surgeon in this state, who has had graduate training in
13 child psychiatry in a program approved by the American Medical
14 Association or the American Osteopathic Association, and who is board
15 eligible or board certified in child psychiatry.
16 (7) "Children's mental health specialist" means:
17 (a) A mental health professional who has completed a minimum of
18 one hundred actual hours, not quarter or semester hours, of
19 specialized training devoted to the study of child development and
20 the treatment of children; and
21 (b) A mental health professional who has the equivalent of one
22 year of full-time experience in the treatment of children under the
23 supervision of a children's mental health specialist.
24 (8) "Commitment" means a determination by a judge or court
25 commissioner, made after a commitment hearing, that the minor is in
26 need of inpatient diagnosis, evaluation, or treatment or that the
27 minor is in need of less restrictive alternative treatment.
28 (9) "Department" means the department of social and health
29 services.
30 (10) "Designated crisis responder" means a person designated by a
31 behavioral health organization to perform the duties specified in
32 this chapter.
33 (11) "Director" means the director of the authority.
34 (12) "Drug addiction" means a disease, characterized by a
35 dependency on psychoactive chemicals, loss of control over the amount
36 and circumstances of use, symptoms of tolerance, physiological or
37 psychological withdrawal, or both, if use is reduced or discontinued,
38 and impairment of health or disruption of social or economic
39 functioning.

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

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

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

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

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

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

36 (19) "Likelihood of serious harm" means either: (a) A substantial
37 risk that physical harm will be inflicted by an individual upon his
38 or her own person, as evidenced by threats or attempts to commit
39 suicide or inflict physical harm on oneself; (b) a substantial risk
40 that physical harm will be inflicted by an individual upon another,

1 as evidenced by behavior which has caused such harm or which places
2 another person or persons in reasonable fear of sustaining such harm;
3 or (c) a substantial risk that physical harm will be inflicted by an
4 individual upon the property of others, as evidenced by behavior
5 which has caused substantial loss or damage to the property of
6 others.

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

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

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

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

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

31 (25) "Parent" means (~~(+~~
32 ~~-a-))~~ a biological or adoptive parent who has legal custody of
33 the child, including either parent if custody is shared under a joint
34 custody agreement(~~(+)~~) or (~~(-b-)~~) a person or agency judicially
35 appointed as legal guardian or custodian of the child. For purposes
36 of family-accessed treatment under RCW 71.34.600 through 71.34.670,
37 "parent" also includes a person who may consent on behalf of a minor
38 under RCW 7.70.065(2).

39 (26) "Private agency" means any person, partnership, corporation,
40 or association that is not a public agency, whether or not financed

1 in whole or in part by public funds, that constitutes an evaluation
2 and treatment facility or private institution, or hospital, or
3 approved substance use disorder treatment program, that is conducted
4 for, or includes a distinct unit, floor, or ward conducted for, the
5 care and treatment of persons with mental illness, substance use
6 disorders, or both mental illness and substance use disorders.

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

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

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

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

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

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

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

37 (34) "Secretary" means the secretary of the department or
38 secretary's designee.

1 (35) "Secure detoxification facility" means a facility operated
2 by either a public or private agency or by the program of an agency
3 that:

4 (a) Provides for intoxicated minors:

5 (i) Evaluation and assessment, provided by certified chemical
6 dependency professionals;

7 (ii) Acute or subacute detoxification services; and

8 (iii) Discharge assistance provided by certified chemical
9 dependency professionals, including facilitating transitions to
10 appropriate voluntary or involuntary inpatient services or to less
11 restrictive alternatives as appropriate for the minor;

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

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

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

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

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

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

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

35 (1) (~~(A minor thirteen years or older)~~) An adolescent may admit
36 himself or herself to an evaluation and treatment facility for
37 inpatient mental health treatment or an approved substance use
38 disorder treatment program for inpatient substance use disorder
39 treatment without parental consent. The admission shall occur only if

1 the professional person in charge of the facility concurs with the
2 need for inpatient treatment. Parental authorization, or
3 authorization from a person who may consent on behalf of the minor
4 pursuant to RCW 7.70.065, is required for inpatient treatment of a
5 minor under the age of thirteen.

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

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

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

20 (1) The ((administrator)) professional person in charge of
21 ((the)) an evaluation and treatment facility shall provide notice to
22 the parent((s)) of ((a—minor)) an adolescent when the ((minor))
23 adolescent is voluntarily admitted to inpatient treatment under RCW
24 71.34.500 solely for mental health treatment and not for substance
25 use disorder treatment.

26 (2) The professional person in charge of an evaluation and
27 treatment facility or an approved substance use disorder treatment
28 program shall provide notice to the parent of an adolescent
29 voluntarily admitted to inpatient treatment under RCW 71.34.500 for
30 substance use disorder treatment only if: (a) The adolescent provides
31 written consent to the disclosure of the fact of admission and such
32 other substance use disorder treatment information in the notice; or
33 (b) permitted by federal law.

34 (3) The notice required under this section shall be in the form
35 most likely to reach the parent within twenty-four hours of the
36 ((minor's)) adolescent's voluntary admission and shall advise the
37 parent: ((-1-)) (a) That the ((minor)) adolescent has been admitted
38 to inpatient treatment; ((-2-)) (b) of the location and telephone
39 number of the facility providing such treatment; ((-3-)) (c) of the

1 name of a professional person on the staff of the facility providing
2 treatment who is designated to discuss the ((~~minor's~~)) adolescent's
3 need for inpatient treatment with the parent; and ((~~(4)~~)) (d) of the
4 medical necessity for admission. Notification efforts under this
5 section shall begin as soon as reasonably practicable, considering
6 the adolescent's immediate medical needs.

7 (4) Subject to the limitations described in subsection (2) of
8 this section, if there are compelling reasons not to notify the
9 parent or contact with the parent cannot be made, the professional
10 person in charge shall provide notice to the department of children,
11 youth, and families.

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

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

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

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

28 (b) If the evaluation and treatment facility or substance use
29 disorder treatment program is providing the adolescent with substance
30 use disorder treatment, copies of the notice must be sent to the
31 adolescent's attorney, if any, the designated crisis responders, and
32 the parent only if: (i) The adolescent provides written consent to
33 the disclosure of the adolescent's notice of intent to leave and such
34 other substance use disorder information; or (ii) permitted by
35 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~~)) adolescent's notice of
39 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 71.34.600 and 2018 c 201 s 5013 are each amended to
10 read as follows:

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

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

18 (b) A secure detoxification facility or approved substance use
19 disorder treatment program and request that a substance use disorder
20 assessment be conducted by a professional person to determine whether
21 the (~~minor~~) adolescent has a substance use disorder and is in need
22 of inpatient treatment.

23 (2) The consent of the (~~minor~~) adolescent is not required for
24 admission, evaluation, and treatment if (~~the parent brings the minor~~
25 ~~to the facility~~) a parent provides consent.

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

1 hours of completion of the evaluation, the professional person shall
2 notify the authority if the (~~child~~) adolescent is held solely for
3 mental health and not substance use disorder treatment and of the
4 date of admission. The professional person shall provide notice to
5 the authority if the adolescent is held for substance use disorder
6 treatment only if: (a) The adolescent provides written consent to the
7 disclosure of the fact of admission and such other substance use
8 disorder treatment information in the notice; or (b) permitted by
9 federal law.

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

17 (5) No (~~minor~~) adolescent receiving inpatient treatment under
18 this section may be discharged from the facility based solely on his
19 or her request.

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

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

25 **Sec. 8.** RCW 71.34.610 and 2018 c 201 s 5014 are each amended to
26 read as follows:

27 (1) The authority shall assure that, for any (~~minor~~) adolescent
28 admitted to inpatient treatment under RCW 71.34.600, a review is
29 conducted by a physician or other mental health professional who is
30 employed by the authority, or an agency under contract with the
31 authority, and who neither has a financial interest in continued
32 inpatient treatment of the (~~minor~~) adolescent nor is affiliated
33 with the facility providing the treatment. The physician or other
34 mental health professional shall conduct the review not less than
35 seven nor more than fourteen days following the date the (~~minor~~)
36 adolescent was brought to the facility under RCW 71.34.600 to
37 determine whether it is a medical necessity to continue the
38 (~~minor's~~) adolescent's treatment on an inpatient basis.

1 (2) In making a determination under subsection (1) of this
2 section, the authority shall consider the opinion of the treatment
3 provider, the safety of the (~~minor~~) adolescent, and the likelihood
4 the (~~minor's~~) adolescent's mental health will deteriorate if
5 released from inpatient treatment. The authority shall consult with
6 the parent in advance of making its determination.

7 (3) If, after any review conducted by the authority under this
8 section, the authority determines it is no longer a medical necessity
9 for (~~a minor~~) an adolescent to receive inpatient treatment, the
10 authority shall immediately notify the parents and the facility. The
11 facility shall release the (~~minor~~) adolescent to the parents within
12 twenty-four hours of receiving notice. If the professional person in
13 charge and the parent believe that it is a medical necessity for the
14 (~~minor~~) adolescent to remain in inpatient treatment, the (~~minor~~)
15 adolescent shall be released to the parent on the second judicial day
16 following the authority's determination in order to allow the parent
17 time to file an at-risk youth petition under chapter 13.32A RCW. If
18 the authority determines it is a medical necessity for the (~~minor~~)
19 adolescent to receive outpatient treatment and the (~~minor~~)
20 adolescent declines to obtain such treatment, such refusal shall be
21 grounds for the parent to file an at-risk youth petition.

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

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

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

33 **Sec. 9.** RCW 71.34.620 and 1998 c 296 s 19 are each amended to
34 read as follows:

35 Following the review conducted under RCW 71.34.610, (~~a minor~~
36 ~~child~~) an adolescent may petition the superior court for his or her
37 release from the facility. The petition may be filed not sooner than
38 five days following the review. The court shall release the (~~minor~~)
39 adolescent unless it finds, upon a preponderance of the evidence,

1 that it is a medical necessity for the ((~~minor~~)) adolescent to remain
2 at the facility.

3 **Sec. 10.** RCW 71.34.630 and 2018 c 201 s 5015 are each amended to
4 read as follows:

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

12 **Sec. 11.** RCW 71.34.640 and 2018 c 201 s 5016 are each amended to
13 read as follows:

14 The authority shall randomly select and review the information on
15 ((~~children~~)) adolescents who are admitted to inpatient treatment on
16 application of the ((~~child's~~)) adolescent's parent regardless of the
17 source of payment, if any, if the information relates solely to
18 mental health and not substance use disorder treatment. The authority
19 may review a patient's inpatient substance use disorder treatment
20 information only if: (1) The adolescent provides written consent to
21 the review; or (2) permitted by federal law. The review shall
22 determine whether the ((~~children~~)) adolescents reviewed were
23 appropriately admitted into treatment based on an objective
24 evaluation of the ((~~child's~~)) adolescent's condition and the outcome
25 of the ((~~child's~~)) adolescent's treatment.

26 **Sec. 12.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each
27 amended to read as follows:

28 (1) A parent may bring, or authorize the bringing of, his or her
29 ((~~minor~~)) adolescent child to:

30 (a) A provider of outpatient mental health treatment and request
31 that an appropriately trained professional person examine the
32 ((~~minor~~)) adolescent to determine whether the ((~~minor~~)) adolescent
33 has a mental disorder and is in need of outpatient treatment; or

34 (b) A provider of outpatient substance use disorder treatment and
35 request that an appropriately trained professional person examine the
36 ((~~minor~~)) adolescent to determine whether the ((~~minor~~)) adolescent
37 has a substance use disorder and is in need of outpatient treatment.

1 (2) The consent of the (~~minor~~) adolescent is not required for
2 evaluation if (~~the parent brings the minor to the provider~~) a
3 parent provides consent.

4 (3) The professional person may evaluate whether the (~~minor~~)
5 adolescent has a mental disorder or substance use disorder and is in
6 need of outpatient treatment.

7 (4) If a determination is made by a professional person under
8 this section that an adolescent is in need of outpatient mental
9 health or substance use disorder treatment, a parent of an adolescent
10 may request and receive such outpatient treatment for his or her
11 adolescent without the consent of the adolescent for up to twelve
12 outpatient sessions occurring within a three-month period.

13 (5) Following the treatment periods under subsection (4) of this
14 section, an adolescent must provide his or her consent for further
15 treatment with that specific professional person.

16 (6) If a determination is made by a professional person under
17 this section that an adolescent is in need of treatment in a less
18 restrictive setting, including partial hospitalization or intensive
19 outpatient treatment, a parent of an adolescent may request and
20 receive such treatment for his or her adolescent without the consent
21 of the adolescent.

22 (a) A professional person providing solely mental health
23 treatment to an adolescent under this subsection (6) must convene a
24 treatment review at least every thirty days after treatment begins
25 that includes the adolescent, parent, and other treatment team
26 members as appropriate to determine whether continued care under this
27 subsection is medically necessary.

28 (b) A professional person providing solely mental health
29 treatment to an adolescent under this subsection (6) shall provide
30 notification of the adolescent's treatment to an independent reviewer
31 at the authority within twenty-four hours of the adolescent's first
32 receipt of treatment under this section. At least every forty-five
33 days after the adolescent's first receipt of treatment under this
34 subsection, the authority shall conduct a review to determine whether
35 the current level of treatment is medically necessary.

36 (c) A professional person providing substance use disorder
37 treatment under this subsection (6) shall convene a treatment review
38 under (a) of this subsection and provide the notification of the
39 adolescent's receipt of treatment to an independent reviewer at the
40 authority as described in (b) of this subsection only if: (i) The

1 adolescent provides written consent to the disclosure of substance
2 use disorder treatment information including the fact of his or her
3 receipt of such treatment; or (ii) permitted by federal law.

4 (7) Any (~~minor~~) adolescent admitted to inpatient treatment
5 under RCW 71.34.500 or 71.34.600 shall be discharged immediately from
6 inpatient treatment upon written request of the parent.

7 **Sec. 13.** RCW 71.34.660 and 2016 sp.s. c 29 s 266 are each
8 amended to read as follows:

9 (~~A minor child~~) An adolescent shall have no cause of action
10 against an evaluation and treatment facility, secure detoxification
11 facility, approved substance use disorder treatment program,
12 inpatient facility, or provider of outpatient mental health treatment
13 or outpatient substance use disorder treatment for admitting or
14 accepting the (~~minor~~) adolescent in good faith for evaluation or
15 treatment under RCW 71.34.600 or 71.34.650 based solely upon the fact
16 that the (~~minor~~) adolescent did not consent to evaluation or
17 treatment if the (~~minor's~~) adolescent's parent has consented to the
18 evaluation or treatment.

19 **Sec. 14.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each
20 amended to read as follows:

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

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

36 (3) If it is determined under subsection (1) or (2) of this
37 section that the (~~minor~~) adolescent suffers from a mental disorder
38 or substance use disorder, inpatient treatment is required, the

1 ((~~minor~~)) adolescent is unwilling to consent to voluntary admission,
2 and the professional person believes that the ((~~minor~~)) adolescent
3 meets the criteria for initial detention set forth herein, the
4 facility may detain or arrange for the detention of the ((~~minor~~))
5 adolescent for up to twelve hours in order to enable a designated
6 crisis responder to evaluate the ((~~minor~~)) adolescent and commence
7 initial detention proceedings under the provisions of this chapter.

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

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

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

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

34 **Sec. 16.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
35 amended to read as follows:

36 (1)(a)(i) When a designated crisis responder receives information
37 that ((~~a minor, thirteen years or older,~~)) an adolescent as a result
38 of a mental disorder presents a likelihood of serious harm or is

1 gravely disabled, has investigated the specific facts alleged and of
2 the credibility of the person or persons providing the information,
3 and has determined that voluntary admission for inpatient treatment
4 is not possible, the designated crisis responder may take the
5 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
6 into custody and transported to an evaluation and treatment facility
7 providing inpatient treatment.

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

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

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

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

35 **Sec. 17.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each
36 amended to read as follows:

37 (1)(a)(i) When a designated crisis responder receives information
38 that ((~~a minor, thirteen years or older,~~)) an adolescent as a result
39 of a mental disorder presents a likelihood of serious harm or is

1 gravely disabled, has investigated the specific facts alleged and of
2 the credibility of the person or persons providing the information,
3 and has determined that voluntary admission for inpatient treatment
4 is not possible, the designated crisis responder may take the
5 ((~~minor~~)) adolescent, or cause the ((~~minor~~)) adolescent to be taken,
6 into custody and transported to an evaluation and treatment facility
7 providing inpatient treatment.

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

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

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

38 (3) At the time of initial detention, the designated crisis
39 responder shall advise the ((~~minor~~)) adolescent both orally and in
40 writing that if admitted to the evaluation and treatment facility,

1 secure detoxification facility, or approved substance use disorder
2 treatment program for inpatient treatment, a commitment hearing shall
3 be held within seventy-two hours of the ((~~minor's~~)) adolescent's
4 provisional acceptance to determine whether probable cause exists to
5 commit the ((~~minor~~)) adolescent for further treatment.

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

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

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

25 NEW SECTION. **Sec. 18.** A new section is added to chapter 70.02
26 RCW to read as follows:

27 (1) When an adolescent voluntarily consents to his or her own
28 mental health treatment under RCW 71.34.500 or 71.34.530, a mental
29 health professional shall not proactively provide information and
30 records related solely to mental health services to a parent unless
31 the adolescent states a clear and documented desire to do so, or in
32 cases concerning the imminent health and safety of the adolescent.

33 (2) In the event a mental health professional discloses
34 information and records related solely to mental health services of
35 an adolescent to a parent pursuant to RCW 70.02.240(3), the mental
36 health professional must provide notice of this disclosure to the
37 adolescent and the adolescent must have ample opportunity to express
38 any concerns about this disclosure to the mental health professional
39 well in advance of action to disclose information and records related

1 solely to mental health services. The mental health professional
2 shall document any objections to disclosure in the adolescent's
3 medical record if the mental health professional discloses
4 information and records related solely to mental health services over
5 the objection of the adolescent.

6 (3) If the mental health professional determines that disclosure
7 of information and records related solely to mental health services
8 pursuant to RCW 70.02.240(3) would be detrimental to the adolescent
9 and declines to disclose such information or records, the mental
10 health professional shall document the reasons for the lack of
11 disclosure in the adolescent's medical record.

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

24 (5) A mental health professional providing inpatient or
25 outpatient mental health treatment is not civilly liable for the
26 decision to disclose information and records related to mental health
27 services or not disclose such information and records so long as the
28 decision was reached in good faith and without gross negligence.

29 (6) A chemical dependency professional or mental health
30 professional providing inpatient or outpatient substance use disorder
31 treatment is not civilly liable for the decision to disclose
32 information and records related to substance use disorder treatment
33 information or not disclose such information and records to a parent
34 without an adolescent's consent pursuant to this section only if
35 permitted by federal law, and so long as the decision was reached in
36 good faith and without gross negligence.

37 (7) For purposes of this section, "adolescent" means a minor
38 thirteen years of age or older.

1 **Sec. 19.** RCW 70.02.240 and 2018 c 201 s 8003 are each amended to
2 read as follows:

3 The fact of admission and all information and records related to
4 mental health services obtained through treatment under chapter 71.34
5 RCW is confidential, except as authorized in RCW 70.02.050,
6 70.02.210, 70.02.230, 70.02.250, and 70.02.260. Such confidential
7 information may be disclosed only:

8 (1) In communications between mental health professionals to meet
9 the requirements of chapter 71.34 RCW, in the provision of services
10 to the minor, or in making appropriate referrals;

11 (2) In the course of guardianship or dependency proceedings;

12 (3) To the minor, the minor's parent, including those acting as
13 such for purposes of family-accessed treatment under RCW 71.34.600
14 through 71.34.670, and the minor's attorney, subject to RCW
15 13.50.100;

16 (4) To the courts as necessary to administer chapter 71.34 RCW;

17 (5) To law enforcement officers or public health officers as
18 necessary to carry out the responsibilities of their office. However,
19 only the fact and date of admission, and the date of discharge, the
20 name and address of the treatment provider, if any, and the last
21 known address must be disclosed upon request;

22 (6) To law enforcement officers, public health officers,
23 relatives, and other governmental law enforcement agencies, if a
24 minor has escaped from custody, disappeared from an evaluation and
25 treatment facility, violated conditions of a less restrictive
26 treatment order, or failed to return from an authorized leave, and
27 then only such information as may be necessary to provide for public
28 safety or to assist in the apprehension of the minor. The officers
29 are obligated to keep the information confidential in accordance with
30 this chapter;

31 (7) To the secretary of social and health services and the
32 director of the health care authority for assistance in data
33 collection and program evaluation or research so long as the
34 secretary or director, where applicable, adopts rules for the conduct
35 of such evaluation and research. The rules must include, but need not
36 be limited to, the requirement that all evaluators and researchers
37 sign an oath of confidentiality substantially as follows:

38 "As a condition of conducting evaluation or research concerning
39 persons who have received services from (fill in the facility,

1 agency, or person) I,, agree not to divulge, publish, or
2 otherwise make known to unauthorized persons or the public any
3 information obtained in the course of such evaluation or research
4 regarding minors who have received services in a manner such that the
5 minor is identifiable.

6 I recognize that unauthorized release of confidential information
7 may subject me to civil liability under state law.

8 /s/";

9 (8) To appropriate law enforcement agencies, upon request, all
10 necessary and relevant information in the event of a crisis or
11 emergent situation that poses a significant and imminent risk to the
12 public. The mental health service agency or its employees are not
13 civilly liable for the decision to disclose or not, so long as the
14 decision was reached in good faith and without gross negligence;

15 (9) To appropriate law enforcement agencies and to a person, when
16 the identity of the person is known to the public or private agency,
17 whose health and safety has been threatened, or who is known to have
18 been repeatedly harassed, by the patient. The person may designate a
19 representative to receive the disclosure. The disclosure must be made
20 by the professional person in charge of the public or private agency
21 or his or her designee and must include the dates of admission,
22 discharge, authorized or unauthorized absence from the agency's
23 facility, and only any other information that is pertinent to the
24 threat or harassment. The agency or its employees are not civilly
25 liable for the decision to disclose or not, so long as the decision
26 was reached in good faith and without gross negligence;

27 (10) To a minor's next of kin, attorney, guardian, or
28 conservator, if any, the information that the minor is presently in
29 the facility or that the minor is seriously physically ill and a
30 statement evaluating the mental and physical condition of the minor
31 as well as a statement of the probable duration of the minor's
32 confinement;

33 (11) Upon the death of a minor, to the minor's next of kin;

34 (12) To a facility in which the minor resides or will reside;

35 (13) To law enforcement officers and to prosecuting attorneys as
36 are necessary to enforce RCW 9.41.040(2)(a)(~~(iii)~~) (iv). The extent
37 of information that may be released is limited as follows:

38 (a) Only the fact, place, and date of involuntary commitment, an
39 official copy of any order or orders of commitment, and an official

1 copy of any written or oral notice of ineligibility to possess a
2 firearm that was provided to the person pursuant to RCW 9.41.047(1),
3 must be disclosed upon request;

4 (b) The law enforcement and prosecuting attorneys may only
5 release the information obtained to the person's attorney as required
6 by court rule and to a jury or judge, if a jury is waived, that
7 presides over any trial at which the person is charged with violating
8 RCW 9.41.040(2)(a) (~~(iii)~~) (iv);

9 (c) Disclosure under this subsection is mandatory for the
10 purposes of the federal health insurance portability and
11 accountability act;

12 (14) This section may not be construed to prohibit the
13 compilation and publication of statistical data for use by government
14 or researchers under standards, including standards to assure
15 maintenance of confidentiality, set forth by the director of the
16 health care authority or the secretary of the department of social
17 and health services, where applicable. The fact of admission and all
18 information obtained pursuant to chapter 71.34 RCW are not admissible
19 as evidence in any legal proceeding outside chapter 71.34 RCW, except
20 guardianship or dependency, without the written consent of the minor
21 or the minor's parent;

22 (15) For the purpose of a correctional facility participating in
23 the postinstitutional medical assistance system supporting the
24 expedited medical determinations and medical suspensions as provided
25 in RCW 74.09.555 and 74.09.295;

26 (16) Pursuant to a lawful order of a court.

27 **Sec. 20.** RCW 74.13.280 and 2018 c 284 s 45 are each amended to
28 read as follows:

29 (1) Except as provided in RCW 70.02.220, whenever a child is
30 placed in out-of-home care by the department or with an agency, the
31 department or agency shall share information known to the department
32 or agency about the child and the child's family with the care
33 provider and shall consult with the care provider regarding the
34 child's case plan. If the child is dependent pursuant to a proceeding
35 under chapter 13.34 RCW, the department or agency shall keep the care
36 provider informed regarding the dates and location of dependency
37 review and permanency planning hearings pertaining to the child.

38 (2) Information about the child and the child's family shall
39 include information known to the department or agency as to whether

1 the child is a sexually reactive child, has exhibited high-risk
2 behaviors, or is physically assaultive or physically aggressive, as
3 defined in this section.

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

6 (a) Has received a medical diagnosis of fetal alcohol syndrome or
7 fetal alcohol effect;

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

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

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

14 (4) Any person who receives information about a child or a
15 child's family pursuant to this section shall keep the information
16 confidential and shall not further disclose or disseminate the
17 information except as authorized by law. Care providers shall agree
18 in writing to keep the information that they receive confidential and
19 shall affirm that the information will not be further disclosed or
20 disseminated, except as authorized by law.

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

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

28 (a) Diagnosis;

29 (b) Treatment plan and progress in treatment;

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

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

33 (e) Referrals to community resources;

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

35 and

36 (g) Crisis prevention planning and safety planning.

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

40 (8) For the purposes of this section:

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

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

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

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

9 (iii) Fire-setting or a developmentally inappropriate fascination
10 with fire;

11 (iv) Animal torture;

12 (v) Property destruction; or

13 (vi) Substance or alcohol abuse.

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

17 (i) Observed assaultive behavior;

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

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

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

27 NEW SECTION. Sec. 21. A new section is added to chapter 71.34
28 RCW to read as follows:

29 Subject to the availability of amounts appropriated for this
30 specific purpose, the authority must provide an online training for
31 behavioral health providers regarding state law and best practices
32 when providing behavioral health services to children, youth, and
33 families. The training must be free for providers and must include
34 information related to family-accessed treatment, adolescent-accessed
35 treatment, and other treatment services provided under this chapter.

36 NEW SECTION. Sec. 22. A new section is added to chapter 71.34
37 RCW to read as follows:

1 (1) Subject to the availability of amounts appropriated for this
2 specific purpose, the authority must conduct an annual survey of a
3 sample group of parents, youth, and behavioral health providers to
4 measure the impacts of implementing policies resulting from this act
5 during the first three years of implementation. The first survey must
6 be complete by July 1, 2020, followed by subsequent annual surveys
7 completed by July 1, 2021, and by July 1, 2022. The authority must
8 report on the results of the surveys annually to the governor and the
9 legislature beginning November 1, 2020. The final report is due
10 November 1, 2022, and must include any recommendations for statutory
11 changes identified as needed based on survey results.

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

13 NEW SECTION. **Sec. 23.** This act may be known and cited as the
14 adolescent behavioral health care access act.

15 NEW SECTION. **Sec. 24.** Sections 14 and 16 of this act expire
16 July 1, 2026.

17 NEW SECTION. **Sec. 25.** Sections 15 and 17 of this act take
18 effect July 1, 2026.

19 NEW SECTION. **Sec. 26.** If specific funding for the purposes of
20 this act, referencing this act by bill or chapter number, is not
21 provided by June 30, 2019, in the omnibus appropriations act, this
22 act is null and void.

23 NEW SECTION. **Sec. 27.** LEGISLATIVE DIRECTIVE. (1) Chapter 71.34
24 RCW must be codified under the chapter heading "behavioral health
25 services for minors."

26 (2) RCW 71.34.500 through 71.34.530 must be codified under the
27 subchapter heading "adolescent-accessed treatment."

28 (3) RCW 71.34.600 through 71.34.670 must be codified under the
29 subchapter heading "family-accessed treatment."

--- END ---