

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1874**

66th Legislature  
2019 Regular Session

Passed by the House April 23, 2019  
Yeas 88 Nays 8

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**Speaker of the House of Representatives**

Passed by the Senate April 15, 2019  
Yeas 48 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1874** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1874**

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AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

**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, 70.02.230, 70.02.240, and  
7 74.13.280; adding a new section to chapter 70.02 RCW; adding new  
8 sections to chapter 71.34 RCW; creating new sections; providing an  
9 effective 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 confidentiality and to 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, whenever clinically appropriate, ~~((the providers shall))~~ offer  
11 less restrictive alternatives to inpatient treatment. Additionally,  
12 all mental health care and treatment providers shall assure that  
13 minors' parents are given an opportunity to participate in the  
14 treatment decisions for their minor children. The mental health care  
15 and treatment providers shall, to the extent possible, offer services  
16 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 including the ability to request and receive medically necessary  
22 treatment for their adolescent children without the consent of the  
23 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) (a) "Parent" (~~means:~~

32 ~~(a) A biological or adoptive parent who has legal custody of the~~  
33 ~~child)) has the same meaning as defined in RCW 26.26A.010, including~~

34 either parent if custody is shared under a joint custody  
35 agreement(~~(or)~~), or ((~~b~~)) a person or agency judicially appointed as  
36 legal guardian or custodian of the child.

37 (b) For purposes of family-initiated treatment under RCW  
38 71.34.600 through 71.34.670, "parent" also includes a person to whom  
39 a parent defined in (a) of this subsection has given a signed  
40 authorization to make health care decisions for the adolescent, a

1 stepparent who is involved in caring for the adolescent, a kinship  
2 caregiver who is involved in caring for the adolescent, or another  
3 relative who is responsible for the health care of the adolescent,  
4 who may be required to provide a declaration under penalty of perjury  
5 stating that he or she is a relative responsible for the health care  
6 of the adolescent pursuant to RCW 9A.72.085. If a dispute arises  
7 between individuals authorized to act as a parent for the purpose of  
8 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
9 according to the priority established under RCW 7.70.065(2)(a).

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

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

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

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

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

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

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

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

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

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

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

13 (a) Provides for intoxicated minors:

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

16 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

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



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

2 (40) "Kinship caregiver" has the same meaning as in RCW  
3 74.13.031(19)(a).

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

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

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

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

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

30 (1) The (~~administrator~~) professional person in charge of  
31 (~~the~~) an evaluation and treatment facility shall provide notice to  
32 the parent(~~s~~) of (~~a minor~~) an adolescent when the (~~minor~~)  
33 adolescent is voluntarily admitted to inpatient treatment under RCW  
34 71.34.500 solely for mental health treatment and not for substance  
35 use disorder treatment, unless the professional person has a  
36 compelling reason to believe that such disclosure would be  
37 detrimental to the adolescent or contact cannot be made, in which

1 case the professional person must document the reasons in the  
2 adolescent's medical record.

3 (2) The professional person in charge of an evaluation and  
4 treatment facility or an approved substance use disorder treatment  
5 program shall provide notice to the parent of an adolescent  
6 voluntarily admitted to inpatient treatment under RCW 71.34.500 for  
7 substance use disorder treatment only if: (a) The adolescent provides  
8 written consent to the disclosure of the fact of admission and such  
9 other substance use disorder treatment information in the notice; or  
10 (b) permitted by federal law.

11 (3) If the professional person withholds notice to a parent under  
12 subsection (1) of this section, or such notice cannot be provided,  
13 the professional person in charge of the facility must consult the  
14 information that the Washington state patrol makes publicly available  
15 under RCW 43.43.510(2) at least once every eight hours for the first  
16 seventy-two hours of treatment and once every twenty-four hours  
17 thereafter while the adolescent continues to receive inpatient  
18 services and until the time that the professional person contacts a  
19 parent of the adolescent. If the adolescent is publicly listed as  
20 missing, the professional person must immediately notify the  
21 department of children, youth, and families of its contact with the  
22 youth listed as missing. The notification must include a description  
23 of the adolescent's physical and emotional condition.

24 (4) The notice required under subsections (1) and (2) of this  
25 section shall be in the form most likely to reach the parent within  
26 twenty-four hours of the (~~minor's~~) adolescent's voluntary admission  
27 and shall advise the parent: (~~(1)~~) (a) That the (~~minor~~)  
28 adolescent has been admitted to inpatient treatment; (~~(2)~~) (b) of  
29 the location and telephone number of the facility providing such  
30 treatment; (~~(3)~~) (c) of the name of a professional person on the  
31 staff of the facility providing treatment who is designated to  
32 discuss the (~~minor's~~) adolescent's need for inpatient treatment  
33 with the parent; and (~~(4)~~) (d) of the medical necessity for  
34 admission. Notification efforts under subsections (1) and (2) of this  
35 section shall begin as soon as reasonably practicable, considering  
36 the adolescent's immediate medical needs.

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

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

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

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

15 (b) If the evaluation and treatment facility or substance use  
16 disorder treatment program is providing the adolescent with substance  
17 use disorder treatment, copies of the notice must be sent to the  
18 adolescent's attorney, if any, the designated crisis responders, and  
19 the parent only if: (i) The adolescent provides written consent to  
20 the disclosure of the adolescent's notice of intent to leave and such  
21 other substance use disorder information; or (ii) permitted by  
22 federal law.

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

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

29 Any (~~minor thirteen years or older~~) adolescent may request and  
30 receive outpatient treatment without the consent of the (~~minor's~~)  
31 adolescent's parent. Parental authorization, or authorization from a  
32 person who may consent on behalf of the minor pursuant to RCW  
33 7.70.065, is required for outpatient treatment of a minor under the  
34 age of thirteen.

35 **Sec. 7.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to  
36 read as follows:

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

1 (a) An evaluation and treatment facility or an inpatient facility  
2 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
3 the professional person examine the ~~((minor))~~ adolescent to determine  
4 whether the ~~((minor))~~ adolescent has a mental disorder and is in need  
5 of inpatient treatment; or

6 (b) A secure detoxification facility or approved substance use  
7 disorder treatment program and request that a substance use disorder  
8 assessment be conducted by a professional person to determine whether  
9 the ~~((minor))~~ adolescent has a substance use disorder and is in need  
10 of inpatient treatment.

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

14 (3) An appropriately trained professional person may evaluate  
15 whether the ~~((minor))~~ adolescent has a mental disorder or has a  
16 substance use disorder. The evaluation shall be completed within  
17 twenty-four hours of the time the ~~((minor))~~ adolescent was brought to  
18 the facility, unless the professional person determines that the  
19 condition of the ~~((minor))~~ adolescent necessitates additional time  
20 for evaluation. In no event shall ~~((a minor))~~ an adolescent be held  
21 longer than seventy-two hours for evaluation. If, in the judgment of  
22 the professional person, it is determined it is a medical necessity  
23 for the ~~((minor))~~ adolescent to receive inpatient treatment, the  
24 ~~((minor))~~ adolescent may be held for treatment. The facility shall  
25 limit treatment to that which the professional person determines is  
26 medically necessary to stabilize the ~~((minor's))~~ adolescent's  
27 condition until the evaluation has been completed. Within twenty-four  
28 hours of completion of the evaluation, the professional person shall  
29 notify the authority if the ~~((child))~~ adolescent is held solely for  
30 mental health and not substance use disorder treatment and of the  
31 date of admission. If the adolescent is held for substance use  
32 disorder treatment only, the professional person shall provide notice  
33 to the authority which redacts all patient identifying information  
34 about the adolescent unless: (a) The adolescent provides written  
35 consent to the disclosure of the fact of admission and such other  
36 substance use disorder treatment information in the notice; or (b)  
37 permitted by federal law.

38 (4) No provider is obligated to provide treatment to ~~((a minor))~~  
39 an adolescent under the provisions of this section except that no  
40 provider may refuse to treat ~~((a minor))~~ an adolescent under the

1 provisions of this section solely on the basis that the ((~~minor~~))  
2 adolescent has not consented to the treatment. No provider may admit  
3 ((~~a minor~~)) an adolescent to treatment under this section unless it  
4 is medically necessary.

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

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

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

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

15 (1) The authority shall assure that, for any ((~~minor~~)) adolescent  
16 admitted to inpatient treatment under RCW 71.34.600, a review is  
17 conducted by a physician or other mental health professional who is  
18 employed by the authority, or an agency under contract with the  
19 authority, and who neither has a financial interest in continued  
20 inpatient treatment of the ((~~minor~~)) adolescent nor is affiliated  
21 with the facility providing the treatment. The physician or other  
22 mental health professional shall conduct the review not less than  
23 seven nor more than fourteen days following the date the ((~~minor~~))  
24 adolescent was brought to the facility under RCW 71.34.600 to  
25 determine whether it is a medical necessity to continue the  
26 ((~~minor's~~)) adolescent's treatment on an inpatient basis.

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

33 (3) If, after any review conducted by the authority under this  
34 section, the authority determines it is no longer a medical necessity  
35 for ((~~a minor~~)) an adolescent to receive inpatient treatment, the  
36 authority shall immediately notify the parents and the facility. The  
37 facility shall release the ((~~minor~~)) adolescent to the parents within  
38 twenty-four hours of receiving notice. If the professional person in  
39 charge and the parent believe that it is a medical necessity for the

1 ((~~minor~~)) adolescent to remain in inpatient treatment, the ((~~minor~~))  
2 adolescent shall be released to the parent on the second judicial day  
3 following the authority's determination in order to allow the parent  
4 time to file an at-risk youth petition under chapter 13.32A RCW. If  
5 the authority determines it is a medical necessity for the ((~~minor~~))  
6 adolescent to receive outpatient treatment and the ((~~minor~~))  
7 adolescent declines to obtain such treatment, such refusal shall be  
8 grounds for the parent to file an at-risk youth petition.

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

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

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

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

22 Following the review conducted under RCW 71.34.610, ((~~a minor~~  
23 ~~child~~)) an adolescent may petition the superior court for his or her  
24 release from the facility. The petition may be filed not sooner than  
25 five days following the review. The court shall release the ((~~minor~~))  
26 adolescent unless it finds, upon a preponderance of the evidence,  
27 that it is a medical necessity for the ((~~minor~~)) adolescent to remain  
28 at the facility.

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

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

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

3       The authority shall randomly select and review the information on  
4 ~~((children))~~ adolescents who are admitted to inpatient treatment on  
5 application of the ~~((child's))~~ adolescent's parent regardless of the  
6 source of payment, if any, subject to the limitations under RCW  
7 71.34.600(3). The review shall determine whether the ~~((children))~~  
8 adolescents reviewed were appropriately admitted into treatment based  
9 on an objective evaluation of the ~~((child's))~~ adolescent's condition  
10 and the outcome of the ~~((child's))~~ adolescent's treatment.

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

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

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

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

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

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

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

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

38       (6) If a determination is made by a professional person under  
39 this section that an adolescent is in need of treatment in a less

1 restrictive setting, including partial hospitalization or intensive  
2 outpatient treatment, a parent of an adolescent may request and  
3 receive such treatment for his or her adolescent without the consent  
4 of the adolescent.

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

11 (b) A professional person providing solely mental health  
12 treatment to an adolescent under this subsection (6) shall provide  
13 notification of the adolescent's treatment to an independent reviewer  
14 at the authority within twenty-four hours of the adolescent's first  
15 receipt of treatment under this subsection. At least every forty-five  
16 days after the adolescent's first receipt of treatment under this  
17 subsection, the authority shall conduct a review to determine whether  
18 the current level of treatment is medically necessary.

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

27 (7) Any ((minor)) adolescent admitted to inpatient treatment  
28 under RCW 71.34.500 or 71.34.600 shall be discharged immediately from  
29 inpatient treatment upon written request of the parent.

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

32 ((A minor child)) An adolescent shall have no cause of action  
33 against an evaluation and treatment facility, secure detoxification  
34 facility, approved substance use disorder treatment program,  
35 inpatient facility, or provider of outpatient mental health treatment  
36 or outpatient substance use disorder treatment for admitting or  
37 accepting the ((minor)) adolescent in good faith for evaluation or  
38 treatment under RCW 71.34.600 or 71.34.650 based solely upon the fact  
39 that the ((minor)) adolescent did not consent to evaluation or



1 treatment if the (~~minor's~~) adolescent's parent has consented to the  
2 evaluation or treatment.

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

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

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

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

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

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

1 (2) If ~~((a minor, thirteen years or older,))~~ an adolescent is  
2 brought to a secure detoxification facility or a hospital emergency  
3 room for immediate substance use disorder treatment, the professional  
4 person in charge of the facility shall evaluate the ~~((minor's))~~  
5 adolescent's condition, determine whether the ~~((minor))~~ adolescent  
6 suffers from a substance use disorder, and whether the ~~((minor))~~  
7 adolescent is in need of immediate inpatient treatment.

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

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

20 (1)(a)(i) When a designated crisis responder receives information  
21 that ~~((a minor, thirteen years or older,))~~ an adolescent as a result  
22 of a mental disorder presents a likelihood of serious harm or is  
23 gravely disabled, has investigated the specific facts alleged and of  
24 the credibility of the person or persons providing the information,  
25 and has determined that voluntary admission for inpatient treatment  
26 is not possible, the designated crisis responder may take the  
27 ~~((minor))~~ adolescent, or cause the ~~((minor))~~ adolescent to be taken,  
28 into custody and transported to an evaluation and treatment facility  
29 providing inpatient treatment.

30 (ii) When a designated crisis responder receives information that  
31 ~~((a minor, thirteen years or older,))~~ an adolescent as a result of a  
32 substance use disorder presents a likelihood of serious harm or is  
33 gravely disabled, has investigated the specific facts alleged and of  
34 the credibility of the person or persons providing the information,  
35 and has determined that voluntary admission for inpatient treatment  
36 is not possible, the designated crisis responder may take the  
37 ~~((minor))~~ adolescent, or cause the ~~((minor))~~ adolescent to be taken,  
38 into custody and transported to a secure detoxification facility or  
39 approved substance use disorder treatment program, if a secure

1 detoxification facility or approved substance use disorder treatment  
2 program is available and has adequate space for the ((~~minor~~))  
3 adolescent.

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

10 (2) Within twelve hours of the ((~~minor's~~)) adolescent's arrival  
11 at the evaluation and treatment facility, secure detoxification  
12 facility, or approved substance use disorder treatment program, the  
13 designated crisis responder shall serve on the ((~~minor~~)) adolescent a  
14 copy of the petition for initial detention, notice of initial  
15 detention, and statement of rights. The designated crisis responder  
16 shall file with the court on the next judicial day following the  
17 initial detention the original petition for initial detention, notice  
18 of initial detention, and statement of rights along with an affidavit  
19 of service. The designated crisis responder shall commence service of  
20 the petition for initial detention and notice of the initial  
21 detention on the ((~~minor's~~)) adolescent's parent and the ((~~minor's~~))  
22 adolescent's attorney as soon as possible following the initial  
23 detention.

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

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

36 (4) Subject to subsection (5) of this section, whenever the  
37 designated crisis responder petitions for detention of ((~~a minor~~)) an  
38 adolescent under this chapter, an evaluation and treatment facility,  
39 secure detoxification facility, or approved substance use disorder  
40 treatment program providing seventy-two hour evaluation and treatment

1 must immediately accept on a provisional basis the petition and the  
2 person. Within twenty-four hours of the (~~minor's~~) adolescent's  
3 arrival, the facility must evaluate the (~~minor's~~) adolescent's  
4 condition and either admit or release the (~~minor~~) adolescent in  
5 accordance with this chapter.

6 (5) A designated crisis responder may not petition for detention  
7 of (~~a minor~~) an adolescent to a secure detoxification facility or  
8 approved substance use disorder treatment program unless there is a  
9 secure detoxification facility or approved substance use disorder  
10 treatment program available and that has adequate space for the  
11 (~~minor~~) adolescent.

12 (6) If (~~a minor~~) an adolescent is not approved for admission by  
13 the inpatient evaluation and treatment facility, secure  
14 detoxification facility, or approved substance use disorder treatment  
15 program, the facility shall make such recommendations and referrals  
16 for further care and treatment of the (~~minor~~) adolescent as  
17 necessary.

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

20 (1)(a)(i) When a designated crisis responder receives information  
21 that (~~a minor, thirteen years or older,~~) an adolescent as a result  
22 of a mental disorder presents a likelihood of serious harm or is  
23 gravely disabled, has investigated the specific facts alleged and of  
24 the credibility of the person or persons providing the information,  
25 and has determined that voluntary admission for inpatient treatment  
26 is not possible, the designated crisis responder may take the  
27 (~~minor~~) adolescent, or cause the (~~minor~~) adolescent to be taken,  
28 into custody and transported to an evaluation and treatment facility  
29 providing inpatient treatment.

30 (ii) When a designated crisis responder receives information that  
31 (~~a minor, thirteen years or older,~~) an adolescent as a result of a  
32 substance use disorder presents a likelihood of serious harm or is  
33 gravely disabled, has investigated the specific facts alleged and of  
34 the credibility of the person or persons providing the information,  
35 and has determined that voluntary admission for inpatient treatment  
36 is not possible, the designated crisis responder may take the  
37 (~~minor~~) adolescent, or cause the (~~minor~~) adolescent to be taken,  
38 into custody and transported to a secure detoxification facility or  
39 approved substance use disorder treatment program.

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

7 (2) Within twelve hours of the ((~~minor's~~)) adolescent's arrival  
8 at the evaluation and treatment facility, secure detoxification  
9 facility, or approved substance use disorder treatment program, the  
10 designated crisis responder shall serve on the ((~~minor~~)) adolescent a  
11 copy of the petition for initial detention, notice of initial  
12 detention, and statement of rights. The designated crisis responder  
13 shall file with the court on the next judicial day following the  
14 initial detention the original petition for initial detention, notice  
15 of initial detention, and statement of rights along with an affidavit  
16 of service. The designated crisis responder shall commence service of  
17 the petition for initial detention and notice of the initial  
18 detention on the ((~~minor's~~)) adolescent's parent and the ((~~minor's~~))  
19 adolescent's attorney as soon as possible following the initial  
20 detention.

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

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

33 (4) Whenever the designated crisis responder petitions for  
34 detention of ((~~a minor~~)) an adolescent under this chapter, an  
35 evaluation and treatment facility, secure detoxification facility, or  
36 approved substance use disorder treatment program providing seventy-  
37 two hour evaluation and treatment must immediately accept on a  
38 provisional basis the petition and the person. Within twenty-four  
39 hours of the ((~~minor's~~)) adolescent's arrival, the facility must

1 evaluate the (~~minor's~~) adolescent's condition and either admit or  
2 release the (~~minor~~) adolescent in accordance with this chapter.

3 (5) If (~~a minor~~) an adolescent is not approved for admission by  
4 the inpatient evaluation and treatment facility, secure  
5 detoxification facility, or approved substance use disorder treatment  
6 program, the facility shall make such recommendations and referrals  
7 for further care and treatment of the (~~minor~~) adolescent as  
8 necessary.

9 NEW SECTION. Sec. 18. A new section is added to chapter 70.02  
10 RCW to read as follows:

11 (1)(a) When an adolescent voluntarily consents to his or her own  
12 mental health treatment under RCW 71.34.500 or 71.34.530, a mental  
13 health professional shall not proactively exercise his or her  
14 discretion under RCW 70.02.240 to release information or records  
15 related to solely mental health services received by the adolescent  
16 to a parent of the adolescent, beyond any notification required under  
17 RCW 71.34.510, unless the adolescent states a clear desire to do so  
18 which is documented by the mental health professional, except in  
19 situations concerning an imminent threat to the health and safety of  
20 the adolescent or others, or as otherwise may be required by law.

21 (b) In the event a mental health professional discloses  
22 information or releases records, or both, that relate solely to  
23 mental health services of an adolescent, to a parent pursuant to RCW  
24 70.02.240(3), the mental health professional must provide notice of  
25 this disclosure to the adolescent and the adolescent must have a  
26 reasonable opportunity to express any concerns about this disclosure  
27 to the mental health professional prior to the disclosure of the  
28 information or records related solely to mental health services. The  
29 mental health professional shall document any objections to  
30 disclosure in the adolescent's medical record if the mental health  
31 professional subsequently discloses information or records related  
32 solely to mental health services over the objection of the  
33 adolescent.

34 (2) When an adolescent receives a mental health evaluation or  
35 treatment at the direction of a parent under RCW 71.34.600 through  
36 71.34.670, the mental health professional is encouraged to exercise  
37 his or her discretion under RCW 70.02.240 to proactively release to  
38 the parent such information and records related to solely mental  
39 health services received by the adolescent, excluding psychotherapy

1 notes, that are necessary to assist the parent in understanding the  
2 nature of the evaluation or treatment and in supporting their child.  
3 Such information includes:

4 (a) Diagnosis;

5 (b) Treatment plan and progress in treatment;

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

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

9 (e) Referrals to community resources;

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

11 and

12 (g) Crisis prevention planning and safety planning.

13 (3) If, after receiving a request from a parent for release of  
14 mental health treatment information relating to an adolescent, the  
15 mental health professional determines that disclosure of information  
16 or records related solely to mental health services pursuant to RCW  
17 70.02.240(3) would be detrimental to the adolescent and declines to  
18 disclose such information or records, the mental health professional  
19 shall document the reasons for the lack of disclosure in the  
20 adolescent's medical record.

21 (4) Information or records about an adolescent's substance use  
22 disorder evaluation or treatment may be provided to a parent without  
23 the written consent of the adolescent only if permitted by federal  
24 law. A mental health professional or chemical dependency professional  
25 providing substance use disorder evaluation or treatment to an  
26 adolescent may seek the written consent of the adolescent to provide  
27 substance use disorder treatment information or records to a parent  
28 when the mental health professional or chemical dependency  
29 professional determines that both seeking the written consent and  
30 sharing the substance use disorder treatment information or records  
31 of the adolescent would not be detrimental to the adolescent.

32 (5) A mental health professional providing inpatient or  
33 outpatient mental health evaluation or treatment is not civilly  
34 liable for the decision to disclose information or records related to  
35 solely mental health services or not disclose such information or  
36 records so long as the decision was reached in good faith and without  
37 gross negligence.

38 (6) A chemical dependency professional or mental health  
39 professional providing inpatient or outpatient substance use disorder  
40 evaluation or treatment is not civilly liable for the decision to

1 disclose information or records related to substance use disorder  
2 treatment information with the written consent of the adolescent or  
3 to not disclose such information or records to a parent without an  
4 adolescent's consent pursuant to this section so long as the decision  
5 was reached in good faith and without gross negligence.

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

8 **Sec. 19.** RCW 70.02.230 and 2018 c 201 s 8002 are each amended to  
9 read as follows:

10 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,  
11 74.09.295, 70.02.210, 70.02.240, 70.02.250, (~~and~~) 70.02.260, and  
12 section 18 of this act, or pursuant to a valid authorization under  
13 RCW 70.02.030, the fact of admission to a provider for mental health  
14 services and all information and records compiled, obtained, or  
15 maintained in the course of providing mental health services to  
16 either voluntary or involuntary recipients of services at public or  
17 private agencies must be confidential.

18 (2) Information and records related to mental health services,  
19 other than those obtained through treatment under chapter 71.34 RCW,  
20 may be disclosed only:

21 (a) In communications between qualified professional persons to  
22 meet the requirements of chapter 71.05 RCW, in the provision of  
23 services or appropriate referrals, or in the course of guardianship  
24 proceedings if provided to a professional person:

25 (i) Employed by the facility;

26 (ii) Who has medical responsibility for the patient's care;

27 (iii) Who is a designated crisis responder;

28 (iv) Who is providing services under chapter 71.24 RCW;

29 (v) Who is employed by a state or local correctional facility  
30 where the person is confined or supervised; or

31 (vi) Who is providing evaluation, treatment, or follow-up  
32 services under chapter 10.77 RCW;

33 (b) When the communications regard the special needs of a patient  
34 and the necessary circumstances giving rise to such needs and the  
35 disclosure is made by a facility providing services to the operator  
36 of a facility in which the patient resides or will reside;

37 (c) (i) When the person receiving services, or his or her  
38 guardian, designates persons to whom information or records may be



1 released, or if the person is a minor, when his or her parents make  
2 such a designation;

3 (ii) A public or private agency shall release to a person's next  
4 of kin, attorney, personal representative, guardian, or conservator,  
5 if any:

6 (A) The information that the person is presently a patient in the  
7 facility or that the person is seriously physically ill;

8 (B) A statement evaluating the mental and physical condition of  
9 the patient, and a statement of the probable duration of the  
10 patient's confinement, if such information is requested by the next  
11 of kin, attorney, personal representative, guardian, or conservator;  
12 and

13 (iii) Other information requested by the next of kin or attorney  
14 as may be necessary to decide whether or not proceedings should be  
15 instituted to appoint a guardian or conservator;

16 (d)(i) To the courts as necessary to the administration of  
17 chapter 71.05 RCW or to a court ordering an evaluation or treatment  
18 under chapter 10.77 RCW solely for the purpose of preventing the  
19 entry of any evaluation or treatment order that is inconsistent with  
20 any order entered under chapter 71.05 RCW.

21 (ii) To a court or its designee in which a motion under chapter  
22 10.77 RCW has been made for involuntary medication of a defendant for  
23 the purpose of competency restoration.

24 (iii) Disclosure under this subsection is mandatory for the  
25 purpose of the federal health insurance portability and  
26 accountability act;

27 (e)(i) When a mental health professional or designated crisis  
28 responder is requested by a representative of a law enforcement or  
29 corrections agency, including a police officer, sheriff, community  
30 corrections officer, a municipal attorney, or prosecuting attorney to  
31 undertake an investigation or provide treatment under RCW 71.05.150,  
32 10.31.110, or 71.05.153, the mental health professional or designated  
33 crisis responder shall, if requested to do so, advise the  
34 representative in writing of the results of the investigation  
35 including a statement of reasons for the decision to detain or  
36 release the person investigated. The written report must be submitted  
37 within seventy-two hours of the completion of the investigation or  
38 the request from the law enforcement or corrections representative,  
39 whichever occurs later.

1 (ii) Disclosure under this subsection is mandatory for the  
2 purposes of the federal health insurance portability and  
3 accountability act;

4 (f) To the attorney of the detained person;

5 (g) To the prosecuting attorney as necessary to carry out the  
6 responsibilities of the office under RCW 71.05.330(2),  
7 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided  
8 access to records regarding the committed person's treatment and  
9 prognosis, medication, behavior problems, and other records relevant  
10 to the issue of whether treatment less restrictive than inpatient  
11 treatment is in the best interest of the committed person or others.  
12 Information must be disclosed only after giving notice to the  
13 committed person and the person's counsel;

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

27 (ii) Disclosure under this subsection is mandatory for the  
28 purposes of the federal health insurance portability and  
29 accountability act;

30 (i)(i) To appropriate corrections and law enforcement agencies  
31 all necessary and relevant information in the event of a crisis or  
32 emergent situation that poses a significant and imminent risk to the  
33 public. The mental health service agency or its employees are not  
34 civilly liable for the decision to disclose or not so long as the  
35 decision was reached in good faith and without gross negligence.

36 (ii) Disclosure under this subsection is mandatory for the  
37 purposes of the health insurance portability and accountability act;

38 (j) To the persons designated in RCW 71.05.425 for the purposes  
39 described in those sections;

1 (k) Upon the death of a person. The person's next of kin,  
2 personal representative, guardian, or conservator, if any, must be  
3 notified. Next of kin who are of legal age and competent must be  
4 notified under this section in the following order: Spouse, parents,  
5 children, brothers and sisters, and other relatives according to the  
6 degree of relation. Access to all records and information compiled,  
7 obtained, or maintained in the course of providing services to a  
8 deceased patient are governed by RCW 70.02.140;

9 (l) To mark headstones or otherwise memorialize patients interred  
10 at state hospital cemeteries. The department of social and health  
11 services shall make available the name, date of birth, and date of  
12 death of patients buried in state hospital cemeteries fifty years  
13 after the death of a patient;

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

17 (i) Only the fact, place, and date of involuntary commitment, an  
18 official copy of any order or orders of commitment, and an official  
19 copy of any written or oral notice of ineligibility to possess a  
20 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
21 must be disclosed upon request;

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

27 (iii) Disclosure under this subsection is mandatory for the  
28 purposes of the federal health insurance portability and  
29 accountability act;

30 (n) When a patient would otherwise be subject to the provisions  
31 of this section and disclosure is necessary for the protection of the  
32 patient or others due to his or her unauthorized disappearance from  
33 the facility, and his or her whereabouts is unknown, notice of the  
34 disappearance, along with relevant information, may be made to  
35 relatives, the department of corrections when the person is under the  
36 supervision of the department, and governmental law enforcement  
37 agencies designated by the physician or psychiatric advanced  
38 registered nurse practitioner in charge of the patient or the  
39 professional person in charge of the facility, or his or her  
40 professional designee;

1 (o) Pursuant to lawful order of a court;

2 (p) To qualified staff members of the department, to the  
3 authority, to the director of behavioral health organizations, to  
4 resource management services responsible for serving a patient, or to  
5 service providers designated by resource management services as  
6 necessary to determine the progress and adequacy of treatment and to  
7 determine whether the person should be transferred to a less  
8 restrictive or more appropriate treatment modality or facility;

9 (q) Within the mental health service agency where the patient is  
10 receiving treatment, confidential information may be disclosed to  
11 persons employed, serving in bona fide training programs, or  
12 participating in supervised volunteer programs, at the facility when  
13 it is necessary to perform their duties;

14 (r) Within the department and the authority as necessary to  
15 coordinate treatment for mental illness, developmental disabilities,  
16 alcoholism, or substance use disorder of persons who are under the  
17 supervision of the department;

18 (s) Between the department of social and health services, the  
19 department of children, youth, and families, and the health care  
20 authority as necessary to coordinate treatment for mental illness,  
21 developmental disabilities, alcoholism, or drug abuse of persons who  
22 are under the supervision of the department of social and health  
23 services or the department of children, youth, and families;

24 (t) To a licensed physician or psychiatric advanced registered  
25 nurse practitioner who has determined that the life or health of the  
26 person is in danger and that treatment without the information and  
27 records related to mental health services could be injurious to the  
28 patient's health. Disclosure must be limited to the portions of the  
29 records necessary to meet the medical emergency;

30 (u)(i) Consistent with the requirements of the federal health  
31 insurance portability and accountability act, to:

32 (A) A health care provider who is providing care to a patient, or  
33 to whom a patient has been referred for evaluation or treatment; or

34 (B) Any other person who is working in a care coordinator role  
35 for a health care facility or health care provider or is under an  
36 agreement pursuant to the federal health insurance portability and  
37 accountability act with a health care facility or a health care  
38 provider and requires the information and records to assure  
39 coordinated care and treatment of that patient.

1 (ii) A person authorized to use or disclose information and  
2 records related to mental health services under this subsection  
3 (2)(u) must take appropriate steps to protect the information and  
4 records relating to mental health services.

5 (iii) Psychotherapy notes may not be released without  
6 authorization of the patient who is the subject of the request for  
7 release of information;

8 (v) To administrative and office support staff designated to  
9 obtain medical records for those licensed professionals listed in (u)  
10 of this subsection;

11 (w) To a facility that is to receive a person who is  
12 involuntarily committed under chapter 71.05 RCW, or upon transfer of  
13 the person from one evaluation and treatment facility to another. The  
14 release of records under this subsection is limited to the  
15 information and records related to mental health services required by  
16 law, a record or summary of all somatic treatments, and a discharge  
17 summary. The discharge summary may include a statement of the  
18 patient's problem, the treatment goals, the type of treatment which  
19 has been provided, and recommendation for future treatment, but may  
20 not include the patient's complete treatment record;

21 (x) To the person's counsel or guardian ad litem, without  
22 modification, at any time in order to prepare for involuntary  
23 commitment or recommitment proceedings, reexaminations, appeals, or  
24 other actions relating to detention, admission, commitment, or  
25 patient's rights under chapter 71.05 RCW;

26 (y) To staff members of the protection and advocacy agency or to  
27 staff members of a private, nonprofit corporation for the purpose of  
28 protecting and advocating the rights of persons with mental disorders  
29 or developmental disabilities. Resource management services may limit  
30 the release of information to the name, birthdate, and county of  
31 residence of the patient, information regarding whether the patient  
32 was voluntarily admitted, or involuntarily committed, the date and  
33 place of admission, placement, or commitment, the name and address of  
34 a guardian of the patient, and the date and place of the guardian's  
35 appointment. Any staff member who wishes to obtain additional  
36 information must notify the patient's resource management services in  
37 writing of the request and of the resource management services' right  
38 to object. The staff member shall send the notice by mail to the  
39 guardian's address. If the guardian does not object in writing within  
40 fifteen days after the notice is mailed, the staff member may obtain

1 the additional information. If the guardian objects in writing within  
2 fifteen days after the notice is mailed, the staff member may not  
3 obtain the additional information;

4 (z) To all current treating providers of the patient with  
5 prescriptive authority who have written a prescription for the  
6 patient within the last twelve months. For purposes of coordinating  
7 health care, the department or the authority may release without  
8 written authorization of the patient, information acquired for  
9 billing and collection purposes as described in RCW 70.02.050(1)(d).  
10 The department, or the authority, if applicable, shall notify the  
11 patient that billing and collection information has been released to  
12 named providers, and provide the substance of the information  
13 released and the dates of such release. Neither the department nor  
14 the authority may release counseling, inpatient psychiatric  
15 hospitalization, or drug and alcohol treatment information without a  
16 signed written release from the client;

17 (aa)(i) To the secretary of social and health services and the  
18 director of the health care authority for either program evaluation  
19 or research, or both so long as the secretary or director, where  
20 applicable, adopts rules for the conduct of the evaluation or  
21 research, or both. Such rules must include, but need not be limited  
22 to, the requirement that all evaluators and researchers sign an oath  
23 of confidentiality substantially as follows:

24 "As a condition of conducting evaluation or research concerning  
25 persons who have received services from (fill in the facility,  
26 agency, or person) I, . . . . ., agree not to divulge, publish, or  
27 otherwise make known to unauthorized persons or the public any  
28 information obtained in the course of such evaluation or research  
29 regarding persons who have received services such that the person who  
30 received such services is identifiable.

31 I recognize that unauthorized release of confidential information  
32 may subject me to civil liability under the provisions of state law.

33 /s/ . . . . ."

34 (ii) Nothing in this chapter may be construed to prohibit the  
35 compilation and publication of statistical data for use by government  
36 or researchers under standards, including standards to assure  
37 maintenance of confidentiality, set forth by the secretary, or  
38 director, where applicable;

39 (bb) To any person if the conditions in RCW 70.02.205 are met.

1 (3) Whenever federal law or federal regulations restrict the  
2 release of information contained in the information and records  
3 related to mental health services of any patient who receives  
4 treatment for chemical dependency, the department or the authority  
5 may restrict the release of the information as necessary to comply  
6 with federal law and regulations.

7 (4) Civil liability and immunity for the release of information  
8 about a particular person who is committed to the department of  
9 social and health services or the authority under RCW 71.05.280(3)  
10 and 71.05.320(4)(c) after dismissal of a sex offense as defined in  
11 RCW 9.94A.030, is governed by RCW 4.24.550.

12 (5) The fact of admission to a provider of mental health  
13 services, as well as all records, files, evidence, findings, or  
14 orders made, prepared, collected, or maintained pursuant to chapter  
15 71.05 RCW are not admissible as evidence in any legal proceeding  
16 outside that chapter without the written authorization of the person  
17 who was the subject of the proceeding except as provided in RCW  
18 70.02.260, in a subsequent criminal prosecution of a person committed  
19 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were  
20 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand  
21 trial, in a civil commitment proceeding pursuant to chapter 71.09  
22 RCW, or, in the case of a minor, a guardianship or dependency  
23 proceeding. The records and files maintained in any court proceeding  
24 pursuant to chapter 71.05 RCW must be confidential and available  
25 subsequent to such proceedings only to the person who was the subject  
26 of the proceeding or his or her attorney. In addition, the court may  
27 order the subsequent release or use of such records or files only  
28 upon good cause shown if the court finds that appropriate safeguards  
29 for strict confidentiality are and will be maintained.

30 (6)(a) Except as provided in RCW 4.24.550, any person may bring  
31 an action against an individual who has willfully released  
32 confidential information or records concerning him or her in  
33 violation of the provisions of this section, for the greater of the  
34 following amounts:

35 (i) One thousand dollars; or

36 (ii) Three times the amount of actual damages sustained, if any.

37 (b) It is not a prerequisite to recovery under this subsection  
38 that the plaintiff suffered or was threatened with special, as  
39 contrasted with general, damages.

1 (c) Any person may bring an action to enjoin the release of  
2 confidential information or records concerning him or her or his or  
3 her ward, in violation of the provisions of this section, and may in  
4 the same action seek damages as provided in this subsection.

5 (d) The court may award to the plaintiff, should he or she  
6 prevail in any action authorized by this subsection, reasonable  
7 attorney fees in addition to those otherwise provided by law.

8 (e) If an action is brought under this subsection, no action may  
9 be brought under RCW 70.02.170.

10 **Sec. 20.** RCW 70.02.240 and 2018 c 201 s 8003 are each amended to  
11 read as follows:

12 The fact of admission and all information and records related to  
13 mental health services obtained through inpatient or outpatient  
14 treatment of a minor under chapter 71.34 RCW (~~(is)~~) must be kept  
15 confidential, except as authorized (~~(is)~~) by this section or under  
16 RCW 70.02.050, 70.02.210, 70.02.230, 70.02.250, (~~and~~) 70.02.260,  
17 and section 18 of this act. (~~Such~~) Confidential information under  
18 this section may be disclosed only:

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

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

23 (3) To the minor, the minor's parent, including those acting as a  
24 parent as defined in RCW 71.34.020 for purposes of family-initiated  
25 treatment, and the minor's attorney, subject to RCW 13.50.100;

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

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

32 (6) To law enforcement officers, public health officers,  
33 relatives, and other governmental law enforcement agencies, if a  
34 minor has escaped from custody, disappeared from an evaluation and  
35 treatment facility, violated conditions of a less restrictive  
36 treatment order, or failed to return from an authorized leave, and  
37 then only such information as may be necessary to provide for public  
38 safety or to assist in the apprehension of the minor. The officers



1 are obligated to keep the information confidential in accordance with  
2 this chapter;

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

10 "As a condition of conducting evaluation or research concerning  
11 persons who have received services from (fill in the facility,  
12 agency, or person) I, . . . . ., agree not to divulge, publish, or  
13 otherwise make known to unauthorized persons or the public any  
14 information obtained in the course of such evaluation or research  
15 regarding minors who have received services in a manner such that the  
16 minor is identifiable.

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

19 /s/ . . . . .";

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

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

38 (10) To a minor's next of kin, attorney, guardian, or  
39 conservator, if any, the information that the minor is presently in

1 the facility or that the minor is seriously physically ill and a  
2 statement evaluating the mental and physical condition of the minor  
3 as well as a statement of the probable duration of the minor's  
4 confinement;

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

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

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

10 (a) Only the fact, place, and date of involuntary commitment, an  
11 official copy of any order or orders of commitment, and an official  
12 copy of any written or oral notice of ineligibility to possess a  
13 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
14 must be disclosed upon request;

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

20 (c) Disclosure under this subsection is mandatory for the  
21 purposes of the federal health insurance portability and  
22 accountability act;

23 (14) This section may not be construed to prohibit the  
24 compilation and publication of statistical data for use by government  
25 or researchers under standards, including standards to assure  
26 maintenance of confidentiality, set forth by the director of the  
27 health care authority or the secretary of the department of social  
28 and health services, where applicable. The fact of admission and all  
29 information obtained pursuant to chapter 71.34 RCW are not admissible  
30 as evidence in any legal proceeding outside chapter 71.34 RCW, except  
31 guardianship or dependency, without the written consent of the minor  
32 or the minor's parent;

33 (15) For the purpose of a correctional facility participating in  
34 the postinstitutional medical assistance system supporting the  
35 expedited medical determinations and medical suspensions as provided  
36 in RCW 74.09.555 and 74.09.295;

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

38 **Sec. 21.** RCW 74.13.280 and 2018 c 284 s 45 are each amended to  
39 read as follows:

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

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

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

17 (a) Has received a medical diagnosis of fetal alcohol syndrome or  
18 fetal alcohol effect;

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

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

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

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

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

35 (6) ((As used in)) The department may share the following mental  
36 health treatment records with a care provider, even if the child does  
37 not consent to releasing those records, if the department has  
38 initiated treatment pursuant to RCW 71.34.600 through 71.34.670:

39 (a) Diagnosis;

40 (b) Treatment plan and progress in treatment;

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

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

4 (e) Referrals to community resources;

5 (f) Coaching on parenting or behavioral management strategies;  
6 and

7 (g) Crisis prevention planning and safety planning.

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

11 (8) For the purposes of this section:

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

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

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

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

20 (iii) Fire-setting or a developmentally inappropriate fascination  
21 with fire;

22 (iv) Animal torture;

23 (v) Property destruction; or

24 (vi) Substance or alcohol abuse.

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

28 (i) Observed assaultive behavior;

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

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

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

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

1 A mental health agency, psychiatric hospital, or evaluation and  
2 treatment facility may release mental health information about an  
3 adolescent to a parent of the adolescent without the consent of the  
4 adolescent by following the limitations and restrictions of RCW  
5 70.02.240 and section 18 of this act.

6 NEW SECTION. **Sec. 23.** A new section is added to chapter 71.34  
7 RCW to read as follows:

8 Subject to the availability of amounts appropriated for this  
9 specific purpose, the authority must provide an online training for  
10 behavioral health providers regarding state law and best practices  
11 when providing behavioral health services to children, youth, and  
12 families. The training must be free for providers and must include  
13 information related to family-initiated treatment, adolescent-  
14 initiated treatment, other treatment services provided under this  
15 chapter, and standards for sharing of information about behavioral  
16 health services received by an adolescent under RCW 70.02.240 and  
17 section 18 of this act.

18 NEW SECTION. **Sec. 24.** A new section is added to chapter 71.34  
19 RCW to read as follows:

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

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

32 NEW SECTION. **Sec. 25.** This act may be known and cited as the  
33 adolescent behavioral health care access act.

34 NEW SECTION. **Sec. 26.** Sections 14 and 16 of this act expire  
35 July 1, 2026.

1        NEW SECTION.    **Sec. 27.**    Sections 15 and 17 of this act take  
2 effect July 1, 2026.

3        NEW SECTION.    **Sec. 28.**    If specific funding for the purposes of  
4 this act, referencing this act by bill or chapter number, is not  
5 provided by June 30, 2019, in the omnibus appropriations act, this  
6 act is null and void.

7        NEW SECTION.    **Sec. 29.**    LEGISLATIVE DIRECTIVE. (1) Chapter 71.34  
8 RCW must be codified under the chapter heading "behavioral health  
9 services for minors."

10        (2) RCW 71.34.500 through 71.34.530 must be codified under the  
11 subchapter heading "adolescent-initiated treatment."

12        (3) RCW 71.34.600 through 71.34.670 must be codified under the  
13 subchapter heading "family-initiated treatment."

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