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**SUBSTITUTE SENATE BILL 5904**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Senate Behavioral Health Subcommittee to Health & Long Term Care (originally sponsored by Senators Warnick, Darneille, Nguyen, and O'Ban)

READ FIRST TIME 02/22/19.

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

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

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

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

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

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

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

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

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

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

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

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

37 (4) "Chemical dependency" means:

38 (a) Alcoholism;

39 (b) Drug addiction; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (a) Provides for intoxicated minors:

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

16 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5       (a) Diagnosis;

6       (b) Treatment plan and progress in treatment;

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

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

10       (e) Referrals to community resources;

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

12 and

13       (g) Crisis prevention planning and safety planning.

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

17       (8) For the purposes of this section:

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

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

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

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

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

28       (iv) Animal torture;

29       (v) Property destruction; or

30       (vi) Substance or alcohol abuse.

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

34       (i) Observed assaultive behavior;

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

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

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

4        NEW SECTION.    **Sec. 15.**    This act may be known and cited as the  
5 adolescent behavioral health care access act.

6        NEW SECTION.    **Sec. 16.**    Sections 8 and 10 of this act expire July  
7 1, 2026.

8        NEW SECTION.    **Sec. 17.**    Sections 9 and 11 of this act take effect  
9 July 1, 2026.

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