

2SHB 1874 - H AMD 282

By Representative Frame

ADOPTED 03/11/2019

1 Strike everything after the enacting clause and insert the
2 following:

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

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

13 It is also the purpose of this chapter to protect the rights of
14 ~~((minors))~~ adolescents to confidentially and independently seek
15 services for mental health and substance use disorders. Mental health
16 and chemical dependency professionals shall guard against needless
17 hospitalization and deprivations of liberty ~~((and to)),~~ enable
18 treatment decisions to be made in response to clinical needs in
19 accordance with sound professional judgment ~~((The mental health care~~
20 ~~and treatment providers shall))~~, and encourage the use of voluntary
21 services ~~((and))~~. Mental health and chemical dependency professionals
22 shall also, whenever clinically appropriate, ~~((the providers shall))~~
23 offer less restrictive alternatives to inpatient treatment.
24 Additionally, all mental health care and treatment providers shall
25 assure that minors' parents are given an opportunity to participate
26 in the treatment decisions for their minor children. The mental
27 health care and treatment providers shall, to the extent possible,
28 offer services that involve minors' parents or family.

29 It is also the purpose of this chapter to assure the ability of
30 parents to exercise reasonable, compassionate care and control of
31 their minor children when there is a medical necessity for treatment
32 and without the requirement of filing a petition under this chapter.

1 This includes a parent's ability to request and receive medically
2 necessary treatment for his or her adolescent without the consent of
3 the adolescent.

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

6 Unless the context clearly requires otherwise, the definitions in
7 this section apply throughout this chapter.

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

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

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

19 (4) "Chemical dependency" means:

20 (a) Alcoholism;

21 (b) Drug addiction; or

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

24 (5) "Chemical dependency professional" means a person certified
25 as a chemical dependency professional by the department of health
26 under chapter 18.205 RCW, or a person certified as a chemical
27 dependency professional trainee under RCW 18.205.095 working under
28 the direct supervision of a certified chemical dependency
29 professional.

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

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

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

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

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

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

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

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

14 (12) "Drug addiction" means a disease, characterized by a
15 dependency on psychoactive chemicals, loss of control over the amount
16 and circumstances of use, symptoms of tolerance, physiological or
17 psychological withdrawal, or both, if use is reduced or discontinued,
18 and impairment of health or disruption of social or economic
19 functioning.

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

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

35 (15) "Gravely disabled minor" means a minor who, as a result of a
36 mental disorder, or as a result of the use of alcohol or other
37 psychoactive chemicals, is in danger of serious physical harm
38 resulting from a failure to provide for his or her essential human
39 needs of health or safety, or manifests severe deterioration in
40 routine functioning evidenced by repeated and escalating loss of

1 cognitive or volitional control over his or her actions and is not
2 receiving such care as is essential for his or her health or safety.

3 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
4 health care provided within a general hospital, psychiatric hospital,
5 residential treatment facility licensed or certified by the
6 department of health as an evaluation and treatment facility for
7 minors, secure detoxification facility for minors, or approved
8 substance use disorder treatment program for minors.

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

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

15 (19) "Likelihood of serious harm" means either: (a) A substantial
16 risk that physical harm will be inflicted by an individual upon his
17 or her own person, as evidenced by threats or attempts to commit
18 suicide or inflict physical harm on oneself; (b) a substantial risk
19 that physical harm will be inflicted by an individual upon another,
20 as evidenced by behavior which has caused such harm or which places
21 another person or persons in reasonable fear of sustaining such harm;
22 or (c) a substantial risk that physical harm will be inflicted by an
23 individual upon the property of others, as evidenced by behavior
24 which has caused substantial loss or damage to the property of
25 others.

26 (20) "Medical necessity" for inpatient care means a requested
27 service which is reasonably calculated to: (a) Diagnose, correct,
28 cure, or alleviate a mental disorder or substance use disorder; or
29 (b) prevent the progression of a substance use disorder that
30 endangers life or causes suffering and pain, or results in illness or
31 infirmity or threatens to cause or aggravate a handicap, or causes
32 physical deformity or malfunction, and there is no adequate less
33 restrictive alternative available.

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

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

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

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

11 (25) "Parent" means (~~(+~~
12 ~~-a-))~~ a biological or adoptive parent who has legal custody of
13 the child, including either parent if custody is shared under a joint
14 custody agreement(~~(+)~~) or (~~(-b-))~~ a person or agency judicially
15 appointed as legal guardian or custodian of the child. For purposes
16 of family-accessed treatment under RCW 71.34.600 through 71.34.670,
17 "parent" also includes a person who may consent on behalf of a minor
18 under RCW 7.70.065(2).

19 (26) "Private agency" means any person, partnership, corporation,
20 or association that is not a public agency, whether or not financed
21 in whole or in part by public funds, that constitutes an evaluation
22 and treatment facility or private institution, or hospital, or
23 approved substance use disorder treatment program, that is conducted
24 for, or includes a distinct unit, floor, or ward conducted for, the
25 care and treatment of persons with mental illness, substance use
26 disorders, or both mental illness and substance use disorders.

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

29 (28) "Professional person in charge" or "professional person"
30 means a physician, other mental health professional, or other person
31 empowered by an evaluation and treatment facility, secure
32 detoxification facility, or approved substance use disorder treatment
33 program with authority to make admission and discharge decisions on
34 behalf of that facility.

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

39 (30) "Psychiatrist" means a person having a license as a
40 physician in this state who has completed residency training in

1 psychiatry in a program approved by the American Medical Association
2 or the American Osteopathic Association, and is board eligible or
3 board certified in psychiatry.

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

6 (32) "Public agency" means any evaluation and treatment facility
7 or institution, or hospital, or approved substance use disorder
8 treatment program that is conducted for, or includes a distinct unit,
9 floor, or ward conducted for, the care and treatment of persons with
10 mental illness, substance use disorders, or both mental illness and
11 substance use disorders if the agency is operated directly by
12 federal, state, county, or municipal government, or a combination of
13 such governments.

14 (33) "Responsible other" means the minor, the minor's parent or
15 estate, or any other person legally responsible for support of the
16 minor.

17 (34) "Secretary" means the secretary of the department or
18 secretary's designee.

19 (35) "Secure detoxification facility" means a facility operated
20 by either a public or private agency or by the program of an agency
21 that:

22 (a) Provides for intoxicated minors:

23 (i) Evaluation and assessment, provided by certified chemical
24 dependency professionals;

25 (ii) Acute or subacute detoxification services; and

26 (iii) Discharge assistance provided by certified chemical
27 dependency professionals, including facilitating transitions to
28 appropriate voluntary or involuntary inpatient services or to less
29 restrictive alternatives as appropriate for the minor;

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

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

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

36 (37) "Start of initial detention" means the time of arrival of
37 the minor at the first evaluation and treatment facility, secure
38 detoxification facility, or approved substance use disorder treatment
39 program offering inpatient treatment if the minor is being
40 involuntarily detained at the time. With regard to voluntary

1 patients, "start of initial detention" means the time at which the
2 minor gives notice of intent to leave under the provisions of this
3 chapter.

4 (38) "Substance use disorder" means a cluster of cognitive,
5 behavioral, and physiological symptoms indicating that an individual
6 continues using the substance despite significant substance-related
7 problems. The diagnosis of a substance use disorder is based on a
8 pathological pattern of behaviors related to the use of the
9 substances.

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

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

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

23 (2) When, in the judgment of the professional person in charge of
24 an evaluation and treatment facility or approved substance use
25 disorder treatment program, there is reason to believe that a minor
26 is in need of inpatient treatment because of a mental disorder or
27 substance use disorder, and the facility provides the type of
28 evaluation and treatment needed by the minor, and it is not feasible
29 to treat the minor in any less restrictive setting or the minor's
30 home, the minor may be admitted to the facility.

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

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

37 (1) The ((administrator)) professional person in charge of
38 ((the)) an evaluation and treatment facility shall provide notice to

1 the parent(~~s~~) of (~~a minor~~) an adolescent when the (~~minor~~)
2 adolescent is voluntarily admitted to inpatient treatment under RCW
3 71.34.500 solely for mental health treatment and not for substance
4 use disorder treatment.

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

13 (3) The notice required under this section shall be in the form
14 most likely to reach the parent within twenty-four hours of the
15 (~~minor's~~) adolescent's voluntary admission and shall advise the
16 parent: (~~(1)~~) (a) That the (~~minor~~) adolescent has been admitted
17 to inpatient treatment; (~~(2)~~) (b) of the location and telephone
18 number of the facility providing such treatment; (~~(3)~~) (c) of the
19 name of a professional person on the staff of the facility providing
20 treatment who is designated to discuss the (~~minor's~~) adolescent's
21 need for inpatient treatment with the parent; and (~~(4)~~) (d) of the
22 medical necessity for admission. Notification efforts under this
23 section shall begin as soon as reasonably practicable, considering
24 the adolescent's immediate medical needs.

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

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

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

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

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

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

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

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

23 Any (~~minor thirteen years or older~~) adolescent may request and
24 receive outpatient treatment without the consent of the (~~minor's~~)
25 adolescent's parent. Parental authorization, or authorization from a
26 person who may consent on behalf of the minor pursuant to RCW
27 7.70.065, is required for outpatient treatment of a minor under the
28 age of thirteen.

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

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

33 (a) An evaluation and treatment facility or an inpatient facility
34 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that
35 the professional person examine the (~~minor~~) adolescent to determine
36 whether the (~~minor~~) adolescent has a mental disorder and is in need
37 of inpatient treatment; or

1 (b) A secure detoxification facility or approved substance use
2 disorder treatment program and request that a substance use disorder
3 assessment be conducted by a professional person to determine whether
4 the ~~((minor))~~ adolescent has a substance use disorder and is in need
5 of inpatient treatment.

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

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

32 (4) No provider is obligated to provide treatment to ~~((a minor))~~
33 an adolescent under the provisions of this section except that no
34 provider may refuse to treat ~~((a minor))~~ an adolescent under the
35 provisions of this section solely on the basis that the ~~((minor))~~
36 adolescent has not consented to the treatment. No provider may admit
37 ~~((a minor))~~ an adolescent to treatment under this section unless it
38 is medically necessary.

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

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

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

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

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

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

29 (3) If, after any review conducted by the authority under this
30 section, the authority determines it is no longer a medical necessity
31 for (~~a minor~~) an adolescent to receive inpatient treatment, the
32 authority shall immediately notify the parents and the facility. The
33 facility shall release the (~~minor~~) adolescent to the parents within
34 twenty-four hours of receiving notice. If the professional person in
35 charge and the parent believe that it is a medical necessity for the
36 (~~minor~~) adolescent to remain in inpatient treatment, the (~~minor~~)
37 adolescent shall be released to the parent on the second judicial day
38 following the authority's determination in order to allow the parent
39 time to file an at-risk youth petition under chapter 13.32A RCW. If

1 the authority determines it is a medical necessity for the ((~~minor~~))
2 adolescent to receive outpatient treatment and the ((~~minor~~))
3 adolescent declines to obtain such treatment, such refusal shall be
4 grounds for the parent to file an at-risk youth petition.

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

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

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

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

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

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

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

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

36 The authority shall randomly select and review the information on
37 ((~~children~~)) adolescents who are admitted to inpatient treatment on

1 application of the ~~((child's))~~ adolescent's parent regardless of the
2 source of payment, if any, if the information relates solely to
3 mental health and not substance use disorder treatment. The authority
4 may review a patient's inpatient substance use disorder treatment
5 information only if: (1) The adolescent provides written consent to
6 the review; or (2) permitted by federal law. The review shall
7 determine whether the ~~((children))~~ adolescents reviewed were
8 appropriately admitted into treatment based on an objective
9 evaluation of the ~~((child's))~~ adolescent's condition and the outcome
10 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 section. 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) 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 provide information and
14 records related solely to mental health services to a parent unless
15 the adolescent states a clear and documented desire to do so, or in
16 cases concerning the imminent health and safety of the adolescent.

17 (2) In the event a mental health professional discloses
18 information and records related solely to mental health services of
19 an adolescent to a parent pursuant to RCW 70.02.240(3), the mental
20 health professional must provide notice of this disclosure to the
21 adolescent and the adolescent must have ample opportunity to express
22 any concerns about this disclosure to the mental health professional
23 well in advance of action to disclose information and records related
24 solely to mental health services. The mental health professional
25 shall document any objections to disclosure in the adolescent's
26 medical record if the mental health professional discloses
27 information and records related solely to mental health services over
28 the objection of the adolescent.

29 (3) If the mental health professional determines that disclosure
30 of information and records related solely to mental health services
31 pursuant to RCW 70.02.240(3) would be detrimental to the adolescent
32 and declines to disclose such information or records, the mental
33 health professional shall document the reasons for the lack of
34 disclosure in the adolescent's medical record.

35 (4) Information about an adolescent's substance use disorder
36 evaluation or treatment may only be provided to a parent without the
37 written consent of the adolescent if permitted by federal law. A
38 mental health professional or chemical dependency professional
39 providing substance use disorder treatment to an adolescent may seek

1 the written consent of the adolescent to provide substance use
2 disorder treatment information to a parent who is involved in the
3 treatment of the adolescent when the mental health professional or
4 chemical dependency professional determines that both seeking the
5 written consent and sharing the substance use disorder treatment
6 information of the adolescent would not be detrimental to the
7 adolescent.

8 (5) A mental health professional providing inpatient or
9 outpatient mental health treatment is not civilly liable for the
10 decision to disclose information and records related to mental health
11 services or not disclose such information and records so long as the
12 decision was reached in good faith and without gross negligence.

13 (6) A chemical dependency professional or mental health
14 professional providing inpatient or outpatient substance use disorder
15 treatment is not civilly liable for the decision to disclose
16 information and records related to substance use disorder treatment
17 information or not disclose such information and records to a parent
18 without an adolescent's consent pursuant to this section only if
19 permitted by federal law, and so long as the decision was reached in
20 good faith and without gross negligence.

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

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

25 The fact of admission and all information and records related to
26 mental health services obtained through treatment under chapter 71.34
27 RCW is confidential, except as authorized in RCW 70.02.050,
28 70.02.210, 70.02.230, 70.02.250, and 70.02.260. Such confidential
29 information may be disclosed only:

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

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

34 (3) To the minor, the minor's parent, including those acting as
35 such for purposes of family-accessed treatment under RCW 71.34.600
36 through 71.34.670, and the minor's attorney, subject to RCW
37 13.50.100;

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

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

6 (6) To law enforcement officers, public health officers,
7 relatives, and other governmental law enforcement agencies, if a
8 minor has escaped from custody, disappeared from an evaluation and
9 treatment facility, violated conditions of a less restrictive
10 treatment order, or failed to return from an authorized leave, and
11 then only such information as may be necessary to provide for public
12 safety or to assist in the apprehension of the minor. The officers
13 are obligated to keep the information confidential in accordance with
14 this chapter;

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

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

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

31 /s/";

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

38 (9) To appropriate law enforcement agencies and to a person, when
39 the identity of the person is known to the public or private agency,

1 whose health and safety has been threatened, or who is known to have
2 been repeatedly harassed, by the patient. The person may designate a
3 representative to receive the disclosure. The disclosure must be made
4 by the professional person in charge of the public or private agency
5 or his or her designee and must include the dates of admission,
6 discharge, authorized or unauthorized absence from the agency's
7 facility, and only any other information that is pertinent to the
8 threat or harassment. The agency or its employees are not civilly
9 liable for the decision to disclose or not, so long as the decision
10 was reached in good faith and without gross negligence;

11 (10) To a minor's next of kin, attorney, guardian, or
12 conservator, if any, the information that the minor is presently in
13 the facility or that the minor is seriously physically ill and a
14 statement evaluating the mental and physical condition of the minor
15 as well as a statement of the probable duration of the minor's
16 confinement;

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

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

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

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

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

32 (c) Disclosure under this subsection is mandatory for the
33 purposes of the federal health insurance portability and
34 accountability act;

35 (14) This section may not be construed to prohibit the
36 compilation and publication of statistical data for use by government
37 or researchers under standards, including standards to assure
38 maintenance of confidentiality, set forth by the director of the
39 health care authority or the secretary of the department of social
40 and health services, where applicable. The fact of admission and all

1 information obtained pursuant to chapter 71.34 RCW are not admissible
2 as evidence in any legal proceeding outside chapter 71.34 RCW, except
3 guardianship or dependency, without the written consent of the minor
4 or the minor's parent;

5 (15) For the purpose of a correctional facility participating in
6 the postinstitutional medical assistance system supporting the
7 expedited medical determinations and medical suspensions as provided
8 in RCW 74.09.555 and 74.09.295;

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

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

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

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

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

28 (a) Has received a medical diagnosis of fetal alcohol syndrome or
29 fetal alcohol effect;

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

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

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

36 (4) Any person who receives information about a child or a
37 child's family pursuant to this section shall keep the information
38 confidential and shall not further disclose or disseminate the
39 information except as authorized by law. Care providers shall agree

1 in writing to keep the information that they receive confidential and
2 shall affirm that the information will not be further disclosed or
3 disseminated, except as authorized by law.

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

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

11 (a) Diagnosis;

12 (b) Treatment plan and progress in treatment;

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

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

16 (e) Referrals to community resources;

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

18 and

19 (g) Crisis prevention planning and safety planning.

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

23 (8) For the purposes of this section:

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

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

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

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

32 (iii) Fire-setting or a developmentally inappropriate fascination
33 with fire;

34 (iv) Animal torture;

35 (v) Property destruction; or

36 (vi) Substance or alcohol abuse.

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

40 (i) Observed assaultive behavior;

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

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

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

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

12 Subject to the availability of amounts appropriated for this
13 specific purpose, the authority must provide an online training for
14 behavioral health providers regarding state law and best practices
15 when providing behavioral health services to children, youth, and
16 families. The training must be free for providers and must include
17 information related to family-accessed treatment, adolescent-accessed
18 treatment, and other treatment services provided under this chapter.

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

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

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

33 NEW SECTION. Sec. 23. This act may be known and cited as the
34 adolescent behavioral health care access act.

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

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

3 NEW SECTION. **Sec. 26.** 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. 27.** 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-accessed treatment."

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

14 Correct the title.

EFFECT: Makes the following changes to the underlying bill:

(1) Modifies the definition of parent for purposes of family-accessed treatment to include individuals who a parent has given a signed authorization to make health care decisions for a minor and relatives responsible for the health care of the minor who have signed a declaration to that effect.

(2) Requires that an evaluation and treatment center notify a parent of a minor's voluntary mental health inpatient admission as soon as reasonably practicable. If there are compelling reasons not to notify the parent or contact cannot be made, the evaluation and treatment center must notify the Department of Children, Youth, and Families.

(3) Replaces the term "minor" or "child" with the term "adolescent" when that term refers to individuals ages thirteen through seventeen.

(4) Specifies that after a parent receives twelve outpatient sessions within a three-month period for his or her adolescent child, the consent of the adolescent is required for further treatment with that specific professional.

(5) References are made to the statute allowing disclosure of mental health information and records to parents.

(6) Prohibits mental health professionals from proactively providing information and records related to an adolescent's voluntary mental health services to a parent unless the adolescent authorizes this disclosure or in cases involving the imminent health and safety of the adolescent.

(7) Modifies the limitation on the liability of behavioral health providers that choose to disclose or not disclose information to parents if that determination was reached in good faith and without gross negligence.

(8) Expands the disclosure of mental health service information and records to those acting as a parent for purposes of family-accessed treatment.

(9) Directs that changes are made to the chapter and subchapter headings in chapter 71.34 RCW to indicate that the: (a) Chapter heading "Mental Health Services for Minors" is replaced with the chapter heading "Behavioral Health Services for Minors;" (b) the subchapter heading "Minor-Initiated Treatment" is replaced with the subchapter heading "Adolescent-Accessed Treatment;" and (c) the subchapter heading "Parent-Initiated Treatment" is replaced with the term "Adolescent-Accessed Treatment."

(10) Makes technical changes.

--- END ---