

**E2SHB 1874** - S COMM AMD  
By Committee on Ways & Means

ADOPTED AND ENGROSSED 4/15/19

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 confidentiality and to 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, whenever clinically appropriate, ~~((the providers shall))~~ offer  
23 less restrictive alternatives to inpatient treatment. Additionally,  
24 all mental health care and treatment providers shall assure that  
25 minors' parents are given an opportunity to participate in the  
26 treatment decisions for their minor children. The mental health care  
27 and treatment providers shall, to the extent possible, offer services  
28 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 including the ability to request and receive medically necessary  
2 treatment for their adolescent children without the consent of the  
3 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) (a) "Parent" ((means:

12 ~~(a) A biological or adoptive parent who has legal custody of the~~  
13 ~~child)) has the same meaning as defined in RCW 26.26A.010, including~~  
14 ~~either parent if custody is shared under a joint custody~~  
15 ~~agreement((or))~~ or ((or)) a person or agency judicially appointed as  
16 legal guardian or custodian of the child.

17 (b) For purposes of family-initiated treatment under RCW  
18 71.34.600 through 71.34.670, "parent" also includes a person to whom  
19 a parent defined in (a) of this subsection has given a signed  
20 authorization to make health care decisions for the adolescent, a  
21 stepparent who is involved in caring for the adolescent, a kinship  
22 caregiver who is involved in caring for the adolescent, or another  
23 relative who is responsible for the health care of the adolescent,  
24 who may be required to provide a declaration under penalty of perjury  
25 stating that he or she is a relative responsible for the health care  
26 of the adolescent pursuant to RCW 9A.72.085. If a dispute arises  
27 between individuals authorized to act as a parent for the purpose of  
28 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
29 according to the priority established under RCW 7.70.065(2)(a).

30 (26) "Private agency" means any person, partnership, corporation,  
31 or association that is not a public agency, whether or not financed  
32 in whole or in part by public funds, that constitutes an evaluation  
33 and treatment facility or private institution, or hospital, or  
34 approved substance use disorder treatment program, that is conducted  
35 for, or includes a distinct unit, floor, or ward conducted for, the  
36 care and treatment of persons with mental illness, substance use  
37 disorders, or both mental illness and substance use disorders.

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

1 (28) "Professional person in charge" or "professional person"  
2 means a physician, other mental health professional, or other person  
3 empowered by an evaluation and treatment facility, secure  
4 detoxification facility, or approved substance use disorder treatment  
5 program with authority to make admission and discharge decisions on  
6 behalf of that facility.

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

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

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

18 (32) "Public agency" means any evaluation and treatment facility  
19 or institution, or hospital, or approved substance use disorder  
20 treatment program that is conducted for, or includes a distinct unit,  
21 floor, or ward conducted for, the care and treatment of persons with  
22 mental illness, substance use disorders, or both mental illness and  
23 substance use disorders if the agency is operated directly by  
24 federal, state, county, or municipal government, or a combination of  
25 such governments.

26 (33) "Responsible other" means the minor, the minor's parent or  
27 estate, or any other person legally responsible for support of the  
28 minor.

29 (34) "Secretary" means the secretary of the department or  
30 secretary's designee.

31 (35) "Secure detoxification facility" means a facility operated  
32 by either a public or private agency or by the program of an agency  
33 that:

34 (a) Provides for intoxicated minors:

35 (i) Evaluation and assessment, provided by certified chemical  
36 dependency professionals;

37 (ii) Acute or subacute detoxification services; and

38 (iii) Discharge assistance provided by certified chemical  
39 dependency professionals, including facilitating transitions to

1 appropriate voluntary or involuntary inpatient services or to less  
2 restrictive alternatives as appropriate for the minor;

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

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

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

9 (37) "Start of initial detention" means the time of arrival of  
10 the minor at the first evaluation and treatment facility, secure  
11 detoxification facility, or approved substance use disorder treatment  
12 program offering inpatient treatment if the minor is being  
13 involuntarily detained at the time. With regard to voluntary  
14 patients, "start of initial detention" means the time at which the  
15 minor gives notice of intent to leave under the provisions of this  
16 chapter.

17 (38) "Substance use disorder" means a cluster of cognitive,  
18 behavioral, and physiological symptoms indicating that an individual  
19 continues using the substance despite significant substance-related  
20 problems. The diagnosis of a substance use disorder is based on a  
21 pathological pattern of behaviors related to the use of the  
22 substances.

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

24 (40) "Kinship caregiver" has the same meaning as in RCW  
25 74.13.031(19)(a).

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

28 (1) (~~(A minor thirteen years or older)~~) An adolescent may admit  
29 himself or herself to an evaluation and treatment facility for  
30 inpatient mental health treatment or an approved substance use  
31 disorder treatment program for inpatient substance use disorder  
32 treatment without parental consent. The admission shall occur only if  
33 the professional person in charge of the facility concurs with the  
34 need for inpatient treatment. Parental authorization, or  
35 authorization from a person who may consent on behalf of the minor  
36 pursuant to RCW 7.70.065, is required for inpatient treatment of a  
37 minor under the age of thirteen.

38 (2) When, in the judgment of the professional person in charge of  
39 an evaluation and treatment facility or approved substance use

1 disorder treatment program, there is reason to believe that a minor  
2 is in need of inpatient treatment because of a mental disorder or  
3 substance use disorder, and the facility provides the type of  
4 evaluation and treatment needed by the minor, and it is not feasible  
5 to treat the minor in any less restrictive setting or the minor's  
6 home, the minor may be admitted to the facility.

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

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

13 (1) The ((administrator)) professional person in charge of  
14 ((the)) an evaluation and treatment facility shall provide notice to  
15 the parent((s)) of ((a—minor)) an adolescent when the ((minor))  
16 adolescent is voluntarily admitted to inpatient treatment under RCW  
17 71.34.500 solely for mental health treatment and not for substance  
18 use disorder treatment, unless the professional person has a  
19 compelling reason to believe that such disclosure would be  
20 detrimental to the adolescent or contact cannot be made, in which  
21 case the professional person must document the reasons in the  
22 adolescent's medical record.

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

31 (3) If the professional person withholds notice to a parent under  
32 subsection (1) of this section, or such notice cannot be provided,  
33 the professional person in charge of the facility must consult the  
34 information that the Washington state patrol makes publicly available  
35 under RCW 43.43.510(2) at least once every eight hours for the first  
36 seventy-two hours of treatment and once every twenty-four hours  
37 thereafter while the adolescent continues to receive inpatient  
38 services and until the time that the professional person contacts a  
39 parent of the adolescent. If the adolescent is publicly listed as



1 missing, the professional person must immediately notify the  
2 department of children, youth, and families of its contact with the  
3 youth listed as missing. The notification must include a description  
4 of the adolescent's physical and emotional condition.

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

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

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

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

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

34 (b) If the evaluation and treatment facility or substance use  
35 disorder treatment program is providing the adolescent with substance  
36 use disorder treatment, copies of the notice must be sent to the  
37 adolescent's attorney, if any, the designated crisis responders, and  
38 the parent only if: (i) The adolescent provides written consent to  
39 the disclosure of the adolescent's notice of intent to leave and such

1 other substance use disorder information; or (ii) permitted by  
2 federal law.

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

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

9 Any (~~minor thirteen years or older~~) adolescent may request and  
10 receive outpatient treatment without the consent of the (~~minor's~~)  
11 adolescent's parent. Parental authorization, or authorization from a  
12 person who may consent on behalf of the minor pursuant to RCW  
13 7.70.065, is required for outpatient treatment of a minor under the  
14 age of thirteen.

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

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

19 (a) An evaluation and treatment facility or an inpatient facility  
20 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
21 the professional person examine the (~~minor~~) adolescent to determine  
22 whether the (~~minor~~) adolescent has a mental disorder and is in need  
23 of inpatient treatment; or

24 (b) A secure detoxification facility or approved substance use  
25 disorder treatment program and request that a substance use disorder  
26 assessment be conducted by a professional person to determine whether  
27 the (~~minor~~) adolescent has a substance use disorder and is in need  
28 of inpatient treatment.

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

32 (3) An appropriately trained professional person may evaluate  
33 whether the (~~minor~~) adolescent has a mental disorder or has a  
34 substance use disorder. The evaluation shall be completed within  
35 twenty-four hours of the time the (~~minor~~) adolescent was brought to  
36 the facility, unless the professional person determines that the  
37 condition of the (~~minor~~) adolescent necessitates additional time  
38 for evaluation. In no event shall (~~a minor~~) an adolescent be held

1 longer than seventy-two hours for evaluation. If, in the judgment of  
2 the professional person, it is determined it is a medical necessity  
3 for the ((~~minor~~)) adolescent to receive inpatient treatment, the  
4 ((~~minor~~)) adolescent may be held for treatment. The facility shall  
5 limit treatment to that which the professional person determines is  
6 medically necessary to stabilize the ((~~minor's~~)) adolescent's  
7 condition until the evaluation has been completed. Within twenty-four  
8 hours of completion of the evaluation, the professional person shall  
9 notify the authority if the ((~~child~~)) adolescent is held solely for  
10 mental health and not substance use disorder treatment and of the  
11 date of admission. If the adolescent is held for substance use  
12 disorder treatment only, the professional person shall provide notice  
13 to the authority which redacts all patient identifying information  
14 about the adolescent unless: (a) The adolescent provides written  
15 consent to the disclosure of the fact of admission and such other  
16 substance use disorder treatment information in the notice; or (b)  
17 permitted by federal law.

18 (4) No provider is obligated to provide treatment to ((~~a minor~~))  
19 an adolescent under the provisions of this section except that no  
20 provider may refuse to treat ((~~a minor~~)) an adolescent under the  
21 provisions of this section solely on the basis that the ((~~minor~~))  
22 adolescent has not consented to the treatment. No provider may admit  
23 ((~~a minor~~)) an adolescent to treatment under this section unless it  
24 is medically necessary.

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

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

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

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

35 (1) The authority shall assure that, for any ((~~minor~~)) adolescent  
36 admitted to inpatient treatment under RCW 71.34.600, a review is  
37 conducted by a physician or other mental health professional who is  
38 employed by the authority, or an agency under contract with the  
39 authority, and who neither has a financial interest in continued

1 inpatient treatment of the ((~~minor~~)) adolescent nor is affiliated  
2 with the facility providing the treatment. The physician or other  
3 mental health professional shall conduct the review not less than  
4 seven nor more than fourteen days following the date the ((~~minor~~))  
5 adolescent was brought to the facility under RCW 71.34.600 to  
6 determine whether it is a medical necessity to continue the  
7 ((~~minor's~~)) adolescent's treatment on an inpatient basis.

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

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

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

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

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

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

3       Following the review conducted under RCW 71.34.610, (~~(a-minor~~  
4 ~~child)~~) an adolescent may petition the superior court for his or her  
5 release from the facility. The petition may be filed not sooner than  
6 five days following the review. The court shall release the (~~(minor)~~)  
7 adolescent unless it finds, upon a preponderance of the evidence,  
8 that it is a medical necessity for the (~~(minor)~~) adolescent to remain  
9 at the facility.

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

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

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

21       The authority shall randomly select and review the information on  
22 (~~(children)~~) adolescents who are admitted to inpatient treatment on  
23 application of the (~~(child's)~~) adolescent's parent regardless of the  
24 source of payment, if any, subject to the limitations under RCW  
25 71.34.600(3). The review shall determine whether the (~~(children)~~)  
26 adolescents reviewed were appropriately admitted into treatment based  
27 on an objective evaluation of the (~~(child's)~~) adolescent's condition  
28 and the outcome of the (~~(child's)~~) adolescent's treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 whether the ((~~minor~~)) adolescent is in need of immediate inpatient  
2 treatment.

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

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

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

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

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



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

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

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

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

32       (2) Within twelve hours of the (~~(minor's)~~) adolescent's arrival  
33 at the evaluation and treatment facility, secure detoxification  
34 facility, or approved substance use disorder treatment program, the  
35 designated crisis responder shall serve on the (~~(minor)~~) adolescent a  
36 copy of the petition for initial detention, notice of initial  
37 detention, and statement of rights. The designated crisis responder  
38 shall file with the court on the next judicial day following the  
39 initial detention the original petition for initial detention, notice  
40 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) Subject to subsection (5) of this section, whenever the  
19 designated crisis responder petitions for detention of ((~~a minor~~)) an  
20 adolescent under this chapter, an evaluation and treatment facility,  
21 secure detoxification facility, or approved substance use disorder  
22 treatment program providing seventy-two hour evaluation and treatment  
23 must immediately accept on a provisional basis the petition and the  
24 person. Within twenty-four hours of the ((~~minor's~~)) adolescent's  
25 arrival, the facility must evaluate the ((~~minor's~~)) adolescent's  
26 condition and either admit or release the ((~~minor~~)) adolescent in  
27 accordance with this chapter.

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

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

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

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

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

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

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

1 adolescent's attorney as soon as possible following the initial  
2 detention.

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

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

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

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

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

32 (1)(a) When an adolescent voluntarily consents to his or her own  
33 mental health treatment under RCW 71.34.500 or 71.34.530, a mental  
34 health professional shall not proactively exercise his or her  
35 discretion under RCW 70.02.240 to release information or records  
36 related to solely mental health services received by the adolescent  
37 to a parent of the adolescent, beyond any notification required under  
38 RCW 71.34.510, unless the adolescent states a clear desire to do so  
39 which is documented by the mental health professional, except in

1 situations concerning an imminent threat to the health and safety of  
2 the adolescent or others, or as otherwise may be required by law.

3 (b) In the event a mental health professional discloses  
4 information or releases records, or both, that relate solely to  
5 mental health services of an adolescent, to a parent pursuant to RCW  
6 70.02.240(3), the mental health professional must provide notice of  
7 this disclosure to the adolescent and the adolescent must have a  
8 reasonable opportunity to express any concerns about this disclosure  
9 to the mental health professional prior to the disclosure of the  
10 information or records related solely to mental health services. The  
11 mental health professional shall document any objections to  
12 disclosure in the adolescent's medical record if the mental health  
13 professional subsequently discloses information or records related  
14 solely to mental health services over the objection of the  
15 adolescent.

16 (2) When an adolescent receives a mental health evaluation or  
17 treatment at the direction of a parent under RCW 71.34.600 through  
18 71.34.670, the mental health professional is encouraged to exercise  
19 his or her discretion under RCW 70.02.240 to proactively release to  
20 the parent such information and records related to solely mental  
21 health services received by the adolescent, excluding psychotherapy  
22 notes, that are necessary to assist the parent in understanding the  
23 nature of the evaluation or treatment and in supporting their child.  
24 Such information includes:

25 (a) Diagnosis;

26 (b) Treatment plan and progress in treatment;

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

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

30 (e) Referrals to community resources;

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

32 and

33 (g) Crisis prevention planning and safety planning.

34 (3) If, after receiving a request from a parent for release of  
35 mental health treatment information relating to an adolescent, the  
36 mental health professional determines that disclosure of information  
37 or records related solely to mental health services pursuant to RCW  
38 70.02.240(3) would be detrimental to the adolescent and declines to  
39 disclose such information or records, the mental health professional

1 shall document the reasons for the lack of disclosure in the  
2 adolescent's medical record.

3 (4) Information or records about an adolescent's substance use  
4 disorder evaluation or treatment may be provided to a parent without  
5 the written consent of the adolescent only if permitted by federal  
6 law. A mental health professional or chemical dependency professional  
7 providing substance use disorder evaluation or treatment to an  
8 adolescent may seek the written consent of the adolescent to provide  
9 substance use disorder treatment information or records to a parent  
10 when the mental health professional or chemical dependency  
11 professional determines that both seeking the written consent and  
12 sharing the substance use disorder treatment information or records  
13 of the adolescent would not be detrimental to the adolescent.

14 (5) A mental health professional providing inpatient or  
15 outpatient mental health evaluation or treatment is not civilly  
16 liable for the decision to disclose information or records related to  
17 solely mental health services or not disclose such information or  
18 records so long as the decision was reached in good faith and without  
19 gross negligence.

20 (6) A chemical dependency professional or mental health  
21 professional providing inpatient or outpatient substance use disorder  
22 evaluation or treatment is not civilly liable for the decision to  
23 disclose information or records related to substance use disorder  
24 treatment information with the written consent of the adolescent or  
25 to not disclose such information or records to a parent without an  
26 adolescent's consent pursuant to this section so long as the decision  
27 was reached in good faith and without gross negligence.

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

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

32 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,  
33 74.09.295, 70.02.210, 70.02.240, 70.02.250, (~~and~~) 70.02.260, and  
34 section 18 of this act, or pursuant to a valid authorization under  
35 RCW 70.02.030, the fact of admission to a provider for mental health  
36 services and all information and records compiled, obtained, or  
37 maintained in the course of providing mental health services to  
38 either voluntary or involuntary recipients of services at public or  
39 private agencies must be confidential.

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

4 (a) In communications between qualified professional persons to  
5 meet the requirements of chapter 71.05 RCW, in the provision of  
6 services or appropriate referrals, or in the course of guardianship  
7 proceedings if provided to a professional person:

8 (i) Employed by the facility;

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

10 (iii) Who is a designated crisis responder;

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

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

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

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

20 (c)(i) When the person receiving services, or his or her  
21 guardian, designates persons to whom information or records may be  
22 released, or if the person is a minor, when his or her parents make  
23 such a designation;

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

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

29 (B) A statement evaluating the mental and physical condition of  
30 the patient, and a statement of the probable duration of the  
31 patient's confinement, if such information is requested by the next  
32 of kin, attorney, personal representative, guardian, or conservator;  
33 and

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

37 (d)(i) To the courts as necessary to the administration of  
38 chapter 71.05 RCW or to a court ordering an evaluation or treatment  
39 under chapter 10.77 RCW solely for the purpose of preventing the

1 entry of any evaluation or treatment order that is inconsistent with  
2 any order entered under chapter 71.05 RCW.

3 (ii) To a court or its designee in which a motion under chapter  
4 10.77 RCW has been made for involuntary medication of a defendant for  
5 the purpose of competency restoration.

6 (iii) Disclosure under this subsection is mandatory for the  
7 purpose of the federal health insurance portability and  
8 accountability act;

9 (e)(i) When a mental health professional or designated crisis  
10 responder is requested by a representative of a law enforcement or  
11 corrections agency, including a police officer, sheriff, community  
12 corrections officer, a municipal attorney, or prosecuting attorney to  
13 undertake an investigation or provide treatment under RCW 71.05.150,  
14 10.31.110, or 71.05.153, the mental health professional or designated  
15 crisis responder shall, if requested to do so, advise the  
16 representative in writing of the results of the investigation  
17 including a statement of reasons for the decision to detain or  
18 release the person investigated. The written report must be submitted  
19 within seventy-two hours of the completion of the investigation or  
20 the request from the law enforcement or corrections representative,  
21 whichever occurs later.

22 (ii) Disclosure under this subsection is mandatory for the  
23 purposes of the federal health insurance portability and  
24 accountability act;

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

26 (g) To the prosecuting attorney as necessary to carry out the  
27 responsibilities of the office under RCW 71.05.330(2),  
28 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided  
29 access to records regarding the committed person's treatment and  
30 prognosis, medication, behavior problems, and other records relevant  
31 to the issue of whether treatment less restrictive than inpatient  
32 treatment is in the best interest of the committed person or others.  
33 Information must be disclosed only after giving notice to the  
34 committed person and the person's counsel;

35 (h)(i) To appropriate law enforcement agencies and to a person,  
36 when the identity of the person is known to the public or private  
37 agency, whose health and safety has been threatened, or who is known  
38 to have been repeatedly harassed, by the patient. The person may  
39 designate a representative to receive the disclosure. The disclosure  
40 must be made by the professional person in charge of the public or



1 private agency or his or her designee and must include the dates of  
2 commitment, admission, discharge, or release, authorized or  
3 unauthorized absence from the agency's facility, and only any other  
4 information that is pertinent to the threat or harassment. The agency  
5 or its employees are not civilly liable for the decision to disclose  
6 or not, so long as the decision was reached in good faith and without  
7 gross negligence.

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

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

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

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

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

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

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

37 (i) Only the fact, place, and date of involuntary commitment, an  
38 official copy of any order or orders of commitment, and an official  
39 copy of any written or oral notice of ineligibility to possess a

1 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
2 must be disclosed upon request;

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

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

11 (n) When a patient would otherwise be subject to the provisions  
12 of this section and disclosure is necessary for the protection of the  
13 patient or others due to his or her unauthorized disappearance from  
14 the facility, and his or her whereabouts is unknown, notice of the  
15 disappearance, along with relevant information, may be made to  
16 relatives, the department of corrections when the person is under the  
17 supervision of the department, and governmental law enforcement  
18 agencies designated by the physician or psychiatric advanced  
19 registered nurse practitioner in charge of the patient or the  
20 professional person in charge of the facility, or his or her  
21 professional designee;

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

23 (p) To qualified staff members of the department, to the  
24 authority, to the director of behavioral health organizations, to  
25 resource management services responsible for serving a patient, or to  
26 service providers designated by resource management services as  
27 necessary to determine the progress and adequacy of treatment and to  
28 determine whether the person should be transferred to a less  
29 restrictive or more appropriate treatment modality or facility;

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

35 (r) Within the department and the authority as necessary to  
36 coordinate treatment for mental illness, developmental disabilities,  
37 alcoholism, or substance use disorder of persons who are under the  
38 supervision of the department;

39 (s) Between the department of social and health services, the  
40 department of children, youth, and families, and the health care

1 authority as necessary to coordinate treatment for mental illness,  
2 developmental disabilities, alcoholism, or drug abuse of persons who  
3 are under the supervision of the department of social and health  
4 services or the department of children, youth, and families;

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

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

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

15 (B) Any other person who is working in a care coordinator role  
16 for a health care facility or health care provider or is under an  
17 agreement pursuant to the federal health insurance portability and  
18 accountability act with a health care facility or a health care  
19 provider and requires the information and records to assure  
20 coordinated care and treatment of that patient.

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

25 (iii) Psychotherapy notes may not be released without  
26 authorization of the patient who is the subject of the request for  
27 release of information;

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

31 (w) To a facility that is to receive a person who is  
32 involuntarily committed under chapter 71.05 RCW, or upon transfer of  
33 the person from one evaluation and treatment facility to another. The  
34 release of records under this subsection is limited to the  
35 information and records related to mental health services required by  
36 law, a record or summary of all somatic treatments, and a discharge  
37 summary. The discharge summary may include a statement of the  
38 patient's problem, the treatment goals, the type of treatment which  
39 has been provided, and recommendation for future treatment, but may  
40 not include the patient's complete treatment record;

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

6 (y) To staff members of the protection and advocacy agency or to  
7 staff members of a private, nonprofit corporation for the purpose of  
8 protecting and advocating the rights of persons with mental disorders  
9 or developmental disabilities. Resource management services may limit  
10 the release of information to the name, birthdate, and county of  
11 residence of the patient, information regarding whether the patient  
12 was voluntarily admitted, or involuntarily committed, the date and  
13 place of admission, placement, or commitment, the name and address of  
14 a guardian of the patient, and the date and place of the guardian's  
15 appointment. Any staff member who wishes to obtain additional  
16 information must notify the patient's resource management services in  
17 writing of the request and of the resource management services' right  
18 to object. The staff member shall send the notice by mail to the  
19 guardian's address. If the guardian does not object in writing within  
20 fifteen days after the notice is mailed, the staff member may obtain  
21 the additional information. If the guardian objects in writing within  
22 fifteen days after the notice is mailed, the staff member may not  
23 obtain the additional information;

24 (z) To all current treating providers of the patient with  
25 prescriptive authority who have written a prescription for the  
26 patient within the last twelve months. For purposes of coordinating  
27 health care, the department or the authority may release without  
28 written authorization of the patient, information acquired for  
29 billing and collection purposes as described in RCW 70.02.050(1)(d).  
30 The department, or the authority, if applicable, shall notify the  
31 patient that billing and collection information has been released to  
32 named providers, and provide the substance of the information  
33 released and the dates of such release. Neither the department nor  
34 the authority may release counseling, inpatient psychiatric  
35 hospitalization, or drug and alcohol treatment information without a  
36 signed written release from the client;

37 (aa)(i) To the secretary of social and health services and the  
38 director of the health care authority for either program evaluation  
39 or research, or both so long as the secretary or director, where  
40 applicable, adopts rules for the conduct of the evaluation or

1 research, or both. Such rules must include, but need not be limited  
2 to, the requirement that all evaluators and researchers sign an oath  
3 of confidentiality substantially as follows:

4 "As a condition of conducting evaluation or research concerning  
5 persons who have received services from (fill in the facility,  
6 agency, or person) I, . . . . ., agree not to divulge, publish, or  
7 otherwise make known to unauthorized persons or the public any  
8 information obtained in the course of such evaluation or research  
9 regarding persons who have received services such that the person who  
10 received such services is identifiable.

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

13 /s/ . . . . ."

14 (ii) Nothing in this chapter may be construed to prohibit the  
15 compilation and publication of statistical data for use by government  
16 or researchers under standards, including standards to assure  
17 maintenance of confidentiality, set forth by the secretary, or  
18 director, where applicable;

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

20 (3) Whenever federal law or federal regulations restrict the  
21 release of information contained in the information and records  
22 related to mental health services of any patient who receives  
23 treatment for chemical dependency, the department or the authority  
24 may restrict the release of the information as necessary to comply  
25 with federal law and regulations.

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

31 (5) The fact of admission to a provider of mental health  
32 services, as well as all records, files, evidence, findings, or  
33 orders made, prepared, collected, or maintained pursuant to chapter  
34 71.05 RCW are not admissible as evidence in any legal proceeding  
35 outside that chapter without the written authorization of the person  
36 who was the subject of the proceeding except as provided in RCW  
37 70.02.260, in a subsequent criminal prosecution of a person committed  
38 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were  
39 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand

1 trial, in a civil commitment proceeding pursuant to chapter 71.09  
2 RCW, or, in the case of a minor, a guardianship or dependency  
3 proceeding. The records and files maintained in any court proceeding  
4 pursuant to chapter 71.05 RCW must be confidential and available  
5 subsequent to such proceedings only to the person who was the subject  
6 of the proceeding or his or her attorney. In addition, the court may  
7 order the subsequent release or use of such records or files only  
8 upon good cause shown if the court finds that appropriate safeguards  
9 for strict confidentiality are and will be maintained.

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

15 (i) One thousand dollars; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 "As a condition of conducting evaluation or research concerning  
31 persons who have received services from (fill in the facility,  
32 agency, or person) I, . . . . ., agree not to divulge, publish, or  
33 otherwise make known to unauthorized persons or the public any  
34 information obtained in the course of such evaluation or research  
35 regarding minors who have received services in a manner such that the  
36 minor is identifiable.

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

39 /s/ . . . . .";

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

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

19 (10) To a minor's next of kin, attorney, guardian, or  
20 conservator, if any, the information that the minor is presently in  
21 the facility or that the minor is seriously physically ill and a  
22 statement evaluating the mental and physical condition of the minor  
23 as well as a statement of the probable duration of the minor's  
24 confinement;

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

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

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

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

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



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

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

14 (15) For the purpose of a correctional facility participating in  
15 the postinstitutional medical assistance system supporting the  
16 expedited medical determinations and medical suspensions as provided  
17 in RCW 74.09.555 and 74.09.295;

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

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

21 (1) Except as provided in RCW 70.02.220, whenever a child is  
22 placed in out-of-home care by the department or with an agency, the  
23 department or agency shall share information known to the department  
24 or agency about the child and the child's family with the care  
25 provider and shall consult with the care provider regarding the  
26 child's case plan. If the child is dependent pursuant to a proceeding  
27 under chapter 13.34 RCW, the department or agency shall keep the care  
28 provider informed regarding the dates and location of dependency  
29 review and permanency planning hearings pertaining to the child.

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

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

37 (a) Has received a medical diagnosis of fetal alcohol syndrome or  
38 fetal alcohol effect;

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

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

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

7 (4) Any person who receives information about a child or a  
8 child's family pursuant to this section shall keep the information  
9 confidential and shall not further disclose or disseminate the  
10 information except as authorized by law. Care providers shall agree  
11 in writing to keep the information that they receive confidential and  
12 shall affirm that the information will not be further disclosed or  
13 disseminated, except as authorized by law.

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

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

21 (a) Diagnosis;

22 (b) Treatment plan and progress in treatment;

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

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

26 (e) Referrals to community resources;

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

28 and

29 (g) Crisis prevention planning and safety planning.

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

33 (8) For the purposes of this section:

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

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

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

- 1 (ii) Self-mutilation or similar self-destructive behavior;  
2 (iii) Fire-setting or a developmentally inappropriate fascination  
3 with fire;  
4 (iv) Animal torture;  
5 (v) Property destruction; or  
6 (vi) Substance or alcohol abuse.

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

- 10 (i) Observed assaultive behavior;  
11 (ii) Reported and documented history of the child willfully  
12 assaulting or inflicting bodily harm; or  
13 (iii) Attempting to assault or inflict bodily harm on other  
14 children or adults under circumstances where the child has the  
15 apparent ability or capability to carry out the attempted assaults  
16 including threats to use a weapon.

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

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

22 A mental health agency, psychiatric hospital, or evaluation and  
23 treatment facility may release mental health information about an  
24 adolescent to a parent of the adolescent without the consent of the  
25 adolescent by following the limitations and restrictions of RCW  
26 70.02.240 and section 18 of this act.

27 NEW SECTION. Sec. 23. A new section is added to chapter 71.34  
28 RCW to read as follows:

29 Subject to the availability of amounts appropriated for this  
30 specific purpose, the authority must provide an online training for  
31 behavioral health providers regarding state law and best practices  
32 when providing behavioral health services to children, youth, and  
33 families. The training must be free for providers and must include  
34 information related to family-initiated treatment, adolescent-  
35 initiated treatment, other treatment services provided under this  
36 chapter, and standards for sharing of information about behavioral  
37 health services received by an adolescent under RCW 70.02.240 and  
38 section 18 of this act.

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

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

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

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

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

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

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

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

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

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

**ADOPTED 4/15/19**

1       On page 1, line 3 of the title, after "group;" strike the  
2 remainder of the title and insert "amending RCW 71.34.010, 71.34.020,  
3 71.34.500, 71.34.510, 71.34.520, 71.34.530, 71.34.600, 71.34.610,  
4 71.34.620, 71.34.630, 71.34.640, 71.34.650, 71.34.660, 71.34.700,  
5 71.34.700, 71.34.710, 71.34.710, 70.02.230, 70.02.240, and 74.13.280;  
6 adding a new section to chapter 70.02 RCW; adding new sections to  
7 chapter 71.34 RCW; creating new sections; providing an effective  
8 date; and providing expiration dates."

--- END ---