
ENGROSSED SECOND SUBSTITUTE SENATE BILL 5025

State of Washington

52nd Legislature

1991 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Craswell, Owen, Bailey, L. Smith, Roach, Stratton and Oke).

Read first time March 7, 1991.

1 AN ACT Relating to youth and family services; amending RCW
2 70.96A.020, 70.96A.095, 70.96A.140, 71.05.210, 71.34.030, 71.34.060,
3 13.32A.065, 13.32A.250, and 74.13.034; adding a new chapter to Title 13
4 RCW; and creating new sections.

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

6 NEW SECTION. **Sec. 1.** Evaluation of programs is essential in
7 determining their effectiveness and cost benefit and in obtaining data
8 for improving services. The department of social and health services
9 shall conduct an evaluation of the family reconciliation services
10 program. The study shall include the following information:

11 (1) A description of services offered in phase I and phase II;

12 (2) The number and characteristics of youth and families served in
13 family reconciliation services phase I and phase II and the outcome of
14 services provided to youth and families;

1 (3) A description of outreach services including program
2 information provided to referring agencies and the general public;

3 (4) The number and type of referrals to family reconciliation
4 services from law enforcement, juvenile courts, schools, and community
5 agencies and their perception of its effectiveness;

6 (5) Follow-up contact with a random sample of youth and families
7 receiving family reconciliation services assistance and their
8 perception of the effectiveness of these services;

9 (6) The number of youth referred again after services were
10 terminated and outcome of services provided;

11 (7) The number of youth and families who requested specific
12 services but who did not receive services because they were not
13 available, including a list of the services requested but not
14 available; and

15 (8) Recommendations for improving services to at-risk youth and
16 families.

17 NEW SECTION. **Sec. 2.** The demand for family reconciliation
18 services continues to increase. The number of families served by the
19 family reconciliation services program has nearly doubled in the past
20 ten years while the number of staff providing these services has
21 decreased. The department of social and health services shall expand
22 family reconciliation services to serve an additional one thousand
23 families per year.

24 NEW SECTION. **Sec. 3.** The behavioral sciences institute
25 homebuilders intensive in-home counseling program has been highly
26 successful in serving at-risk youth and families. This program shall
27 expand to serve an additional one hundred twenty-six youth and families
28 while preserving program integrity and quality.

1 NEW SECTION. **Sec. 4.** There is a lack of knowledge of existing
2 laws and services on the part of those agencies and organizations
3 serving at-risk youth and on the part of the general public. The
4 office of the administrator for the courts is requested to develop a
5 curriculum on at-risk youth for superior court judges and court
6 personnel to be presented at a regularly scheduled educational session.
7 The department of social and health services is directed to produce a
8 videotape on at-risk youth laws and services for use by law
9 enforcement, family reconciliation services staff, prosecuting and
10 defense attorneys, other agencies and organizations dealing with at-
11 risk youth, and the general public. The department shall consult with
12 other agencies and organizations providing services to at-risk youth in
13 the production of the videotape.

14 NEW SECTION. **Sec. 5.** The department of social and health
15 services shall establish an interdivisional at-risk youth committee to
16 plan and coordinate all agency services to this population. The
17 committee shall report quarterly to the senate children and family
18 services committee and the house of representatives human services
19 committee beginning September 1, 1991. The senate children and family
20 services committee and the house of representatives human services
21 committee shall jointly appoint a twelve-member, state-wide, at-risk
22 youth oversight committee to serve in an advisory capacity. At least
23 two parents, not employed by an organization or agency serving
24 children, shall be appointed to serve on the committee. Two members of
25 the oversight committee shall be appointed to serve as liaisons to the
26 department's interdivisional at-risk youth committee. The at-risk
27 youth oversight committee shall have, but is not limited to, the
28 following duties:

1 (1) Review existing laws and services for at-risk youth and
2 families to determine their effectiveness;

3 (2) Recommend changes and improvements in existing laws or services
4 for at-risk youth and families, emphasizing joint planning efforts,
5 coordination of service delivery, and program evaluation and
6 accountability;

7 (3) Recommend new laws and services to help at-risk youth and
8 families, emphasizing joint planning efforts, coordination of service
9 delivery, and program evaluation and accountability;

10 (4) Recommend ways to increase professional and public knowledge of
11 at-risk youth laws and services;

12 (5) Encourage local communities to establish at-risk youth
13 committees and develop local programs to help at-risk youth; and

14 (6) Report annually to the senate children and family services
15 committee and the house of representatives human services committee,
16 beginning December 1, 1992.

17 NEW SECTION. **Sec. 6.** The legislature finds that involuntary
18 treatment of minors with substance abuse problems or mental disorders
19 is sometimes necessary for their protection and well-being.

20 **Sec. 7.** RCW 70.96A.020 and 1990 c 151 s 2 are each amended to read
21 as follows:

22 For the purposes of this chapter the following words and phrases
23 shall have the following meanings unless the context clearly requires
24 otherwise:

25 (1) "Alcoholic" means a person who suffers from the disease of
26 alcoholism.

27 (2) "Alcoholism" means a disease, characterized by a dependency on
28 alcoholic beverages, loss of control over the amount and circumstances

1 of use, symptoms of tolerance, physiological or psychological
2 withdrawal, or both, if use is reduced or discontinued, and impairment
3 of health or disruption of social or economic functioning.

4 (3) "Approved treatment program" means a discrete program of
5 chemical dependency treatment provided by a treatment program certified
6 by the department of social and health services as meeting standards
7 adopted under this chapter.

8 (4) "Chemical dependency" means alcoholism or drug addiction, or
9 dependence on alcohol and one or more other psychoactive chemicals, as
10 the context requires.

11 (5) "Chemical dependency program" means expenditures and activities
12 of the department designed and conducted to prevent or treat alcoholism
13 and other drug addiction, including reasonable administration and
14 overhead.

15 (6) "Department" means the department of social and health
16 services.

17 (7) "Designated chemical dependency specialist" means a person
18 designated by the county alcoholism and other drug addiction program
19 coordinator designated under RCW 70.96A.310 to perform the commitment
20 duties described in RCW 70.96A.140 and qualified to do so by meeting
21 standards adopted by the department.

22 (8) "Director" means the person administering the chemical
23 dependency program within the department.

24 (9) "Drug addict" means a person who suffers from the disease of
25 drug addiction.

26 (10) "Drug addiction" means a disease characterized by a dependency
27 on psychoactive chemicals, loss of control over the amount and
28 circumstances of use, symptoms of tolerance, physiological or
29 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic
2 functioning.

3 (11) "Emergency service patrol" means a patrol established under
4 RCW 70.96A.170.

5 (12) "Gravely disabled by alcohol or other drugs" means that a
6 person, as a result of the use of alcohol or other drugs: (a) Is in
7 danger of serious physical harm resulting from a failure to provide for
8 his or her essential human needs of health or safety; or (b) manifests
9 severe deterioration in routine functioning evidenced by a repeated and
10 escalating loss of cognition or volitional control over his or her
11 actions and is not receiving care as essential for his or her health or
12 safety.

13 (13) "Incapacitated by alcohol or other psychoactive chemicals"
14 means that a person, as a result of the use of alcohol or other
15 psychoactive chemicals, has his or her judgment so impaired that he or
16 she is incapable of realizing and making a rational decision with
17 respect to his or her need for treatment and constitutes a danger to
18 himself or herself, to any other person, or to property.

19 (14) "Incompetent person" means a person who has been adjudged
20 incompetent by the superior court.

21 (15) "Intoxicated person" means a person whose mental or physical
22 functioning is substantially impaired as a result of the use of alcohol
23 or other psychoactive chemicals.

24 (16) "Licensed physician" means a person licensed to practice
25 medicine or osteopathy in the state of Washington.

26 (17) "Minor" means a person less than eighteen years of age.

27 (18) "Peace officer" means a law enforcement official of a public
28 agency or governmental unit, and includes persons specifically given
29 peace officer powers by any state law, local ordinance, or judicial
30 order of appointment.

1 (~~(18)~~) (19) "Person" means an individual, including a minor.

2 (20) "Secretary" means the secretary of the department of social
3 and health services.

4 (~~(19)~~) (21) "Treatment" means the broad range of emergency,
5 detoxification, residential, and outpatient services and care,
6 including diagnostic evaluation, chemical dependency education and
7 counseling, medical, psychiatric, psychological, and social service
8 care, vocational rehabilitation and career counseling, which may be
9 extended to alcoholics and other drug addicts and their families,
10 persons incapacitated by alcohol or other psychoactive chemicals, and
11 intoxicated persons.

12 (~~(20)~~) (22) "Treatment program" means an organization,
13 institution, or corporation, public or private, engaged in the care,
14 treatment, or rehabilitation of alcoholics or other drug addicts.

15 **Sec. 8.** RCW 70.96A.095 and 1989 c 270 s 24 are each amended to
16 read as follows:

17 Any person fourteen years of age or older may give consent for
18 himself or herself to the furnishing of counseling, care, treatment, or
19 rehabilitation by a treatment program or by any person. Consent of the
20 parent, parents, or legal guardian of a person less than eighteen years
21 of age is not necessary to authorize the care, except that the person
22 shall not become a resident of the treatment program without such
23 permission except as provided in RCW 70.96A.120 or 70.96A.140. The
24 parent, parents, or legal guardian of a person less than eighteen years
25 of age are not liable for payment of care for such persons pursuant to
26 this chapter, unless they have joined in the consent to the counseling,
27 care, treatment, or rehabilitation. Within existing funds, substance
28 abuse evaluations of the minor shall be conducted and the results of
29 such evaluations shall be made available to the parent or guardian.

1 The evaluation may be conducted and the results provided to the parent
2 or guardian without the consent of the minor.

3 **Sec. 9.** RCW 70.96A.140 and 1990 c 151 s 3 are each amended to read
4 as follows:

5 (1) When a designated chemical dependency specialist((~~7~~)) receives
6 information alleging that a person is incapacitated as a result of
7 alcoholism, or in the case of a minor incapacitated by alcoholism
8 and/or other drug addiction, the designated chemical dependency
9 specialist, after investigation and evaluation of the specific facts
10 alleged and of the reliability and credibility of the information, may
11 file a petition for commitment of such person with the superior court
12 or district court. If the designated chemical dependency
13 specialist((~~7~~)) finds that the initial needs of such person would be
14 better served by placement within the mental health system, the person
15 shall be referred to an evaluation and treatment facility as defined in
16 RCW 71.05.020 or 71.34.020. If placement in an alcohol treatment
17 program is available and deemed appropriate, the petition shall allege
18 that: The person is an alcoholic who is incapacitated by alcohol, or
19 in the case of a minor incapacitated by alcoholism and/or other drug
20 addiction, or that the person has twice before in the preceding twelve
21 months been admitted for detoxification or treatment for alcoholism
22 pursuant to RCW 70.96A.110, or in the case of a minor, detoxification
23 or treatment for alcohol or drug addiction, and is in need of a more
24 sustained treatment program, or that the person is an alcoholic, or in
25 the case of a minor, an alcoholic or other drug addict, who has
26 threatened, attempted, or inflicted physical harm on another and is
27 likely to inflict physical harm on another unless committed. A refusal
28 to undergo treatment, by itself, does not constitute evidence of lack
29 of judgment as to the need for treatment. The petition shall be

1 accompanied by a certificate of a licensed physician who has examined
2 the person within five days before submission of the petition, unless
3 the person whose commitment is sought has refused to submit to a
4 medical examination, in which case the fact of refusal shall be alleged
5 in the petition. The certificate shall set forth the licensed
6 physician's findings in support of the allegations of the petition. A
7 physician employed by the petitioning program or the department is
8 eligible to be the certifying physician.

9 (2) Upon filing the petition, the court shall fix a date for a
10 hearing no less than two and no more than seven days after the date the
11 petition was filed unless the person petitioned against is presently
12 being detained in a program, pursuant to RCW 70.96A.120 ~~((or))~~,
13 71.05.210, or 71.34.050, as now or hereafter amended, in which case the
14 hearing shall be held within seventy-two hours of the filing of the
15 petition: PROVIDED, HOWEVER, That the above specified seventy-two
16 hours shall be computed by excluding Saturdays, Sundays, and holidays:
17 PROVIDED FURTHER, That, the court may, upon motion of the person whose
18 commitment is sought, or upon motion of petitioner with written
19 permission of the person whose commitment is sought, or his or her
20 counsel and, upon good cause shown, extend the date for the hearing.
21 A copy of the petition and of the notice of the hearing, including the
22 date fixed by the court, shall be served by the designated chemical
23 dependency specialist on the person whose commitment is sought, his or
24 her next of kin, a parent or his or her legal guardian if he or she is
25 a minor, and any other person the court believes advisable. A copy of
26 the petition and certificate shall be delivered to each person
27 notified.

28 (3) At the hearing the court shall hear all relevant testimony,
29 including, if possible, the testimony, which may be telephonic, of at
30 least one licensed physician who has examined the person whose

1 commitment is sought. Communications otherwise deemed privileged under
2 the laws of this state are deemed to be waived in proceedings under
3 this chapter when a court of competent jurisdiction in its discretion
4 determines that the waiver is necessary to protect either the detained
5 person or the public. The waiver of a privilege under this section is
6 limited to records or testimony relevant to evaluation of the detained
7 person for purposes of a proceeding under this chapter. Upon motion by
8 the detained person, or on its own motion, the court shall examine a
9 record or testimony sought by a petitioner to determine whether it is
10 within the scope of the waiver.

11 The record maker shall not be required to testify in order to
12 introduce medical, nursing, or psychological records of detained
13 persons so long as the requirements of RCW 5.45.020 are met, except
14 that portions of the record that contain opinions as to whether the
15 detained person is an alcoholic, or in the case of a minor
16 incapacitated by alcoholism and/or other drug addiction, must be
17 deleted from the records unless the person offering the opinions is
18 available for cross-examination. The person shall be present unless
19 the court believes that his or her presence is likely to be injurious
20 to him or her; in this event the court may deem it appropriate to
21 appoint a guardian ad litem to represent him or her throughout the
22 proceeding. If deemed advisable, the court may examine the person out
23 of courtroom. If the person has refused to be examined by a licensed
24 physician, he or she shall be given an opportunity to be examined by a
25 court appointed licensed physician. If he or she refuses and there is
26 sufficient evidence to believe that the allegations of the petition are
27 true, or if the court believes that more medical evidence is necessary,
28 the court may make a temporary order committing him or her to the
29 department for a period of not more than five days for purposes of a
30 diagnostic examination.

1 (4) If after hearing all relevant evidence, including the results
2 of any diagnostic examination, the court finds that grounds for
3 involuntary commitment have been established by clear, cogent, and
4 convincing proof, it shall make an order of commitment to an approved
5 treatment program. It shall not order commitment of a person unless it
6 determines that an approved treatment program is available and able to
7 provide adequate and appropriate treatment for him or her.

8 (5) A person committed under this section shall remain in the
9 program for treatment for a period of sixty days unless sooner
10 discharged. At the end of the sixty-day period, he or she shall be
11 discharged automatically unless the program, before expiration of the
12 period, files a petition for his or her recommitment upon the grounds
13 set forth in subsection (1) of this section for a further period of
14 ninety days unless sooner discharged. If a person has been committed
15 because he or she is an alcoholic, or, in the case of a minor, an
16 alcoholic or other drug addict, likely to inflict physical harm on
17 another, the program shall apply for recommitment if after examination
18 it is determined that the likelihood still exists.

19 (6) Upon the filing of a petition for recommitment under subsection
20 (5) of this section, the court shall fix a date for hearing no less
21 than two and no more than seven days after the date the petition was
22 filed: PROVIDED, That, the court may, upon motion of the person whose
23 commitment is sought and upon good cause shown, extend the date for the
24 hearing. A copy of the petition and of the notice of hearing,
25 including the date fixed by the court, shall be served by the treatment
26 program on the person whose commitment is sought, his or her next of
27 kin, the original petitioner under subsection (1) of this section if
28 different from the petitioner for recommitment, one of his or her
29 parents or his or her legal guardian if he or she is a minor, and his
30 or her attorney and any other person the court believes advisable. At

1 the hearing the court shall proceed as provided in subsection (3) of
2 this section.

3 (7) The approved treatment program shall provide for adequate and
4 appropriate treatment of a person committed to its custody. A person
5 committed under this section may be transferred from one approved
6 public treatment program to another if transfer is medically advisable.

7 (8) A person committed to the custody of a program for treatment
8 shall be discharged at any time before the end of the period for which
9 he or she has been committed and he or she shall be discharged by order
10 of the court if either of the following conditions are met:

11 (a) In case of an alcoholic committed on the grounds of likelihood
12 of infliction of physical harm upon himself, herself, or another, or,
13 in the case of a minor, an alcoholic or other drug addict, the
14 likelihood no longer exists; or further treatment will not be likely to
15 bring about significant improvement in the person's condition, or
16 treatment is no longer adequate or appropriate.

17 (b) In case of an alcoholic committed on the grounds of the need of
18 treatment and incapacity or, in the case of a minor, incapacitated by
19 alcoholism and/or other drug addiction, that the incapacity no longer
20 exists.

21 (9) The court shall inform the person whose commitment or
22 recommitment is sought of his or her right to contest the application,
23 be represented by counsel at every stage of any proceedings relating to
24 his or her commitment and recommitment, and have counsel appointed by
25 the court or provided by the court, if he or she wants the assistance
26 of counsel and is unable to obtain counsel. If the court believes that
27 the person needs the assistance of counsel, the court shall require, by
28 appointment if necessary, counsel for him or her regardless of his or
29 her wishes. The person shall, if he or she is financially able, bear
30 the costs of such legal service; otherwise such legal service shall be

1 at public expense. The person whose commitment or recommitment is
2 sought shall be informed of his or her right to be examined by a
3 licensed physician of his or her choice. If the person is unable to
4 obtain a licensed physician and requests examination by a physician,
5 the court shall employ a licensed physician.

6 (10) A person committed under this chapter may at any time seek to
7 be discharged from commitment by writ of habeas corpus in a court of
8 competent jurisdiction.

9 (11) The venue for proceedings under this section is the county in
10 which person to be committed resides or is present.

11 (12) When in the opinion of the professional person in charge of
12 the program providing involuntary treatment under this chapter, the
13 committed patient can be appropriately served by less restrictive
14 treatment before expiration of the period of commitment, then the less
15 restrictive care may be required as a condition for early release for
16 a period which, when added to the initial treatment period, does not
17 exceed the period of commitment. If the program designated to provide
18 the less restrictive treatment is other than the program providing the
19 initial involuntary treatment, the program so designated must agree in
20 writing to assume such responsibility. A copy of the conditions for
21 early release shall be given to the patient, the designated chemical
22 dependency specialist of original commitment, and the court of original
23 commitment. The program designated to provide less restrictive care
24 may modify the conditions for continued release when the modifications
25 are in the best interests of the patient. If the program providing
26 less restrictive care and the designated chemical dependency specialist
27 determine that a conditionally released patient is failing to adhere to
28 the terms and conditions of his or her release, or that substantial
29 deterioration in the patient's functioning has occurred, then the
30 designated chemical dependency specialist shall notify the court of

1 original commitment and request a hearing to be held no less than two
2 and no more than seven days after the date of the request to determine
3 whether or not the person should be returned to more restrictive care.
4 The designated chemical dependency specialist shall file a petition
5 with the court stating the facts substantiating the need for the
6 hearing along with the treatment recommendations. The patient shall
7 have the same rights with respect to notice, hearing, and counsel as
8 for the original involuntary treatment proceedings. The issues to be
9 determined at the hearing are whether the conditionally released
10 patient did or did not adhere to the terms and conditions of his or her
11 release to less restrictive care or that substantial deterioration of
12 the patient's functioning has occurred and whether the conditions of
13 release should be modified or the person should be returned to a more
14 restrictive program. The hearing may be waived by the patient and his
15 or her counsel and his or her guardian or conservator, if any, but may
16 not be waived unless all such persons agree to the waiver. Upon
17 waiver, the person may be returned for involuntary treatment or
18 continued on conditional release on the same or modified conditions.

19 **Sec. 10.** RCW 71.05.210 and 1989 c 120 s 6 are each amended to read
20 as follows:

21 Each person involuntarily admitted to an evaluation and treatment
22 facility shall, within twenty-four hours of his or her admission, be
23 examined and evaluated by a licensed physician who may be assisted by
24 a physician(~~s~~) assistant according to chapter 18.71A RCW or a nurse
25 practitioner according to chapter 18.88 RCW and a mental health
26 professional as defined in this chapter, and shall receive such
27 treatment and care as his or her condition requires including treatment
28 on an outpatient basis for the period that he or she is detained,
29 except that, beginning twenty-four hours prior to a court proceeding,

1 the individual may refuse all but emergency life-saving treatment, and
2 the individual shall be informed at an appropriate time of his or her
3 right to such refusal of treatment. Such person shall be detained up
4 to seventy-two hours, if, in the opinion of the professional person in
5 charge of the facility, or his or her professional designee, the person
6 presents a likelihood of serious harm to himself or herself or others,
7 or is gravely disabled. A person who has been detained for seventy-two
8 hours shall no later than the end of such period be released, unless
9 referred for further care on a voluntary basis, or detained pursuant to
10 court order for further treatment as provided in this chapter.

11 If, after examination and evaluation, the licensed physician and
12 mental health professional determine that the initial needs of the
13 person would be better served by placement in ~~((an alcohol))~~ a chemical
14 dependency treatment facility, then the person shall be referred to an
15 approved treatment ~~((facility))~~ program defined under RCW 70.96A.020.

16 An evaluation and treatment center admitting any person pursuant to
17 this chapter whose physical condition reveals the need for
18 hospitalization shall assure that such person is transferred to an
19 appropriate hospital for treatment. Notice of such fact shall be given
20 to the court, the designated attorney, and the designated county mental
21 health professional and the court shall order such continuance in
22 proceedings under this chapter as may be necessary, but in no event may
23 this continuance be more than fourteen days.

24 **Sec. 11.** RCW 71.34.030 and 1985 c 354 s 3 are each amended to read
25 as follows:

26 (1) Any minor thirteen years or older may request and receive
27 outpatient treatment without the consent of the minor's parent.
28 Parental authorization is required for outpatient treatment of a minor
29 under the age of thirteen.

1 (2) When in the judgment of the professional person in charge of an
2 evaluation and treatment facility there is reason to believe that a
3 minor is in need of inpatient treatment because of a mental disorder,
4 and the facility provides the type of evaluation and treatment needed
5 by the minor, and it is not feasible to treat the minor in any less
6 restrictive setting or the minor's home, the minor may be admitted to
7 an evaluation and treatment facility in accordance with the following
8 requirements:

9 (a) A minor under thirteen years of age may only be admitted on the
10 application of the minor's parent.

11 (b) A minor thirteen years or older may be voluntarily admitted by
12 application of the parent. Such application must be accompanied by the
13 written consent, knowingly and voluntarily given, of the minor.

14 (c) Within existing funds, mental health assessments of the minor
15 shall be conducted upon the request of the minor's parent and the
16 results of such assessments shall be made available to the parent. The
17 evaluation may be conducted and the results provided to the parents
18 without the consent of the minor.

19 (d) A minor thirteen years or older may, with the concurrence of
20 the professional person in charge of an evaluation and treatment
21 facility, admit himself or herself without parental consent to the
22 evaluation and treatment facility, provided that notice is given by the
23 facility to the minor's parent in accordance with the following
24 requirements:

25 (i) Notice of the minor's admission shall be in the form most
26 likely to reach the parent within twenty-four hours of the minor's
27 voluntary admission and shall advise the parent that the minor has been
28 admitted to inpatient treatment; the location and telephone number of
29 the facility providing such treatment; and the name of a professional
30 person on the staff of the facility providing treatment who is

1 designated to discuss the minor's need for inpatient treatment with the
2 parent.

3 (ii) The minor shall be released to the parent at the parent's
4 request for release unless the facility files a petition with the
5 superior court of the county in which treatment is being provided
6 setting forth the basis for the facility's belief that the minor is in
7 need of inpatient treatment and that release would constitute a threat
8 to the minor's health or safety.

9 (iii) The petition shall be signed by the professional person in
10 charge of the facility or that person's designee.

11 (iv) The parent may apply to the court for separate counsel to
12 represent the parent if the parent cannot afford counsel.

13 (v) There shall be a hearing on the petition, which shall be held
14 within three judicial days from the filing of the petition.

15 (vi) The hearing shall be conducted by a judge, court commissioner,
16 or licensed attorney designated by the superior court as a hearing
17 officer for such hearing. The hearing may be held at the treatment
18 facility.

19 (vii) At such hearing, the facility must demonstrate by a
20 preponderance of the evidence presented at the hearing that the minor
21 is in need of inpatient treatment and that release would constitute a
22 threat to the minor's health or safety. The hearing shall not be
23 conducted using the rules of evidence, and the admission or exclusion
24 of evidence sought to be presented shall be within the exercise of
25 sound discretion by the judicial officer conducting the hearing.

26 (~~(d)~~) (e) Written renewal of voluntary consent must be obtained
27 from the applicant and the minor thirteen years or older no less than
28 once every twelve months.

1 (~~(e)~~) (f) The minor's need for continued inpatient treatments
2 shall be reviewed and documented no less than every one hundred eighty
3 days.

4 (3) A notice of intent to leave shall result in the following:

5 (a) Any minor under the age of thirteen must be discharged
6 immediately upon written request of the parent.

7 (b) Any minor thirteen years or older voluntarily admitted may give
8 notice of intent to leave at any time. The notice need not follow any
9 specific form so long as it is written and the intent of the minor can
10 be discerned.

11 (c) The staff member receiving the notice shall date it
12 immediately, record its existence in the minor's clinical record, and
13 send copies of it to the minor's attorney, if any, the county-
14 designated mental health professional, and the parent.

15 (d) The professional person in charge of the evaluation and
16 treatment facility shall discharge the minor, thirteen years or older,
17 from the facility within twenty-four hours after receipt of the minor's
18 notice of intent to leave, unless the county-designated mental health
19 professional files a petition for initial detention within the time
20 prescribed by this chapter.

21 **Sec. 12.** RCW 71.34.060 and 1985 c 354 s 6 are each amended to read
22 as follows:

23 (1) Each minor approved by the facility for inpatient admission
24 shall be examined and evaluated by a children's mental health
25 specialist as to the child's mental condition and by a physician as to
26 the child's physical condition within twenty-four hours of admission.
27 Reasonable measures shall be taken to ensure medical treatment is
28 provided for any condition requiring immediate medical attention.

1 (2) If, after examination and evaluation, the children's mental
2 health specialist and the physician determine that the initial needs of
3 the minor would be better served by placement in a chemical dependency
4 treatment facility, then the minor shall be referred to an approved
5 treatment program defined under RCW 70.96A.020.

6 (3) The admitting facility shall take reasonable steps to notify
7 immediately the minor's parent of the admission.

8 (~~(3)~~) (4) During the initial seventy-two hour treatment period,
9 the minor has a right to associate or receive communications from
10 parents or others unless the professional person in charge determines
11 that such communication would be seriously detrimental to the minor's
12 condition or treatment and so indicates in the minor's clinical record,
13 and notifies the minor's parents of this determination. In no event
14 may the minor be denied the opportunity to consult an attorney.

15 (~~(4)~~) (5) If the evaluation and treatment facility admits the
16 minor, it may detain the minor for evaluation and treatment for a
17 period not to exceed seventy-two hours from the time of provisional
18 acceptance. The computation of such seventy-two hour period shall
19 exclude Saturdays, Sundays, and holidays. This initial treatment
20 period shall not exceed seventy-two hours except when an application
21 for voluntary inpatient treatment is received or a petition for
22 fourteen-day commitment is filed.

23 (~~(5)~~) (6) Within twelve hours of the admission, the facility
24 shall advise the minor of his or her rights as set forth in this
25 chapter.

26 NEW SECTION. **Sec. 13.** Involuntary commitment in residential
27 treatment facilities for chemically dependent youth is nonexistent.
28 The department of social and health services, within existing funds,
29 shall designate twenty-five residential beds located state-wide by need

1 for involuntary commitment of substance-abusing youth. The department
2 may designate fewer existing residential beds for the involuntary
3 commitment of substance-abusing minors based on actual commitments.
4 The department shall develop treatment protocols for the voluntary and
5 involuntary treatment of substance-abusing youth. The department shall
6 report annually to the senate children and family services committee
7 and the house of representatives human services committee on the number
8 of youth, including at-risk youth, served in substance abuse programs,
9 both voluntary and involuntary; the treatment protocols used; and the
10 effectiveness of voluntary and involuntary treatment. Computerized
11 tracking of youth shall be used to provide longitudinal information.

12 NEW SECTION. **Sec. 14.** The department of social and health
13 services does not track youth in crisis residential centers. The
14 department of social and health services shall incorporate the
15 following data into the existing computerized children's services
16 tracking system for each youth placed in a crisis residential center:
17 (1) The reason for placement; (2) the length of time the youth stays in
18 the crisis residential center; (3) if the youth runs from the crisis
19 residential center; (4) the placement of the youth upon discharge; (5)
20 the availability of services needed to reconcile the youth with his or
21 her family; and (6) the progress the department is making towards using
22 crisis residential center beds for the purpose set forth in law. The
23 department shall report this information semiannually to the senate
24 children and family services committee and the house of representatives
25 human services committee.

26 NEW SECTION. **Sec. 15.** There is established a continuum of
27 services pilot project for youth in one region as designated by the
28 department of social and health services. It will be the

1 responsibility of the department, in collaboration with local elected
2 officials, service providers, parents, and other interested citizens,
3 to assess the existing continuum within the community and develop the
4 pilot project to best fill the service gaps for at-risk youth. The
5 department shall contract with service providers to the greatest extent
6 possible. While meeting service needs is the highest priority, the
7 following guidelines shall be used in developing new resources: (1)
8 Family reconciliation services, both phase I and phase II, and
9 behavioral sciences institute homebuilders services must be available
10 and utilized appropriately; (2) family crisis residential center
11 placements may be increased by no more than eight beds based on need
12 and shall be used solely for the placement of youth referred to in
13 chapter 13.32A RCW; (3) group home and residential care placements may
14 be increased by no more than six beds based on need. Furthermore,
15 group home and residential care treatment shall be family-focused with
16 a continuum of services offered based on need and documentation of
17 services offered prior to an out-of-home placement. At least two beds
18 on a region-wide basis shall be designed and used for secure lock-up
19 for youth who will not stay in placement on a voluntary basis. Secure
20 lock-up may be used in lieu of detention, but only pursuant to RCW
21 13.32A.250(4), 13.32A.065, and 74.13.034; (4) aftercare for youth
22 coming out of crisis residential centers may be provided for a maximum
23 of fifty youth as referred to in chapter 13.32A RCW and for a maximum
24 of twenty youth coming out of group home or residential care placement;
25 (5) the department of social and health services shall develop a
26 tracking system for each youth in the region who receives family
27 reconciliation services, or who is placed in a crisis residential
28 center or in a group home or residential care to determine if services
29 offered were appropriate and effective; and in cases where an out-of-
30 home placement was made, if reasonable efforts were made to keep the

1 child in the home and if the placement was necessary and appropriate,
2 if all requirements listed in this section were followed, and the
3 placement upon discharge; and (6) the department shall conduct an
4 evaluation of the entire pilot project and submit a report to the
5 senate children and family services committee and the house of
6 representatives human services committee on December 1, 1992.

7 **Sec. 16.** RCW 13.32A.065 and 1981 c 298 s 4 are each amended to
8 read as follows:

9 (1) A child may be placed in detention, or in a secure lock-up
10 facility, operated by the department under a pilot project established
11 pursuant to section 15 of this act, after being taken into custody
12 pursuant to RCW 13.32A.050(4). The court shall hold a detention review
13 hearing within twenty-four hours, excluding Saturdays, Sundays, and
14 holidays. The court shall release the child after twenty-four hours,
15 excluding Saturdays, Sundays, and holidays, unless:

16 (a) A motion and order to show why the child should not be held in
17 contempt has been filed and served on the child at or before the
18 detention hearing; and

19 (b) The court believes that the child would not appear at a hearing
20 on contempt.

21 (2) If the court orders the child to remain in detention, the court
22 shall set the matter for a hearing on contempt within seventy-two
23 hours, excluding Saturdays, Sundays, and holidays.

24 **Sec. 17.** RCW 13.32A.250 and 1990 c 276 s 16 are each amended to
25 read as follows:

26 (1) In all alternative residential placement proceedings and at-
27 risk youth proceedings, the court shall verbally notify the parents and
28 the child of the possibility of a finding of contempt for failure to

1 comply with the terms of a court order entered pursuant to this
2 chapter. The court shall treat the parents and the child equally for
3 the purposes of applying contempt of court processes and penalties
4 under this section.

5 (2) Failure by a party to comply with an order entered under this
6 chapter is a contempt of court as provided in chapter 7.21 RCW, subject
7 to the limitations of subsection ~~((+2))~~ (3) of this section.

8 (3) The court may impose a fine of up to one hundred dollars and
9 imprisonment for up to seven days, or both for contempt of court under
10 this section.

11 (4) A child imprisoned for contempt under this section shall be
12 imprisoned only in a secure juvenile detention facility operated by or
13 pursuant to a contract with a county or a secure lock-up facility
14 operated by the department established pursuant to section 15 of this
15 act.

16 (5) A motion for contempt may be made by a parent, a child,
17 juvenile court personnel, or by any public agency, organization, or
18 person having custody of the child under a court order adopted pursuant
19 to this chapter.

20 **Sec. 18.** RCW 74.13.034 and 1981 c 298 s 17 are each amended to
21 read as follows:

22 (1) A child taken into custody and taken to a crisis residential
23 center established pursuant to RCW 74.13.032(2) may, if the center is
24 unable to provide appropriate treatment, supervision, and structure to
25 the child, be taken at department expense to another crisis residential
26 center or the nearest regional crisis residential center. Placement in
27 both centers shall not exceed seventy-two hours from the point of
28 intake as provided in RCW 13.32A.130.

1 (2) A child taken into custody and taken to a crisis residential
2 center established by this chapter may be placed physically by the
3 department or the department's designee and, at departmental expense
4 and approval, in a secure juvenile detention facility operated by the
5 county in which the center is located for a maximum of forty-eight
6 hours, including Saturdays, Sundays, and holidays, if ~~((the person in
7 charge of the crisis residential center finds that the child is
8 seriously assaultive or seriously destructive towards others and the
9 center is unable to provide appropriate supervision and structure. Any
10 child who takes unauthorized leave from the center, if))~~ the child has
11 taken unauthorized leave from the center in violation of a court order
12 and the person in charge of the center determines that the center
13 cannot provide supervision and structure adequate to ensure that the
14 child will not again take unauthorized leave ~~((, may be taken to a
15 secure juvenile detention facility subject to the provisions of this
16 section: PROVIDED, That))~~. Juveniles placed in such a facility
17 pursuant to this section may not, to the extent possible, come in
18 contact with alleged or convicted juvenile or adult offenders.

19 (3) Any child placed in secure detention pursuant to this section
20 shall, during the period of confinement, be provided with appropriate
21 treatment by the department or the department's designee, which shall
22 include the services defined in RCW 74.13.033(2). If the child placed
23 in secure detention is not returned home or if an alternative living
24 arrangement agreeable to the parent and the child is not made within
25 twenty-four hours after the child's admission, the child shall be taken
26 at the department's expense to a crisis residential center. Placement
27 in the crisis residential center or centers plus placement in juvenile
28 detention shall not exceed seventy-two hours from the point of intake
29 as provided in RCW 13.32A.130.

1 (4) Juvenile detention facilities used pursuant to this section
2 shall first be certified by the department to ensure that juveniles
3 placed in the facility pursuant to this section are provided with
4 living conditions suitable to the well-being of the child. Where space
5 is available, juvenile courts, when certified by the department to do
6 so, shall provide secure placement for juveniles pursuant to this
7 section, at department expense.

8 (5) It is the intent of the legislature that by July 1, 1982,
9 crisis residential centers, supplemented by community mental health
10 programs and mental health professionals, will be able to respond
11 appropriately to children admitted to centers under this chapter and
12 will be able to respond to the needs of such children with appropriate
13 treatment, supervision, and structure.

14 (6) Subject to the provisions of this section, a child may be
15 placed, in lieu of detention, in a secure lock-up facility operated by
16 the department under a pilot project established pursuant to section 15
17 of this act.

18 NEW SECTION. Sec. 19. If any part of this act is found to be
19 in conflict with federal requirements that are a prescribed condition
20 to the allocation of federal funds to the state, the conflicting part
21 of this act is inoperative solely to the extent of the conflict and
22 with respect to the agencies directly affected, and this finding does
23 not affect the operation of the remainder of this act in its
24 application to the agencies concerned. The rules under this act shall
25 meet federal requirements that are a necessary condition to the receipt
26 of federal funds by the state.

27 NEW SECTION. Sec. 20. Sections 5, 6, 13, and 14 of this act
28 shall constitute a new chapter under Title 13 RCW.

1 NEW SECTION. **Sec. 21.** If specific funding for section 1 of
2 this act, referencing section 1 of this act by bill and section number,
3 is not provided by June 30, 1991, in the omnibus appropriations act,
4 section 1 this act shall be null and void.

5 NEW SECTION. **Sec. 22.** If specific funding for section 2 of
6 this act, referencing section 2 of this act by bill and section number,
7 is not provided by June 30, 1991, in the omnibus appropriations act,
8 section 2 of this act shall be null and void.

9 NEW SECTION. **Sec. 23.** If specific funding for section 3 of
10 this act, referencing section 3 of this act by bill and section number,
11 is not provided by June 30, 1991, in the omnibus appropriations act,
12 section 3 of this act shall be null and void.

13 NEW SECTION. **Sec. 24.** If specific funding for section 4 of
14 this act, referencing section 4 of this act by bill and section number,
15 is not provided by June 30, 1991, in the omnibus appropriations act,
16 section 4 of this act shall be null and void.

17 NEW SECTION. **Sec. 25.** If specific funding for sections 15
18 through 18 of this act, referencing sections 15 through 18 of this act
19 by bill and section numbers, is not provided by June 30, 1991, in the
20 omnibus appropriations act, sections 15 through 18 of this act shall be
21 null and void.

22 NEW SECTION. **Sec. 26.** The expansion of services referenced in
23 sections 2, 3, 4, and 15 of this act shall apply exclusively to the
24 fiscal period commencing on July 1, 1991, and ending on June 30, 1993.