

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1874

Chapter 381, Laws of 2019

66th Legislature
2019 Regular Session

ADOLESCENT BEHAVIORAL HEALTH CARE--VARIOUS PROVISIONS

EFFECTIVE DATE: July 28, 2019—Except for sections 15 and 17, which become effective July 1, 2026.

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

FRANK CHOPP

Speaker of the House of Representatives

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

CYRUS HABIB

President of the Senate

Approved May 13, 2019 4:13 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

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

BERNARD DEAN

Chief Clerk

FILED

May 16, 2019

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1874

AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

State of Washington 66th Legislature 2019 Regular Session

By House Appropriations (originally sponsored by Representatives Frame, Eslick, Davis, Bergquist, and Doglio)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to implementing policies related to expanding
2 adolescent behavioral health care access as reviewed and recommended
3 by the children's mental health work group; amending RCW 71.34.010,
4 71.34.020, 71.34.500, 71.34.510, 71.34.520, 71.34.530, 71.34.600,
5 71.34.610, 71.34.620, 71.34.630, 71.34.640, 71.34.650, 71.34.660,
6 71.34.700, 71.34.700, 71.34.710, 71.34.710, 70.02.230, 70.02.240, and
7 74.13.280; adding a new section to chapter 70.02 RCW; adding new
8 sections to chapter 71.34 RCW; creating new sections; providing an
9 effective date; and providing expiration dates.

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

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

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

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

17 It is also the purpose of this chapter to assure the ability of
18 parents to exercise reasonable, compassionate care and control of
19 their minor children when there is a medical necessity for treatment
20 and without the requirement of filing a petition under this chapter,
21 including the ability to request and receive medically necessary
22 treatment for their adolescent children without the consent of the
23 adolescent.

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

26 Unless the context clearly requires otherwise, the definitions in
27 this section apply throughout this chapter.

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

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

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

39 (4) "Chemical dependency" means:

1 (a) Alcoholism;
2 (b) Drug addiction; or
3 (c) Dependence on alcohol and one or more other psychoactive
4 chemicals, as the context requires.
5 (5) "Chemical dependency professional" means a person certified
6 as a chemical dependency professional by the department of health
7 under chapter 18.205 RCW, or a person certified as a chemical
8 dependency professional trainee under RCW 18.205.095 working under
9 the direct supervision of a certified chemical dependency
10 professional.
11 (6) "Child psychiatrist" means a person having a license as a
12 physician and surgeon in this state, who has had graduate training in
13 child psychiatry in a program approved by the American Medical
14 Association or the American Osteopathic Association, and who is board
15 eligible or board certified in child psychiatry.
16 (7) "Children's mental health specialist" means:
17 (a) A mental health professional who has completed a minimum of
18 one hundred actual hours, not quarter or semester hours, of
19 specialized training devoted to the study of child development and
20 the treatment of children; and
21 (b) A mental health professional who has the equivalent of one
22 year of full-time experience in the treatment of children under the
23 supervision of a children's mental health specialist.
24 (8) "Commitment" means a determination by a judge or court
25 commissioner, made after a commitment hearing, that the minor is in
26 need of inpatient diagnosis, evaluation, or treatment or that the
27 minor is in need of less restrictive alternative treatment.
28 (9) "Department" means the department of social and health
29 services.
30 (10) "Designated crisis responder" means a person designated by a
31 behavioral health organization to perform the duties specified in
32 this chapter.
33 (11) "Director" means the director of the authority.
34 (12) "Drug addiction" means a disease, characterized by a
35 dependency on psychoactive chemicals, loss of control over the amount
36 and circumstances of use, symptoms of tolerance, physiological or
37 psychological withdrawal, or both, if use is reduced or discontinued,
38 and impairment of health or disruption of social or economic
39 functioning.

1 (13) "Evaluation and treatment facility" means a public or
2 private facility or unit that is licensed or certified by the
3 department of health to provide emergency, inpatient, residential, or
4 outpatient mental health evaluation and treatment services for
5 minors. A physically separate and separately-operated portion of a
6 state hospital may be designated as an evaluation and treatment
7 facility for minors. A facility which is part of or operated by the
8 state or federal agency does not require licensure or certification.
9 No correctional institution or facility, juvenile court detention
10 facility, or jail may be an evaluation and treatment facility within
11 the meaning of this chapter.

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

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

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

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

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

36 (19) "Likelihood of serious harm" means either: (a) A substantial
37 risk that physical harm will be inflicted by an individual upon his
38 or her own person, as evidenced by threats or attempts to commit
39 suicide or inflict physical harm on oneself; (b) a substantial risk
40 that physical harm will be inflicted by an individual upon another,

1 as evidenced by behavior which has caused such harm or which places
2 another person or persons in reasonable fear of sustaining such harm;
3 or (c) a substantial risk that physical harm will be inflicted by an
4 individual upon the property of others, as evidenced by behavior
5 which has caused substantial loss or damage to the property of
6 others.

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

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

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

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

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

31 (25) (a) "Parent" ~~((means:~~

32 ~~(a) A biological or adoptive parent who has legal custody of the~~
33 ~~child)) has the same meaning as defined in RCW 26.26A.010, including~~
34 ~~either parent if custody is shared under a joint custody~~
35 ~~agreement~~((or))~~, or ((b)) a person or agency judicially appointed as~~
36 ~~legal guardian or custodian of the child.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (a) Provides for intoxicated minors:

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

16 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (a) Diagnosis;

5 (b) Treatment plan and progress in treatment;

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

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

9 (e) Referrals to community resources;

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

11 and

12 (g) Crisis prevention planning and safety planning.

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

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

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

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

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

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

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

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

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

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

25 (i) Employed by the facility;

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

27 (iii) Who is a designated crisis responder;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 /s/"

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

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

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

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

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

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

35 (i) One thousand dollars; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 /s/";

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (a) Diagnosis;

40 (b) Treatment plan and progress in treatment;

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

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

4 (e) Referrals to community resources;

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

7 (g) Crisis prevention planning and safety planning.

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

11 (8) For the purposes of this section:

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

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

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

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

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

22 (iv) Animal torture;

23 (v) Property destruction; or

24 (vi) Substance or alcohol abuse.

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

28 (i) Observed assaultive behavior;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Passed by the House April 23, 2019.
Passed by the Senate April 15, 2019.
Approved by the Governor May 13, 2019.
Filed in Office of Secretary of State May 16, 2019.

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