

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2883**

Chapter 185, Laws of 2020

66th Legislature  
2020 Regular Session

ADOLESCENT BEHAVIORAL HEALTH CARE--FAMILY-INITIATED TREATMENT

EFFECTIVE DATE: June 11, 2020—Except for section 7, which becomes effective July 1, 2026.

Passed by the House February 14, 2020  
Yeas 98 Nays 0

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate March 3, 2020  
Yeas 49 Nays 0

CYRUS HABIB

**President of the Senate**

Approved March 27, 2020 2:27 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 **SUBSTITUTE HOUSE BILL 2883** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

March 27, 2020

**Secretary of State  
State of Washington**

---

**SUBSTITUTE HOUSE BILL 2883**

---

Passed Legislature - 2020 Regular Session

**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** House Human Services & Early Learning (originally sponsored by Representatives Eslick, Frame, and Davis)

READ FIRST TIME 02/07/20.

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 71.34.610, 71.34.630, and 71.34.730; reenacting and amending RCW  
5 71.34.020, 71.34.750, and 71.34.750; adding a new section to chapter  
6 71.34 RCW; providing an effective date; and providing an expiration  
7 date.

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

9       **Sec. 1.** RCW 71.34.010 and 2019 c 381 s 1 are each amended to  
10 read as follows:

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

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

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

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

20 **Sec. 2.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17, 2019  
21 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended to  
22 read as follows:

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

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

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

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

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

37 (5) "Behavioral health administrative services organization" has  
38 the same meaning as provided in RCW 71.24.025.

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

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

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

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

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

18 (9) "Co-occurring disorder specialist" means an individual  
19 possessing an enhancement granted by the department of health under  
20 chapter 18.205 RCW that certifies the individual to provide substance  
21 use disorder counseling subject to the practice limitations under RCW  
22 18.205.105.

23 (10) "Department" means the department of social and health  
24 services.

25 (11) "Designated crisis responder" has the same meaning as  
26 provided in RCW 71.05.020.

27 (12) "Director" means the director of the authority.

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

39 (14) "Evaluation and treatment program" means the total system of  
40 services and facilities coordinated and approved by a county or

1 combination of counties for the evaluation and treatment of minors  
2 under this chapter.

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

11 (16) (a) "Inpatient treatment" means twenty-four-hour-per-day  
12 mental health care provided within a general hospital, psychiatric  
13 hospital, residential treatment facility licensed or certified by the  
14 department of health as an evaluation and treatment facility for  
15 minors, secure withdrawal management and stabilization facility for  
16 minors, or approved substance use disorder treatment program for  
17 minors.

18 (b) For purposes of family-initiated treatment under RCW  
19 71.34.600 through 71.34.670, "inpatient treatment" has the meaning  
20 included in (a) of this subsection and any other residential  
21 treatment facility licensed under chapter 71.12 RCW.

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

25 (18) "Kinship caregiver" has the same meaning as in RCW  
26 74.13.031(19) (a).

27 (19) "Less restrictive alternative" or "less restrictive setting"  
28 means outpatient treatment provided to a minor who is not residing in  
29 a facility providing inpatient treatment as defined in this chapter.

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

1 (21) "Managed care organization" has the same meaning as provided  
2 in RCW 71.24.025.

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

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

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

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

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

27 (27)(a) "Parent" has the same meaning as defined in RCW  
28 26.26A.010, including either parent if custody is shared under a  
29 joint custody agreement, or a person or agency judicially appointed  
30 as legal guardian or custodian of the child.

31 (b) For purposes of family-initiated treatment under RCW  
32 71.34.600 through 71.34.670, "parent" also includes a person to whom  
33 a parent defined in (a) of this subsection has given a signed  
34 authorization to make health care decisions for the adolescent, a  
35 stepparent who is involved in caring for the adolescent, a kinship  
36 caregiver who is involved in caring for the adolescent, or another  
37 relative who is responsible for the health care of the adolescent,  
38 who may be required to provide a declaration under penalty of perjury  
39 stating that he or she is a relative responsible for the health care  
40 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If

1 a dispute arises between individuals authorized to act as a parent  
2 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
3 must be resolved according to the priority established under RCW  
4 7.70.065(2) (a).

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

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

15 (30) "Professional person in charge" or "professional person"  
16 means a physician, other mental health professional, or other person  
17 empowered by an evaluation and treatment facility, secure withdrawal  
18 management and stabilization facility, or approved substance use  
19 disorder treatment program with authority to make admission and  
20 discharge decisions on behalf of that facility.

21 (31) "Psychiatric nurse" means a registered nurse who has  
22 experience in the direct treatment of persons who have a mental  
23 illness or who are emotionally disturbed, such experience gained  
24 under the supervision of a mental health professional.

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

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

32 (34) "Public agency" means any evaluation and treatment facility  
33 or institution, or hospital, or approved substance use disorder  
34 treatment program that is conducted for, or includes a distinct unit,  
35 floor, or ward conducted for, the care and treatment of persons with  
36 mental illness, substance use disorders, or both mental illness and  
37 substance use disorders if the agency is operated directly by  
38 federal, state, county, or municipal government, or a combination of  
39 such governments.

1 (35) "Responsible other" means the minor, the minor's parent or  
2 estate, or any other person legally responsible for support of the  
3 minor.

4 (36) "Secretary" means the secretary of the department or  
5 secretary's designee.

6 (37) "Secure withdrawal management and stabilization facility"  
7 means a facility operated by either a public or private agency or by  
8 the program of an agency which provides care to voluntary individuals  
9 and individuals involuntarily detained and committed under this  
10 chapter for whom there is a likelihood of serious harm or who are  
11 gravely disabled due to the presence of a substance use disorder.  
12 Secure withdrawal management and stabilization facilities must:

13 (a) Provide the following services:

14 (i) Assessment and treatment, provided by certified substance use  
15 disorder professionals or co-occurring disorder specialists;

16 (ii) Clinical stabilization services;

17 (iii) Acute or subacute detoxification services for intoxicated  
18 individuals; and

19 (iv) Discharge assistance provided by certified substance use  
20 disorder professionals or co-occurring disorder specialists,  
21 including facilitating transitions to appropriate voluntary or  
22 involuntary inpatient services or to less restrictive alternatives as  
23 appropriate for the individual;

24 (b) Include security measures sufficient to protect the patients,  
25 staff, and community; and

26 (c) Be licensed or certified as such by the department of health.

27 (38) "Social worker" means a person with a master's or further  
28 advanced degree from a social work educational program accredited and  
29 approved as provided in RCW 18.320.010.

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

38 (40) "Substance use disorder" means a cluster of cognitive,  
39 behavioral, and physiological symptoms indicating that an individual  
40 continues using the substance despite significant substance-related



1 problems. The diagnosis of a substance use disorder is based on a  
2 pathological pattern of behaviors related to the use of the  
3 substances.

4 (41) "Substance use disorder professional" means a person  
5 certified as a substance use disorder professional by the department  
6 of health under chapter 18.205 RCW, or a person certified as a  
7 (~~chemical dependency~~) substance use disorder professional trainee  
8 under RCW 18.205.095 working under the direct supervision of a  
9 certified (~~chemical dependency~~) substance use disorder  
10 professional.

11 **Sec. 3.** RCW 71.34.610 and 2019 c 381 s 8 are each amended to  
12 read as follows:

13 (1) The authority shall assure that, for any adolescent admitted  
14 to inpatient treatment under RCW 71.34.600, a review is conducted by  
15 a physician or other mental health professional who is employed by  
16 the authority, or an agency under contract with the authority, and  
17 who neither has a financial interest in continued inpatient treatment  
18 of the adolescent nor is affiliated with the facility providing the  
19 treatment. (~~The~~)

20 (a) For adolescents receiving inpatient treatment, the physician  
21 or other mental health professional shall conduct the review not less  
22 than seven nor more than fourteen days following the date the  
23 adolescent was brought to the facility under RCW 71.34.600 to  
24 determine whether it is a medical necessity to continue the  
25 adolescent's treatment on an inpatient basis.

26 (b) For adolescents receiving inpatient treatment in a  
27 residential treatment facility, the physician or other mental health  
28 professional shall conduct an additional medical necessity review  
29 every thirty days after the initial review while the adolescent  
30 remains in treatment under RCW 71.34.600.

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

37 (3) If, after any review conducted by the authority under this  
38 section, the authority determines it is no longer a medical necessity  
39 for an adolescent to receive inpatient treatment, the authority shall

1 immediately notify the parents and the facility. The facility shall  
2 release the adolescent to the parents within twenty-four hours of  
3 receiving notice. If the professional person in charge and the parent  
4 believe that it is a medical necessity for the adolescent to remain  
5 in inpatient treatment, the adolescent shall be released to the  
6 parent on the second judicial day following the authority's  
7 determination in order to allow the parent time to file an at-risk  
8 youth petition under chapter 13.32A RCW. If the authority determines  
9 it is a medical necessity for the adolescent to receive outpatient  
10 treatment and the adolescent declines to obtain such treatment, such  
11 refusal shall be grounds for the parent to file an at-risk youth  
12 petition.

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

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

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

24 (7) The authority shall communicate review findings under this  
25 section with the appropriate medicaid managed care organization  
26 contracted by the authority.

27 (8) Nothing in this section prohibits a managed care organization  
28 from conducting medical necessity reviews according to appropriate  
29 guidelines based on the level of care being referred to and  
30 consistent with the billing guide from the authority.

31 **Sec. 4.** RCW 71.34.630 and 2019 c 381 s 10 are each amended to  
32 read as follows:

33 (1) If the adolescent is receiving inpatient treatment in a  
34 hospital setting and is not released as a result of the petition  
35 filed under RCW 71.34.620, he or she shall be released not later than  
36 thirty days following the later of: ((+1)) (a) The date of the  
37 authority's determination under RCW 71.34.610(2); or ((+2)) (b) the  
38 filing of a petition for judicial review under RCW 71.34.620, unless

1 a professional person or the designated crisis responder initiates  
2 proceedings under this chapter.

3 (2) If the adolescent receiving treatment in a residential  
4 treatment facility is not released as a result of the petition filed  
5 under RCW 71.34.620, he or she may remain in a residential treatment  
6 facility so long as it continues to be a medical necessity for the  
7 adolescent to receive such treatment.

8 **Sec. 5.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
9 read as follows:

10 (1) The professional person in charge of an evaluation and  
11 treatment facility, secure withdrawal management and stabilization  
12 facility, or approved substance use disorder treatment program where  
13 a minor has been admitted involuntarily for the initial seventy-two  
14 hour treatment period under this chapter may petition to have a minor  
15 committed to an evaluation and treatment facility or, in the case of  
16 a minor with a substance use disorder, to a secure withdrawal  
17 management and stabilization facility or approved substance use  
18 disorder treatment program for fourteen-day diagnosis, evaluation,  
19 and treatment.

20 If the professional person in charge of the facility does not  
21 petition to have the minor committed, the parent who has custody of  
22 the minor may seek review of that decision in court. The parent shall  
23 file notice with the court and provide a copy of the treatment and  
24 evaluation facility's report.

25 (2) A petition for commitment of a minor under this section shall  
26 be filed with the superior court in the county where the minor is  
27 residing or being detained.

28 (a) A petition for a fourteen-day commitment shall be signed by:

29 (i) One physician, physician assistant, or psychiatric advanced  
30 registered nurse practitioner; and

31 (ii) One physician, physician assistant, psychiatric advanced  
32 registered nurse practitioner, or mental health professional.

33 (b) If the petition is for substance use disorder treatment, the  
34 petition may be signed by a ~~((chemical dependency))~~ substance use  
35 disorder professional instead of a mental health professional and by  
36 an advanced registered nurse practitioner instead of a psychiatric  
37 advanced registered nurse practitioner. The person signing the  
38 petition must have examined the minor, and the petition must contain  
39 the following:

- 1 (i) The name and address of the petitioner;
- 2 (ii) The name of the minor alleged to meet the criteria for  
3 fourteen-day commitment;
- 4 (iii) The name, telephone number, and address if known of every  
5 person believed by the petitioner to be legally responsible for the  
6 minor;
- 7 (iv) A statement that the petitioner has examined the minor and  
8 finds that the minor's condition meets required criteria for  
9 fourteen-day commitment and the supporting facts therefor;
- 10 (v) A statement that the minor has been advised of the need for  
11 voluntary treatment but has been unwilling or unable to consent to  
12 necessary treatment;
- 13 (vi) If the petition is for mental health treatment, a statement  
14 that the minor has been advised of the loss of firearm rights if  
15 involuntarily committed;
- 16 (vii) A statement recommending the appropriate facility or  
17 facilities to provide the necessary treatment; and
- 18 (viii) A statement concerning whether a less restrictive  
19 alternative to inpatient treatment is in the best interests of the  
20 minor.
- 21 (c) A copy of the petition shall be personally delivered to the  
22 minor by the petitioner or petitioner's designee. A copy of the  
23 petition shall be sent to the minor's attorney and the minor's  
24 parent.

25 **Sec. 6.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008  
26 are each reenacted and amended to read as follows:

27 (1) At any time during the minor's period of fourteen-day  
28 commitment, the professional person in charge may petition the court  
29 for an order requiring the minor to undergo an additional one hundred  
30 eighty-day period of treatment. The evidence in support of the  
31 petition shall be presented by the county prosecutor unless the  
32 petition is filed by the professional person in charge of a state-  
33 operated facility in which case the evidence shall be presented by  
34 the attorney general.

35 (2) The petition for one hundred eighty-day commitment shall  
36 contain the following:

37 (a) The name and address of the petitioner or petitioners;

38 (b) The name of the minor alleged to meet the criteria for one  
39 hundred eighty-day commitment;

1 (c) A statement that the petitioner is the professional person in  
2 charge of the evaluation and treatment facility, secure withdrawal  
3 management and stabilization facility, or approved substance use  
4 disorder treatment program responsible for the treatment of the  
5 minor;

6 (d) The date of the fourteen-day commitment order; and

7 (e) A summary of the facts supporting the petition.

8 (3) The petition shall be supported by accompanying affidavits  
9 signed by: (a) Two examining physicians, one of whom shall be a child  
10 psychiatrist, or two psychiatric advanced registered nurse  
11 practitioners, one of whom shall be a child and adolescent or family  
12 psychiatric advanced registered nurse practitioner. If the petition  
13 is for substance use disorder treatment, the petition may be signed  
14 by a (~~chemical dependency~~) substance use disorder professional  
15 instead of a mental health professional and by an advanced registered  
16 nurse practitioner instead of a psychiatric advanced registered nurse  
17 practitioner, or two physician assistants, one of whom must be  
18 supervised by a child psychiatrist; (b) one children's mental health  
19 specialist and either an examining physician, physician assistant, or  
20 a psychiatric advanced registered nurse practitioner; or (c) two  
21 among an examining physician, physician assistant, and a psychiatric  
22 advanced registered nurse practitioner, one of which needs to be a  
23 child psychiatrist, a physician assistant supervised by a child  
24 psychiatrist, or a child and adolescent psychiatric nurse  
25 practitioner. The affidavits shall describe in detail the behavior of  
26 the detained minor which supports the petition and shall state  
27 whether a less restrictive alternative to inpatient treatment is in  
28 the best interests of the minor.

29 (4) The petition for one hundred eighty-day commitment shall be  
30 filed with the clerk of the court at least three days before the  
31 expiration of the fourteen-day commitment period. The petitioner or  
32 the petitioner's designee shall within twenty-four hours of filing  
33 serve a copy of the petition on the minor and notify the minor's  
34 attorney and the minor's parent. A copy of the petition shall be  
35 provided to such persons at least twenty-four hours prior to the  
36 hearing.

37 (5) At the time of filing, the court shall set a date within  
38 seven days for the hearing on the petition. The court may continue  
39 the hearing upon the written request of the minor or the minor's  
40 attorney for not more than ten days. The minor or the parents shall

1 be afforded the same rights as in a fourteen-day commitment hearing.  
2 Treatment of the minor shall continue pending the proceeding.

3 (6) For one hundred eighty-day commitment:

4 (a) The court must find by clear, cogent, and convincing evidence  
5 that the minor:

6 (i) Is suffering from a mental disorder or substance use  
7 disorder;

8 (ii) Presents a likelihood of serious harm or is gravely  
9 disabled; and

10 (iii) Is in need of further treatment that only can be provided  
11 in a one hundred eighty-day commitment.

12 (b) If commitment is for a substance use disorder, the court must  
13 find that there is an available approved substance use disorder  
14 treatment program that has adequate space for the minor.

15 (7) If the court finds that the criteria for commitment are met  
16 and that less restrictive treatment in a community setting is not  
17 appropriate or available, the court shall order the minor committed  
18 to the custody of the director for further inpatient mental health  
19 treatment, to an approved substance use disorder treatment program  
20 for further substance use disorder treatment, or to a private  
21 treatment and evaluation facility for inpatient mental health or  
22 substance use disorder treatment if the minor's parents have assumed  
23 responsibility for payment for the treatment. If the court finds that  
24 a less restrictive alternative is in the best interest of the minor,  
25 the court shall order less restrictive alternative treatment upon  
26 such conditions as necessary.

27 If the court determines that the minor does not meet the criteria  
28 for one hundred eighty-day commitment, the minor shall be released.

29 (8) Successive one hundred eighty-day commitments are permissible  
30 on the same grounds and under the same procedures as the original one  
31 hundred eighty-day commitment. Such petitions shall be filed at least  
32 five days prior to the expiration of the previous one hundred eighty-  
33 day commitment order.

34 **Sec. 7.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009  
35 are each reenacted and amended to read as follows:

36 (1) At any time during the minor's period of fourteen-day  
37 commitment, the professional person in charge may petition the court  
38 for an order requiring the minor to undergo an additional one hundred  
39 eighty-day period of treatment. The evidence in support of the

1 petition shall be presented by the county prosecutor unless the  
2 petition is filed by the professional person in charge of a state-  
3 operated facility in which case the evidence shall be presented by  
4 the attorney general.

5 (2) The petition for one hundred eighty-day commitment shall  
6 contain the following:

7 (a) The name and address of the petitioner or petitioners;

8 (b) The name of the minor alleged to meet the criteria for one  
9 hundred eighty-day commitment;

10 (c) A statement that the petitioner is the professional person in  
11 charge of the evaluation and treatment facility, secure withdrawal  
12 management and stabilization facility, or approved substance use  
13 disorder treatment program responsible for the treatment of the  
14 minor;

15 (d) The date of the fourteen-day commitment order; and

16 (e) A summary of the facts supporting the petition.

17 (3) The petition shall be supported by accompanying affidavits  
18 signed by: (a) Two examining physicians, one of whom shall be a child  
19 psychiatrist, or two psychiatric advanced registered nurse  
20 practitioners, one of whom shall be a child and adolescent or family  
21 psychiatric advanced registered nurse practitioner. If the petition  
22 is for substance use disorder treatment, the petition may be signed  
23 by a (~~chemical dependency~~) substance use disorder professional  
24 instead of a mental health professional and by an advanced registered  
25 nurse practitioner instead of a psychiatric advanced registered nurse  
26 practitioner, or two physician assistants, one of whom must be  
27 supervised by a child psychiatrist; (b) one children's mental health  
28 specialist and either an examining physician, physician assistant, or  
29 a psychiatric advanced registered nurse practitioner; or (c) two  
30 among an examining physician, physician assistant, and a psychiatric  
31 advanced registered nurse practitioner, one of which needs to be a  
32 child psychiatrist, a physician assistant supervised by a child  
33 psychiatrist, or a child and adolescent psychiatric nurse  
34 practitioner. The affidavits shall describe in detail the behavior of  
35 the detained minor which supports the petition and shall state  
36 whether a less restrictive alternative to inpatient treatment is in  
37 the best interests of the minor.

38 (4) The petition for one hundred eighty-day commitment shall be  
39 filed with the clerk of the court at least three days before the  
40 expiration of the fourteen-day commitment period. The petitioner or

1 the petitioner's designee shall within twenty-four hours of filing  
2 serve a copy of the petition on the minor and notify the minor's  
3 attorney and the minor's parent. A copy of the petition shall be  
4 provided to such persons at least twenty-four hours prior to the  
5 hearing.

6 (5) At the time of filing, the court shall set a date within  
7 seven days for the hearing on the petition. The court may continue  
8 the hearing upon the written request of the minor or the minor's  
9 attorney for not more than ten days. The minor or the parents shall  
10 be afforded the same rights as in a fourteen-day commitment hearing.  
11 Treatment of the minor shall continue pending the proceeding.

12 (6) For one hundred eighty-day commitment, the court must find by  
13 clear, cogent, and convincing evidence that the minor:

14 (a) Is suffering from a mental disorder or substance use  
15 disorder;

16 (b) Presents a likelihood of serious harm or is gravely disabled;  
17 and

18 (c) Is in need of further treatment that only can be provided in  
19 a one hundred eighty-day commitment.

20 (7) If the court finds that the criteria for commitment are met  
21 and that less restrictive treatment in a community setting is not  
22 appropriate or available, the court shall order the minor committed  
23 to the custody of the director for further inpatient mental health  
24 treatment, to an approved substance use disorder treatment program  
25 for further substance use disorder treatment, or to a private  
26 treatment and evaluation facility for inpatient mental health or  
27 substance use disorder treatment if the minor's parents have assumed  
28 responsibility for payment for the treatment. If the court finds that  
29 a less restrictive alternative is in the best interest of the minor,  
30 the court shall order less restrictive alternative treatment upon  
31 such conditions as necessary.

32 If the court determines that the minor does not meet the criteria  
33 for one hundred eighty-day commitment, the minor shall be released.

34 (8) Successive one hundred eighty-day commitments are permissible  
35 on the same grounds and under the same procedures as the original one  
36 hundred eighty-day commitment. Such petitions shall be filed at least  
37 five days prior to the expiration of the previous one hundred eighty-  
38 day commitment order.



1        NEW SECTION.    **Sec. 8.**    A new section is added to chapter 71.34  
2    RCW to read as follows:

3        The authority shall develop and operate a data collection and  
4    tracking system for adolescents receiving family-initiated treatment  
5    under RCW 71.34.600 through 71.34.670. In implementing this data  
6    collection and tracking system, the authority shall, in collaboration  
7    with the department of health, collect information from facilities  
8    serving adolescents receiving family-initiated treatment under RCW  
9    71.34.600 through 71.34.670 including, if possible, the following  
10   information:

11        (1) The names of facilities serving adolescents receiving family-  
12    initiated treatment under RCW 71.34.600 through 71.34.670;

13        (2) The number of adolescents receiving family-initiated  
14    treatment under RCW 71.34.600 through 71.34.670 who are defined as  
15    dependent children under chapter 13.34 RCW;

16        (3) Demographic information about the adolescents receiving  
17    family-initiated treatment under RCW 71.34.600 through 71.34.670;

18        (4) The diagnosis upon entry for adolescents receiving family-  
19    initiated treatment under RCW 71.34.600 through 71.34.670;

20        (5) Length of stay for adolescents receiving family-initiated  
21    treatment under RCW 71.34.600 through 71.34.670; and

22        (6) Information related to the discharge summary for adolescents  
23    receiving family-initiated treatment under RCW 71.34.600 through  
24    71.34.670.

25        NEW SECTION.    **Sec. 9.**    Section 6 of this act expires July 1,  
26    2026.

27        NEW SECTION.    **Sec. 10.**    Section 7 of this act takes effect July  
28    1, 2026.

Passed by the House February 14, 2020.  
Passed by the Senate March 3, 2020.  
Approved by the Governor March 27, 2020.  
Filed in Office of Secretary of State March 27, 2020.

--- END ---