

Chapter 71.34 RCW
BEHAVIORAL HEALTH SERVICES FOR MINORS
(Formerly: Mental health services for minors)

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RCW 71.34.010 Purpose. (1) It is the purpose of this chapter to assure that minors in need of behavioral health care and treatment receive an appropriate continuum of culturally relevant care and treatment, including prevention and early intervention, self-directed care, parent-directed care, and involuntary treatment. To facilitate the continuum of care and treatment to minors in out-of-home placements, all divisions of the authority and the department that

provide behavioral health services to minors shall jointly plan and deliver those services.

(2) It is also the purpose of this chapter to protect the rights of adolescents to confidentiality and to independently seek services for behavioral health disorders. Mental health and substance use disorder professionals shall guard against needless hospitalization and deprivations of liberty, enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment, and encourage the use of voluntary services. Mental health and substance use disorder professionals shall, whenever clinically appropriate, offer less restrictive alternatives to inpatient treatment. Additionally, all behavioral health care and treatment providers shall assure that minors' parents are given an opportunity to participate in the treatment decisions for their minor children. The behavioral health care and treatment providers shall, to the extent possible, offer services that involve minors' parents or family.

(3) (a) It is the intent of the legislature to enhance continuity of care for minors with serious behavioral health disorders that can be controlled or stabilized in a less restrictive alternative commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d 196 (1986), the legislature intends to encourage appropriate interventions at a point when there is the best opportunity to restore the minor to or maintain satisfactory functioning.

(b) For minors with a prior history or pattern of repeated hospitalizations or law enforcement interventions due to decompensation, the consideration of prior behavioral health history is particularly relevant in determining whether the minor would receive, if released, such care as is essential for his or her health or safety.

(c) Therefore, the legislature finds that for minors who are currently under a commitment order, a prior history of decompensation leading to repeated hospitalizations or law enforcement interventions should be given great weight in determining whether a new less restrictive alternative commitment should be ordered. The court must also consider any school behavioral issues, the impact on the family, the safety of other children in the household, and the developmental age of the minor.

(4) It is also the purpose of this chapter to protect the health and safety of minors suffering from behavioral health disorders and to protect public safety through use of the *parens patriae* and police powers of the state. Accordingly, when construing the requirements of this chapter the court must focus on the merits of the petition, except where requirements have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of deciding petitions on their merits furthers both public and private interests because the mental and physical well-being of minors as well as public safety may be implicated by the decision to release a minor and discontinue his or her treatment.

(5) It is also the purpose of this chapter to assure the ability of parents to exercise reasonable, compassionate care and control of their minor children when there is a medical necessity for treatment and without the requirement of filing a petition under this chapter, including the ability to request and receive medically necessary treatment for their adolescent children without the consent of the adolescent. [2020 c 302 § 62; 2020 c 185 § 1; 2019 c 381 § 1; 2018 c 201 § 5001; 1998 c 296 § 7; 1992 c 205 § 302; 1985 c 354 § 1.]

Reviser's note: This section was amended by 2020 c 185 § 1 and by 2020 c 302 § 62, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

Part headings not law—Severability—1992 c 205: See notes following RCW 13.40.010.

RCW 71.34.020 Definitions. (*Contingent expiration date.*) Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a minor should be examined or treated as a patient in a hospital.

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

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

(4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.

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

(6) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a minor patient.

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

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

(9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.

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

(11) "Children's mental health specialist" means:

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

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

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

(13) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms.

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

(15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.

(16) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.

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

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

(19) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter.

(20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.

(21) "Developmental disability" has the same meaning as defined in RCW 71A.10.020.

(22) "Director" means the director of the authority.

(23) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.

(24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention

facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

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

(26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.

(28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.

(29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term substance use disorder treatment facility, or in confinement as a result of a criminal conviction.

(30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences.

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

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

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

(33) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter.

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

(35) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130.

(36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.

(37) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(38) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

(b) The minor has threatened the physical safety of another and has a history of one or more violent acts.

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

(40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.

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

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

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

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

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

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

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2) (a).

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

(48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW.

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

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

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

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

(53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

(54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal,

state, county, or municipal government, or a combination of such governments.

(55) "Release" means legal termination of the commitment under the provisions of this chapter.

(56) "Resource management services" has the meaning given in chapter 71.24 RCW.

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

(58) "Secretary" means the secretary of the department or secretary's designee.

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

(a) Provide the following services:

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

(ii) Clinical stabilization services;

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

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

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

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

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

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

(62) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.

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

(64) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.

(65) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties.

(66) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, the department of health, the authority, behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, the department of health, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(67) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

(68) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

(69) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property. [2021 c 264 § 26; (2021 c 264 § 25 expired July 1, 2022). Prior: 2020 c 302 § 63; 2020 c 274 § 50; 2020 c 185 § 2; 2020 c 80 § 54; prior: 2019 c 446 § 24; 2019 c 444 § 17; 2019 c 381 § 2; 2019 c 325 § 2001; 2018 c 201 § 5002; prior: 2016 sp.s. c 29 § 254; 2016 c 155 § 17; 2011 c 89 § 16; 2010 c 94 § 20; 2006 c 93 § 2; 1998 c 296 § 8; 1985 c 354 § 2.]

Effective date—2021 c 264 §§ 21 and 26: See note following RCW 71.05.020.

Effective date—2021 c 264 §§ 25, 27, and 31: "Sections 25, 27, and 31 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [May 12, 2021]." [2021 c 264 § 39.]

Expiration date—2021 c 264 §§ 20 and 25: See note following RCW 71.05.020.

Effective date—2020 c 80 §§ 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

Short title—2019 c 381: See note following RCW 71.34.500.

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2011 c 89: See note following RCW 18.320.005.

Findings—2011 c 89: See RCW 18.320.005.

Purpose—2010 c 94: See note following RCW 44.04.280.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.020 Definitions. (*Contingent effective date.*) Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a minor should be examined or treated as a patient in a hospital.

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

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

(4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.

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

(6) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a minor patient.

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

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

(9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in

this section, or a co-occurring mental disorder and substance use disorder.

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

(11) "Children's mental health specialist" means:

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

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

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

(13) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms.

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

(15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.

(16) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.

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

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

(19) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter.

(20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.

(21) "Developmental disability" has the same meaning as defined in RCW 71A.10.020.

(22) "Director" means the director of the authority.

(23) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.

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

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

(26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.

(28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.

(29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term substance use disorder treatment facility, or in confinement as a result of a criminal conviction.

(30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences.

(31)(a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for

minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.

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

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

(33) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter.

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

(35) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130.

(36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.

(37) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(38) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused harm, substantial pain, or which places another person or persons in reasonable fear of harm to themselves or others; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

(b) The minor has threatened the physical safety of another and has a history of one or more violent acts.

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

(40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.

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

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

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

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

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

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

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2) (a).

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

(48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW.

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

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

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

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

(53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

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

(55) "Release" means legal termination of the commitment under the provisions of this chapter.

(56) "Resource management services" has the meaning given in chapter 71.24 RCW.

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

(58) "Secretary" means the secretary of the department or secretary's designee.

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

(a) Provide the following services:

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

(ii) Clinical stabilization services;

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

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

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

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

(60) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior.

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

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

(63) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.

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

(65) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.

(66) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties.

(67) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, the department of health, the authority, behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, the department of health, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(68) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

(69) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

(70) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property. [2021 c 264 § 28; 2021 c 264 § 27. Prior: 2020 c 302 § 64; 2020 c 302 § 63; 2020 c 274 § 50; 2020 c 185 § 2; 2020 c 80 § 54; prior: 2019 c 446 § 24; 2019 c 444 § 17; 2019 c 381 § 2; 2019 c 325 § 2001; 2018 c 201 § 5002; prior: 2016 sp.s. c 29 § 254; 2016 c 155 § 17; 2011 c 89 § 16; 2010 c 94 § 20; 2006 c 93 § 2; 1998 c 296 § 8; 1985 c 354 § 2.]

Contingent effective date—2021 c 264 §§ 27 and 28; 2020 c 302 §§ 64 and 81: "(1) Sections 64 and 81, chapter 302, Laws of 2020 and, until July 1, 2022, section 27, chapter 264, Laws of 2021 and,

beginning July 1, 2022, section 28, chapter 264, Laws of 2021 take effect when the average wait time for children's long-term inpatient placement admission is 30 days or less for two consecutive quarters.

(2) The health care authority must provide written notice of the effective date of sections 64 and 81, chapter 302, Laws of 2020 and sections 27 and 28, chapter 264, Laws of 2021 to affected parties, the chief clerk of the house of representatives, the secretary of the senate, the office of the code reviser, and others as deemed appropriate by the authority." [2021 c 264 § 29; 2020 c 302 § 111.]

Effective date—2021 c 264 §§ 25, 27, and 31: "Sections 25, 27, and 31 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [May 12, 2021]." [2021 c 264 § 39.]

Effective date—2020 c 80 §§ 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

Short title—2019 c 381: See note following RCW 71.34.500.

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2011 c 89: See note following RCW 18.320.005.

Findings—2011 c 89: See RCW 18.320.005.

Purpose—2010 c 94: See note following RCW 44.04.280.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

GENERAL

RCW 71.34.300 Evaluation and treatment program for minors—Authority's responsibility. The authority is responsible for development and coordination of the evaluation and treatment program for minors and for coordination of evaluation and treatment services and resources with the community behavioral health program required under chapter 71.24 RCW. [2019 c 325 § 2002; 2018 c 201 § 5003; 2011 c 343 § 7; 1985 c 354 § 14. Formerly RCW 71.34.140.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

RCW 71.34.305 Notice to parents, school contacts for referring students to inpatient treatment. School district personnel who contact a behavioral health disorder inpatient treatment program or provider for the purpose of referring a student to inpatient treatment shall provide the parents with notice of the contact within forty-eight hours. [2020 c 302 § 65; 2016 sp.s. c 29 § 255; 1996 c 133 § 6. Formerly RCW 71.34.032.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Short title—Intent—Construction—1996 c 133: See notes following RCW 13.32A.197.

RCW 71.34.310 Jurisdiction over proceedings under chapter—Venue. (1) The superior court has jurisdiction over proceedings under this chapter.

(2) A record of all petitions and proceedings under this chapter shall be maintained by the clerk of the superior court in the county in which the petition or proceedings was initiated.

(3) Petitions for commitment shall be filed and venue for hearings under this chapter shall be in the county in which the minor is being detained. [2020 c 302 § 66; 1985 c 354 § 26. Formerly RCW 71.34.250.]

RCW 71.34.315 Mental health commissioners—Authority. The judges of the superior court of the county by majority vote may authorize mental health commissioners, appointed pursuant to RCW 71.05.135, to perform any or all of the following duties:

(1) Receive all applications, petitions, and proceedings filed in the superior court for the purpose of disposing of them pursuant to this chapter or RCW 10.77.094;

(2) Investigate the facts upon which to base warrants, subpoenas, orders to directions in actions, or proceedings filed pursuant to this chapter or RCW 10.77.094;

(3) For the purpose of this chapter, exercise all powers and perform all the duties of a court commissioner appointed pursuant to RCW 2.24.010;

(4) Hold hearings in proceedings under this chapter or RCW 10.77.094 and make written reports of all proceedings under this chapter or RCW 10.77.094 which shall become a part of the record of superior court;

(5) Provide such supervision in connection with the exercise of its jurisdiction as may be ordered by the presiding judge; and

(6) Cause the orders and findings to be entered in the same manner as orders and findings are entered in cases in the superior court. [2013 c 27 § 2; 1989 c 174 § 3. Formerly RCW 71.34.280.]

Severability—1989 c 174: See note following RCW 71.05.135.

RCW 71.34.320 Transfer of superior court proceedings to juvenile department. For purposes of this chapter, a superior court may transfer proceedings under this chapter to its juvenile department. [1985 c 354 § 28. Formerly RCW 71.34.260.]

RCW 71.34.325 Court proceedings under chapter subject to rules of state supreme court. Court procedures and proceedings provided for in this chapter shall be in accordance with rules adopted by the supreme court of the state of Washington. [1985 c 354 § 24. Formerly RCW 71.34.240.]

RCW 71.34.330 Attorneys appointed for minors—Compensation. Attorneys appointed for minors under this chapter shall be compensated for their services as follows:

(1) Responsible others shall bear the costs of such legal services if financially able according to standards set by the court of the county in which the proceeding is held.

(2) If all responsible others are indigent as determined by these standards, the behavioral health administrative services organization shall reimburse the county in which the proceeding is held for the direct costs of such legal services, as provided in RCW 71.05.730. [2019 c 325 § 2003; 2014 c 225 § 89; 2011 c 343 § 8; 1985 c 354 § 23. Formerly RCW 71.34.230.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2014 c 225: See note following RCW 71.24.016.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

RCW 71.34.335 Court records and files confidential—Availability. The records and files maintained in any court proceeding under this chapter are confidential and available only to the minor, the minor's parent, and the minor's attorney. In addition, the court may order the subsequent release or use of these records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality will be maintained. [1985 c 354 § 21. Formerly RCW 71.34.210.]

RCW 71.34.351 Delivery of minor to treatment facilities. A peace officer may take or authorize a minor to be taken into custody and immediately delivered to an appropriate triage facility, crisis

stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital when he or she has reasonable cause to believe that such minor is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is gravely disabled. Until July 1, 2026, a peace officer's delivery of a minor to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program is subject to the availability of a secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the minor. [2020 c 302 § 67.]

RCW 71.34.355 Rights of minors undergoing treatment—Posting—Waiver—Presumption of incompetency. (1) Absent a risk to self or others, minors treated under this chapter have the following rights, which shall be prominently posted in the evaluation and treatment facility:

- (a) To wear their own clothes and to keep and use personal possessions;
- (b) To keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;
- (c) To have individual storage space for private use;
- (d) To have visitors at reasonable times;
- (e) To have reasonable access to a telephone, both to make and receive confidential calls;
- (f) To have ready access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mails;
- (g) To discuss treatment plans and decisions with mental health professionals;
- (h) To have the right to adequate care and individualized treatment;
- (i) To not be denied access to treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination in addition to the treatment otherwise proposed;
- (j) Not to consent to the administration of antipsychotic medications beyond the hearing conducted pursuant to RCW 71.34.750 or the performance of electroconvulsive treatment or surgery, except emergency lifesaving surgery, upon him or her, unless ordered by a court under procedures described in RCW 71.05.217(1)(j). The minor's parent may exercise this right on the minor's behalf, and must be informed of any impending treatment;
- (k) Not to have psychosurgery performed on him or her under any circumstances.

(2) (a) Privileges between minors and physicians, physician assistants, psychologists, or psychiatric advanced registered nurse practitioners are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications. As to other proceedings under this chapter, the privileges are waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained minor or the public.

(b) The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained minor for purposes of a proceeding under this chapter. Upon motion by the detained minor or on its own motion, the court shall examine a record or testimony sought by a petitioner to determine whether it is within the scope of the waiver.

(c) The record maker may not be required to testify in order to introduce medical or psychological records of the detained minor so long as the requirements of RCW 5.45.020 are met except that portions of the record which contain opinions as to the detained minor's mental state must be deleted from such records unless the person making such conclusions is available for cross-examination.

(3) No minor may be presumed incompetent as a consequence of receiving an evaluation or voluntary or involuntary treatment for a mental disorder or substance use disorder, under this chapter or any prior laws of this state dealing with mental illness or substance use disorders. [2020 c 302 § 68; 2016 c 155 § 18; 2009 c 217 § 15; 1985 c 354 § 16. Formerly RCW 71.34.160.]

RCW 71.34.356 Possessions of minors undergoing treatment. At the time a minor is involuntarily admitted to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the professional person in charge or his or her designee shall take reasonable precautions to inventory and safeguard the personal property of the detained minor. A copy of the inventory, signed by the staff member making it, must be given to the detained minor and must, in addition, be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained minor. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, parent, or adult brother or sister of the minor. The facility shall not disclose the contents of the inventory to any other person without the consent of the minor or order of the court. [2020 c 302 § 69.]

RCW 71.34.360 No detention of minors after eighteenth birthday—Exceptions. No minor received as a voluntary patient or committed under this chapter may be detained after his or her eighteenth birthday unless the person, upon reaching eighteen years of age, has applied for admission to an appropriate evaluation and treatment facility or unless involuntary commitment proceedings under chapter 71.05 RCW have been initiated: PROVIDED, That a minor may be detained after his or her eighteenth birthday for purposes of completing the fourteen-day diagnosis, evaluation, and treatment. [1985 c 354 § 20. Formerly RCW 71.34.190.]

RCW 71.34.365 Release of minor—Requirements. (1) If a minor is not accepted for admission or is released by an inpatient evaluation and treatment facility, the facility shall release the minor to the custody of the minor's parent or other responsible person. If not otherwise available, the facility shall furnish transportation for the minor to the minor's residence or other appropriate place. If the minor has been arrested, the evaluation and treatment facility, secure

withdrawal management and stabilization facility, or approved substance use disorder treatment program shall detain the minor for not more than eight hours at the request of the peace officer. The program or facility shall make reasonable attempts to contact the requesting peace officer during this time to inform the peace officer that the minor is not approved for admission or is being released in order to enable a peace officer to return to the facility and take the minor back into custody.

(2) If the minor is released to someone other than the minor's parent, the facility shall make every effort to notify the minor's parent of the release as soon as possible.

(3) No indigent minor may be released to less restrictive alternative treatment or setting or discharged from inpatient treatment without suitable clothing, and the authority shall furnish this clothing. As funds are available, the director may provide necessary funds for the immediate welfare of indigent minors upon discharge or release to less restrictive alternative treatment. [2020 c 302 § 70; 2018 c 201 § 5004; 1985 c 354 § 17. Formerly RCW 71.34.170.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.34.375 Family-initiated treatment—Notice to parents of available treatment options. (1) If a parent or guardian, for the purpose of mental health treatment, substance use disorder treatment, or evaluation, brings his or her minor child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23 RCW, an inpatient facility licensed under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds for minors, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, the facility is required to promptly provide written and verbal notice of all statutorily available treatment options contained in this chapter. The notice need not be given more than once if written and verbal notice has already been provided and documented by the facility.

(2) The provision of notice must be documented by the facilities required to give notice under subsection (1) of this section and must be accompanied by a signed acknowledgment of receipt by the parent or guardian. The notice must contain the following information:

(a) All current statutorily available treatment options including but not limited to those provided in this chapter; and

(b) The procedures to be followed to utilize the treatment options described in this chapter.

(3) The department of health shall produce, and make available, the written notification that must include, at a minimum, the information contained in subsection (2) of this section. The department of health must revise the written notification as necessary to reflect changes in the law. [2019 c 446 § 25; 2018 c 201 § 5005; 2016 sp.s. c 29 § 256; 2011 c 302 § 1; 2003 c 107 § 1. Formerly RCW 71.34.056.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.377 Failure to notify parent or guardian of treatment options—Civil penalty. An evaluation and treatment facility that fails to comply with the requirement to provide verbal and written notice to a parent or guardian of a child under RCW 71.34.375 is subject to a civil penalty of one thousand dollars for each failure to provide adequate notice, unless the evaluation and treatment facility is a hospital licensed under chapter 70.41 RCW or a psychiatric hospital licensed under chapter 71.12 RCW in which case the department of health may enforce the notice requirements using its existing enforcement authority provided in chapters 70.41 and 71.12 RCW. [2011 c 302 § 2.]

RCW 71.34.379 Notice to parent or guardian—Treatment options—Policy and protocol adoption—Report. Facilities licensed under chapter 70.41, 71.12, or 72.23 RCW are required to adopt policies and protocols regarding the notice requirements described in RCW 71.34.375. [2019 c 325 § 2004; 2011 c 302 § 5.]

Effective date—2019 c 325: See note following RCW 71.24.011.

RCW 71.34.380 Department, department of health, and authority to adopt rules to effectuate chapter. (1) The department, department of health, and the authority shall adopt such rules pursuant to chapter 34.05 RCW as may be necessary to effectuate the intent and purposes of this chapter.

(2) The authority shall evaluate the quality, effectiveness, efficiency, and use of services, procedures and standards for commitment, and establish criteria and procedures for placement and transfer of committed minors.

(3) The department of health shall regulate the evaluation and treatment facilities and programs.

(4) The department shall operate and maintain the child study and treatment center. [2018 c 201 § 5006; 1985 c 354 § 25. Formerly RCW 71.34.800.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.34.385 Uniform application of chapter—Training for designated crisis responders. The authority shall ensure that the provisions of this chapter are applied in a consistent and uniform manner. The authority shall also ensure that, to the extent possible within available funds, the designated crisis responders are specifically trained in adolescent mental health issues, the mental health and substance use disorder civil commitment laws, and the

criteria for civil commitment. [2019 c 325 § 2005; 2018 c 201 § 5007; 2016 sp.s. c 29 § 257; 1992 c 205 § 304. Formerly RCW 71.34.805.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Part headings not law—Severability—1992 c 205: See notes following RCW 13.40.010.

RCW 71.34.387 Online training for behavioral health providers—State law and best practices when providing behavioral health services to children, youth, and families. Subject to the availability of amounts appropriated for this specific purpose, the authority must provide an online training for behavioral health providers regarding state law and best practices when providing behavioral health services to children, youth, and families. The training must be free for providers and must include information related to family-initiated treatment, adolescent-initiated treatment, other treatment services provided under this chapter, and standards for sharing of information about behavioral health services received by an adolescent under RCW 70.02.240 and 70.02.265. [2019 c 381 § 23.]

Short title—2019 c 381: See note following RCW 71.34.500.

RCW 71.34.3871 Stakeholder engagement efforts to measure impacts of the adolescent behavioral health care access act (2019 c 381)—Reports to governor and legislature. (*Expires December 31, 2024.*) (1) Subject to the availability of amounts appropriated for this specific purpose, the authority must conduct stakeholder engagement efforts with parents, youth, and behavioral health providers to measure the impacts of implementing policies resulting from chapter 381, Laws of 2019 during the first three years of implementation and RCW 71.34.915 and 71.34.918. The stakeholder engagement efforts required under this subsection must include live events soliciting feedback from stakeholders and alternative methods for stakeholders to submit feedback. The first stakeholder engagement efforts must be complete by October 1, 2022, followed by subsequent annual stakeholder engagement efforts completed by July 1, 2023, and by July 1, 2024. The authority must report on the results of the stakeholder engagement efforts annually to the governor and the legislature beginning November 1, 2022. The final report is due November 1, 2024, and must include any recommendations for statutory changes identified as needed based on stakeholder engagement efforts results.

(2) This section expires December 31, 2024. [2022 c 134 § 3; 2019 c 381 § 24.]

Short title—2019 c 381: See note following RCW 71.34.500.

RCW 71.34.390 Redirection of Title XIX funds to fund placements within the state. For the purpose of encouraging the expansion of existing evaluation and treatment facilities and the creation of new facilities, the authority shall endeavor to redirect federal Title XIX funds which are expended on out-of-state placements to fund placements within the state. [2018 c 201 § 5008; 1992 c 205 § 303. Formerly RCW 71.34.810.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Part headings not law—Severability—1992 c 205: See notes following RCW 13.40.010.

RCW 71.34.395 Availability of treatment does not create right to obtain public funds. The ability of a parent to bring his or her minor child to a licensed or certified evaluation and treatment program for evaluation and treatment does not create a right to obtain or benefit from any funds or resources of the state. The state may provide services for indigent minors to the extent that funds are available. [2018 c 201 § 5009; 1998 c 296 § 21. Formerly RCW 71.34.015.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.400 Eligibility for medical assistance under chapter 74.09 RCW—Payment by authority. For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient mental health or inpatient substance use disorder treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the authority or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the authority shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the authority. [2018 c 201 § 5010; 2016 sp.s. c 29 § 258; 1998 c 296 § 11. Formerly RCW 71.34.027.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.405 Liability for costs of minor's treatment and care—Rules. (1) A minor receiving treatment under the provisions of this chapter and responsible others shall be liable for the costs of treatment, care, and transportation to the extent of available resources and ability to pay.

(2) The secretary or director, as appropriate, shall establish rules to implement this section and to define income, resources, and exemptions to determine the responsible person's or persons' ability to pay. [2018 c 201 § 5011; 1985 c 354 § 13. Formerly RCW 71.34.130.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.34.406 Liability of costs of minor's treatment—Involuntary detention—Rules. In addition to the responsibility provided for by RCW 43.20B.330, the parents of a minor person who is involuntarily detained pursuant to this chapter for the purpose of treatment and evaluation outside of a facility maintained and operated by the department shall be responsible for the cost of such care and treatment. In the event that an individual is unable to pay for such treatment or in the event payment would result in a substantial hardship upon the individual or his or her family, then the county of residence of such person shall be responsible for such costs. If it is not possible to determine the county of residence of the person, the cost shall be borne by the county where the person was originally detained. The department, or the authority, as appropriate, shall, pursuant to chapter 34.05 RCW, adopt standards as to (1) inability to pay in whole or in part, (2) a definition of substantial hardship, and (3) appropriate payment schedules. Financial responsibility with respect to services and facilities of the department shall continue to be as provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370. [2020 c 302 § 102.]

RCW 71.34.410 Liability for performance of duties under this chapter limited. (1) No public or private agency or governmental entity, nor officer of a public or private agency, nor the superintendent, or professional person in charge, his or her professional designee or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a minor under this chapter, nor any designated crisis responder, nor professional person, nor evaluation and treatment facility, nor secure withdrawal management and stabilization facility, nor approved substance use disorder treatment program shall be civilly or criminally liable for performing actions authorized in this chapter with regard to the decision of whether to admit, release, administer antipsychotic medications, or detain a minor for evaluation and

treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

(2) This section does not relieve a person from giving the required duty to warn or to take reasonable precautions to provide protection from violent behavior where the minor has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel. [2020 c 302 § 71; 2019 c 446 § 27; 2016 sp.s. c 29 § 259; 2005 c 371 § 5; 1985 c 354 § 27. Formerly RCW 71.34.270.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Finding—Intent—Severability—2005 c 371: See notes following RCW 71.34.600.

RCW 71.34.415 Judicial services—Civil commitment cases—Reimbursement. A county may apply to its behavioral health administrative services organization for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter, as provided in RCW 71.05.730. [2019 c 325 § 2006; 2014 c 225 § 90; 2011 c 343 § 4.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2014 c 225: See note following RCW 71.24.016.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

RCW 71.34.420 Evaluation and treatment services—Unavailability—Single bed certification. (1) The authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a minor suffering from a mental disorder for whom an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

(2) A single bed certification must be specific to the minor receiving treatment.

(3) A designated crisis responder who submits an application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the single bed certification will be approved for the

purpose of completing the detention process and responding to other emergency calls.

(4) The authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section. [2020 c 302 § 72; 2018 c 201 § 5012; 2016 sp.s. c 29 § 260; 2015 c 269 § 12.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 §§ 1-9 and 11-13: See note following RCW 71.05.010.

RCW 71.34.430 Release of adolescent's mental health information to parent without adolescent's consent. A mental health agency, psychiatric hospital, or evaluation and treatment facility may release mental health information about an adolescent to a parent of the adolescent without the consent of the adolescent by following the limitations and restrictions of RCW 70.02.240 and 70.02.265. [2019 c 381 § 22.]

Short title—2019 c 381: See note following RCW 71.34.500.

RCW 71.34.440 Detention of minors—Permission to leave facility. Nothing in this chapter shall prohibit the professional person in charge of a treatment facility, or his or her professional designee, from permitting a minor detained for intensive treatment to leave the facility for prescribed periods during the term of the minor's detention, under such conditions as may be appropriate. [2020 c 302 § 73.]

ADOLESCENT-INITIATED TREATMENT

RCW 71.34.500 Self-admission of adolescent for inpatient behavioral health treatment or substance use disorder treatment—Requirements. (1) An adolescent may admit himself or herself to an evaluation and treatment facility for inpatient mental health treatment or an approved substance use disorder treatment program for inpatient substance use disorder treatment without parental consent. The admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for inpatient treatment of a minor under the age of thirteen.

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

disorder treatment program, there is reason to believe that a minor is in need of inpatient treatment because of a behavioral health disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the minor's home, the minor may be admitted to the facility.

(3) Written renewal of voluntary consent must be obtained from the applicant no less than once every twelve months. The minor's need for continued inpatient treatments shall be reviewed and documented no less than every one hundred eighty days. [2020 c 302 § 74; 2019 c 381 § 3; 2016 sp.s. c 29 § 261; 2006 c 93 § 3; 2005 c 371 § 2; 1998 c 296 § 14. Formerly RCW 71.34.042.]

Short title—2019 c 381: "This act may be known and cited as the adolescent behavioral health care access act." [2019 c 381 § 25.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Finding—Intent—Severability—2005 c 371: See notes following RCW 71.34.600.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.510 Notice to parents of adolescent voluntarily admitted to inpatient treatment—When required—Duties of professional person in charge—Form of notice. (1) The professional person in charge of an evaluation and treatment facility shall provide notice to the parent of an adolescent when the adolescent is voluntarily admitted to inpatient treatment under RCW 71.34.500 solely for mental health treatment and not for substance use disorder treatment, unless the professional person has a compelling reason to believe that such disclosure would be detrimental to the adolescent or contact cannot be made, in which case the professional person must document the reasons in the adolescent's medical record.

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

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

parent of the adolescent. If the adolescent is publicly listed as missing, the professional person must immediately notify the department of children, youth, and families of its contact with the youth listed as missing. The notification must include a description of the adolescent's physical and emotional condition.

(4) The notice required under subsections (1) and (2) of this section shall be in the form most likely to reach the parent within twenty-four hours of the adolescent's voluntary admission and shall advise the parent: (a) That the adolescent has been admitted to inpatient treatment; (b) of the location and telephone number of the facility providing such treatment; (c) of the name of a professional person on the staff of the facility providing treatment who is designated to discuss the adolescent's need for inpatient treatment with the parent; and (d) of the medical necessity for admission. Notification efforts under subsections (1) and (2) of this section shall begin as soon as reasonably practicable, considering the adolescent's immediate medical needs. [2019 c 381 § 4; 1998 c 296 § 15. Formerly RCW 71.34.044.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.520 Notice of intent to leave inpatient treatment by adolescent voluntarily admitted—Duties of receiving staff member—Time frame for discharge of adolescent. (1) Any adolescent voluntarily admitted to an evaluation and treatment facility or approved substance use disorder treatment program under RCW 71.34.500 may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the adolescent can be discerned.

(2) The staff member receiving the notice shall date it immediately and record its existence in the adolescent's clinical record.

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

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

(3) The professional person shall discharge the adolescent from the facility by the second judicial day following receipt of the adolescent's notice of intent to leave. [2019 c 381 § 5; 2016 sp.s. c 29 § 262; 2003 c 106 § 1; 1998 c 296 § 16. Formerly RCW 71.34.046.]

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.530 Outpatient treatment of adolescent. Any adolescent may request and receive outpatient treatment without the consent of the adolescent's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen. [2019 c 381 § 6; 2006 c 93 § 4; 1998 c 296 § 12; 1995 c 312 § 52; 1985 c 354 § 3. Formerly RCW 71.34.030.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

Short title—1995 c 312: See note following RCW 13.32A.010.

FAMILY-INITIATED TREATMENT

RCW 71.34.600 Parental request for determination of whether adolescent has a behavioral health disorder requiring inpatient treatment—Adolescent's consent not required for admission, evaluation, and treatment—Duties and obligations of professional person and facility. (1) A parent may bring, or authorize the bringing of, his or her adolescent child to:

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

(b) A secure withdrawal management and stabilization facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the adolescent has a substance use disorder and is in need of inpatient treatment.

(2) The consent of the adolescent is not required for admission, evaluation, and treatment if a parent provides consent.

(3) An appropriately trained professional person may evaluate whether the adolescent has a behavioral health disorder. The evaluation shall be completed within twenty-four hours of the time the adolescent was brought to the facility, unless the professional person determines that the condition of the adolescent necessitates additional time for evaluation. In no event shall an adolescent be held longer than one hundred twenty hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the adolescent to receive inpatient treatment, the

adolescent may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the adolescent's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the authority if the adolescent is held solely for mental health and not substance use disorder treatment and of the date of admission. If the adolescent is held for substance use disorder treatment only, the professional person shall provide notice to the authority which redacts all patient identifying information about the adolescent unless: (a) The adolescent provides written consent to the disclosure of the fact of admission and such other substance use disorder treatment information in the notice; or (b) permitted by federal law.

(4) No provider is obligated to provide treatment to an adolescent under the provisions of this section except that no provider may refuse to treat an adolescent under the provisions of this section solely on the basis that the adolescent has not consented to the treatment. No provider may admit an adolescent to treatment under this section unless it is medically necessary.

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

(6) Prior to the review conducted under RCW 71.34.610, the professional person shall notify the adolescent of his or her right to petition superior court for release from the facility. [2020 c 302 § 76; (2020 c 302 § 75 expired January 1, 2021). Prior: 2019 c 446 § 28; 2019 c 381 § 7; 2018 c 201 § 5013; 2016 sp.s. c 29 § 263; 2007 c 375 § 11; 2005 c 371 § 4; 1998 c 296 § 17. Formerly RCW 71.34.052.]

Effective date—2020 c 302 §§ 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Finding—Intent—2005 c 371: "The legislature finds that, despite explicit statements in statute that the consent of a minor child is not required for a parent-initiated admission to inpatient or outpatient mental health treatment, treatment providers consistently refuse to accept a minor aged thirteen or over if the minor does not also consent to treatment. The legislature intends that the parent-initiated treatment provisions, with their accompanying due process

provisions for the minor, be made fully available to parents." [2005 c 371 § 1.]

Severability—2005 c 371: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [2005 c 371 § 7.]

Findings—Intent—Part headings not law—Short title—1998 c 296:
See notes following RCW 74.13.025.

RCW 71.34.610 Authority's review of medical necessity of inpatient treatment of adolescent admitted to a facility due to parental request—Required considerations in making determination—Procedures for release—At-risk youth petition—Costs—Public funds.

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

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

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

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

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

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

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

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

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

(8) Nothing in this section prohibits a managed care organization from conducting medical necessity reviews according to appropriate guidelines based on the level of care being referred to and consistent with the billing guide from the authority. [2020 c 185 § 3; 2019 c 381 § 8; 2018 c 201 § 5014; 1998 c 296 § 9; 1995 c 312 § 56. Formerly RCW 71.34.025.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

Short title—1995 c 312: See note following RCW 13.32A.010.

RCW 71.34.620 Adolescent's court petition for release from inpatient treatment facility—Judicial review of medical necessity. Following the review conducted under RCW 71.34.610, an adolescent may petition the superior court for his or her release from the facility. The petition may be filed not sooner than five days following the review. The court shall release the adolescent unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the adolescent to remain at the facility. [2019 c 381 § 9; 1998 c 296 § 19. Formerly RCW 71.34.162.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.630 Adolescent not released from inpatient treatment facility by court petition—Release within thirty days—Initiation of proceedings to stop release. (1) If the adolescent is receiving inpatient treatment in a hospital setting and is not released as a result of the petition filed under RCW 71.34.620, he or she shall be released not later than thirty days following the later of: (a) The date of the authority's determination under RCW 71.34.610(2); or (b) the filing of a petition for judicial review under RCW 71.34.620,

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

(2) If the adolescent receiving treatment in a residential treatment facility is not released as a result of the petition filed under RCW 71.34.620, he or she may remain in a residential treatment facility so long as it continues to be a medical necessity for the adolescent to receive such treatment. [2020 c 185 § 4; 2019 c 381 § 10; 2018 c 201 § 5015; 2016 sp.s. c 29 § 264; 1998 c 296 § 20. Formerly RCW 71.34.164.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—Part headings not law—Short title—1998 c 296: See notes following RCW 74.13.025.

RCW 71.34.640 Evaluation of treatment of adolescents. The authority shall randomly select and review the information on adolescents who are admitted to inpatient treatment on application of the adolescent's parent regardless of the source of payment, if any, subject to the limitations under RCW 71.34.600(3). The review shall determine whether the adolescents reviewed were appropriately admitted into treatment based on an objective evaluation of the adolescent's condition and the outcome of the adolescent's treatment. [2019 c 381 § 11; 2018 c 201 § 5016; 1996 c 133 § 36; 1995 c 312 § 58. Formerly RCW 71.34.035.]

Short title—2019 c 381: See note following RCW 71.34.500.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Short title—Intent—Construction—1996 c 133: See notes following RCW 13.32A.197.

Short title—1995 c 312: See note following RCW 13.32A.010.

RCW 71.34.650 Parental request for determination of whether adolescent has a behavioral health disorder requiring outpatient treatment—Adolescent's consent not required for evaluation and certain treatment—Treatment reviews—Discharge. (1) A parent may bring, or authorize the bringing of, his or her adolescent child to a provider of outpatient behavioral health treatment and request that an appropriately trained professional person examine the adolescent to determine whether the adolescent has a behavioral health disorder and is in need of outpatient treatment.

(2) The consent of the adolescent is not required for evaluation if a parent provides consent.

(3) The professional person may evaluate whether the adolescent has a behavioral health disorder and is in need of outpatient treatment.

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

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

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

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

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

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

(7) Any adolescent admitted to inpatient treatment under RCW 71.34.500 or 71.34.600 shall be discharged immediately from inpatient treatment upon written request of the parent. [2020 c 302 § 77; 2019 c 381 § 12; 2016 sp.s. c 29 § 265; 1998 c 296 § 18. Formerly RCW 71.34.054.]

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—Part headings not law—Short title—1998 c 296:
See notes following RCW 74.13.025.

RCW 71.34.660 Limitation on liability for admitting or accepting adolescent. An adolescent shall have no cause of action against an evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, inpatient facility, or provider of outpatient mental health treatment or outpatient substance use disorder treatment for admitting or accepting the adolescent in good faith for evaluation or treatment under RCW 71.34.600 or 71.34.650 based solely upon the fact that the adolescent did not consent to evaluation or treatment if the adolescent's parent has consented to the evaluation or treatment. [2019 c 446 § 29; 2019 c 381 § 13; 2016 sp.s. c 29 § 266; 2005 c 371 § 3.]

Reviser's note: This section was amended by 2019 c 381 § 13 and by 2019 c 446 § 29, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Finding—Intent—Severability—2005 c 371: See notes following RCW 71.34.600.

RCW 71.34.670 "Appropriately trained professional person" defined by rule. The authority shall adopt rules defining "appropriately trained professional person" operating within their scope of practice within Title 18 RCW for the purposes of conducting mental health and substance use disorder evaluations under RCW 71.34.600(3) and 71.34.650(1). [2019 c 325 § 2007; 2018 c 201 § 2001; 2016 sp.s. c 29 § 415; 1998 c 296 § 34. Formerly RCW 43.20A.025.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—Part headings not law—Short title—1998 c 296:
See notes following RCW 74.13.025.

RCW 71.34.680 Data collection and tracking system for adolescents receiving treatment. The authority shall develop and operate a data collection and tracking system for adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670. In implementing this data collection and tracking system, the authority shall, in collaboration with the department of health, collect information from facilities serving adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670 including, if possible, the following information:

- (1) The names of facilities serving adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670;
- (2) The number of adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670 who are defined as dependent children under chapter 13.34 RCW;
- (3) Demographic information about the adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670;
- (4) The diagnosis upon entry for adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670;
- (5) Length of stay for adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670; and
- (6) Information related to the discharge summary for adolescents receiving family-initiated treatment under RCW 71.34.600 through 71.34.670. [2020 c 185 § 8.]

INVOLUNTARY COMMITMENT

RCW 71.34.700 Evaluation of adolescent brought for immediate inpatient treatment—Temporary detention. (Effective until July 1, 2026.) (1) If an adolescent is brought to an evaluation and treatment facility, secure withdrawal management and stabilization facility with available space, approved substance use disorder treatment program with available space, or hospital emergency room for immediate behavioral health services, the professional person in charge of the facility shall evaluate the adolescent's condition, determine whether the adolescent suffers from a behavioral health disorder, and whether the adolescent is in need of immediate inpatient treatment.

(2) If it is determined under subsection (1) of this section that the adolescent suffers from a behavioral health disorder, inpatient treatment is required, the adolescent is unwilling to consent to voluntary admission, and the professional person believes that the adolescent meets the criteria for initial detention, the facility may detain or arrange for the detention of the adolescent for up to twelve hours, not including time periods prior to medical clearance, in order to enable a designated crisis responder to evaluate the adolescent and commence initial detention proceedings under the provisions of this chapter.

(3) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section. [2020 c 302 § 78. Prior: 2019 c 446 § 30; 2019 c 381 § 14; 2016 sp.s. c 29 § 267; 1985 c 354 § 4. Formerly RCW 71.34.040.]

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Expiration date—2019 c 381 §§ 14 and 16: "Sections 14 and 16 of this act expire July 1, 2026." [2019 c 381 § 26.]

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.700 Evaluation of adolescent brought for immediate inpatient treatment—Temporary detention. (Effective July 1, 2026.)

(1) If an adolescent is brought to an evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or hospital emergency room for immediate behavioral health services, the professional person in charge of the facility shall evaluate the adolescent's condition, determine whether the adolescent suffers from a behavioral health disorder, and whether the adolescent is in need of immediate inpatient treatment.

(2) If it is determined under subsection (1) of this section that the adolescent suffers from a behavioral health disorder, inpatient treatment is required, the adolescent is unwilling to consent to voluntary admission, and the professional person believes that the adolescent meets the criteria for initial detention, the facility may detain or arrange for the detention of the adolescent for up to twelve hours, not including time periods prior to medical clearance, in order to enable a designated crisis responder to evaluate the adolescent and commence initial detention proceedings under the provisions of this chapter.

(3) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section. [2020 c 302 § 79. Prior: 2019 c 446 § 31; 2019 c 381 § 15; 2016 sp.s. c 29 § 268; 2016 sp.s. c 29 § 267; 1985 c 354 § 4. Formerly RCW 71.34.040.]

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2019 c 381 §§ 15 and 17: "Sections 15 and 17 of this act take effect July 1, 2026." [2019 c 381 § 27.]

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.705 Evaluation of adolescent brought for immediate inpatient treatment—Considerations. (1) Whenever a designated crisis responder or professional person is conducting an evaluation under this chapter, the designated crisis responder or professional person must consider all reasonably available information from credible witnesses and records regarding:

(a) Historical behavior, including history of one or more violent acts; and

(b) Prior commitments under this chapter.

(2) Credible witnesses may include family members, landlords, neighbors, teachers, school personnel, or others with significant contact and history of involvement with the minor. If the designated crisis responder relies upon information from a credible witness in reaching his or her decision to detain the minor, then he or she must provide contact information for any such witness to the prosecutor. The designated crisis responder or prosecutor shall provide notice of the date, time, and location of the probable cause hearing to such a witness.

(3) Symptoms and behavior of the minor which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, when:

(a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;

(b) These symptoms or behavior represent a marked and concerning change in the baseline behavior of the minor; and

(c) Without treatment, the continued deterioration of the minor is probable.

(4) The authority, in consultation with tribes and in coordination with Indian health care providers and the American Indian health commission of Washington state, shall establish written guidelines by June 30, 2022, for conducting culturally appropriate evaluations of American Indians or Alaska Natives. [2021 c 264 § 30; 2020 c 302 § 80.]

RCW 71.34.706 Evaluation of adolescent brought for immediate inpatient treatment—Considerations. (Contingent effective date.) (1) Whenever a designated crisis responder or professional person is conducting an evaluation under this chapter, the designated crisis responder or professional person must consider all reasonably available information from credible witnesses and records regarding:

(a) Historical behavior, including history of one or more violent acts; and

(b) Prior commitments under this chapter.

(2) Credible witnesses may include family members, landlords, neighbors, teachers, school personnel, or others with significant contact and history of involvement with the minor. If the designated crisis responder relies upon information from a credible witness in reaching his or her decision to detain the minor, then he or she must provide contact information for any such witness to the prosecutor. The designated crisis responder or prosecutor shall provide notice of the date, time, and location of the probable cause hearing to such a witness.

(3) Symptoms and behavior of the minor which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, when:

(a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration from safe behavior, or one or more violent acts;

(b) These symptoms or behavior represent a marked and concerning change in the baseline behavior of the minor; and

(c) Without treatment, the continued deterioration of the minor is probable. [2020 c 302 § 81.]

Contingent effective date—2021 c 264 §§ 27 and 28; 2020 c 302 §§ 64 and 81: See note following RCW 71.34.020.

RCW 71.34.710 Adolescent who presents likelihood of serious harm or is gravely disabled—Transport to inpatient facility—Petition for initial detention—Notice—Facility to evaluate and admit or release adolescent. (Effective until July 1, 2026.)

(1)(a) When a designated crisis responder receives information that an adolescent as a result of a behavioral health disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the adolescent, or cause the adolescent to be taken, into custody and transported to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing inpatient treatment.

A secure withdrawal management and stabilization facility or approved substance use disorder treatment program must be available and have adequate space for the adolescent.

(b) If a designated crisis responder decides not to detain an adolescent for evaluation and treatment under RCW 71.34.700(2), or forty-eight hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the adolescent detained, an immediate family member or guardian or conservator of the adolescent, or a federally recognized Indian tribe if the person is a member of such tribe, may petition the superior court for the adolescent's detention using the procedures under RCW 71.05.201 and 71.05.203; however, when the court enters an order of initial detention, except as otherwise expressly stated in this chapter, all procedures must be followed as if the order has been entered under (a) of this subsection.

(c) The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2) (a) Within twelve hours of the adolescent's arrival at the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the designated crisis responder shall serve or cause to be served on the adolescent a copy of the petition for initial detention, notice of initial detention, and statement of rights. The designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the adolescent's parent and the adolescent's attorney as soon as possible following the initial detention.

(b) The facility or program may serve the adolescent, notify the adolescent's parents and the adolescent's attorney, and file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service when filing with the court at the request of the designated crisis responder.

(3) (a) At the time of initial detention, the designated crisis responder shall advise the adolescent both orally and in writing that if admitted to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within one hundred twenty hours of the adolescent's provisional acceptance to determine whether probable cause exists to commit the adolescent for further treatment.

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

(4) Subject to subsection (5) of this section, whenever the designated crisis responder petitions for detention of an adolescent under this chapter, an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing one hundred twenty hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the adolescent's arrival, the facility must evaluate the adolescent's condition and either admit or release the adolescent in accordance with this chapter.

(5) A designated crisis responder may not petition for detention of an adolescent to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program unless there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and that has adequate space for the adolescent.

(6) If an adolescent is not approved for admission by the inpatient evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the facility shall make such

recommendations and referrals for further care and treatment of the adolescent as necessary.

(7) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section.

(8) Tribal court orders for involuntary commitment shall be recognized and enforced in accordance with superior court civil rule 82.5.

(9) In any investigation and evaluation of a juvenile under this section in which the designated crisis responder knows, or has reason to know, that the juvenile is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and the Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible but no later than three hours subject to the requirements in RCW 70.02.230

(2)(ee) and (3). A designated crisis responder may restrict the release of information as necessary to comply with 42 C.F.R. Part 2. [2021 c 264 § 31; 2020 c 302 § 83; (2020 c 302 § 82 expired January 1, 2021). Prior: 2019 c 446 § 32; 2019 c 381 § 16; 2016 sp.s. c 29 § 269; 1995 c 312 § 53; 1985 c 354 § 5. Formerly RCW 71.34.050.]

Expiration date—2021 c 264 §§ 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Effective date—2021 c 264 §§ 25, 27, and 31: See note following RCW 71.34.020.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 §§ 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Expiration date—2019 c 381 §§ 14 and 16: See note following RCW 71.34.700.

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Short title—1995 c 312: See note following RCW 13.32A.010.

RCW 71.34.710 Adolescent who presents likelihood of serious harm or is gravely disabled—Transport to inpatient facility—Petition for initial detention—Notice—Facility to evaluate and admit or release adolescent. (Effective July 1, 2026.) (1) (a) When a designated crisis responder receives information that an adolescent as a result of a behavioral health disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the adolescent, or cause the adolescent to be taken, into custody and transported to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing inpatient treatment.

(b) If a designated crisis responder decides not to detain an adolescent for evaluation and treatment under RCW 71.34.700(2), or forty-eight hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the adolescent detained, an immediate family member or guardian or conservator of the adolescent, or a federally recognized Indian tribe if the person is a member of such tribe, may petition the superior court for the adolescent's detention using the procedures under RCW 71.05.201 and 71.05.203; however, when the court enters an order of initial detention, except as otherwise expressly stated in this chapter, all procedures must be followed as if the order has been entered under (a) of this subsection.

(c) The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2) (a) Within twelve hours of the adolescent's arrival at the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the designated crisis responder shall serve or cause to be served on the adolescent a copy of the petition for initial detention, notice of initial detention, and statement of rights. The designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the adolescent's parent and the adolescent's attorney as soon as possible following the initial detention.

(b) The facility or program may serve the adolescent, notify the adolescent's parents and the adolescent's attorney, and file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service when filing with the court at the request of the designated crisis responder.

(3) (a) At the time of initial detention, the designated crisis responder shall advise the adolescent both orally and in writing that

if admitted to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within one hundred twenty hours of the adolescent's provisional acceptance to determine whether probable cause exists to commit the adolescent for further treatment.

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

(4) Whenever the designated crisis responder petitions for detention of an adolescent under this chapter, an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing one hundred twenty hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the adolescent's arrival, the facility must evaluate the adolescent's condition and either admit or release the adolescent in accordance with this chapter.

(5) If an adolescent is not approved for admission by the inpatient evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the adolescent as necessary.

(6) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section.

(7) Tribal court orders for involuntary commitment shall be recognized and enforced in accordance with superior court civil rule 82.5.

(8) In any investigation and evaluation of a juvenile under this section in which the designated crisis responder knows, or has reason to know, that the juvenile is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and the Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible but no later than three hours subject to the requirements in RCW 70.02.230

(2)(ee) and (3). A designated crisis responder may restrict the release of information as necessary to comply with 42 C.F.R. Part 2. [2021 c 264 § 32; 2020 c 302 § 84; (2020 c 302 § 82 expired January 1, 2021). Prior: 2019 c 446 § 33; 2019 c 381 § 17; 2016 sp.s. c 29 § 270; 2016 sp.s. c 29 § 269; 1995 c 312 § 53; 1985 c 354 § 5. Formerly RCW 71.34.050.]

Effective date—2021 c 264 §§ 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2019 c 381 §§ 15 and 17: See note following RCW 71.34.700.

Short title—2019 c 381: See note following RCW 71.34.500.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Short title—1995 c 312: See note following RCW 13.32A.010.

RCW 71.34.720 Examination and evaluation of minor approved for inpatient admission—Referral to a secure withdrawal management and stabilization facility or substance use disorder treatment program—Right to communication, exception—Evaluation and treatment period. (Effective until July 1, 2026.) (1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a substance use disorder professional or co-occurring disorder specialist, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review; however a minor may only be referred to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and that has adequate space for the minor.

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

(4) During the initial one hundred twenty hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. A minor must not be denied the opportunity to consult an attorney unless there is an immediate risk of harm to the minor or others.

(5) If the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed one hundred twenty hours from the time of provisional acceptance. The computation of such one hundred twenty hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed one hundred twenty hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter. [2021 c 264 § 33; 2020 c 302 § 86; (2020 c 302 § 85 expired January 1, 2021). Prior: 2019 c 446 § 34; 2019 c 444 § 18; 2018 c 201 § 5017; prior: 2016 sp.s. c 29 § 271; 2016 c 155 § 19; 2009 c 217 § 16; 1991 c 364 § 12; 1985 c 354 § 6. Formerly RCW 71.34.060.]

Expiration date—2021 c 264 §§ 1, 3, 6, 8, 10, 14, 31, and 33:
See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 §§ 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Expiration dates—2019 c 444 §§ 12 and 18: See note following RCW 43.70.442.

Expiration date—2018 c 201 §§ 3009, 3012, 3026, 5017, and 5020:
See note following RCW 71.05.240.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Construction—Conflict with federal requirements—1991 c 364: See notes following RCW 71.05.210.

RCW 71.34.720 Examination and evaluation of minor approved for inpatient admission—Referral to a secure withdrawal management and stabilization facility or substance use disorder treatment program—Right to communication, exception—Evaluation and treatment period. (Effective July 1, 2026.) (1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a substance use disorder professional or co-occurring disorder specialist, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review.

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

(4) During the initial one hundred twenty hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. A minor must not be denied the opportunity to consult an attorney unless there is an immediate risk of harm to the minor or others.

(5) If the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed one hundred twenty hours from the time of provisional acceptance. The computation of such one hundred twenty hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed one hundred twenty hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter. [2021 c 264 § 34; 2020 c 302 § 87; (2020 c 302 § 85 expired January 1,

2021). Prior: 2019 c 446 § 35; 2019 c 444 § 19; 2018 c 201 § 5018; 2016 sp.s. c 29 § 272; 2016 sp.s. c 29 § 271; 2016 c 155 § 19; 2009 c 217 § 16; 1991 c 364 § 12; 1985 c 354 § 6. Formerly RCW 71.34.060.]

Effective date—2021 c 264 §§ 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective dates—2019 c 444 §§ 13 and 19: See note following RCW 43.70.442.

Effective date—2018 c 201 §§ 3010, 3013, 3027, 5018, and 5021: See note following RCW 71.05.240.

Findings—Intent—2018 c 201: See note following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Construction—Conflict with federal requirements—1991 c 364: See notes following RCW 71.05.210.

RCW 71.34.730 Petition for fourteen-day commitment—Requirements. (1) The professional person in charge of an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program where a minor has been admitted involuntarily for the initial one hundred twenty hour treatment period under this chapter may petition to have a minor committed to an evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program for fourteen-day diagnosis, evaluation, and treatment.

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

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

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

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

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

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

(i) The name and address of the petitioner;

(ii) The name of the minor alleged to meet the criteria for fourteen-day commitment;

(iii) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor;

(iv) A statement that the petitioner has examined the minor and finds that the minor's condition meets required criteria for fourteen-day commitment and the supporting facts therefor;

(v) A statement that the minor has been advised of the need for voluntary treatment but has been unwilling or unable to consent to necessary treatment;

(vi) If the petition is for mental health treatment, a statement that the minor has been advised of the loss of firearm rights if involuntarily committed;

(vii) A statement recommending the appropriate facility or facilities to provide the necessary treatment; and

(viii) A statement concerning whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(c) A copy of the petition shall be personally served on the minor by the petitioner or petitioner's designee. A copy of the petition shall be provided to the minor's attorney and the minor's parent. [2020 c 302 § 89; (2020 c 302 § 88 expired January 1, 2021); 2020 c 185 § 5; 2019 c 446 § 36. Prior: 2016 sp.s. c 29 § 273; 2016 c 155 § 20; prior: 2009 c 293 § 6; 2009 c 217 § 17; 1995 c 312 § 54; 1985 c 354 § 7. Formerly RCW 71.34.070.]

Reviser's note: This section was amended by 2020 c 185 § 5 and by 2020 c 302 § 89, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective date—2020 c 302 §§ 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Short title—1995 c 312: See note following RCW 13.32A.010.

RCW 71.34.735 Commitment hearing—Continuance or postponement.

(1) In any proceeding for involuntary commitment under this chapter, the court may continue or postpone such proceeding for a reasonable time on motion of the respondent for good cause, or on motion of the prosecuting attorney or the attorney general if:

(a) The respondent expressly consents to a continuance or delay and there is a showing of good cause; or

(b) Such continuance is required in the proper administration of justice and the respondent will not be substantially prejudiced in the presentation of the respondent's case.

(2) The court may on its own motion continue the case when required in due administration of justice and when the respondent will not be substantially prejudiced in the presentation of the respondent's case.

(3) The court shall state in any order of continuance or postponement the grounds for the continuance or postponement and whether detention will be extended. [2020 c 302 § 90.]

RCW 71.34.740 Commitment hearing—Requirements—Findings by court—Commitment—Release. (Effective until July 1, 2026.)

(1) A commitment hearing shall be held within one hundred twenty hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is ordered under RCW 71.34.735.

(2) The commitment hearing shall be conducted at the superior court or an appropriate place at the facility in which the minor is being detained.

(3) At the commitment hearing, the evidence in support of the petition shall be presented by the county prosecutor.

(4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.

(5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.

(6) At the commitment hearing, the minor shall have the following rights:

(a) To be represented by an attorney;

(b) To present evidence on his or her own behalf;

(c) To question persons testifying in support of the petition.

(7) If the hearing is for commitment for mental health treatment, the court at the time of the commitment hearing and before an order of commitment is entered shall inform the minor both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.34.730 will result in the loss of his or her firearm rights if the minor is subsequently detained for involuntary treatment under this section.

(8) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and of the probable effects of the medication.

(9) For a fourteen-day commitment, the court must find by a preponderance of the evidence that:

(a) The minor has a behavioral health disorder and presents a likelihood of serious harm or is gravely disabled;

(b) The minor is in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility, secure

withdrawal management and stabilization facility, or approved substance use disorder treatment program to which continued inpatient care is sought or is in need of less restrictive alternative treatment found to be in the best interests of the minor or others;

(c) The minor is unwilling or unable in good faith to consent to voluntary treatment; and

(d) If commitment is for a substance use disorder, there is an available secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the minor.

(10) If the court finds that the minor meets the criteria for a fourteen-day commitment, the court shall either authorize commitment of the minor for inpatient treatment or for less restrictive alternative treatment upon such conditions as are necessary. If the court determines that the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(11)(a) Nothing in this section prohibits the professional person in charge of the facility from releasing the minor at any time, when, in the opinion of the professional person in charge of the facility, further inpatient treatment is no longer necessary. The release may be subject to reasonable conditions if appropriate.

(b) Whenever a minor is released under this section, the professional person in charge shall within three days, notify the court in writing of the release.

(12) A minor who has been committed for fourteen days shall be released at the end of that period unless a petition for one hundred eighty-day commitment is pending before the court. [2020 c 302 § 92; (2020 c 302 § 91 expired January 1, 2021); 2019 c 446 § 37; 2016 sp.s. c 29 § 274; 2009 c 293 § 7; 1985 c 354 § 8. Formerly RCW 71.34.080.]

Effective date—2020 c 302 §§ 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.740 Commitment hearing—Requirements—Findings by court—Commitment—Release. (Effective July 1, 2026.) (1) A commitment hearing shall be held within one hundred twenty hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is ordered under RCW 71.34.735.

(2) The commitment hearing shall be conducted at the superior court or an appropriate place at the facility in which the minor is being detained.

(3) At the commitment hearing, the evidence in support of the petition shall be presented by the county prosecutor.

(4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.

(5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.

(6) At the commitment hearing, the minor shall have the following rights:

(a) To be represented by an attorney;

(b) To present evidence on his or her own behalf;

(c) To question persons testifying in support of the petition.

(7) If the hearing is for commitment for mental health treatment, the court at the time of the commitment hearing and before an order of commitment is entered shall inform the minor both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.34.730 will result in the loss of his or her firearm rights if the minor is subsequently detained for involuntary treatment under this section.

(8) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and of the probable effects of the medication.

(9) For a fourteen-day commitment, the court must find by a preponderance of the evidence that:

(a) The minor has a behavioral health disorder and presents a likelihood of serious harm or is gravely disabled;

(b) The minor is in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program to which continued inpatient care is sought or is in need of less restrictive alternative treatment found to be in the best interests of the minor or others; and

(c) The minor is unwilling or unable in good faith to consent to voluntary treatment.

(10) If the court finds that the minor meets the criteria for a fourteen-day commitment, the court shall either authorize commitment of the minor for inpatient treatment or for less restrictive alternative treatment upon such conditions as are necessary. If the court determines that the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(11)(a) Nothing in this section prohibits the professional person in charge of the facility from releasing the minor at any time, when, in the opinion of the professional person in charge of the facility, further inpatient treatment is no longer necessary. The release may be subject to reasonable conditions if appropriate.

(b) Whenever a minor is released under this section, the professional person in charge shall within three days, notify the court in writing of the release.

(12) A minor who has been committed for fourteen days shall be released at the end of that period unless a petition for one hundred eighty-day commitment is pending before the court. [2020 c 302 § 93; 2019 c 446 § 38; 2016 sp.s. c 29 § 275; 2016 sp.s. c 29 § 274; 2009 c 293 § 7; 1985 c 354 § 8. Formerly RCW 71.34.080.]

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.750 Petition for one hundred eighty-day commitment—Hearing—Requirements—Findings by court—Commitment order—Release—Successive commitments. (Effective until July 1, 2026.) (1) At any time during the minor's period of fourteen-day commitment, the professional person in charge may petition the court for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a state-operated facility in which case the evidence shall be presented by the attorney general.

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

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

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

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

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

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

(3) The petition shall be supported by accompanying affidavits signed by: (a) Two examining physicians, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner. If the petition is for substance use disorder treatment, the petition may be signed by a substance use disorder professional instead of a mental health professional and by an advanced registered nurse practitioner instead of a psychiatric advanced registered nurse practitioner, or two physician assistants, one of whom must be supervised by a child psychiatrist; (b) one children's mental health specialist and either an examining physician, physician assistant, or a psychiatric advanced registered nurse practitioner; or (c) two among an examining physician, physician assistant, and a psychiatric advanced registered nurse practitioner, one of which needs to be a child psychiatrist, a physician assistant supervised by a child psychiatrist, or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(4) The petition for one hundred eighty-day commitment shall be filed with the clerk of the court at least three days before the

expiration of the fourteen-day commitment period. The petitioner or the petitioner's designee shall within twenty-four hours of filing serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent. A copy of the petition shall be provided to such persons at least twenty-four hours prior to the hearing.

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. If the hearing is not commenced within thirty days after the filing of the petition, including extensions of time requested by the detained person or his or her attorney or the court in the administration of justice under RCW 71.34.735, the minor must be released. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(6) For one hundred eighty-day commitment:

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

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

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

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

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

(7) In determining whether an inpatient or less restrictive alternative commitment is appropriate, great weight must be given to evidence of a prior history or pattern of decompensation and discontinuation of treatment resulting in: (a) Repeated hospitalizations; or (b) repeated peace officer interventions resulting in juvenile charges. Such evidence may be used to provide a factual basis for concluding that the minor would not receive, if released, such care as is essential for his or her health or safety.

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

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

(9) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least three days prior to the expiration of the previous one hundred eighty-day commitment order. [2020 c 302 § 94; 2020 c 185 § 6. Prior: 2019 c 446 § 39; 2019 c 325 § 2008; prior: 2016 sp.s. c 29 § 276; 2016 c 155 § 21; 2009 c 217 § 18; 1985 c 354 § 9. Formerly RCW 71.34.090.]

Reviser's note: This section was amended by 2020 c 185 § 6 and by 2020 c 302 § 94, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2020 c 185 § 6: "Section 6 of this act expires July 1, 2026." [2020 c 185 § 9.]

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Expiration date—2019 c 325 § 2008: "Section 2008 of this act expires July 1, 2026." [2019 c 325 § 6006.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.750 Petition for one hundred eighty-day commitment—Hearing—Requirements—Findings by court—Commitment order—Release—Successive commitments. (Effective July 1, 2026.) (1) At any time during the minor's period of fourteen-day commitment, the professional person in charge may petition the court for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a state-operated facility in which case the evidence shall be presented by the attorney general.

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

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

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

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

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

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

(3) The petition shall be supported by accompanying affidavits signed by: (a) Two examining physicians, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner. If the petition is for substance use disorder treatment, the petition may be signed by a substance use disorder professional instead of a mental health professional and by an advanced registered nurse practitioner instead

of a psychiatric advanced registered nurse practitioner, or two physician assistants, one of whom must be supervised by a child psychiatrist; (b) one children's mental health specialist and either an examining physician, physician assistant, or a psychiatric advanced registered nurse practitioner; or (c) two among an examining physician, physician assistant, and a psychiatric advanced registered nurse practitioner, one of which needs to be a child psychiatrist, a physician assistant supervised by a child psychiatrist, or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

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

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. If the hearing is not commenced within thirty days after the filing of the petition, including extensions of time requested by the detained person or his or her attorney or the court in the administration of justice under RCW 71.34.735, the minor must be released. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

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

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

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

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

(7) In determining whether an inpatient or less restrictive alternative commitment is appropriate, great weight must be given to evidence of a prior history or pattern of decompensation and discontinuation of treatment resulting in: (a) Repeated hospitalizations; or (b) repeated peace officer interventions resulting in juvenile charges. Such evidence may be used to provide a factual basis for concluding that the minor would not receive, if released, such care as is essential for his or her health or safety.

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

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

(9) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least three days prior to the expiration of the previous one hundred eighty-day commitment order. [2020 c 302 § 95; 2020 c 185 § 7. Prior: 2019 c 446 § 40; 2019 c 325 § 2009; 2016 sp.s. c 29 § 277; 2016 sp.s. c 29 § 276; 2016 c 155 § 21; 2009 c 217 § 18; 1985 c 354 § 9. Formerly RCW 71.34.090.]

Reviser's note: This section was amended by 2020 c 185 § 7 and by 2020 c 302 § 95, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2020 c 185 § 7: "Section 7 of this act takes effect July 1, 2026." [2020 c 185 § 10.]

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2019 c 325 § 2009: "Section 2009 of this act takes effect July 1, 2026." [2019 c 325 § 6005.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.755 Less restrictive alternative treatment—

Requirements. (1) Less restrictive alternative treatment, at a minimum, must include the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the less restrictive alternative treatment;
- (c) A psychiatric evaluation, a substance use disorder evaluation, or both;
- (d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan;
- (g) Consultation about the formation of a mental health advance directive under chapter 71.32 RCW; and
- (h) Notification to the care coordinator assigned in (a) of this subsection if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

(2) Less restrictive alternative treatment may include the following additional services:

- (a) Medication management;
- (b) Psychotherapy;
- (c) Nursing;
- (d) Substance use disorder counseling;
- (e) Residential treatment;
- (f) Partial hospitalization;
- (g) Intensive outpatient treatment;
- (h) Support for housing, benefits, education, and employment; and
- (i) Periodic court review.

(3) If the minor was provided with involuntary medication during the involuntary commitment period, the less restrictive alternative treatment order may authorize the less restrictive alternative treatment provider or its designee to administer involuntary antipsychotic medication to the person if the provider has attempted and failed to obtain the informed consent of the person and there is a concurring medical opinion approving the medication by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with an independent mental health professional with prescribing authority.

(4) Less restrictive alternative treatment must be administered by a provider that is certified or licensed to provide or coordinate the full scope of services required under the less restrictive alternative order and that has agreed to assume this responsibility.

(5) The care coordinator assigned to a minor ordered to less restrictive alternative treatment must submit an individualized plan for the minor's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.

(6) A care coordinator may disclose information and records related to mental health services pursuant to RCW 70.02.230(2)(k) for purposes of implementing less restrictive alternative treatment.

(7) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative treatment orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis. [2022 c 210 § 21. Prior: 2021 c 287 § 21; 2021 c 264 § 16; 2020 c 302 § 96.]

RCW 71.34.760 Placement of minor in state evaluation and treatment facility or substance use disorder treatment program—Placement committee—Facility or program to report to committee. (1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the director shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility or state-funded approved substance use disorder treatment program.

(2) The director's placement authority shall be exercised through a designated placement committee appointed by the director and composed of children's mental health specialists and substance use disorder professionals, including at least one child psychiatrist who represents the state-funded, long-term, evaluation and treatment facility for minors and one substance use disorder professional who represents the state-funded approved substance use disorder treatment program. The responsibility of the placement committee will be to:

(a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility or approved substance use disorder treatment program, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;

(b) Approve or deny requests from treatment facilities for transfer of a minor to another facility;

(c) Receive and monitor reports required under this section;

(d) Receive and monitor reports of all discharges.

(3) The director may authorize transfer of minors among treatment facilities if the transfer is in the best interests of the minor or due to treatment priorities.

(4) The responsible state-funded evaluation and treatment facility or approved substance use disorder treatment program shall submit a report to the authority's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the authority requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment. [2019 c 444 § 20; 2018 c 201 § 5019; 2016 sp.s. c 29 § 278; 1985 c 354 § 10. Formerly RCW 71.34.100.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.770 Release of minor—Conditional release—Discharge.

(1) The professional person in charge of the inpatient treatment facility may authorize release for the minor under such conditions as appropriate. Conditional release may be revoked pursuant to RCW 71.34.780 if leave conditions are not met or the minor's functioning substantially deteriorates.

(2) Minors may be discharged prior to expiration of the commitment period if the treating physician, physician assistant, psychiatric advanced registered nurse practitioner, or professional person in charge concludes that the minor no longer meets commitment criteria. [2016 c 155 § 22; 2009 c 217 § 19; 1985 c 354 § 12. Formerly RCW 71.34.120.]

**RCW 71.34.780 Minor's failure to adhere to outpatient conditions
—Deterioration of minor's functioning—Transport to facility or
program—Order of apprehension and detention—Revocation of alternative
treatment or conditional release—Hearings. (Effective until July 1,
2026.)**

(1) If the professional person in charge of an outpatient treatment program, a designated crisis responder, or the director or secretary, as appropriate, determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the designated crisis responder, or the director or secretary, as appropriate, may order that the minor be taken into custody and transported to an inpatient evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program. A secure withdrawal management and stabilization facility or approved substance use disorder treatment program that has adequate space for the minor must be available.

(2) (a) The designated crisis responder, director, or secretary, as appropriate, shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the director or secretary, as appropriate, may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(b) If the minor is involuntarily detained for revocation at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program in a different county from where the minor was initially detained, the facility or program may file the order of apprehension, serve it on the minor and notify the minor's parents and the minor's attorney at the request of the designated crisis responder.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the director, secretary, or facility, as appropriate, with the court in the county where the minor is detained. The court shall conduct the hearing in that county. A petition for revocation of conditional release must be filed in the county where the minor is detained. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or, subject to subsection (4) of this section, whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the director's placement responsibility shall apply. The hearing may be waived by the minor and

the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions.

(4) A court may not order the return of a minor to inpatient treatment in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program unless there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available with adequate space for the minor. [2020 c 302 § 97; 2019 c 446 § 41; 2018 c 201 § 5020; 2016 sp.s. c 29 § 279; 1985 c 354 § 11. Formerly RCW 71.34.110.]

Expiration date—2020 c 302 §§ 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 §§ 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Expiration date—2018 c 201 §§ 3009, 3012, 3026, 5017, and 5020: See note following RCW 71.05.240.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.780 Minor's failure to adhere to outpatient conditions—Deterioration of minor's functioning—Transport to facility or program—Order of apprehension and detention—Revocation of alternative treatment or conditional release—Hearings. (Effective July 1, 2026.)

(1) If the professional person in charge of an outpatient treatment program, a designated crisis responder, or the director or secretary, as appropriate, determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the designated crisis responder, or the director or secretary, as appropriate, may order that the minor be taken into custody and transported to an inpatient evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program.

(2) (a) The designated crisis responder, director, or secretary, as appropriate, shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the director or secretary, as appropriate, may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(b) If the minor is involuntarily detained for revocation at an evaluation and treatment facility, secure withdrawal management and

stabilization facility, or approved substance use disorder treatment program in a different county from where the minor was initially detained, the facility or program may file the order of apprehension, serve it on the minor and notify the minor's parents and the minor's attorney at the request of the designated crisis responder.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the director, secretary, or facility, as appropriate, with the court in the county where the minor is detained. The court shall conduct the hearing in that county. A petition for revocation of conditional release must be filed in the county where the minor is detained. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the director's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions. [2020 c 302 § 98; 2019 c 446 § 42; 2018 c 201 § 5021; 2016 sp.s. c 29 § 280; 2016 sp.s. c 29 § 279; 1985 c 354 § 11. Formerly RCW 71.34.110.]

Effective date—2020 c 302 §§ 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 §§ 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2018 c 201 §§ 3010, 3013, 3027, 5018, and 5021: See note following RCW 71.05.240.

Findings—Intent—2018 c 201: See note following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.34.790 Transportation for minors committed to state facility for one hundred eighty-day treatment. Necessary transportation for minors committed to the director under this chapter for one hundred eighty-day treatment shall be provided by the authority in the most appropriate and cost-effective means. [2018 c 201 § 5022; 1985 c 354 § 15. Formerly RCW 71.34.150.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.34.795 Transferring or moving persons from juvenile correctional institutions or facilities to evaluation and treatment facilities. When in the judgment of the department of children, youth, and families the welfare of any person committed to or confined in any state juvenile correctional institution or facility necessitates that the person be transferred or moved for observation, diagnosis, or treatment to an evaluation and treatment facility, the secretary of children, youth, and families or the secretary's designee is authorized to order and effect such move or transfer for a period of up to fourteen days, provided that the secretary notifies the original committing court of the transfer and the evaluation and treatment facility is in agreement with the transfer. No person committed to or confined in any state juvenile correctional institution or facility may be transferred to an evaluation and treatment facility for more than fourteen days unless that person has been admitted as a voluntary patient or committed for one hundred eighty-day treatment under this chapter or ninety-day treatment under chapter 71.05 RCW if eighteen years of age or older. Underlying jurisdiction of minors transferred or committed under this section remains with the state correctional institution. A voluntary admitted minor or minors committed under this section and no longer meeting the criteria for one hundred eighty-day commitment shall be returned to the state correctional institution to serve the remaining time of the underlying dispositional order or sentence. The time spent by the minor at the evaluation and treatment facility shall be credited towards the minor's juvenile court sentence. [2017 3rd sp.s. c 6 § 725; 1985 c 354 § 19. Formerly RCW 71.34.180.]

Effective date—2017 3rd sp.s. c 6 §§ 601-631, 701-728, and 804: See note following RCW 13.04.011.

Conflict with federal requirements—2017 3rd sp.s. c 6: See RCW 43.216.908.

RCW 71.34.796 Transfer of person committed to juvenile correction institution to institution or facility for juveniles with behavioral health disorders. When, in the judgment of the department of social and health services, the welfare of any person committed to or confined in any state juvenile correctional institution or facility necessitates that such a person be transferred or moved for observation, diagnosis or treatment to any state institution or facility for the care of juveniles with behavioral health disorders the secretary of the department of social and health services, or his or her designee, is authorized to order and effect such move or transfer: PROVIDED, HOWEVER, That the secretary of the department of social and health services shall adopt and implement procedures to assure that persons so transferred shall, while detained or confined in such institution or facility for the care of juveniles with behavioral health disorders, be provided with substantially similar opportunities for parole or early release evaluation and determination as persons detained or confined in state juvenile correctional

institutions or facilities: PROVIDED, FURTHER, That the secretary of the department of social and health services shall notify the original committing court of such transfer. [2020 c 302 § 51; 2018 c 201 § 3024; 1997 c 112 § 36; 1975 1st ex.s. c 199 § 12. Formerly RCW 71.05.525.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.34.815 Assisted outpatient treatment—Findings—Petition, court order for less restrictive alternative treatment—Procedure.

(1) An adolescent is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence in response to a petition filed under this section that:

(a) The adolescent has a behavioral health disorder;

(b) Based on a clinical determination and in view of the adolescent's treatment history and current behavior, at least one of the following is true:

(i) The adolescent is unlikely to survive safely in the community without supervision and the adolescent's condition is substantially deteriorating; or

(ii) The adolescent is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to the adolescent or to others;

(c) The adolescent has a history of lack of compliance with treatment for his or her behavioral health disorder that has:

(i) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating hospitalization of the adolescent, or the adolescent's receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, provided that the 36-month period shall be extended by the length of any hospitalization or incarceration of the adolescent that occurred within the 36-month period;

(ii) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating emergency medical care or hospitalization for behavioral health-related medical conditions including overdose, infected abscesses, sepsis, endocarditis, or other maladies, or a significant factor in behavior which resulted in the adolescent's incarceration in a state or local correctional facility; or

(iii) Resulted in one or more violent acts, threats, or attempts to cause serious physical harm to the adolescent or another within the 48 months prior to the filing of the petition, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred during the 48-month period;

(d) Participation in an assisted outpatient treatment program would be the least restrictive alternative necessary to ensure the adolescent's recovery and stability; and

(e) The adolescent will benefit from assisted outpatient treatment.

(2) The following individuals may directly file a petition for less restrictive alternative treatment on the basis that an adolescent is in need of assisted outpatient treatment:

- (a) The director of a hospital where the adolescent is hospitalized or the director's designee;
 - (b) The director of a behavioral health service provider providing behavioral health care or residential services to the adolescent or the director's designee;
 - (c) The adolescent's treating mental health professional or substance use disorder professional or one who has evaluated the person;
 - (d) A designated crisis responder;
 - (e) A release planner from a juvenile detention or rehabilitation facility; or
 - (f) An emergency room physician.
- (3) A court order for less restrictive alternative treatment on the basis that the adolescent is in need of assisted outpatient treatment may be effective for up to 18 months. The petitioner must personally interview the adolescent, unless the adolescent refuses an interview, to determine whether the adolescent will voluntarily receive appropriate treatment.
- (4) The petitioner must allege specific facts based on personal observation, evaluation, or investigation, and must consider the reliability or credibility of any person providing information material to the petition.
- (5) The petition must include:
- (a) A statement of the circumstances under which the adolescent's condition was made known and the basis for the opinion, from personal observation or investigation, that the adolescent is in need of assisted outpatient treatment. The petitioner must state which specific facts come from personal observation and specify what other sources of information the petitioner has relied upon to form this belief;
 - (b) A declaration from a physician, physician assistant, or advanced registered nurse practitioner, or the adolescent's treating mental health professional or substance use disorder professional, who has examined the adolescent no more than 10 days prior to the submission of the petition and who is willing to testify in support of the petition, or who alternatively has made appropriate attempts to examine the adolescent within the same period but has not been successful in obtaining the adolescent's cooperation, and who is willing to testify to the reasons they believe that the adolescent meets the criteria for assisted outpatient treatment. If the declaration is provided by the adolescent's treating mental health professional or substance use disorder professional, it must be cosigned by a supervising physician, physician assistant, or advanced registered nurse practitioner who certifies that they have reviewed the declaration;
 - (c) The declarations of additional witnesses, if any, supporting the petition for assisted outpatient treatment;
 - (d) The name of an agency, provider, or facility that agrees to provide less restrictive alternative treatment if the petition is granted by the court; and
 - (e) If the adolescent is detained in a state hospital, inpatient treatment facility, or juvenile detention or rehabilitation facility at the time the petition is filed, the anticipated release date of the adolescent and any other details needed to facilitate successful reentry and transition into the community.
- (6) (a) Upon receipt of a petition meeting all requirements of this section, the court shall fix a date for a hearing:

(i) No sooner than three days or later than seven days after the date of service or as stipulated by the parties or, upon a showing of good cause, no later than 30 days after the date of service; or

(ii) If the adolescent is hospitalized at the time of filing of the petition, before discharge of the adolescent and in sufficient time to arrange for a continuous transition from inpatient treatment to assisted outpatient treatment.

(b) A copy of the petition and notice of hearing shall be served, in the same manner as a summons, on the petitioner, the adolescent, the qualified professional whose affidavit accompanied the petition, a current provider, if any, and a surrogate decision maker or agent under chapter 71.32 RCW, if any.

(c) If the adolescent has a surrogate decision maker or agent under chapter 71.32 RCW who wishes to provide testimony at the hearing, the court shall afford the surrogate decision maker or agent an opportunity to testify.

(d) The adolescent shall be represented by counsel at all stages of the proceedings.

(e) If the adolescent fails to appear at the hearing after notice, the court may conduct the hearing in the adolescent's absence; provided that the adolescent's counsel is present.

(f) If the adolescent has refused to be examined by the qualified professional whose affidavit accompanied the petition, the court may order a mental examination of the adolescent. The examination of the adolescent may be performed by the qualified professional whose affidavit accompanied the petition. If the examination is performed by another qualified professional, the examining qualified professional shall be authorized to consult with the qualified professional whose affidavit accompanied the petition.

(g) If the adolescent has refused to be examined by a qualified professional and the court finds reasonable grounds to believe that the allegations of the petition are true, the court may issue a written order directing a peace officer who has completed crisis intervention training to detain and transport the adolescent to a provider for examination by a qualified professional. An adolescent detained pursuant to this subsection shall be detained no longer than necessary to complete the examination and in no event longer than 24 hours. All papers in the court file must be provided to the adolescent's designated attorney.

(7) If the petition involves an adolescent whom the petitioner or behavioral health administrative services organization knows, or has reason to know, is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the behavioral health administrative services organization shall notify the tribe and Indian health care provider. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible.

(8) A petition for assisted outpatient treatment filed under this section shall be adjudicated under RCW 71.34.740.

(9) After January 1, 2023, a petition for assisted outpatient treatment must be filed on forms developed by the administrative office of the courts. [2022 c 210 § 4.]

RCW 71.34.905 Rule making—Access to files and records of court proceedings. The legislature recognizes the inherent authority of the judiciary under Article IV, section 1 of the state Constitution to establish rules regarding access to court records, and respectfully requests the Washington state supreme court to adopt rules regarding potential access for the following entities to the files and records of court proceedings under this chapter and chapter 71.05 RCW:

- (1) The department;
- (2) The department of health;
- (3) The authority;
- (4) The state hospitals as defined in RCW 72.23.010;
- (5) Any person who is the subject of a petition;
- (6) The attorney or guardian of the person;
- (7) Resource management services for that person; and
- (8) Service providers authorized to receive such information by resource management services. [2020 c 302 § 99.]

RCW 71.34.910 Appearance by video technology. For purposes of this chapter, at any hearing the petitioner, the respondent, the witnesses, the interpreters, and the presiding judicial officer may be present and participate either in person or by video, as determined by the court. The term "video" as used in this section includes any functional equivalent. At any hearing conducted by video, the technology used must permit the judicial officer, counsel, all parties, and the witnesses to be able to see, hear, and speak, when authorized, during the hearing; to allow attorneys to use exhibits or other materials during the hearing; and to allow the respondent's counsel to be in the same location as the respondent unless otherwise requested by the respondent or the respondent's counsel. Witnesses in a proceeding may also appear in court through other means, including telephonically, pursuant to the requirements of superior court civil rule 43. Notwithstanding the foregoing, the court, upon its own motion or upon a motion for good cause by any party, may require all parties and witnesses to participate in the hearing in person rather than by video. In ruling on any such motion, the court may allow in-person or video testimony; and the court may consider, among other things, whether the respondent's alleged behavioral health disorder affects the respondent's ability to perceive or participate in the proceeding by video. [2020 c 302 § 100.]

RCW 71.34.915 Authority outreach—Law and policy communication—Accessibility. The authority shall dedicate at least one full-time employee to:

- (1) Connecting families, behavioral health providers, educators, and other stakeholders with current information about law and policy related to behavioral health services for minors;
- (2) Creating shareable content appropriate for communicating policy and resources related to behavioral health services for minors;
- (3) Designing and maintaining a communications plan related to behavioral health services for minors involving social media and other forms of direct outreach to providers, families, and youth; and
- (4) Monitoring the health care authority website to make sure that the information included on the website is accurate and designed in a manner that is accessible to families. [2022 c 134 § 1.]

RCW 71.34.918 Authority outreach—Parent portal—Report to legislature. (1) The authority shall convene stakeholders to design, further define, and implement a parent portal. The authority shall work with stakeholders including Washington state community connectors and consider the website prototype already under development by that organization. The stakeholders convened must additionally include other parents and young adults with relevant lived experience.

(2) As used in this section, "parent portal" means a method for connecting families to their community's service and education infrastructure related to behavioral health services for minors, including services supported or provided by:

(a) A behavioral health provider as defined in RCW 71.24.025 that provides services to minors;

(b) A licensed or certified behavioral health agency as defined in RCW 71.24.025 that provides behavioral health services to minors;

(c) A long-term care facility as defined in RCW 43.190.020 in which minors with behavioral health conditions reside;

(d) The child study and treatment center as identified in RCW 71.34.380;

(e) A facility or agency that receives state funding to provide behavioral health treatment services to minors with a behavioral health condition;

(f) The department of children, youth, and families;

(g) The office of the superintendent of public instruction; and

(h) The department.

(3) By November 1, 2022, the authority shall provide a report to the governor and the appropriate committees of the legislature detailing:

(a) The stakeholder engagement conducted under this section;

(b) The design and further definition of the parent portal; and

(c) Other relevant information about successfully implementing the parent portal, including needed legislative changes or support.

[2022 c 134 § 2.]