



Report to the Legislature

Mental Health Treatment Facilities' Compliance With RCW 71.34.375

Chapter 302, Laws of 2011, Section 5(2)
SSB 5187

December 1, 2012

Aging and Disability Services Administration
Division of Behavioral Health and Recovery
PO Box 45330
Olympia, WA 98504-5330
(360) 725- 3770
Fax: (360) 725-2280

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Executive Summary

Substitute Senate Bill 5187, Chapter 302, Laws of 2011, requires a hospital emergency room or inpatient psychiatric facility which provides services to minors to inform a parent or guardian of a minor who is seeking treatment for that minor of all statutorily available treatment options, including the option for parent-initiated treatment. The notice must be provided verbally and in writing, and must be documented by the facility and accompanied by a signed receipt from the parent or guardian. A facility who fails to provide notice is subject to a civil penalty of \$1,000 unless the facility is licensed by the Department of Health (DOH), in which case DOH is authorized to enforce this provision through its authority to deny, suspend, revoke, or modify the facility's license. Facilities subject to this legislation are required to develop policies and protocols respecting notification by December 1, 2011. This report details the facilities' compliance in implementing the statute.

The Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR) in concert with Department of Health (DOH) and representatives of the Washington State Hospital Association (WSHA) developed the "Mental Health Treatment Options for Minor Children" notice informing parents and/or guardians of statutorily available treatment options for minors. The notice development began in July 2011.

On August 4, 2011, DBHR, DOH, and WSHA distributed an interim notice for use by hospital emergency rooms or inpatient psychiatric facilities. Hospitals and the Washington Association of Designated Mental Health Professionals provided feedback for changes to the notification. The recommended changes were discussed jointly by DBHR, DOH, and WSHA and incorporated into a final version of the notification, dated December 22, 2011. The final notice was distributed by DOH and WSHA to hospitals, hospital emergency rooms, and inpatient psychiatric facilities. Facilities finalized their respective policies and protocols for implementing the notification in December 2011.

In July 2012, DOH began the monitoring of hospitals and inpatient psychiatric facilities for use of the notification and adoption of policy. The monitoring will be completed in November 2012. To date, the facilities that have been monitored are in compliance with RCW 71.34.375.

DBHR conducted a survey of adolescent Evaluation and Treatment (E&T) facilities and Children's Long-Term Inpatient (CLIP) facilities and found the CLIP and adolescent E&T facilities to be in compliance with the requirements of SSB 5187. The facilities' administrative representatives reported having policies and protocols requiring signed receipt of written and verbal notice as well as the use of the "Mental Health Treatment Options for Minor Children" notice.

Legislative Report

Background

A parent in Washington may consent to mental health treatment on behalf of a minor child provided a professional person determines there is a medical necessity for treatment. An evaluation and treatment facility (E&T) is not obligated to provide treatment to the minor but may not refuse solely on the basis of the lack of consent of the minor. A minor who does not consent to treatment may petition a superior court for review as to whether such treatment is based upon medical necessity.

In 2003 and 2005, the Legislature passed bills obligating an E&T to promptly provide notice of all available treatment options to a parent or guardian of a minor who seeks treatment for that minor, including the option for parent-initiated treatment. Substitute Senate Bill (SSB) 5187, Chapter 302, and Laws of 2011, Mental Health Treatment – Minors – Parental notification, expanded this requirement to hospital emergency rooms and inpatient psychiatric facilities.

Summary

A hospital emergency room or inpatient psychiatric facility which provides services to minors must inform a parent or guardian of a minor who is seeking treatment for that minor of all statutorily available treatment options, including the option for parent-initiated treatment. This notice must be provided verbally and in writing, and the notice must be documented by the facility and accompanied by a signed receipt from the parent or guardian. Facilities subject to this legislation must develop policies and protocols respecting notification by December 1, 2011.

The Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR) is responsible for producing and making available the written notification and revising the notification as necessary to reflect changes in the law.

A facility that fails to provide notice is subject to a civil penalty of \$1,000 unless the facility is licensed by the Department of Health (DOH), in which case DOH is authorized to enforce this provision through its authority to deny, suspend, revoke, or modify the facility's license.

Notification

DBHR's brochure "Mental Health Services for Children and Youth" did not address all the requirements of RCW 71.34.375. Therefore, DBHR in concert with Department of Health (DOH), Washington State Hospital Association (WSHA), Washington State Association of Designated Mental Health Professional (WADMHP) and DBHR's Assistant Attorney General drafted a notice of available treatment options including the option for parent-initiated treatment.

The notice includes the following available treatment options for parents or guardians seeking a mental health evaluation or treatment for a child:

- Minor initiated treatment codified in RCW 71.34.500 to 530.
- Parent initiated treatment codified in RCW 71.34.500 to 660.
- Involuntary treatment codified in RCW 71.34.700 to 795.

The DOH and DBHR collaboration began in June 2011. In July 2011, representatives from WSHA and WADMHP joined the discussion and work effort. An interim “Mental Health Treatment Options for Minor Children” notice was completed in the later part of July and submitted for distribution to DOH and WSHA on August 4, 2011. The WSHA hospital members, in their initial implementation of the notice, submitted recommendations for improving the notice. These recommendations were submitted to DBHR in October and November 2011. Additionally, suggestions were made by WADMHP in their review of the notice for inclusion in the Designated Mental Health Professional Protocols in November 2011. A number of the recommendations and suggestions were adopted and incorporated and the final notice was sent to DOH and WSHA on December 22, 2011, for distribution to impacted facilities.

WSHA issued a “Bulletin” to its members on January 10, 2012, detailing the effect of the law, final notice information, hospital licensing implication, and model policy and procedures. DOH provided the final notice to the impacted facilities in a letter dated March 27, 2012.

DOH Compliance Activities

The Department of Health –Health Systems Quality Assurance Office of Health Professions and Facilities (DOH-HSQA-HP/F) issued a letter dated March 27, 2012, informing the administrators of hospitals, psychiatric and alcoholism hospitals, and residential treatment facilities of the final notice and that they would receive a survey in June 2012. The survey would ask facilities to attest to their compliance with the requirements of Substitute Senate Bill 5187. This letter was distributed to hospitals and residential treatment facilities through DOH’s List Serv.WA.GOV (for Hospital and Residential Treatment Facility), followed by a hard copy in the mail.

This letter also informed the facilities that beginning in June 2012 DOH and DSHS/DBHR would verify compliance with the requirements for SSB 5187 during upcoming certification, licensing and investigation surveys conducted by the departments.

In July/August 2012, a total of 101 DOH licensed facilities were contacted by phone and asked the three primary questions listed in the table below. The DOH surveyor directed the questions to the core hospital and residential treatment facility staff responsible for implementing or monitoring facility compliance with the legislation.

Phone Survey Results:

Questions	Yes	No	NA	No Response	Total
1. Do you have policies and protocols regarding mental health treatment options for minor children as required by Substitute Senate Bill 5187?	60	3	9	29	101
2. Do the facility policies and protocols include requiring documentation of signed acknowledgement by the parent or guardian that written and verbal notice of mental health treatment options for minors was given?	60	3	9	29	101
3. Are you using the revised DSHS "Mental Health Treatment Options for Minor Children" notice document (Final version 12/22/2011)?	57	6	9	29	101
<p>*Yes- facility attests to meeting the requirements of SSB 5187. This includes having policies and protocols that require a signed receipt of the written and verbal notice as well as the use of the 12/12/2011 DSHS notice "Mental Health Treatment Options for Minor Children".</p> <p>*No- at time of survey, policy and protocol not done, completed or in draft.</p> <p>*NA- not applicable i.e. emergency services not provided; children not treated; facilities not open</p> <p>*No response- no follow-up by facility after telephone contact with message.</p>					

DBHR Compliance Activities and Rule Development

On August 14, 2012, DBHR's Mental Health Licensing and Certification Section Supervisor contacted each CLIP facility and received verbal confirmation that the facilities have and continue to employ the notice. DBHR will validate the verbal confirmation of compliance with SSB 5187 in conjunction with regularly scheduled site visits of the CLIP facilities. These reviews will be completed by December 31, 2012.

DBHR is modifying as well as developing new rules within Chapter 388-865-0400 and -0500 WAC related to treatment options. DBHR filed a CR 101 as WSR #12-14-027 on June 26, 2012. The stakeholder external review of the draft rules was completed on July 27, 2012. The tribal review of the proposed rules was completed on August 28, 2012 for the draft rules. The public hearing will be held on October 9, 2012, and the effective rule date will be November 21, 2012.

Beginning January 2013, the DBHR Mental Health Licensing and Certification Unit's onsite reviews will include verifying compliance with the newly adopted WACs, implementing SSB 5187.

Appendix A August 4, 2011, Interim Notice



Mental Health Treatment Options For Minor Children

Parents or guardians seeking a mental health evaluation or treatment for their minor child must be notified of all statutorily available treatment options. These include minor-initiated treatment, parent-initiated treatment, and involuntary commitment.

Minor-Initiated Treatment (RCW 71.34.500-530)

A minor 13 years of age or older may admit him/herself to an evaluation and treatment facility for inpatient mental health treatment, or receive outpatient treatment, without parental consent. The facility would need to concur with the need for inpatient treatment before the child could be admitted.

Parent-Initiated Treatment (RCW 71.34.600-660)

If your child is under the age of 18, you or someone you authorize may bring your child to an evaluation and treatment facility, or other facility that provides inpatient or outpatient mental health services, and request that an evaluation be provided. The evaluation will determine whether or not your child is in need of mental health treatment.

If during the evaluation it is determined your child has a mental disorder, and there is medical necessity for inpatient treatment, you may request that your child be held for treatment. Your child may be kept at the facility for treatment as long as it is deemed medically necessary, even if he/she asks to be released. However, your child will have the right to petition the superior court for release from the facility.

No provider is obligated to provide treatment to a minor under the provisions of Parent-Initiated Treatment. However, no provider may refuse to treat a minor under these provisions solely on the basis that the minor has not consented to the treatment.

Involuntary Treatment (RCW 71.34.700-795)

If the facility believes that your minor child is in need of immediate inpatient mental health treatment and he or she refuses to consent to a voluntary admission, the facility may detain (or arrange for the detention of) your child for up to 12 hours. This period will be used to enable a Designated Mental Health Professional (DMHP) to evaluate your child and determine whether commitment proceedings need to be initiated.

The DMHP will assess if, as a result of a mental disorder, there is a likelihood of serious harm, or if your child is gravely disabled, and whether or not voluntary admission for inpatient treatment is possible. Based upon his/her assessment, the DMHP may detain your child, or arrange for him/her to be detained and transported to an evaluation and treatment facility that provides inpatient treatment. If the DMHP does not take your child into custody, you may seek review of that decision in court by filing notice with the court and providing a copy of the DMHP's report or notes.

Your child may be detained for up to 72 hours, excluding weekends and holidays. During this time, the facility may petition the court to have your child committed for up to fourteen days. If the facility does

not file a petition, you may seek review of that decision in court by filing notice with the court and providing a copy of the facility's report. If you are opposed to the petition, you may be represented at the hearing and shall be entitled to court-appointed counsel if you are indigent. At the end of the fourteen days, the facility may file a petition for up to one hundred eighty days of additional treatment.

I have been provided with written and verbal notice of the available treatment options for my minor child.

Parent/Guardian Signature

Date

Facility Representative Signature

Date

Appendix B December 12, 2011, Final Notice



Mental Health Treatment Options for Minor Children

Parents or guardians seeking a mental health evaluation or treatment for a child must be notified of all legally available treatment options. These include minor-initiated treatment, parent-initiated treatment, and involuntary commitment.

Minor-Initiated Treatment (RCW 71.34.500-530)

A minor child, 13 to 18 years old, may request an evaluation for outpatient or inpatient mental health treatment without parental consent. If the facility agrees with the need for mental health treatment the child may be offered mental health services. For a child under the age of 13, either parental consent or consent from an approved guardian is required for inpatient treatment.

Parent-Initiated Treatment (RCW 71.34.600-660)

If the child is under the age of 18, the parent, guardian or authorized individual may bring the child to any mental health facility or hospital and request that a mental health evaluation be provided. This evaluation cannot take longer than 72 hours. Consent of the child is not required for either an outpatient or inpatient evaluation, or recommended inpatient treatment.

If it is determined the child has a mental disorder, and there is medical need for inpatient treatment, the parent or guardian may request that the child be held for treatment. If the inpatient program believes the child needs treatment for more than 7 days, the Department of Social and Health Services (DSHS) must then review the need for treatment. The child has the right to petition the Superior Court for release from the facility after the 7 days.

After the DSHS review, if DSHS determines that the child no longer needs inpatient treatment, the parent or guardian must be immediately notified and the child will be released within 24 hours. In this case, if the parent or guardian and facility both believe it is medically necessary for the child to remain in inpatient treatment, the facility will hold the child until the 2nd judicial day following the DSHS review. This will allow the parent or guardian time to file an at-risk youth petition (RCW 13.32A.191) by calling the Division of Children and Family Services Intake Line or by going to their local Juvenile Court. If DSHS determines that the child needs outpatient treatment and the child declines such treatment, the refusal shall be grounds for the parent or guardian to file an at-risk youth petition.

For information about possible out-of-home placement of the child, call the Division of Children and Family Services and request a family assessment per RCW 13.32A.150. Family Reconciliation Services (RCW 13.32A.040) may also be provided through this Department.

Children admitted to inpatient facilities under minor initiated or parent initiated treatment procedures must be

released from the facility immediately upon the written request of the parent.

Please note: **No provider is obligated to provide treatment to a minor under the provisions of Parent-Initiated Treatment. However, a minor's refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services.**

Involuntary Treatment (RCW 71.34.700-795)

If the facility believes the child is in need of immediate inpatient mental health treatment and the child refuses to consent to a voluntary admission, the child may be held for up to 12 hours to enable a Designated Mental Health Professional (DMHP) to evaluate the child for possible involuntary commitment. If no voluntary or less restrictive alternatives are available, and the DMHP determines that the child presents as a likelihood of serious harm or gravely disabled, as a result of a mental disorder, the child may be held at a facility. If the child is admitted to an inpatient mental health facility, he/she will be seen by a mental health specialist and medical staff within 24 hours. If it is determined that your child would be better served by a chemical dependency treatment facility he/she will be referred to an approved treatment program defined under RCW70.96A.020.: The child can be held for treatment up to 72 hours, excluding weekends and holidays. During this time, the facility may petition the court to have the child committed for an additional fourteen days if they believe further treatment is necessary. At the end of the 14 days, the facility may file a petition for up to one hundred eighty days of additional treatment. If the facility does not file a petition for an additional 14 or 180 days, the parent or guardian may seek review of the decision by filing notice with the court and providing a copy of the facility's report. To obtain a copy of the report, a Release of Information form must be completed and submitted to the records department of the inpatient facility.

If the DMHP does not hold the child, the parent or guardian may seek review of that decision by filing notice with the court and providing a copy of the DMHP's report or notes. To obtain a copy of the report or notes, a Release of Information form must be completed and submitted to the records department of the DMHP office.

If the child is released from hospitalization on a conditional release or a court order for a less restrictive alternative and is not following the conditions of that release/order, or has substantially deteriorated in his/her functioning, the child may be taken into custody by a DMHP and transported to an inpatient evaluation and treatment facility. For further assistance or questions, call the local mental health crisis line.

I have been provided with written and verbal notice of the available treatment options for the child.

PARENT / GUARDIAN'S SIGNATURE	DATE	FACILITY REPRESENTATIVE'S SIGNATURE	DATE
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Unable to obtain parent / guardian signature or acknowledgement.

REASON FOR LACK OF SIGNATURE:	
FACILITY REPRESENTATIVE'S SIGNATURE	DATE

**Appendix C
January 10, 2012 WSHA "Bulletin".**

BULLETIN

No. 4083

January 10, 2012

To: Chief Operating Officers
Chief Nursing Officers
Legal Counsel
Public Relations Staff

Forward to: Emergency Department Directors
Psychiatric Directors
Social Workers

From: Chelene Whiteaker, Director, Advocacy and Policy
Randy Revelle, Senior Vice President, Policy and Advocacy

Re: Final DSHS Notice Available: Mental Health Notification of Parents and Guardians of Minors

BACKGROUND

Effective July 22, 2011, a new law enacted by the Washington State Legislature requires hospitals to provide verbal and written information to parents or guardians seeking mental health treatment for their children. Under previous law, only evaluation and treatment facilities were required to provide written and verbal notice of all statutorily available treatment options to parents or guardians of a minor when the parent or guardian sought mental health treatment for the minor. This bulletin provides hospitals with the Washington State Department of Social and Health Services' (DSHS) [final notice](#) to provide to parents.

Sadly, the new law was enacted after a 17 year old Pierce County resident refused voluntary mental health treatment and later committed suicide. The Washington State Hospital Association (WSHA) worked to significantly improve a very confusing original bill.

EFFECT OF THE NEW LAW

Senate Bill 5187 adds communication requirements to the Revised Code of Washington (RCW) 71.34.375 for emergency departments and inpatient hospitals licensed under Chapter 70.41 RCW or Chapter 71.12 RCW. The law requires these facilities to provide written and verbal notice of statutorily available treatment options contained in Chapter 71.34 RCW to parents or

guardians who are seeking mental health treatment for a minor. To comply with the law, emergency departments and inpatient hospitals must document the notice was provided through a signed acknowledgement by the parent or guardian. *The notice needs to be given only once to the parent or guardian to comply with the law.*

NOTICE FOR PARENTS OR GUARDIANS

As required by law, DSHS has created a [final notice](#) to be distributed by emergency departments and inpatient hospitals licensed under Chapter 70.41 RCW or Chapter 71.12 RCW. The notice contains the following information:

1. All current statutorily available treatment options including but not limited to those provided in Chapter 71.34 RCW; and
2. The procedures to be followed to use the treatment options described in Chapter 71.34 RCW.

HOSPITAL LICENSING IMPLICATIONS

Senate Bill 5187 establishes authority for the Washington State Department of Health to "deny, suspend, revoke, or modify a license or provisional license in any case in which it finds that there has been a failure or refusal to comply with the requirements of this chapter or the standards or rules adopted under this chapter or the requirements of RCW 71.34.375."

MODEL POLICY AND PROCEDURE

By December 2011, the new law required hospitals to adopt policies and procedures regarding this new notification. To assist your hospital in complying with the new requirements for the notification of parents and guardians seeking mental health treatment for a minor, WSHA has created a [model policy and procedure](#), as well as an acknowledgment form. The model should be reviewed by legal and compliance staff and adapted to your individual facility.

If you have any questions, please contact Chelene Whiteaker at chelenew@wsa.org or (206) 216-2545.

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information protected by federal and state law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



300 Elliott Avenue West, Suite 300 Seattle, WA 98119-4118 Phone 206-281-7211 Fax 206-283-6122 www.wsha.org

Appendix D
March 27, 2012, DOH-HSQA-HP/F letter



To: Administrators
Hospitals
Psychiatric and Alcoholism Hospitals
Residential Treatment Facilities

Subject: Substitute Senate Bill 5187

Date: March 27, 2012

This legislation passed in 2011 requires facilities licensed under RCWs 71.41, 71.12 or 72.23 to adopt policies and protocols regarding mental health treatment options for minor children by December 2011. The statutory obligations include documentation of receipt by the parent or guardian of written and verbal notice of mental health treatment options for minors.

The Department of Social and Health Services (DSHS) Health Services and Recovery Administration (HRSA)-Division of Behavioral Health and Recovery Services (DBHR) and the Department of Health Services and Quality Assurance Office of Health Professions and Facilities (DOH-HSQA-HP/F) are required to report to the legislature in December 2012 on facilities compliance with notice requirements. DSHS-DBHR and DOH-HSQA-HP/F are collaborating to send you a survey in June. The survey will ask you to attest to your facilities compliance with the legislation requirements. Please fill out the survey and send back to the address noted.

Also beginning in June, the departments will verify that facilities are meeting the requirements during certification, licensing and or investigation surveys.

The revised Mental Health Treatment Options for Minor Children notice document is included as an attachment for you to use.

Bart Eggen, DOH-Executive Director, Health Professions/Facilities
Dave Magby, DOH-Office Chief, Inspections/Investigations
Victoria Roberts, DSHS- Office Chief, Division Behavioral Health and Recovery

Attachment

Appendix E DOH Telephone Survey

Read introduction: *SS Bill 5187 was passed by the 2011 legislature; the act relates to the accountability of mental health professionals employed by an evaluation and treatment facility for communicating with a parent or guardian about the option of parent initiated mental health treatment. This means that if a parent or guardian brings his or her child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23, 70.41, 71.12 operating inpatient psychiatric beds for minors, the facility is required to provide written and verbal notice of all statutorily available treatment options.*

DSHS-DBHR and DOH are collaborating to verify that affected facilities are meeting the requirements of this legislation. DSHS and DOH will report to the legislature in December of 2012 on facilities compliance with the notice requirements.

Willing participants were asked the following questions:

1. Do you have policies and protocols regarding mental health treatment options for minor children as required by SS Bill 5187?
2. Do your facility policies and protocols include: documentation of a signed acknowledgment of receipt by the parent or guardian that written and verbal notice of mental health treatment options for minors was given?
3. Are you using the revised DSHS "Mental Health Treatment Options for Minor Children" notice document Final version 12/22/2011?
4. What is your position? What are your responsibilities as it pertains to implementing this legislation?
5. Name of facility

Appendix F Parent Initiated Treatment/Minor Children (DRAFT) WACs

AMEND:

WAC 388-865-0430 Clinical record.

A licensed community mental health agency must have and maintain a clinical record for each individual served in a manner consistent with WAC [388-865-0435](#), [388-865-0436](#), or any successors. The clinical record must contain:

- (1) An intake evaluation.
- (2) Evidence that the consumer rights statement was provided to the individual, or their parent or other legal representative when applicable.
- (3) Documentation that the provider requested a copy of and inserted into the clinical record if provided, any of the following:
 - (a) Mental health advance directives;
 - (b) Medical advance directives;
 - (c) Powers of attorney;
 - (d) Letters of guardianship, parenting plans and/or court order for custody;
 - (e) Least restrictive alternative order(s);
 - (f) Discharge summaries and/or evaluations stemming from outpatient or inpatient mental health services received within the last five years, when available.
- (4) Any crisis plan that has been developed.
- (5) The individual service plan and all revisions to the plan.
- (6) Documentation that services are provided by or under the clinical supervision of a mental health professional.
- (7) Documentation of any clinical consultation or oversight provided by a mental health specialist.
- (8) Documentation of:
 - (a) All service encounters;
 - (b) Objective progress toward established goals as outlined in the treatment plan; and

(c) How any major changes in the individual's circumstances were addressed.

(9) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters [26.44](#) and [74.34](#) RCW has occurred.

(10) Documentation that the department of corrections was notified by the provider when an individual on a less restrictive alternative or department of corrections order for mental health treatment informs the provider that the individual is under supervision by the department of corrections. Notification can be either written or oral. If oral notification, it must be confirmed by a written notice, including e-mail and fax. The disclosure to department of corrections does not require the person's consent.

(a) If the individual has been given relief from disclosure by the committing court, the individual must provide a copy of the court order to the treating community mental health agency (CMHA).

(b) There must be documentation that an evaluation by a designated mental health professional (DMHP) was requested in the following circumstance:

(i) The mental health provider becomes aware of a violation of the court-ordered treatment of an individual when the violation concerns public safety; and

(ii) The individual's treatment is a less restrictive alternative and the individual is being supervised by the department of corrections.

(11) Either documentation of informed consent to treatment by the individual or parent or other legal representative or if treatment is court ordered, a copy of the detention or involuntary treatment order.

(12) Documentation that the individual, or their parent or other legal representative if applicable, are informed about the benefits and possible side effects of any medications prescribed for the individual in language that is understandable.

(13) Documentation of confidential information that has been released without the consent of the individual under the provisions in RCW [70.02.050](#), [71.05.390](#), [71.05.630](#), and the Health Insurance Portability and Accountability Act (HIPAA).

(14) For individuals receiving community support services, the following information must be requested from the individual and the responses documented:

(a) The name of any current primary medical care provider;

(b) Any current physical health concerns;

(c) Current medications and any related concerns;

- (d) History of any substance use/abuse and treatment;
 - (e) Any disabilities or special needs;
 - (f) Any previously accessed inpatient or outpatient services and/or medications to treat a mental health condition; and
 - (g) Information about past or current trauma and abuse.
- (15) A description of the individual's strengths and resources.
- (16) A description of the individual's self-identified culture.
- (17) If the individual is a minor and, if applicable:
- (a) Documentation that the minor's parent(s) brought the minor to the agency to be evaluated by a mental health specialist.
 - (b) Written authorization that allows the bringing of the minor to the agency to be evaluated by a mental health specialist.
 - (c) Documentation that the minor was evaluated by a mental health specialist and a determination of whether or not the minor has a mental disorder that requires outpatient treatment.

AMEND:

WAC 388-865-0575 Special considerations for serving minor children.

Inpatient evaluation and treatment facilities serving minor children seventeen years of age and younger must develop and implement policies and procedures to address special considerations for serving children. These special considerations must include:

- (1) Procedures to ensure that adults are separated from minors who are not yet thirteen years of age.
- (2) Procedures to ensure that a minor who is at least age thirteen but not yet age eighteen is served with adults only if the minor's clinical record contains :
 - (a) Documentation that justifies such placement; and
 - (b) A professional judgment that placement in an inpatient evaluation and treatment facility that serves adults will not be harmful to the minor or to the adult.
- (3) Procedures to ensure examination and evaluation of a minor by a children's mental health specialist occurs within twenty-four hours of admission.
- (4) Procedures to ensure a facility that operates inpatient psychiatric beds for minors and is licensed by the department of health under chapter 71.12 RCW, meets the following notification requirements if a minor's parent(s) brings the child to the facility for the purpose of mental health treatment or evaluation. The facility must:

(a) Provide a written and verbal notice to the minor's parent(s) of:

- (i) All current statutorily available treatment options available to the minor including, but not limited to, those provided in chapter 71.34 RCW; and
- (ii) A description of the procedures the facility will follow to utilize the treatment options.

(b) Obtain and place in the clinical file, a signed acknowledgement from the minor's parent(s) that the notice required under (a) of this subsection was received.

(5) Procedures that address provisions for evaluating a minor brought to the facility for evaluation by a parent(s).

(6) Procedures to notify child protective services any time the facility has reasonable cause to believe that abuse, neglect, financial exploitation or abandonment of a minor has occurred.

(7) Procedures to ensure a minor thirteen years or older who is brought to an inpatient evaluation and treatment facility or hospital for immediate mental health services is evaluated by the professional person in charge of the facility. The professional person must evaluate the minor's mental condition, and determine a mental disorder, the need for inpatient treatment, and the minor's willingness to obtain voluntary treatment. The facility may detain or arrange for the detention of the minor up to twelve hours for evaluation by a designated mental health professional to commence detention proceedings.

(8) Procedures to ensure that the admission of a minor thirteen years of age or older admitted without parental consent has the concurrence of the professional person in charge of the facility and written review and documentation no than every one hundred eighty days.

(9) Procedures to ensure that notice is provided to the parent(s) when a minor child is voluntarily admitted to inpatient treatment without parental consent within twenty-four hours of admission in accordance with the requirements of RCW [71.34.510](#).

(10) Procedures to ensure a minor who has been admitted on the basis of a designated mental health professional petition for detention is evaluated by the facility providing seventy- two hour evaluation and treatment to determine the minor's condition and either admit or release the minor. If the minor is not approved for admission, the facility must make recommendations and referral for further care and treatment as necessary.

(11) Procedures for the examination and evaluation of a minor approved for inpatient admission to include:

- (a) The needs to be served by placement in a chemical dependency facility;
- (b) Restricting the right to associate or communicate with a parent(s); and
- (c) Advising the minor of rights in accordance with chapter [71.34](#) RCW.

(12) Procedures to petition for fourteen-day commitment that are in accordance with RCW [71.34.730](#).

(13) Procedures for commitment hearing requirements and release from further inpatient treatment which may be subject to reasonable conditions if appropriate that are in accordance with RCW [71.34.740](#).

(14) Procedures for discharge and conditional release of a minor in accordance with RCW [71.34.770](#), provided that the professional person in charge gives the court written notice of the release within three days of the release. If the minor is on a one hundred eighty-day commitment, the children's long-term inpatient program (CLIP) administrator must also be notified.

(15) Procedures to ensure the rights of a minor undergoing treatment and posting of such rights are in accordance with RCW [71.34.355](#), [71.34.620](#), and [71.34.370](#).

(16) Procedures for the release of a minor who is not accepted for admission or who is released by an inpatient evaluation and treatment facility that are in accordance with RCW [71.34.365](#).

(17) Procedures to ensure treatment of a minor and all information obtained through treatment under this chapter are disclosed only in accordance with RCW [71.34.340](#).

(18) Procedures to make court records and files available that are in accordance with RCW [71.34.335](#).

(19) Procedures to release mental health services information only in accordance with RCW [71.34.345](#) and other applicable state and federal statutes.

NEW SECTION:

WAC 388-865-0576 Minor children ages thirteen through seventeen- Admission, treatment, and discharge without parental consent-Evaluation and treatment facility.

(1) Under RCW 71.34.500, an evaluation and treatment facility may admit a minor child who is at least thirteen years of age and not older than seventeen years of age without the consent of the minor's parent(s) when:

- (a) In the judgment of the professional person in charge of the facility, there is reason to believe that the minor is in need of inpatient treatment because of a mental disorder;
- (b) The facility provides the type of evaluation and treatment needed by the minor;
- (c) It is not feasible to treat the minor in a less restrictive setting or in the minor's home; and
- (d) The minor gives written consent for the voluntary inpatient treatment.

(2) The evaluation and treatment facility must provide notice to the minor's parent(s) when the minor is voluntarily admitted. The notice must be in a form most likely to reach the minor's parent(s) within twenty-four hours of the minor's voluntary admission and advise the parent(s):

- (a) That the minor has been admitted to inpatient treatment;
- (b) Of the location and telephone number of the facility;
- (c) Of the name of the professional staff member designated to provide the minor's treatment and discuss the minor's need for inpatient treatment; and
- (d) Of the medical necessity for the minor's admission.

(3) The evaluation and treatment facility must:

- (a) Review and document the minor's need for continued inpatient treatment at least every one hundred eighty days; and
- (b) Obtain a renewal of the minor's written consent for the voluntary inpatient treatment at least every twelve calendar months.

(4) A minor admitted to an evaluation and treatment facility under RCW 71.34.500 may give notice of intent to leave at any time. The notice must be in writing, signed by the minor, and clearly state the minor intends to leave the facility.

- (a) The facility staff member receiving the notice must:
 - (i) Immediately date it;
 - (ii) Record its existence in the minor's clinical record; and
 - (iii) Send a copy to the:
 - (A) Minor's attorney, if the minor has one;
 - (B) County-designated mental health professional; and
 - (C) Minor's parent(s).

(b) The facility must ensure a facility professional staff member discharges the minor from the facility by the second judicial day following receipt of the minor's notice of intent to leave.

(5) The evaluation and treatment facility must obtain parental consent, or authorization from a person who may consent on behalf of the minor under RCW 7.70.065, before admitting a minor child twelve years of age or younger.

NEW SECTION:

WAC 388-865-0578 Minor children seventeen years of age and younger— Admission, evaluation, and treatment without the minor's consent—Evaluation and treatment facility.

(1) Under RCW 71.34.600, an evaluation and treatment facility may admit, evaluate, and treat a minor child seventeen years of age or younger without the consent of the minor if the minor's parent(s) brings the minor to the facility.

(2) The evaluation and treatment facility must ensure a trained professional person (defined in RCW 71.05.020) evaluates the minor within twenty-four hours of the time the minor was brought to the facility.

(3) If the professional person determines the condition of the minor requires additional time for evaluation, the additional time must not be longer than seventy-two hours.

(4) If the evaluation and treatment facility holds the minor for treatment, the treatment must be limited to medically necessary treatment that the professional person has determined is needed to stabilize the minor's condition in order to complete the evaluation.

(5) The evaluation and treatment facility must:

(a) Notify the department within twenty-four hours of completing the minor's evaluation if the minor is held for inpatient treatment.

(b) Notify the minor being held for inpatient treatment of the right under RCW 71.34.620 to petition the superior court for release from the facility. The minor must be informed of this right before the department completes a review of the minor's admission and inpatient treatment (see subsection (7) of this subsection). If the minor is not released as a result of a petition for judicial review, the facility must release the minor no later than thirty days following the later of:

(i) The date of the department's determination under RCW 71.34.610; or

(ii) The date the petition is filed, unless a mental health professional initiates proceedings under chapter 71 RCW.

(6) The minor's clinical record must show documentation that the department and the minor were notified as required under (a) and (b) of this subsection.

(7) One of the following must occur when the department conducts a review under RCW 71.34.610.

- (a) If the department determines it is no longer medically necessary for the minor to receive inpatient treatment, the department notifies the minor's parent(s) and the facility. The facility must release the minor to the minor's parent(s) within twenty-four hours of receiving notice from the department.
- (b) If the professional person in charge of the facility and the minor's parent(s) believe that it is medically necessary for the minor to remain in inpatient treatment, the facility must release the minor to the parent(s) on the second judicial day following the department's determination in order to allow the parent(s) time to file an at-risk youth petition under chapter 13.21A RCW.
- (c) If the department determines it is medically necessary for the minor to receive outpatient treatment and if the minor declines to obtain such treatment, the refusal is grounds for the minor's parent(s) to file an at-risk youth petition under chapter 13.21A RCW.

(8) The evaluation and treatment facility must not discharge a minor admitted under RCW 71.34.600 based solely on the minor's request.