No. 25-840

In the Supreme Court of the United States

INTERNATIONAL PARTNERS FOR ETHICAL CARE, INC., ET AL.,

Petitioner,

v.

BOB FERGUSON, GOVERNOR OF WASHINGTON, ET AL.,

Respondents.

On Petition for Writ of Certiorari
to the United States Court of Appeals
for the Ninth Circuit

BRIEF IN OPPOSITION

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QUESTION PRESENTED

2023 amendments to Washington law transferred the responsibility to notify parents about runaway youth from licensed homeless shelters to the state's child welfare agency, which also must offer family reconciliation services and behavioral health referrals to the youth and their family. Petitioners are parents and organizations who challenged the revised laws, basing their claim of injury on their worry that at some point in the future, their children might identify as transgender, then might run away, then might seek refuge with a licensed shelter, then might decline reconciliation services, then might accept a referral for behavioral health services, and then might ultimately receive gender-affirming care. Petitioners alleged that this potential chain of events affected their parenting style and might affect their children at some future point. The lower courts found that any changes in parenting style were self-imposed, and that this theoretical chain of events was too speculative to show that the challenged laws have injured or will likely soon injure Petitioners, and dismissed the case for lack of Article III standing.

The question presented is:

Whether Petitioners lack standing to challenge state laws that impose no obligations on them based on their speculation that the laws may someday affect their families?

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INTRODUCTION

Petitioners brought a facial challenge to three Washington laws that do not regulate or otherwise impose any obligation on them at all. They asserted standing by misstating what the laws do and offering a series of hypothetical events to claim that they could, possibly, be injured at some unspecified future time. The courts below correctly applied this Court's standing precedent to conclude Petitioners lacked standing based on their speculative injuries, and Petitioners now seek review. Ultimately, Petitioners ask this Court to adopt a standing theory that conflicts with this Court's precedent requiring actual or imminent injury. The Court should deny their petition.

The primary laws Petitioners challenged below, Engrossed Substitute Senate Bill 5599 and Substitute House Bill 1406, are modest steps to address the crisis of transgender youth homelessness. Together, the bills require Washington's Department of Children, Youth, and Families to offer voluntary reunification and behavioral health services to transgender youth and their families before youth disappear from shelters to the streets. Petitioners also challenge a long-standing state law that allows adolescents to consent to outpatient mental health treatment. None of these laws allow the Department to withhold information from parents, and they assuredly do not permit the Department to take custody of children or provide gender-affirming care to youth. Nor, critically, do any of these laws impose any burdens whatsoever on Petitioners.

The district court dismissed Petitioners' suit for lack of standing, and the Ninth Circuit unanimously affirmed. With respect to Petitioners' claims of current harms, the Ninth Circuit held that Petitioners failed to allege any burden imposed upon them *by the challenged laws*. Pet. App. 14a-19a. The court emphasized that any decision by Petitioners "to alter their parenting styles" was voluntary, not a result of "any actual requirement that the Statutes impose." Pet. App. 15-16a. With respect to Petitioners' claims of future harms, the Ninth Circuit held that Petitioners failed to identify any "'imminent' or '*certainly* impending'" injury, but instead "rel[ied] on an enormity of 'ifs' and 'shoulds,' without any detail or explanation as to when or why these contingencies might occur." Pet. App. 20a-21a (quoting *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 561, 564 n.2 (1992)).

Petitioners try very hard to massage the facts and contort the law to avoid the straightforward import of this Court's precedent. But ultimately they cannot show any error or conflict as to the lower court's decision that they failed to allege any cognizable injury—actual or imminent—from laws that do not regulate them. The petition should be denied.

STATEMENT OF THE CASE

A. Washington Law Regarding Runaway Youth

Recognizing the "need for services and assistance for parents and children who are in conflict[,]" in 1995 the Washington Legislature

enacted notification requirements for parents of runaway minors. 1995 Wash. Sess. Laws, ch. 312, § 1. The original version of the statute provided that:

> Any person who, without legal authorization, provides shelter to a minor and who knows at the time of providing the shelter that the minor is away from the parent's home, or other lawfully prescribed residence, without the permission of the parent, shall promptly report the location of the child to the parent, the law enforcement agency of the jurisdiction in which the person lives, or the department [of social and health services].

Id. § 34(1) (*codified as* Wash. Rev. Code § 13.32A.082).

The next year, the Legislature added that if the Department of Social and Health Services received such a report, it must "make a good faith attempt to notify the parent that a report has been received and offer services designed to resolve the conflict and accomplish a reunification of the family." 1996 Wash. Sess. Laws, ch. 133, § 14(3). This duty was later reassigned to the Department of Children, Youth, and Families after the Department's creation in 2017.

In 2013, the Legislature again amended Wash. Rev. Code § 13.32A.082, distinguishing between unlicensed and licensed shelters. Unlicensed youth shelters, runaway youth programs, and individuals, like friends or extended family, remained subject to the above-described requirements. Meanwhile, licensed overnight youth shelters were required to notify a youth's parents within seventy-two hours (but

preferably within twenty-four hours) after the youth is admitted to the shelter, providing information about "the whereabouts of the youth, a description of the youth's physical and emotional condition, and the circumstances surrounding the youth's contact with the shelter or organization." 2013 Wash. Sess. Laws, ch. 4, § 2. The provision made an exception for "compelling reasons," which "include, but are not limited to, circumstances that indicate that notifying the parent or legal guardian will subject the minor to abuse or neglect as defined in [Wash. Rev. Code §] 26.44.020." *Id.* In those instances, the law directed licensed shelters to notify the Department, which in turn was required to make a good-faith attempt to notify the parent that it received a report about a youth seeking shelter and offer services designed to resolve conflict and reunify the family. *Id.*

In 2023, the Legislature enacted Engrossed Substitute Senate Bill (ESSB) 5599, 68th Leg., Reg. Sess. (Wash. 2023), *enacted as* 2023 Wash. Sess. Laws, ch. 408, and Substitute House Bill (SHB) 1406, 68th Leg., Reg. Sess. (Wash. 2023), *enacted as* 2023 Wash. Sess. Laws, ch. 151, further amending Wash. Rev. Code § 13.32A.082, as described below. Petitioners challenge these most recent amendments.

1. Engrossed Substitute Senate Bill 5599

Unaccompanied youth homelessness poses serious threats to youth health and safety. As reflected in the legislative history of ESSB 5599, LGBTQ+ youth are at greater risk of experiencing homelessness compared to their heterosexual or cisgender peers and report experiencing higher rates

of abuse and mental health issues. *See* Pub. Hr'g on ESSB 5599 Before the S. Hum. Servs. Comm. (Wash. Feb. 6, 2023), at 1:19:15-1:19:40, *video recording by* TVW, Washington State's Public Affairs Network, https://tvw.org/video/senate-human-services-2023021142/?eventID=2023021142 (testimony noting that LGBTQ+ youth account for at least 40% of youth experiencing homelessness in King County, Washington).

Washington's Legislature passed ESSB 5599 to address the health and safety risks to transgender or pregnant youth experiencing homelessness. *See* 2023 Wash. Sess. Laws, ch. 408, § 1. Finding "that barriers to accessing shelter can place a chilling effect on exiting unsheltered homelessness and therefore create additional risk and dangers for youth[,]" ESSB 5599 "remove[s] barriers to accessing temporary, licensed shelter accommodations for youth seeking certain protected health care services." *Id.* As discussed earlier, prior to ESSB 5599, licensed shelters themselves generally had to contact parents within seventy-two hours of the youth's arrival unless there were compelling circumstances not to, e.g., when notifying the parent would subject the minor to abuse or neglect. Fear of this notification requirement caused some transgender youth to leave the safety of shelters or avoid them altogether. *See* House Floor Debate on ESSB 5599 (Wash. Apr. 12, 2023), at 2:32:07-2:33:45, *video recording by* TVW, Washington State's Public Affairs Network, https://tvw.org/video/house-floor-debate-april-12-2023041141/?eventID=2023041141 (remarks of Representative Julio Cortes). So ESSB 5599 specified that if a youth seeking protected health

care services—including gender-affirming care or reproductive health services—arrives at a licensed shelter, the shelter must contact the Department instead of contacting the youth's parents directly. Wash. Rev. Code § 13.32A.082(1)(b)(i). And upon receipt of information from a shelter about a youth, the Department must make a good-faith attempt to notify parents about the youth, offer family reconciliation services[1] to the youth and their families to help resolve family conflict and reunify the family, and offer to make referrals on behalf of the youth for behavioral health services.[2] *Id.* § 13.32A.082(3)(a). Thus, ESSB 5599 gives the Department an

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[1] Here, "[f]amily reconciliation services" means "services . . . designed to assess and stabilize the family with the goal of resolving crisis and building supports, skills, and connection to community networks and resources including, but not limited to:

> (a) Referrals for services for suicide prevention, psychiatric or other medical care, psychological care, behavioral health treatment, legal assistance, or educational assistance;
>
> (b) Parent training;
>
> (c) Assistance with conflict management or dispute resolution; or
>
> (d) Other social services, as appropriate to meet the needs of the child and the family."

Wash. Rev. Code § 13.32A.030(12).

[2] Behavioral health services can include mental health services, substance use disorder treatment services, or co-occurring disorder treatment services. *See* Wash. Rev. Code § 71.24.025(11).

opportunity to connect vulnerable youth and their families to additional, voluntary services, before the youth disappear back onto the streets.

ESSB 5599 does not permit the Department to withhold information from parents. As amended, Wash. Rev. Code § 13.32A.082(3)(a) still requires the Department to "make a good faith attempt to notify" parents whenever it receives a report of a runaway youth (i.e., "a report under subsection (1) of this section"). To this end, the Department's agency memorandum implementing ESSB 5599 instructs employees to "[m]ake a good faith attempt to contact the youth's parent or legal guardian to offer [family reunification services] to resolve the conflict and accomplish a reunification of the family[,]" and to "[d]ocument" the steps they took to do so. BIO App. 3a-4a. Department policy also directs that its "[c]aseworkers must . . . [c]ontact the family within twenty-four hours of being assigned the case, excluding weekends and holidays, to schedule an interview and assessment." BIO App. 6a; *see also* BIO App. 2a.

The notice requirement of ESSB 5599 dovetails with other notice requirements throughout Wash. Rev. Code § 13.32A.082 and related laws. *See* Pet. App. 5a-6a. For example, section 3(b) specifically requires that when a runaway youth is seeking gender-affirming care, the Department must "[o]ffer services designed to . . . accomplish a reunification of the family[,]" Wash. Rev. Code § 13.32A.082(3)(b)(ii), which necessarily requires the Department attempting to notify the minor's parents. Moreover, Wash. Rev. Code § 13.32A.082(1)(b)(ii) continues to

require shelters to check the Washington State Patrol's database of missing children reports "[a]t least once every eight hours," and to notify the Department "immediately" if a minor in shelter has been reported missing—regardless of whether that minor is seeking gender-affirming care. Further, under Wash. Rev. Code § 13.50.100(7)(a), the Department may only withhold information about a minor's whereabouts and condition if the agency determines "that release of this information is likely to cause severe psychological or physical harm to the juvenile[.]" Thus, ESSB 5599 does not deny any information to parents, it merely changes who notifies the parents—the Department as opposed to a licensed shelter—which gives the Department an opportunity to offer services to vulnerable youth and their families to hopefully begin a reunification process before those youth disappear back onto the streets.

Nor does the law permit the Department to delay reuniting parents with their children. Nothing in ESSB 5599 authorizes the Department to take custody of a minor, with or without a parent's consent, simply because the minor seeks gender-affirming care. *See generally* ESSB 5599. Under long-established Washington law, the Department may only take custody of a minor where a court finds "that there are reasonable grounds to believe that removal is necessary to prevent imminent physical harm to the child due to child abuse or neglect[.]" Wash. Rev. Code § 13.34.050; *see id.* § 13.34.060(1) (setting seventy-two-hour period minor may be taken into custody under Wash. Rev. Code § 13.34.050 without further court order). Thus, when the Department notifies a

parent that their child is in a licensed shelter, the parent remains free to pick up their child from a shelter at any time and the youth remains free to return home. This is true regardless of whether the youth or their parents choose to engage in services to which the Department refers them.

The law does not direct or permit the Department to provide gender-affirming care to minors either. Again, the law requires the Department to notify parents when their child is at a licensed shelter (and is seeking certain health care) and does not permit the Department to block parents from collecting their children. Moreover, ESSB 5599 merely requires the Department to offer *voluntary* referrals to services. Under section 3(b), the Department must "[o]ffer to make referrals on behalf of the minor for appropriate behavioral health services; and . . . [o]ffer services designed to resolve the conflict and accomplish a reunification of the family." Wash. Rev. Code § 13.32A.082(3)(b). Nothing in the law restricts parents' input in decision-making or compels treatment for youth. And if youth and their parents elect not to undertake reconciliation services, the Department cannot make them.

In short, ESSB 5599 simply directs shelters to report to the Department when adolescents are seeking protected health care and requires the Department to offer services to adolescents and their families (which they can accept or reject).

2. Substitute House Bill 1406

The same Legislature that passed ESSB 5599 also unanimously passed SHB 1406. Among other things, SHB 1406 gave the Department a deadline to

offer services under Wash. Rev. Code § 13.32A.082. The law now requires the Department to contact families and offer services, including family reconciliation services, as soon as possible but no later than three days (excluding weekends and holidays) following a report from a licensed youth shelter about a youth seeking protected health services. Wash. Rev. Code § 13.32A.082(1)(b)(i). Prior to the passage of SHB 1406, there was no deadline for contacting families to provide family reunification services.

SHB 1406 also allows a minor to stay in a licensed overnight youth shelter for up to nintey days in two circumstances: if the shelter: (1) is unable to make contact with a parent despite the shelter's notification efforts required by law; or (2) makes contact with a parent, but the parent does not request that the child return home. *Id.* If a minor remains in a shelter under these circumstances, SHB 1406 requires the shelter to contact the Department, and the Department must then offer family reconciliation services within seventy-two hours after receiving the report. *Id.* § 13.32A.082(3)(a).

B. Washington's Age of Consent Law for Outpatient Mental Health Services

Petitioners also challenge Wash. Rev. Code § 71.34.530. That statute allows adolescents thirteen and older to "request and receive outpatient treatment without the consent of the adolescent's parent." Wash. Rev. Code § 71.34.530. The statute was first enacted in 1985, as part of a comprehensive act "ensur[ing] that minors in need of mental health care and treatment receive appropriate care and

treatment . . . .” 1985 Wash. Sess. Laws 1231 (ch. 354, § 1). Washington is not alone in its approach; over thirty states allow minors to consent to mental health care. *See* BIO App. 14a-32a.

State common law also recognizes that minors may possess the maturity to consent to particular health care treatment without parental consent. *See Smith v. Seibly*, 431 P.2d 719 (Wash. 1967).

C. Proceedings Below

Five sets of parents and two organizations, International Partners for Ethical Care, Inc. (IPEC) and Advocates Protecting Children (APC), filed suit, facially challenging ESSB 5599, SHB 1406, and Washington’s minor consent law for outpatient mental health care (Wash. Rev. Code § 71.34.530). They sued the Governor, Attorney General, and Secretary of the Department of Children, Youth, and Families, in their official capacities. None of the Petitioners alleged that ESSB 5599, SHB 1406, or Wash. Rev. Code § 71.34.530 applied to them—i.e., none have a transgender youth who has run away to a licensed shelter and received or sought gender-affirming care or outpatient mental health treatment without parental consent. Nor did the organizations allege the challenged laws apply to any of their members. Nonetheless, they alleged a raft of facial constitutional violations because the laws allegedly interfere with their rights to parent. Their First Amended Complaint asserted violations of the Due Process Clause under the Fourteenth Amendment

and the Free Speech and Free Exercise Clauses under the First Amendment. Pet. App. 66a-148a. Respondents moved to dismiss under Rule 12(b)(1) and Rule 12(b)(6).

The district court dismissed Petitioners' amended complaint, holding that Petitioners lacked standing. Pet. App. 28a-31a. The court observed that Petitioners had couched their harms as "threatened[,]" Pet. App. 30a, but that the "threats" were based on a "speculative chain of possibilities" insufficient to establish that the threats were "certainly impending." *Id.* (quoting *Clapper v. Amnesty Int'l USA*, 568 U.S. 398, 414 (2013)).

The Ninth Circuit unanimously affirmed. The panel's opinion, authored by Judge Milan D. Smith, Jr., and joined by Judge Sidney R. Thomas and Judge Daniel A. Bress, "conclud[ed], like the district court, that Plaintiffs have not pled current or future injuries sufficient to confer Article III standing." Pet. App. 4a-5a. On the Petitioners' assertions of current injuries, the Ninth Circuit carefully considered each of Petitioners' theories and held that none were cognizable.

With respect to Petitioners' allegations of "constraints on their ability to parent," the Ninth Circuit explained that no Petitioner "allege[d] that their or their children's behavior has yet brought them within reach of the Statutes." Pet. App. 14a-15a. "Instead, [Petitioners] allege only that the looming 'threat' imposed by the Statutes has led them to alter their parenting styles so that the Statutes cannot affect them." Pet. App. 15a. But, as the Ninth Circuit explained, "a plaintiff 'cannot manufacture standing

merely by inflicting harm on themselves based on their fears of hypothetical future harm that is not certainly impending.'" *Id.* (quoting *Clapper*, 568 U.S. at 416). Thus, even crediting Petitioners' allegations that they have changed their parenting style to minimize the risk that their children might run away to a licensed shelter, these changes "are self-inflicted because they are the result of 'voluntary' actions that Plaintiffs have taken 'in response to' the Statutes—not because of any actual requirement that the Statutes impose." Pet. App. 15a-16a (quoting *Twitter, Inc. v. Paxton*, 56 F.4th 1170, 1176 (9th Cir. 2022)).

With respect to Petitioners' allegations of censored speech, the Ninth Circuit concluded that Petitioners did not allege a cognizable injury because "the Statutes do not regulate speech . . ., and they have no bearing on whether and to what extent [Petitioners] are permitted to speak about topics, such as gender, with or around their children." Pet. App. 17a. "As a result, [Petitioners] lack 'an actual and well-founded fear that [the Statutes] will be enforced against [them].'" *Id.* (quoting *Cal. Pro-Life Council, Inc. v. Getman*, 328 F.3d 1088, 1095 (9th Cir. 2003)).

With respect to Petitioners' claim that the challenged laws limited their access to information, the Ninth Circuit noted that Petitioners had entirely failed to tether their claims of injury to the challenged statutes. For example, Parents 1A and 1B alleged they were not informed that their child had chosen to socially transition at school, but "these incidents bear no relation to the Statutes, which do not regulate the conduct of public schools." Pet. App. 18a. Similarly, Parents 5A and 5B alleged that they did not receive

information when their child was hospitalized, but none of the provisions they challenge here "regulate parental access to medical records," and, moreover, their amended complaint "does not allege that 5C's hospitalizations were for outpatient mental or behavioral health treatment, that 5A and 5B declined to authorize that treatment, or that 5A and 5B sought information from 5C's medical providers." Pet. App. 18a-19a. In short, Petitioners' amended complaint "fail[ed] to tie" the parents' "alleged injur[ies] to any of the challenged provisions of Washington law." Pet. App. 19a.

On the Petitioners' assertions of future injuries, the Ninth Circuit rejected Petitioners' arguments that "because [they] may someday be affected by the Statutes, [Petitioners] should have standing to challenge the Statutes now." Pet. App. 19a. The panel extensively discussed this Court's decision in *Lujan* to explain why Petitioners had not shown their injuries were imminent. Pet. App. 19a-21a. This is because, as the Ninth Circuit explained, Petitioners' "claims rely on an enormity of 'ifs' and 'shoulds,' without any detail or explanation as to when or why these contingencies might occur." Pet. App. 21a. So, like the plaintiff organizations in *Lujan*, Petitioners' "amorphous and insufficiently explained concerns about 'some day' injuries are 'simply not enough' to satisfy Article III." *Id.* (quoting *Lujan*, 504 U.S. at 564). This was particularly so in the face of what the Ninth Circuit called the "convoluted series of events" that would need to transpire before any Petitioner was even potentially affected: "(1) one of the Individual Plaintiffs' minor children (2) runs away (3) to a licensed shelter (4) while actively seeking or receiving

gender-affirming care, resulting in (5) the shelter taking in the child (6) despite knowing that the minor is there without parental permission." Pet. App. 22a. Here, Petitioners did not "allege that these events have transpired, and they fail[ed] to provide 'concrete' details or 'specification of *when*' they might occur." *Id.* (quoting *Lujan*, 504 U.S. at 564).

Lastly, with respect to Petitioner IPEC's claim of associational standing, the Ninth Circuit concluded that the member on whose behalf IPEC purported to bring suit "lacks standing for the same reasons as the Individual Plaintiffs: He or she has not suffered a cognizable current injury, and the FAC fails to offer allegations showing that a future injury is certainly impending." Pet. App. 26a.[3]

Petitioners then moved for panel rehearing or rehearing en banc. The panel denied the petition for rehearing. Pet. App. 34a. The petition for rehearing en banc also failed, with only three judges dissenting. Pet. App. 34a; Pet. App. 51a.

Petitioners then filed this Petition.

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[3] And below, Petitioners "offer[ed] no assertion that APC, the other Organizational Plaintiff, has any type of standing." Pet. App. 25a.

REASONS FOR DENYING THE PETITION

A. The Ninth Circuit's Straightforward Application of This Court's Standing Cases Does Not Warrant Review

1. The Ninth Circuit anchored it's holding that Petitioners lack standing in this Court's precedent

Article III standing is a "bedrock constitutional requirement that this Court has applied to all manner of important disputes." *United States v. Texas*, 599 U.S. 670, 675 (2023); *see also Food & Drug Admin. v. All. for Hippocratic Med.*, 602 U.S. 367, 397 (2024) ("No principle is more fundamental to the judiciary's proper role in our system of government than the constitutional limitation of federal-court jurisdiction to actual cases or controversies." (quoting *Simon v. E. Ky. Welfare Rts. Org.*, 426 U.S. 26, 37 (1976))). This is because the requirement that a plaintiff demonstrate standing "helps safeguard the Judiciary's proper—and properly limited—role in our constitutional system[,]" *Texas*, 599 U.S. at 675-76, by ensuring that federal courts do not become "forums for the ventilation of public grievances" more properly resolved through the democratic process, *Valley Forge Christian College v. Americans United for Separation of Church & State, Inc.*, 454 U.S. 464, 473 (1982).

Under this Court's precedent, Petitioners lack standing because their asserted injuries hinge on a string of hypothetical events that they have not pleaded are likely to occur. "To establish Article III standing, an injury must be 'concrete, particularized, and actual or imminent[.]'" *Clapper*, 568 U.S. at 409 (citation omitted). This Court has "repeatedly

reiterated" that any "'threatened injury must be *certainly impending* to constitute injury in fact' and that '[a]llegations of *possible* future injury' are not sufficient." *Id.* (brackets in original) (citation omitted); *see, e.g.*, *All. for Hippocratic Med.*, 602 U.S. at 381 ("actual or imminent, not speculative—meaning the injury must have already occurred or be likely to occur soon"); *DaimlerChrysler Corp. v. Cuno*, 547 U.S. 332, 345 (2006) ("'certainly impending'" (citation omitted)); *Lujan*, 504 U.S. at 560 ("'actual or imminent'" (citation omitted)); *Whitmore v. Arkansas*, 495 U.S. 149, 155, 158 (1990) ("certainly impending" and "not 'conjectural' or 'hypothetical'" (citation omitted)); *ASARCO Inc. v. Kadish*, 490 U.S. 605, 615 (1989) (not "remote or speculative"); *City of Los Angeles v. Lyons*, 461 U.S. 95, 102 (1983) ("real and immediate" (citation omitted)). The Ninth Circuit's determination that Petitioners failed to plead "a cognizable injury that is presently being suffered" or "sufficient facts to make out a clearly impending injury," Pet. App. 27a, and thus lacked standing, was a straightforward application of settled law.

a. The Ninth Circuit correctly applied this Court's precedent in rejecting Petitioners' allegations of current harm

The Ninth Circuit applied this Court's case law correctly in rejecting Petitioners' claims of present injury on the ground that these were self-inflicted injuries "based on their fears of hypothetical future harm that is not certainly impending," *Clapper*, 568 U.S. at 416, i.e., injuries "inflicted by [plaintiff's] own hand," *Pennsylvania v. New Jersey*, 426 U.S. 660, 664 (1976) (per curiam). *See* Pet. App. 15a.

For example, Parents 1A and 1B alleged they changed their parenting styles, including pulling back from discipline, with their children for fear they might run away and obtain gender-affirming care without notification to the parents. Pet. App. 14a. But Petitioners mischaracterize the challenged laws, which still require notification to parents of a runaway child and simply change the party providing that notification—from the licensed shelter to the Department of Children, Youth and Families—and provides families the option of voluntary conflict resolution and reunification services. But even taking their allegations as true, these self-imposed changes are insufficient because nothing in the challenged statutes regulates Petitioners' parenting conduct or speech. Petitioners' attempt to parlay their own reaction to "fears of hypothetical future harm" into the necessary "certainly impending" injury was appropriately rejected under *Clapper*. *See Clapper*, 568 U.S. at 416 ("[R]espondents cannot manufacture standing merely by inflicting harm on themselves based on their fears of hypothetical future harm that is not certainly impending."); *id.* at 417 ("Because respondents do not face a threat of certainly impending interception under [the surveillance law], the costs that they have incurred to avoid surveillance are simply the product of their fear of surveillance, and . . . such a fear is insufficient to create standing.").

The panel likewise correctly applied this Court's precedent in rejecting Petitioners' allegations of censored speech because the challenged laws do not regulate speech. As the panel put it, the laws "have no bearing on whether and to what extent [Petitioners] are permitted to speak about topics, such as gender,

with or around their children." Pet. App. 17a. This too follows directly from *Clapper*, where the plaintiffs alleged that the threat of surveillance caused them to change their speech. *Clapper*, 568 U.S. at 415. This Court rejected that basis for standing, explaining that "[a]llegations of a subjective 'chill' are not an adequate substitute for a claim of specific present objective harm or a threat of specific future harm." *Id.* at 418 (brackets in original) (quoting *Laird v. Tatum*, 408 U.S. 1, 13-14 (1972)).

Finally, the court below correctly applied this Court's precedent in rejecting Petitioners' arguments about limited access to information about their children. This is because these allegations "bear no relation to the [challenged laws]" and thus would fail to meet the traceability and redressability requirements of standing. Pet. App. 18a (citing *Allen v. Wright*, 468 U.S. 737, 751 (1984)).

b. Petitioners' alleged future injuries are too speculative under this Court's case law

Petitioners also did not allege any facts that indicate they have a certainly impending injury or a substantial risk of future harm from the challenged laws. As the panel observed, Petitioners' suggestion that they "may someday be affected by the Statutes" was a version of the same argument rejected by this Court in *Lujan*. *See* Pet. App. 19a-20a.

Petitioners' allegations about their future injuries were based on their belief that ESSB 5599 "now allows the state, over parents' objections or without their knowledge, to provide "gender-affirming" medical care to a child." Pet. 10; *see* Pet.

App. 68a (¶ 6). As explained above, the statute does no such thing. But even crediting their wayward interpretation of the law, Petitioners never alleged how the statute affects them at all. Before they suffer any injury, their child would have to: (1) have a gender identity that is different from their sex assigned at birth; (2) be seeking or receiving gender-affirming care; (3) run away from home; (4) seek refuge with a licensed homeless shelter; (5) decline to share parental information with or receive reconciliation services from the Department; (6) accept the Department's referral for behavioral health services; and (7) obtain gender-affirming care, including mental health care, from a provider without parental consent based on the Department's referral for behavioral health services. As the panel below found, Petitioners would come into contact with the challenged laws only if a "convoluted series of events transpires[.]" Pet. App. 22a (laying out the series of events). But, as alleged, none of the Petitioners came close to showing this causal chain and never alleged that "these events have transpired" or supplied "'concrete' details or 'specification of *when*' they might occur." *Id.* (quoting *Lujan*, 504 U.S. at 564).

Some parents did not even allege any of their children are transgender. Pet. App. 75a-76a (¶¶ 42-47). Others never alleged their children are seeking gender-affirming care. Pet. App. 72a-75a (¶¶ 21-41). Yet others never alleged their children have threatened to run away or actually have run away from home. *See* Pet. App. 70a-72a (¶¶ 11-20). And no Petitioner alleged that their children are currently receiving protected health care. None alleged their children have run away to seek refuge

with a licensed shelter that is subject to the requirements of Wash. Rev. Code § 13.32A.082(1)(b). As such, none alleged that the Department referred their youth for voluntary services or failed to disclose information about their children's presence at a licensed shelter.

Petitioners only alleged potential "injury at some indefinite future time" without any immediacy, let alone a "high degree of immediacy[.]" *Lujan*, 504 U.S. at 564 n.2. They contend the challenged laws make it *possible* their children may someday seek refuge with a licensed shelter and obtain gender-affirming care without their consent based on the Department's referrals. Based on *Lujan*, the panel below was right to conclude they lacked standing because they never alleged any facts to support the likelihood or timing of such actions. *See* Pet. App. 19a-22a; *Lujan*, 504 U.S. at 564 ("'[S]ome day' intentions—without any description of concrete plans, or indeed even any specification of *when* the some day will be—do not support a finding of the 'actual or imminent' injury that our cases require."); *see also Summers v. Earth Island Inst.*, 555 U.S. 488, 495 (2009) (holding that "a chance" of injury was "hardly [the] likelihood" necessary to satisfy Article III).

The court below followed this Court's rejection of standing theories that rest on a "speculative chain of possibilities" that "require guesswork as to how independent decisionmakers will exercise their judgment." *Clapper*, 568 U.S. at 413-14. In *Clapper*, attorneys, human rights advocates, and members of the media challenged provisions of the Foreign Intelligence Surveillance Act that permitted the

government, with approval from a FISA court, to surveil non-citizens outside of the United States. *Id.* at 401. Plaintiffs alleged they were in contact with individuals they believed to be targets of government surveillance and thus their communications likely would be unconstitutionally captured. *Id.* at 406-07. This Court reversed a finding of standing based on "an objectively reasonable likelihood" that the plaintiffs would suffer injury from the challenged surveillance policy and rejected plaintiffs' alternative theory of ongoing injuries based on measures taken to prevent potential injury. *Id.* at 410, 414-16. This Court laid out a highly attenuated chain of possibilities, involving independent actors, that would need to be met before the plaintiffs' threatened injuries were sufficiently impending—which the plaintiffs had not shown. *Id.* at 410. Similar to the plaintiffs in *Clapper*, Petitioners' allegations here are insufficient to confer standing because they relied on a chain of contingencies involving independent actions by third parties, including their children, other adults or licensed shelters, and behavioral health providers. *See id.* at 414 (expressing "reluctance to endorse standing theories that rest on speculation about the decisions of independent actors[]").

This Court's opinion in *Food and Drug Administration v. Alliance for Hippocratic Medicine*, 602 U.S. 367, further confirms that the panel below correctly concluded Petitioners lack Article III standing. In *Alliance*, doctors and medical associations who neither used nor prescribed the drug mifepristone brought suit challenging the FDA's approval of the drug. *Id.* at 374. This Court rejected the plaintiffs' downstream conscience and

economic injuries because they were too speculative and attenuated. For example, the doctors never identified instances where doctors were forced to provide abortion-related treatment to women with mifepristone complications that violated the doctors' conscience. *Id.* at 388. Nor did the doctors contend that FDA's actions caused "an increase in the number of pregnant women seeking treatment from the plaintiff doctors *and* caused a resulting diversion of the doctors' time and resources from other patients." *Id.* at 390-91. This Court declined to bless an expanded standing doctrine, instead holding that because the regulation the doctors challenged did "not requir[e] them to do or refrain from doing anything[,]" they lacked standing to sue. *Id.* at 374; *see also id.* ("[A] plaintiff's desire to make a drug less available *for others* does not establish standing to sue."). Like the *Alliance* doctors, Petitioners here challenge a law that does not require them to do or refrain from doing anything and have only alleged attenuated harm.

2. None of the cases Petitioners cite conflict with the decision below

None of Petitioners' arguments establishes that the Ninth Circuit departed from this Court's standing precedent. Each argument misreads or seeks a wholesale reimagination of this Court's standing doctrines.

Petitioners' reliance on *Diamond Alternative Energy*—where this Court held that fuel producers had standing to challenge state regulations requiring automakers to produce fewer gasoline-powered vehicles—is misplaced. *See Diamond Alt. Energy, LLC v. EPA*, 606 U.S. 100, 104-07 (2025). Although

the fuel producers were not directly regulated by the challenged regulations, neither the state nor the EPA meaningfully disputed the fuel producers' injury-in-fact or causation given the state's own predictions that its law would reduce fuel sales by billions of dollars. *Id.* at 113. The only question before this Court was whether enjoining the law would redress the fuel producers' injury. Applying the "commonsense economic principle[]" that removing a market barrier for a product will predictably increase consumption of that product, *id.* at 116, this Court found redressability met, noting that "[e]ven 'one dollar' of additional revenue for the fuel producers would satisfy the redressability component of Article III standing." *Id.* at 114 (quoting *Uzuegbunam v. Preczewski*, 592 U.S. 279, 292 (2021)).

Here, on the other hand, the individualized choices of children in individualized family circumstances do not follow similarly predictable rules or principles. Whether any particular Petitioner's child will be transgender, seek gender-affirming care, run away from home, go to a licensed shelter, and accept a referral and receive behavioral health care in response to the challenged laws is precisely the type of "'speculation about the unfettered choices made by independent actors not before the courts'" that this Court has long recognized does not establish injury-in-fact. *All. for Hippocratic Med.*, 602 U.S. at 383 (quoting *Clapper*, 568 U.S. at 415 n.5).

Petitioners' argument that they have standing because they "are effectively the object of the challenged law[]" also falls flat. Pet. 23. Unlike in *Diamond Alternative Energy*, where the regulations

explicitly sought to restrict the use of gasoline, ESSB 5599 doesn't regulate parents at all. The law is directed to licensed overnight youth shelters and the Department—requiring licensed shelters to notify the Department of runaway youth and requiring the Department to offer voluntary reunification services to youth and families and referrals to youth for appropriate behavioral health services. *See* Wash. Rev. Code § 13.32A.082. Petitioners' selective quotations of isolated legislators, Pet. 24-25, do not change the plain text and operation of Washington's laws. *See State of Wash., Dep't of Ecology v. Campbell & Gwinn, L.L.C.*, 43 P.3d 4, 9-10 (Wash. 2002) ("The court's fundamental objective is to ascertain and carry out the Legislature's intent, and if the statute's meaning is plain on its face, then the court must give effect to that plain meaning as an expression of legislative intent."); *id.* at 12 (turning to legislative history only if "the statute remains susceptible to more than one reasonable meaning"). Petitioners simply cannot show any clear and predictable link between the parties directly regulated by Washington's law and any purported future injury to them. The panel opinion does not conflict with *Diamond Alternative Energy*.

Nor does characterizing themselves as the "object" of the statutes change Petitioners' burden to show a concrete and particularized injury. This Court simply recognizes that it is often easier to show standing when a law "require[s]" or "forbid[s]" action by a regulated party but "substantially more difficult" when a nonregulated parties' alleged injury stems not from the law itself but from the predictable responses

of third parties not before the Court. *Summers*, 555 U.S. at 493. Regardless of how they are characterized, Petitioners fail to demonstrate standing under this Court's well-established law.

Nor does this Court's recent decision in *Mahmoud v. Taylor*, 606 U.S. 522 (2025), conflict with the panel's opinion. The parents in *Mahmoud* established standing where the schoolboard introduced LGBTQ+-inclusive texts to the curriculum, required teachers "to use them as part of instruction," and encouraged teachers "to approach classroom discussions in a certain way." *Id.* at 560. This Court explained that the parents whose kids would inevitably be in those classrooms had standing even if the parents could not allege with precision "*how* a particular book was used or is planned for use at a particular time." *Id.* (emphasis added). The important thing was, there was a direct link between the district's policy and the parents' alleged free exercise injury: when teachers follow the "clear and undisputed instructions of the [school board]," then the burden on the parents' "religious exercise *will* occur." *Id.* (emphasis added).

Whereas *Mahmoud* concerned a policy that dictated terms in the schools that plaintiffs' children were required to attend, Petitioners here have not established a direct link between statutes regulating the Department and themselves or their children. This is largely because, as the panel noted, there is a "complicated and specific pathway that is necessary to trigger the [challenged] Statutes." Pet. App. 21a. Unlike *Mahmoud*, Petitioners did not allege their children are or will ever be within the facilities

regulated by the law. Instead, Petitioners' claims depend entirely on fears about how the laws *might* be applied to their children if their child is transgender, if their child seeks covered health care, if their child runs away to a licensed shelter, if their child received and accepted a referral for behavioral health services, and then if their child receives covered health care as a result of the referral. Petitioners offer no basis to predict whether this will actually happen other than conjecture. *Mahmoud* stands for the proposition that parents can challenge a public-school policy that actually affects their rights. *Mahmoud* does not overrule decades of precedent, from *Lujan* to *Clapper* to *Alliance for Hippocratic Medicine* and on and on requiring plaintiffs to show their alleged injuries are *actual* or *imminent*.

In an effort to conjure a conflict where none exists, Petitioners next distort *Massachusetts v. EPA*, 549 U.S. 497 (2007). *See* Pet. 31-34. In *Massachusetts*, this Court explained EPA's refusal to regulate greenhouse gas emissions presented *actual* and *imminent* harm to the Commonwealth, not merely a speculative risk of future harm. *See Massachusetts*, 549 U.S. at 521. As the Court detailed, global sea levels had *already* risen as a result of global warming, and the "rising seas ha[d] already begun to swallow Massachusetts' coastal land." *Id.* at 522. The Court recognized the State's particularized injury in its capacity as a landowner and further explained that the severity of Massachusetts' injury would only increase over time. *Id.* at 522-23. That is, not only did Massachusetts already suffer injury, but that injury would continue to grow. *Id.* at 523. Because the effects

of climate change were projected "over the course of the next century," *id.*, the injuries were actual and not speculative.

Petitioners misread *Massachusetts* to argue that imminence for purposes of Article III injury can be based on a sliding scale that allows lower probability of injury if the severity of the injury is higher. *See* Pet. 33-34. The Ninth Circuit correctly rejected this argument, explaining that Petitioners miscast the context of the *Massachusetts*' comment, which arose in a discussion about the redressability requirement, not the injury-in-fact requirement. *See* Pet. App. 24a. *Massachusetts* does not endorse Petitioners' argument that they need not demonstrate a high likelihood of impending injury in order to establish standing. Instead, this Court analyzed concrete injuries to Massachusetts that would continue to intensify over time. *See Massachusetts*, 549 U.S. at 521-22.

Indeed, the panel below acknowledged that an increased risk of future harm may be sufficient to confer standing in some cases. Pet. App. 23a. But this recognition "does not replace the foundational rule that a future injury must be imminent in order to satisfy the injury-in-fact requirement." *Id.* (citing *Lujan*, 504 U.S. at 564 n.2). Instead, the increased probability must bring the injury from "certainly imaginable to 'certainly impending.'" *Id.* (quoting *Clapper*, 568 U.S. at 414). The Ninth Circuit was right to conclude Petitioners' "[a]llegations of *possible* future injury" were insufficient. *Clapper*, 568 U.S. at 409 (brackets in original) (quoting *Whitmore*, 495 U.S. at 158).

Finally, nothing in this Court's recent per curiam order in *Mirabelli v. Bonta*, 607 U.S. ___, 146 S. Ct. 797 (2026), changes the standing analysis or creates conflict with the Ninth Circuit's opinion below. In *Mirabelli*, this Court concluded that parents of California schoolchildren likely had standing to challenge a statewide policy that prohibited public schools from telling parents if their children socially transitioned at school. *See id.* at 800. As this Court noted, the parents in that case "very likely have standing because they are objects of the challenged exclusion policies." *Id.* at 803 (citing *Diamond Alt. Energy*, 606 U.S. at 114). That is, parents had standing to challenge the policies of the schools their children attended, when the straightforward purpose and effect of those policies was to withhold from parents information about their children's gender identity. *Mirabelli* is a far cry from this case. To start, at least two sets of parents in *Mirabelli* were actually denied information on account of the California policy. *Id.* at 800-01. Petitioners here make no such allegation. And they cannot because, as explained, the laws they challenge do not permit (let alone *require*) the Department to withhold information from them. And none of the Petitioners here allege that their children have *ever* been in licensed shelters subject to the challenged policies. And, again, ESSB 5599 only requires the Department to offer referrals to voluntary services—nothing about the law is compulsory vis-à-vis Petitioners here. It does not "requir[e] them to do or refrain from doing anything." *All. for Hippocratic Med.*, 602 U.S. at 374.

* * *

In sum, the panel below faithfully applied this Court's standing precedent to conclude Petitioners lacked a cognizable injury. Applying this settled law to Petitioners' amended complaint, the panel concluded that Petitioners' alleged injuries were either self-inflicted, unrelated to the challenged laws, or conjectural because Petitioners only alleged in the abstract that the laws might apply to their children at some point in the future. *See Clapper*, 568 U.S. at 413-14 (declining to confer standing based on a "speculative chain of possibilities"). Certiorari is not warranted to redo this analysis.

B. The Ninth Circuit's Standing Decision Is Consistent with Other Circuits

Petitioners attempt to create conflict between the Ninth Circuit's decision and other circuits where none exists.

Petitioners first try to conjure a circuit split by citing Judge VanDyke's dissent from the denial of rehearing en banc, which suggested that the Ninth Circuit's unanimous opinion is at odds with the Fifth Circuit's decision in *Deanda v. Becerra*, 96 F.4th 750 (5th Cir. 2024). *See* Pet. 28-29.[4] There is no conflict. In *Deanda*, a parent challenged a federal policy that prohibited "any Title X project staff [from] notify[ing] a parent or guardian before or after a minor has requested and/or received Title X family planning services[.]" 96 F.4th at 759 (brackets in original) (quoting 42 C.F.R. § 59.10(b)). The policy, by itself,

[4] Below, Petitioners never cited *Deanda* in their Opening Brief, Reply Brief, or Petition for Rehearing En Banc.

undermined the parent's state-secured statutory "right to consent to his daughters' obtaining contraceptives." *Deanda*, 96 F.4th at 756 (citing Tex. Fam. Code § 151.001(a)(6)). Here, by contrast, Petitioners allege only attenuated, indirect injuries—that the laws they challenge are encouraging them to change their parenting and censor their speech, lest their children run away to a licensed shelter, where the statutes might then come into play. And as detailed above, and as the Ninth Circuit held, Petitioners have not alleged that any of the statutes they challenge are causing them any present cognizable injury, under any of their theories. Thus, whatever the merits of *Deanda*, it has no relevance here where Petitioners do not (and cannot) allege a direct nullification of an existing statutory right.

Nor does the Ninth Circuit's sliding scale injury-in-fact analysis conflict with other circuits. *See* Pet. 34. Contrary to Petitioners' argument, cases across the circuits caution *against* watering down the standing requirement based on alleged increased risk of harm. The D.C. Circuit, for example, allows standing when there is "a *substantially* increased risk of harm," but a plaintiff must still show "a *substantial* probability of harm with that increase taken into account." *Pub. Citizen, Inc. v. Nat'l Highway Traffic Safety Admin.*, 489 F.3d 1279, 1295 (D.C. Cir. 2007). The court warns against deeming "'all purely speculative increased risks'" as injurious "'because all hypothesized, nonimminent injuries could be dressed up as increased risk of future injury.'" *Id.* at 1294 (quoting *Nat. Res. Def. Council v. EPA*, 464 F.3d 1, 6 (D.C. Cir. 2006); *see also Kerin v. Titeflex Corp.*, 770 F.3d 978, 983 (1st Cir. 2014) (same). These cases do

not cast doubt on the Ninth Circuit's application of this Court's clear precedent requiring plaintiffs to show actual or imminent injuries.

C. The Ninth Circuit Read Petitioners' Amended Complaint Under the Right Standard

Petitioners also clutch to Judge Tung's dissent from the denial of rehearing en banc to argue that the panel drew inferences against them. *See* Pet. 36 (citing Pet. App. 61a). But even if this were true, such basic error correction does not warrant this Court's attention. *See* Rule 10. It is also plainly false. The panel correctly recited allegations from Petitioners' amended complaint and reviewed those allegations against the required elements for standing derived from this Court's precedent. *See* Pet. App. 9a-12a, 14a-26a. In so doing, the panel "construe[ed] 'all material allegations of fact in the complaint in favor of the plaintiff[.]'" Pet. App. 13a (quoting *Southcentral Found. v. Alaska Native Tribal Health Consortium*, 983 F.3d 411, 416-17 (9th Cir. 2020)).

Petitioners attempt to manufacture a conflict about the appropriate standard for Article III standing under Rule 12(b)(1) and whether the plausibility standard from *Twombly* and *Iqbal* for Rule 12(b)(6) motions to dismiss should apply. *See* Pet. 36. But the panel's opinion doesn't reach this issue at all. Nowhere did the panel treat Petitioners' allegations about their injuries as implausible. Instead, as the court below held, and this Court's precedent makes clear, Petitioners' allegations were neither "concrete and particularized" nor "actual or

imminent." Pet. App. 13a (quoting *Lujan*, 504 U.S. at 560). At the pleading stage, a plaintiff is still required to "clearly allege facts demonstrating each element" of standing. *Spokeo, Inc. v. Robins*, 578 U.S. 330, 338 (2016) (citation modified). And the panel straightforwardly took the allegations as true and concluded Petitioners did not allege a cognizable injury-in-fact.

D. This Case Is a Poor Vehicle for Addressing the Issue Presented

Petitioners' assertion that this case presents a clean vehicle for deciding the standing question misses the mark. Ultimately, Petitioners seek to facially invalidate three state laws through a case where they have not been injured—actually or imminently. By bringing such an exceedingly broad challenge, Petitioners have bitten off far more than they can possibly chew, even if this Court were inclined to revisit its standing precedent.

Addressing standing *de novo*, even if only on the pleadings, will require this Court to wade through Petitioners' hypothetical facts to determine whether Petitioners have standing. Their amended complaint is littered with ifs and shoulds that allege potential "injury at some indefinite future time" without any immediacy. *Lujan*, 504 U.S. at 564 n.2; *see* Pet. App. 21a (Petitioners' "claims rely on an enormity of 'ifs' and 'shoulds,' without any detail or explanation as to when or why these contingencies might occur."); *e.g.*, Pet. App. 72a (¶¶ 19-20) ("if 1C were to run away" "should [1C] run away"); Pet. App. 73a (¶ 27) ("should

[2D] run away to a shelter[]"); Pet. App. 75a (¶ 40) ("If 3C were to run away and receive counseling to affirm a 'transgender identity,' or receive medical 'treatment'"); Pet. App. 76a (¶¶ 45, 46) ("if [4C, 4D, and 4E] succumb to th[e] pressure[]" "to take on an alternate gender identity from their actual sex[]"); Pet. App. 77a (¶ 58) ("if 5C runs away again, [5C] will rely on [the challenged laws] to seek 'gender-affirming treatment'"). Such speculative allegations make this case a poor vehicle to define or clarify actual or imminent injuries for Article III standing purposes.

Petitioners also invoke concerns about the infringement of schools' gender identity policies on parental rights. *See* Pet. 37-38. But this case is far afield from those policies. Petitioners challenge state laws that the Department—not schools—must follow, and it remains hypothetical and speculative that Petitioners or their children might be affected by the State's laws. Moreover, this Court has and will continue to have opportunities to address jurisdictional and merits issues in challenges to public school policies that "encourage[] a student to transition to a new gender or assist[] in that process" "without parental knowledge or consent[.]" *Parents Protecting Our Children, UA v. Eau Claire Area Sch. Dist.*, 145 S. Ct. 14 (2024) (Alito, J., dissenting from the denial of certiorari); *see also Mirabelli*, 146 S. Ct. 797 (granting application to vacate order staying a permanent injunction); *Littlejohn v. Sch. Bd. of Leon Cnty.*, No. 25-259, 2026 WL 1127219, at *1 (U.S. Apr. 27, 2026) (denying the petition for writ of certiorari); *Foote v. Ludlow Sch. Comm.*, No. 25-77, 2026 WL 1052101, at *1 (U.S. Apr. 20, 2026) (same); *Lee v. Poudre Sch. Dist. R-1*, 146 S. Ct. 26 (2025)

(same); *Parents Protecting Our Children*, 145 S. Ct. 14 (same); *John & Jane Parents 1 v. Montgomery Cnty. Bd. of Educ.*, 144 S. Ct. 2560 (2024); Pet. 22 (contending over 1,200 school districts maintain gender identity policies).

CONCLUSION

The petition should be denied.

RESPECTFULLY SUBMITTED.

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May 14, 2026

APPENDIX

SER-86–88—Declaration of Cristina Sepe in Support of Defendants' Motion to Dismiss Plaintiffs' First Amended Complaint, Exhibit G: Memorandum from Natalie Green and Steve Grilli, *Changes to 3100. Family Reconciliation Services Policy* (July 21, 2023)

[SER-86]

Exhibit G

[SER-87]

STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
1500 Jefferson Street, SE • P.O. Box 40975 • Olympia WA 98504-0975

Policy Memo
July 21, 2023

TO:	Child Welfare Employees
FROM:	Natalie Green, Assistant Secretary Steve Grill, Assistant Secretary of Partnership, Prevention, and Services
RE:	Changes to 3100. Family Reconciliation Services policy
EFFECTIVE DATE:	July 23, 2023
SUNSET REVIEW DATE:	July 23, 2024

Purpose
The purpose of this memo is to provide guidance to Child Welfare (CW) employees when referrals are

assigned to Family Reconciliation Services (FRS) from shelters or host homes regarding a runaway or homeless youth residing there without parental authorization and information is provided that the youth is seeking or receiving protective health care services. These new requirements align with:

- Engrossed Substitute Senate Bill 5599 Supporting youth and young adults seeking protected health care services
- Substitute House Bill 1406 Concerning youth seeking housing assistance and other related services

This policy is in the process of being revised, but the following changes will take effect July 23, 2023:

New Procedural Requirements
Family Reconciliation Services (FRS) Cases

When an intake referral is assigned to FRS from a shelter or host home for a youth residing there without parental authorization and the youth is seeking or receiving protective health care services, meaning gender affirming treatment, as defined in RCW 74.09.675, or reproductive health care services, as defined in 74.09.875, caseworkers must:

- Contact the youth within twenty-four hours, excluding weekends and holidays, and complete the following:
    - Offer FRS to resolve the conflict and accomplish a reunification of the family. If the youth agrees to participate:
        - Offer to make referrals on behalf of the youth for appropriate

behavioral health services by making a Wraparound Intensive Service (WISe) referral as outlined in the current FRS policy. If screened out for WISe, assist the youth with referring to local behavioral health agencies, which can be found at Washington 2-1-1 search and LGBTQ+ Lifeline.

[SER-88]

- Assist the youth in connecting with their established health care provider or with a referral to local health care services, if appropriate. Community health care centers can be found at wacommunityhealth.org.
- Document in FamLink case notes if any referrals were made or if the youth declined services.

- Make good faith attempt to contact the youth's parent or legal guardian to offer FRS to resolve the conflict and accomplish a reunification of the family. When making a good faith attempt, caseworkers must at minimum do the following:
  - Ask the youth or shelter to provide contact information for the youth's parents or legal guardians, if known.
  - Contact the parents or legal guardians as outlined in the current FRS policy, if contact information is provided.

  - Search FamLink for any prior child welfare history and contact the most recent contact information for a parent or legal guardian.
  - Document efforts in FamLink case notes.
- Provide FRS to the youth and family even if they are already involved in a Community Support Team (CST) and they have agreed to continue working with FRS, as outlined in Chapter 43.3300 RCW. In these situations, coordinate FRS efforts with the CST to resolve the conflict and accomplish reunification of the family.

Revised Resources
Intake Training Manual (located on the Intake and & CPS page on the DCYF intranet)

Questions
If you have questions, please contact Doug Allison, Administrator of the Services and Navigation Unit, at doug.allison@dcyf.wa.gov or 360-280-3223

Cc: Brenda Villarreal
Doug Allison

SER-89–94—Declaration of Cristina Sepe in Support of Defendants' Motion to Dismiss Plaintiffs' First Amended Complaint, Exhibit H: Department of Children, Youth, and Families Policy and Procedure 3100. Family Reconciliation Services

[SER-89]

Exhibit G

[SER-90]

3100. Family Reconciliation Services

Original Date: December 15, 1996

Revised Date: July 28, 2019

Sunset Review Date: July 31, 2023

Approval: Ross Hunter, Secretary

Policy Update Memo Effective July 23, 2023 (/sites/default/files/pdf/cw-policy/Memo-FRS-7-20-23%20Final.pdf)

Purpose

Family Reconciliation Services (FRS) are voluntary services designed to resolve problems related to family conflict, at-risk youth, or a youth who may be in need of services. These services are provided to youth ages 12 through 17 years old and their families to alleviate personal and family situations which present a serious and imminent threat to the health

and stability of the family and reunify the family, maintain the family unit or avoid out-of-home placement.

Scope

This policy applies to the Department of Children, Youth, and Family (DCYF) employees.

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Laws

Chapter 13.32A RCW (http://app.leg.wa.gov/RCW/default.aspx?cite=13.32A) Family Reconciliation Act

RCW 43.185C.290 (http://app.leg.wa.gov/RCW/default.aspx?cite=43.185C.290) Youth services - Child admitted to secure facility - Maximum hours of custody - Evaluation for semi-secure facility or release to department of social and health services - Parental right to remove child - Reconciliation effort - Information to parent and child - Written statement of services and rights - Crisis residential center immunity from liability

RCW 43.185C.315 (http://app.leg.wa.gov/RCW/default.aspx?cite=43.185C.315) Youth services - HOPE centers - Establishment - Requirements

Policy

Caseworkers must:

1. Contact the family within twenty-four hours of being assigned the case, excluding weekends and holidays, to schedule an interview and assessment.

2. Complete a Family Assessment with the involvement of a multidisciplinary team, if applicable, to determine available services to keep the family intact.
3. Provide FRS to youth 12 through 17 years of age and their families, where youth have run away or are in conflict with their family.
4. Complete the Commercially Sexually Exploited Child (CSEC) screening tool DSHS 15-476 in FamLink if a youth is suspected, indicated, or confirmed of being a CSEC.
5. Follow the Commercially Sexually Exploited Children (CSEC) (/node/582) policy for youth indicated or confirmed CSEC.
6. Refer to a youth with complex behavioral health needs for a Wraparound Intensive Services (WISe) screen per WISe (/node/1376) policy.
7. Follow the Health and Safety Visit (/node/1333) policy requirements for all cases open beyond 60 calendar days.
8. Upon request by the parent or youth, complete a Family Assessment for Child In Need of Services (CHINS) or At-Risk-Youth (ARY).

9. File a CHINS petition on behalf of the youth when a dependency is not being pursued, the parent has not filed an ARY petition, and DCYF is asking the court to approve an out-of-

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home placement under the following circumstances:

a. The youth has been admitted to a CRC or has been placed by DCYF in an out-of-home placement, and:

   i. The parent has been notified that the youth was admitted or placed.

   ii. The youth cannot return home and legal authorization is needed for out-of-home placement beyond seventy-two hours.

   iii. An agreement has not been reached between the parent and youth as to where the youth will live.

   iv. A CHINS petition has not been filed by either the parent or youth.

   v. The parent has not filed an at-risk youth petition; and

   vi. The youth has no suitable place to live other than their parent's home.

b. The youth has been admitted to a CRC and:

   i. Seventy-two hours, including Saturdays, Sundays and holidays, have passed since placement.

   ii. The CRC staff, after searching with due diligence, have been unable to contact the youth's parent.

   iii. The youth has no suitable place to live other than the home of his or her parent.

c. An agreement between the parent and youth made pursuant to RCW 43.185C.280 (https://app.leg.wa.gov/rcw/default.aspx?cite=43.185C.280) or pursuant to RCW 13.32A.120(1) (http://app.leg.wa.gov/RCW/default.aspx?cite=13.32A.120) is no longer acceptable to the parent or youth, and:

   i. Seventy-two hours, including Saturdays, Sundays, and holidays, have passed since notification.

   ii. No new agreement between parent and youth as to where the youth will live has been reached.

   iii. A CHINS petition has not been filed by either the youth or the parent.

   iv. The parent has not filed an ARY petition; and

   v. The youth has no suitable place to live other than their parent's home.

10. Meet the following requirements when filing a CHINS petition on behalf of the youth:
11. Be filed in the county where the parent resides.
12. Allege the youth is a CHINS.
13. Ask only that the placement of a youth outside the parent's home be approved.

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14. Authorize emergency medical and dental care if a youth is placed in out-of-home care on a CHINS order.
15. Request a dismissal of a CHINS out-of-home placement no more than 180 calendar days from the initial review hearing, per RCW 13.32A.190 (https://app.leg.wa.gov/RCW/default.aspx?cite=13.32A.190).
16. When requested, assist the parent in filing an ARY petition in the county where the parent resides and allege that:
    a. The youth is an at-risk youth.
    b. The parent has the right to legal custody of the youth.
    c. Court intervention and supervision are necessary to assist the parent in maintaining the care, custody, and control of the youth.

d. Alternatives to court intervention have been attempted or there is good cause why such alternatives have not been attempted.

17. Close the case after 30 days unless the family is referred for contracted services, DCYF placement, or ordered by the court to monitor compliance with the dispositional order of a CHINS or ARY petition.

Procedures

Caseworkers must:

1. Assess the family and refer to appropriate services to avoid out-of-home placement.
2. Report to intake when any child in an open case is believed to be at imminent risk of serious harm or there is a new allegation of child abuse or neglect
3. Staff case with supervisor if:
   a. Services other than family crisis counseling is needed.
   b. The case needs monitoring and services beyond 30 days.
4. Make a referral to a contracted service provider when appropriate.

5. If ordered by the court, for a CHINS or ARY dispositional hearing:

   a. Submit a dispositional plan;

   b. Monitor compliance with the dispositional order;

   c. Assist in coordinating the provision of court-ordered services; and

   d. Submit reports at subsequent review hearings regarding the status of the case.

6. Request dismissal of the CHINS when it is not feasible for DCYF to provide services due to one or more of the following circumstances:

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   a. The youth has been absent from court approved placement for 30 consecutive days or more;

   b. The parents or the youth refuse to cooperate in available, appropriate intervention aimed at reunifying the family; or

   c. The department has exhausted all available and appropriate resources that would result in reunification.

Forms

Commercially Sexually Exploited Child (CSEC) Screen DSHS 15-476 (Located on the DCYF Forms intranet)

Family Assessment DSHS 15-279 (Located on the DCYF Forms intranet)

‹ 3000. Family Voluntary Services (FVS) (/policies-and-procedures/3000-family-voluntary-services-fvs)

Up (/practices-and-procedures)

4000. Child Welfare Services › (/node/608)

SER-135–45—Appendix to Defendants' Motion to Dismiss: State Statutes Permitting Minors to Consent to Mental Health Treatment

[SER-135]

APPENDIX

State Statutes Permitting Minors to Consent to Mental Health Treatment

1. Alabama

Ala. Code. § 22-8-4

Any minor who is 14 years of age or older, or has graduated from high school, or is married, or having been married is divorced or is pregnant may give effective consent to any legally authorized medical, dental, health or mental health services for himself or herself, and the consent of no other person shall be necessary.

2. California

Cal. Fam. Code § 6924(b)

A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied:

(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.

(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.

3. Colorado

Colo. Rev. Stat. § 12-245-203.5(2)(a)
Notwithstanding any other provision of law, a mental health professional may provide psychotherapy services, as defined in section 12-245-202(14)(a), to a minor who is twelve years of age or older, without the consent of the minor's parent or legal guardian, if the mental health professional determines that: (I) The minor is knowingly and voluntarily seeking such services; and (II) The provision of psychotherapy services is clinically indicated and necessary to the minor's well-being.

Colo. Rev. Stat. § 27-65-104
Notwithstanding any other provision of law, a minor who is fifteen years of age or older, whether with or without the consent of a parent or legal guardian, may consent to receive mental health services to be rendered by a facility, a professional person, or mental health professional

4. Connecticut

Conn. Gen. Stat. § 19a-14c(b)
A psychiatrist licensed pursuant to chapter 370, a psychologist licensed pursuant to chapter 383, a clinical social worker licensed pursuant to chapter 383b or a marital and family therapist

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licensed pursuant to chapter 383a may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2)

the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment; and (5) in the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively.

Conn. Gen. Stat. § 17a-79(a)

. . . [A]ny hospital may admit any child for diagnosis or treatment of a mental disorder upon the written request of the child's parent. A child fourteen years of age or over may be admitted under this section without consent of his or her parents if such child consents in writing, provided that the parents of such child, if any, shall be notified not later than twenty-four hours after such admission that such child has been hospitalized under the provisions of this subsection.

5. Delaware

Del. Code Ann. tit. 16, § 5003(f)(3)

Voluntary outpatient treatment. — A person between 14 and 18 years of age, who is in need of mental health treatment, may request voluntary outpatient treatment from a licensed treatment facility or community provider. If the individual in need of treatment is a minor under 14 years of age, a parent, legal custodian, or legal guardian shall make the request for voluntary outpatient mental health treatment and give written consent for treatment.

a. If a minor is 14 years of age or over, then either the minor, or a parent, legal custodian, or legal guardian may give written consent to a licensed

treatment facility or community provider for voluntary, outpatient treatment.

b. Consent so given by a minor 14 years of age or over shall, notwithstanding the minor's minority, be valid and fully effective for all purposes and shall be binding upon such minor, the minor's parents, custodian, and legal guardian as effectively as if the minor were of full legal age at the time of giving such written consent. The consent of no other person or court shall be necessary for the treatment rendered such minor.

c. A minor's consent is not necessary when a parent, legal custodian, or legal guardian of an individual less than 18 years of age provides consent to voluntary outpatient mental health treatment on behalf of the minor.

d. A minor, including those age 14 and older, may not abrogate consent provided by a parent, legal custodian, or legal guardian on the minor's behalf. Nor may a parent, legal custodian, or legal guardian abrogate consent given by a minor age 14 and older on his or her own behalf.

e. This section does not authorize a minor to receive psychotropic drugs without the consent of the minor's parent, legal custodian, or legal guardian. Only a parent, legal guardian, or legal custodian may provide consent for the administration of such medication.

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6. District of Columbia

D.C. Code § 7-1231.14(b)

(1) A provider may deliver outpatient mental health services and mental health supports other than

medication to a minor who is voluntarily seeking such services without parental or guardian consent if the provider determines that:

(A) The minor is knowingly and voluntarily seeking the services; and

(B) Provision of the services is clinically indicated for the minor's well-being.

(2) Mental health services and mental health supports provided to a minor without the consent of a parent or guardian pursuant to subsection (b)(1) of this section shall be limited to a period of 90 days. At the end of the 90-day period, the provider shall either:

(A) Make a new determination pursuant to subsection (b)(1) of this section that provision of services to the minor without parental or guardian consent is voluntarily sought by the minor and continues to be clinically indicated;

(B) Terminate the services; or

(C) With the consent of the minor, notify the parent(s) or guardian to obtain consent to provide further outpatient services.

D.C. Mun. Regs. tit. 22-B, § 600.7

A minor of any age may consent to health services which he or she requests for the prevention, diagnosis, or treatment of the following medical situations:

. . .

(c) A mental or emotional condition and sexually transmitted disease.

7. Florida

Fla. Stat. § 394.4784

For the purposes of this section, the disability of nonage is removed for any minor age 13 years or older to access services under the following circumstances:

(1) Outpatient diagnostic and evaluation services.—When any minor age 13 years or older experiences an emotional crisis to such degree that he or she perceives the need for professional assistance, he or she shall have the right to request, consent to, and receive mental health diagnostic and evaluative services provided by a licensed mental health professional, as defined by Florida Statutes, or in a mental health facility licensed by the state. The purpose of such services shall be to determine the severity of the problem and the potential for harm to the person or others if further professional services are not provided. Outpatient diagnostic and evaluative services shall not include medication and other somatic methods, aversive stimuli, or substantial deprivation. Such services shall not exceed two visits during any 1-week period in response to a crisis situation before parental consent is required for further services, and may include parental participation when determined to be appropriate by the mental health professional or facility. (2) Outpatient crisis intervention, therapy and counseling services.—When any minor age 13 years or older experiences an emotional crisis to such degree that he or she perceives the need for professional assistance, he or she shall have the right to request, consent to, and receive outpatient crisis intervention services including individual psychotherapy, group therapy,

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counseling, or other forms of verbal therapy provided by a licensed mental health professional, as defined by Florida Statutes, or in a mental health facility licensed by the state. Such services shall not include

medication and other somatic treatments, aversive stimuli, or substantial deprivation. Such services shall not exceed two visits during any 1-week period in response to a crisis situation before parental consent is required for further services, and may include parental participation when determined to be appropriate by the mental health professional or facility.

8. Hawai‘i

Haw. Rev. Stat. § 577-29(a)

Notwithstanding any other law to the contrary, a minor who is fourteen years of age or older may consent to mental health treatment or counseling services provided by a licensed mental health professional or mental health professional if, in the opinion of the licensed mental health professional, the minor is mature enough to participate intelligently in the mental health treatment or counseling services without parental or legal guardian consent, knowledge, or participation; provided that the consent of the minor's parent or legal guardian shall be required to prescribe medication to the minor or to place the minor into an out-of-home or residential treatment program.

9. Illinois

405 Ill. Comp. Stat. 5/3-550

Minors 12 years of age or older request to receive counseling services or psychotherapy on an outpatient basis.

(a) Any minor 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of the minor's parent, guardian, or person in loco parentis shall not be

necessary to authorize outpatient counseling services or psychotherapy. However, until the consent of the minor's parent, guardian, or person in loco parentis has been obtained, outpatient counseling services or psychotherapy provided to a minor under the age of 17 shall be initially limited to not more than 8 90-minute sessions.

405 Ill. Comp. Stat. 5/3-400

(a) Any person 16 or older, including a person adjudicated a person with a disability, may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission.

10. Kansas

Kan. Stat. Ann. § 59-2949

(a) A mentally ill person may be admitted to a treatment facility as a voluntary patient when there are available accommodations and the head of the treatment facility determines such person

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is in need of treatment therein, and that the person has the capacity to consent to treatment, except that no such person shall be admitted to a state psychiatric hospital without a written statement from a qualified

mental health professional authorizing such admission.

(b) Admission shall be made upon written application:

(1) If such person is 18 years of age or older the person may make such application for themself; or

(2)(A) If such person is less than 18 years of age, a parent may make such application for their child; or

(B) if such person is less than 18 years of age, but 14 years of age or older the person may make such written application on their own behalf without the consent or written application of their parent, legal guardian or any other person. Whenever a person who is 14 years of age or older makes written application on their own behalf and is admitted as a voluntary patient, the head of the treatment facility shall promptly notify the child's parent, legal guardian or other person known to the head of the treatment facility to be interested in the care and welfare of the minor of the admittance of that child;

Op. Att'y Gen. 2004- 22 (Kan. 2004)

"[A] minor 14 years of age but less than 18 years of age may consent to outpatient (as well as inpatient) treatment at a treatment facility as a voluntary patient, but the head of the treatment facility must so notify the minor's parent, legal guardian or other person known to the head of the treatment facility to be interested in the care and welfare of the minor"

11. Kentucky

Ky. Rev. Stat. § 214.185(2)
Any physician may provide outpatient mental health counseling to any child age sixteen (16) or older upon request of such child without the consent of a parent, parents, or guardian of such child.

12. Louisiana

La. Stat. Ann. §40:1079.1(A.)(1)
Consent to the provision of medical or surgical care or services by a hospital or public clinic, orto the performance of medical or surgical care or services by a physician, licensed to practice medicine in this state, when executed by a minor who is or believes himself to be afflicted with an illness or disease, shall be valid and binding as if the minor had achieved his majority. Any such consent shall not be subject to a later disaffirmance by reason of his minority.

13. Maine

Me. Stat. tit. 22, § 1502
In addition to the ability to consent to treatment for health services as provided in sections 1823 and 1908 and Title 32, sections 2595, 3292, 3817, 6221 and 7004, a minor may consent to treatment for substance use disorder or for emotional or psychological problems.

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14. Maryland

Md. Code Ann., Health-Gen. § 20-104(b)(1)
[A]minor who is 12 years old or older who is determined by a health care provider to be mature and capable of giving informed consent has the same

capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic.

15. Massachusetts

Mass. Gen. Laws ch. 123, § 10(a)
Pursuant to departmental regulations on admission procedures, the superintendent may receive and retain on a voluntary basis any person providing the person is in need of care and treatment and providing the admitting facility is suitable for such care and treatment. The application may be made (1) by a person who has attained the age of sixteen . . . .

16. Michigan

Mich. Comp. Laws § 330.1707(1)
A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide mental health services, on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs, without the consent or knowledge of the minor's parent, guardian, or person in loco parentis. Except as otherwise provided in this section, the minor's parent, guardian, or person in loco parentis shall not be informed of the services without the consent of the minor unless the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to another individual, and if the minor is notified of the mental health professional's intent to inform the minor's parent, guardian, or person in loco parentis.

17. Minnesota

Minn. Stat. § 144.3431(a)
A minor who is age 16 or older may give effective consent for nonresidential mental health services, and the consent of no other person is required.

18. Montana

Mont. Code Ann. § 53-21-112(2)
A minor who is at least 16 years of age may, without the consent of a parent or guardian, consent to receive mental health services . . . .

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19. New Jersey

N.J. Rev. Stat. § 9:17A-4(b)
When a minor who is sixteen years of age or older believes that he or she is in need of behavioral health care services for the treatment of mental illness or emotional disorders, the minor's consent to temporary outpatient treatment, excluding the use or administration of medication, under the supervision of a physician licensed to practice medicine, an advanced practice nurse, or an individual licensed to provide professional counseling under Title 45 of the Revised Statutes, including, but not limited to, a psychiatrist, licensed practicing psychologist, certified social worker, licensed clinical social worker, licensed social worker, licensed marriage and family therapist, certified psychoanalyst, or licensed psychologist, or in an outpatient health care facility licensed pursuant to P.L. 1971, c.136 (C.26:2H-1 et seq.), shall be valid and binding as if the minor had achieved the age of majority. Any such consent shall not be subject to later disaffirmance by reason of minority. Treatment

for behavioral health care services for mental illness or emotional disorders that is consented to by a minor shall be considered confidential information between the physician, the individual licensed to provide professional counseling, the advanced practice nurse, or the health care facility, as appropriate, and the patient, and neither the minor nor the minor's physician, professional counselor, nurse, or outpatient health care facility, as appropriate, shall be required to report such treatment when it is the result of voluntary consent.

20. New Mexico

N.M. Stat. Ann. § 32A-6A-15(A.)
A child fourteen years of age or older is presumed to have capacity to consent to treatment without consent of the child's legal custodian, including consent for individual psychotherapy, group psychotherapy, guidance counseling, case management, behavioral therapy, family therapy, counseling, substance abuse treatment or other forms of verbal treatment that do not include aversive interventions.

21. New York

N.Y. Mental Hyg. Law § 33.21(c)
A mental health practitioner may provide outpatient mental health services, other than those treatments and procedures for which consent is specifically required by section 33.03 of this Article, to a minor voluntarily seeking such services without parental or guardian consent if the mental health practitioner determines that:

(1) the minor is knowingly and voluntarily seeking such services; and

(2) provision of such services is clinically indicated and necessary to the minor's wellbeing; and
(3)(i) a parent or guardian is not reasonably available; or

(ii) requiring parental or guardian consent or involvement would have a detrimental effect on the course of outpatient treatment; or

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(iii) a parent or guardian has refused to give such consent and a physician determines that treatment is necessary and in the best interests of the minor.

22. North Carolina

N.C. Gen. Stat. § 90-21.5(a)
Subject to subsection (a1) of this section, any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of . . . emotional disturbance. . . .

23. Ohio

Ohio Rev. Code Ann. § 5122.04(A)
Upon the request of a minor fourteen years of age or older, a mental health professional may provide outpatient mental health services, excluding the use of medication, without the consent or knowledge of the minor's parent or guardian.

24. Oklahoma

Okla. Stat. tit. 43A, § 5-503(A.)
A parent of a minor or a minor sixteen (16) years of age or older may consent to the voluntary admission of the minor for inpatient mental health or substance abuse treatment.

25. Oregon

Or. Rev. Stat. § 109.675(1)
A minor 14 years of age or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a mental or emotional disorder

26. Pennsylvania

35 Pa. Stat. and Cons. Stat. Ann. § 10101.1(a)(2)
A minor who is fourteen years of age or older may consent on the minor's own behalf to voluntary inpatient mental health treatment . . . or outpatient mental health treatment, and the minor's parent's or legal guardian's consent shall not be necessary.

27. Puerto Rico

P.R. Laws Ann. tit. 24, § 6161
Any minor between fourteen (14) and eighteen (18) years of age may request and receive counseling or psychotherapy and, if necessary, receive outpatient mental healthcare treatment for a maximum period of six (6) sessions if the child and adolescent psychiatrist, physician, psychiatrist, psychologist, social worker, or professional counselor determines that such minor

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is capable of making such a decision. Services shall not be denied to the minor due to lack of financial resources.

28. Rhode Island

23 R.I. Gen. Laws § 23-4.6-1(a)
Any person of the age of sixteen (16) or over or married may consent to routine, emergency, medical or surgical care

29. South Carolina

S.C. Code Ann. § 63-5-340
Any minor who has reached the age of sixteen years may consent to any health services from a person authorized by law to render the particular health service for himself and the consent of no other person shall be necessary unless such involves an operation which shall be performed only if such is essential to the health or life of such child in the opinion of the performing physician and a consultant physician if one is available.

30. Tennessee

Tenn. Code Ann. § 33-8-202
(a) If a child with serious emotional disturbance or mental illness is sixteen (16) years of age or older, the child has the same rights as an adult with respect to outpatient and inpatient mental health treatment, medication decisions, confidential information, and participation in conflict resolution procedures under this title except as provided in part 3 of this chapter, or as otherwise expressly provided in this title. . . .
(b) An outpatient facility or professional may provide

treatment and rehabilitation without obtaining the consent of the child's parent, legal guardian, or legal custodian.

31. Vermont

Vt. Stat. Ann. tit. 18, § 8350

A minor may give consent to receive any legally authorized outpatient treatment from a mental health professional, as defined in section 7101 of this title. Consent under this section shall not be subject to disaffirmance due to minority of the person consenting. The consent of a parent or legal guardian shall not be necessary to authorize outpatient treatment. As used in this section, "outpatient treatment" means psychotherapy and other counseling services that are supportive, but not prescription drugs.

32. Virginia

Va. Code Ann. § 54.1-2969(E)

A minor shall be deemed an adult for the purpose of consenting to:

. . .

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4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

33. Washington

Wash. Rev. Code § 71.34.530

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.

34. U.S. Virgin Islands

V.I. Code tit. 19, § 291

Any physician, surgeon, institution or facility of the Department of Health or any public or private hospital, or any Federally Qualified Health Center as designated by the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services may provide counseling, examination, treatment, hospitalization and medical and surgical care for any minor for any of the following:

. . .

(f) Behavioral health services.

Additional State Statutes Codifying the Mature-Minor Doctrine

35. Arkansas

Ark. Code Ann. § 20-9-602(7)

It is recognized and established that, in addition to other authorized persons, any one (1) of the following persons may consent, either orally or otherwise, to any surgical or medical treatment or procedure not prohibited by law that is suggested, recommended, prescribed, or directed by a licensed physician:

. . .

Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself or herself

36. Idaho

Idaho Code § 39-4503

Any person, including one who is developmentally disabled and not a respondent as defined in section 66-402, Idaho Code, who comprehends the need for, the nature of, and the significant risks ordinarily inherent in any contemplated health care services is competent to consent thereto on his or her own behalf. Any health care provider may provide such health care services in reliance upon such a consent.

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37. Nevada

Nev. Rev. Stat. § 129.030(3.)

[T]he consent of the parent or parents or the legal guardian of a minor is not necessary for a local or state health officer, board of health, licensed provider of health care or public or private hospital to examine or provide physical, behavioral, dental or mental health services for any minor, included within the provisions of subsection 1, who understands the nature and purpose of the proposed examination or services and the probable outcome, and voluntarily requests the proposed examination or services. The consent of the minor to examination or services pursuant to this subsection is not subject to disaffirmance because of minority.