
ENGROSSED SUBSTITUTE SENATE BILL 6665

State of Washington

60th Legislature

2008 Regular Session

By Senate Human Services & Corrections (originally sponsored by Senators Hargrove, Stevens, and Marr)

READ FIRST TIME 02/08/08.

1 AN ACT Relating to the intensive case management and integrated
2 response pilot programs; amending RCW 70.96A.800, 70.96B.800,
3 70.96B.010, 70.96B.020, 70.96B.050, 70.96B.100, and 70.96B.900;
4 amending 2007 c 120 s 4 (uncodified); adding a new section to chapter
5 70.96B RCW; and providing expiration dates.

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

7 **Sec. 1.** RCW 70.96A.800 and 2005 c 504 s 220 are each amended to
8 read as follows:

9 (1) The secretary shall select and contract with counties to
10 provide intensive case management for chemically dependent persons with
11 histories of high utilization of crisis services at two sites. In
12 selecting the two sites, the secretary shall endeavor to site one in an
13 urban county, and one in a rural county; and to site them in counties
14 other than those selected pursuant to RCW 70.96B.020, to the extent
15 necessary to facilitate evaluation of pilot project results. Within
16 funds provided for this specific purpose, the secretary may contract
17 with additional counties to provide intensive case management.

18 (2) The contracted sites shall implement the pilot programs by
19 providing intensive case management to persons with a primary chemical

1 dependency diagnosis or dual primary chemical dependency and mental
2 health diagnoses, through the employment of chemical dependency case
3 managers. The chemical dependency case managers shall:

4 (a) Be trained in and use the integrated, comprehensive screening
5 and assessment process adopted under RCW 70.96C.010;

6 (b) Reduce the use of crisis medical, chemical dependency and
7 mental health services, including but not limited to, emergency room
8 admissions, hospitalizations, detoxification programs, inpatient
9 psychiatric admissions, involuntary treatment petitions, emergency
10 medical services, and ambulance services;

11 (c) Reduce the use of emergency first responder services including
12 police, fire, emergency medical, and ambulance services;

13 (d) Reduce the number of criminal justice interventions including
14 arrests, violations of conditions of supervision, bookings, jail days,
15 prison sanction day for violations, court appearances, and prosecutor
16 and defense costs;

17 (e) Where appropriate and available, work with therapeutic courts
18 including drug courts and mental health courts to maximize the outcomes
19 for the individual and reduce the likelihood of reoffense;

20 (f) Coordinate with local offices of the economic services
21 administration to assist the person in accessing and remaining enrolled
22 in those programs to which the person may be entitled;

23 (g) Where appropriate and available, coordinate with primary care
24 and other programs operated through the federal government including
25 federally qualified health centers, Indian health programs, and
26 veterans' health programs for which the person is eligible to reduce
27 duplication of services and conflicts in case approach;

28 (h) Where appropriate, advocate for the client's needs to assist
29 the person in achieving and maintaining stability and progress toward
30 recovery;

31 (i) Document the numbers of persons with co-occurring mental and
32 substance abuse disorders and the point of determination of the co-
33 occurring disorder by quadrant of intensity of need; and

34 (j) Where a program participant is under supervision by the
35 department of corrections, collaborate with the department of
36 corrections to maximize treatment outcomes and reduce the likelihood of
37 reoffense.

1 (3) The pilot programs established by this section shall begin
2 providing services by March 1, 2006.

3 (4) This section expires June 30, (~~(2008)~~) 2009.

4 **Sec. 2.** RCW 70.96B.800 and 2005 c 504 s 217 are each amended to
5 read as follows:

6 (1) The Washington state institute for public policy shall evaluate
7 the pilot programs and make (~~(a)~~) preliminary reports to appropriate
8 committees of the legislature by December 1, 2007, and June 30, 2008,
9 and a final report by (~~(September 30, 2008)~~) June 30, 2010.

10 (2) The evaluation of the pilot programs shall include:

11 (a) Whether the designated crisis responder pilot program:

12 (i) Has increased efficiency of evaluation and treatment of persons
13 involuntarily detained for seventy-two hours;

14 (ii) Is cost-effective;

15 (iii) Results in better outcomes for persons involuntarily
16 detained;

17 (iv) Increased the effectiveness of the crisis response system in
18 the pilot catchment areas;

19 (b) The effectiveness of providing a single chapter in the Revised
20 Code of Washington to address initial detention of persons with mental
21 disorders or chemical dependency, in crisis response situations and the
22 likelihood of effectiveness of providing a single, comprehensive
23 involuntary treatment act.

24 (3) The reports shall consider the impact of the pilot programs on
25 the existing mental health system and on the persons served by the
26 system.

27 **Sec. 3.** RCW 70.96B.010 and 2005 c 504 s 202 are each amended to
28 read as follows:

29 The definitions in this section apply throughout this chapter
30 unless the context clearly requires otherwise.

31 (1) "Admission" or "admit" means a decision by a physician that a
32 person should be examined or treated as a patient in a hospital, an
33 evaluation and treatment facility, or other inpatient facility, or a
34 decision by a professional person in charge or his or her designee that
35 a person should be detained as a patient for evaluation and treatment

1 in a secure detoxification facility or other certified chemical
2 dependency provider.

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

7 (3) "Approved treatment program" means a discrete program of
8 chemical dependency treatment provided by a treatment program certified
9 by the department as meeting standards adopted under chapter 70.96A
10 RCW.

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

14 (5) "Chemical dependency" means:

- 15 (a) Alcoholism;
- 16 (b) Drug addiction; or
- 17 (c) Dependence on alcohol and one or more other psychoactive
18 chemicals, as the context requires.

19 (6) "Chemical dependency professional" means a person certified as
20 a chemical dependency professional by the department of health under
21 chapter 18.205 RCW.

22 (7) "Commitment" means the determination by a court that a person
23 should be detained for a period of either evaluation or treatment, or
24 both, in an inpatient or a less restrictive setting.

25 (8) "Conditional release" means a revocable modification of a
26 commitment that may be revoked upon violation of any of its terms.

27 (9) "Custody" means involuntary detention under either chapter
28 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of
29 unconditional release from commitment from a facility providing
30 involuntary care and treatment.

31 (10) "Department" means the department of social and health
32 services.

33 (11) "Designated chemical dependency specialist" or "specialist"
34 means a person designated by the county alcoholism and other drug
35 addiction program coordinator designated under RCW 70.96A.310 to
36 perform the commitment duties described in RCW 70.96A.140 and this
37 chapter, and qualified to do so by meeting standards adopted by the
38 department.

1 (12) "Designated crisis responder" means a person designated by the
2 county or regional support network to perform the duties specified in
3 this chapter.

4 (13) "Designated mental health professional" means a mental health
5 professional designated by the county or other authority authorized in
6 rule to perform the duties specified in this chapter.

7 (14) "Detention" or "detain" means the lawful confinement of a
8 person under this chapter, or chapter 70.96A or 71.05 RCW.

9 (15) "Developmental disabilities professional" means a person who
10 has specialized training and three years of experience in directly
11 treating or working with individuals with developmental disabilities
12 and is a psychiatrist, psychologist, or social worker, and such other
13 developmental disabilities professionals as may be defined by rules
14 adopted by the secretary.

15 (16) "Developmental disability" means that condition defined in RCW
16 71A.10.020.

17 (17) "Discharge" means the termination of facility authority. The
18 commitment may remain in place, be terminated, or be amended by court
19 order.

20 (18) "Evaluation and treatment facility" means any facility that
21 can provide directly, or by direct arrangement with other public or
22 private agencies, emergency evaluation and treatment, outpatient care,
23 and timely and appropriate inpatient care to persons suffering from a
24 mental disorder, and that is certified as such by the department. A
25 physically separate and separately operated portion of a state hospital
26 may be designated as an evaluation and treatment facility. A facility
27 that is part of, or operated by, the department or any federal agency
28 does not require certification. No correctional institution or
29 facility, or jail, may be an evaluation and treatment facility within
30 the meaning of this chapter.

31 (19) "Facility" means either an evaluation and treatment facility
32 or a secure detoxification facility.

33 (20) "Gravely disabled" means a condition in which a person, as a
34 result of a mental disorder, or as a result of the use of alcohol or
35 other psychoactive chemicals:

36 (a) Is in danger of serious physical harm resulting from a failure
37 to provide for his or her essential human needs of health or safety; or

1 (b) Manifests severe deterioration in routine functioning evidenced
2 by repeated and escalating loss of cognitive or volitional control over
3 his or her actions and is not receiving such care as is essential for
4 his or her health or safety.

5 (21) "History of one or more violent acts" refers to the period of
6 time ten years before the filing of a petition under this chapter, or
7 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any
8 violent acts committed, in a mental health facility or a long-term
9 alcoholism or drug treatment facility, or in confinement as a result of
10 a criminal conviction.

11 (22) "Imminent" means the state or condition of being likely to
12 occur at any moment or near at hand, rather than distant or remote.

13 (23) "Intoxicated person" means a person whose mental or physical
14 functioning is substantially impaired as a result of the use of alcohol
15 or other psychoactive chemicals.

16 ~~((+23+))~~ (24) "Judicial commitment" means a commitment by a court
17 under this chapter.

18 ~~((+24+))~~ (25) "Licensed physician" means a person licensed to
19 practice medicine or osteopathic medicine and surgery in the state of
20 Washington.

21 ~~((+25+))~~ (26) "Likelihood of serious harm" means:

22 (a) A substantial risk that:

23 (i) Physical harm will be inflicted by a person upon his or her own
24 person, as evidenced by threats or attempts to commit suicide or
25 inflict physical harm on oneself;

26 (ii) Physical harm will be inflicted by a person upon another, as
27 evidenced by behavior that has caused such harm or that places another
28 person or persons in reasonable fear of sustaining such harm; or

29 (iii) Physical harm will be inflicted by a person upon the property
30 of others, as evidenced by behavior that has caused substantial loss or
31 damage to the property of others; or

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

34 ~~((+26+))~~ (27) "Mental disorder" means any organic, mental, or
35 emotional impairment that has substantial adverse effects on a person's
36 cognitive or volitional functions.

37 ~~((+27+))~~ (28) "Mental health professional" means a psychiatrist,

1 psychologist, psychiatric nurse, or social worker, and such other
2 mental health professionals as may be defined by rules adopted by the
3 secretary under the authority of chapter 71.05 RCW.

4 ~~((+28+))~~ (29) "Peace officer" means a law enforcement official of
5 a public agency or governmental unit, and includes persons specifically
6 given peace officer powers by any state law, local ordinance, or
7 judicial order of appointment.

8 ~~((+29+))~~ (30) "Person in charge" means a physician or chemical
9 dependency counselor as defined in rule by the department, who is
10 empowered by a certified treatment program with authority to make
11 assessment, admission, continuing care, and discharge decisions on
12 behalf of the certified program.

13 ~~((+30+))~~ (31) "Private agency" means any person, partnership,
14 corporation, or association that is not a public agency, whether or not
15 financed in whole or in part by public funds, that constitutes an
16 evaluation and treatment facility or private institution, or hospital,
17 or approved treatment program, that is conducted for, or includes a
18 department or ward conducted for, the care and treatment of persons who
19 are mentally ill and/or chemically dependent.

20 ~~((+31+))~~ (32) "Professional person" means a mental health
21 professional or chemical dependency professional and shall also mean a
22 physician, registered nurse, and such others as may be defined by rules
23 adopted by the secretary pursuant to the provisions of this chapter.

24 ~~((+32+))~~ (33) "Psychiatrist" means a person having a license as a
25 physician and surgeon in this state who has in addition completed three
26 years of graduate training in psychiatry in a program approved by the
27 American medical association or the American osteopathic association
28 and is certified or eligible to be certified by the American board of
29 psychiatry and neurology.

30 ~~((+33+))~~ (34) "Psychologist" means a person who has been licensed
31 as a psychologist under chapter 18.83 RCW.

32 ~~((+34+))~~ (35) "Public agency" means any evaluation and treatment
33 facility or institution, or hospital, or approved treatment program
34 that is conducted for, or includes a department or ward conducted for,
35 the care and treatment of persons who are mentally ill and/or
36 chemically dependent, if the agency is operated directly by federal,
37 state, county, or municipal government, or a combination of such
38 governments.

1 ~~((35))~~ (36) "Registration records" means all the records of the
2 department, regional support networks, treatment facilities, and other
3 persons providing services to the department, county departments, or
4 facilities which identify persons who are receiving or who at any time
5 have received services for mental illness.

6 ~~((36))~~ (37) "Release" means legal termination of the commitment
7 under chapter 70.96A or 71.05 RCW or this chapter.

8 ~~((37))~~ (38) "Secretary" means the secretary of the department or
9 the secretary's designee.

10 ~~((38))~~ (39) "Secure detoxification facility" means a facility
11 operated by either a public or private agency or by the program of an
12 agency that serves the purpose of providing evaluation and assessment,
13 and acute and/or subacute detoxification services for intoxicated
14 persons and includes security measures sufficient to protect the
15 patients, staff, and community.

16 ~~((39))~~ (40) "Social worker" means a person with a master's or
17 further advanced degree from an accredited school of social work or a
18 degree deemed equivalent under rules adopted by the secretary.

19 ~~((40))~~ (41) "Treatment records" means registration records and
20 all other records concerning persons who are receiving or who at any
21 time have received services for mental illness, which are maintained by
22 the department, by regional support networks and their staffs, and by
23 treatment facilities. Treatment records do not include notes or
24 records maintained for personal use by a person providing treatment
25 services for the department, regional support networks, or a treatment
26 facility if the notes or records are not available to others.

27 ~~((41))~~ (42) "Violent act" means behavior that resulted in
28 homicide, attempted suicide, nonfatal injuries, or substantial damage
29 to property.

30 **Sec. 4.** RCW 70.96B.020 and 2005 c 504 s 203 are each amended to
31 read as follows:

32 (1) The secretary, after consulting with the Washington state
33 association of counties, shall select and contract with regional
34 support networks or counties to provide two integrated crisis response
35 and involuntary treatment pilot programs for adults and shall allocate
36 resources for both integrated services and secure detoxification
37 services in the pilot areas. In selecting the two regional support

1 networks or counties, the secretary shall endeavor to site one in an
2 urban and one in a rural regional support network or county; and to
3 site them in counties other than those selected pursuant to RCW
4 70.96A.800, to the extent necessary to facilitate evaluation of pilot
5 project results. Within funds provided for this specific purpose, the
6 secretary may contract with additional regional support networks or
7 counties to provide integrated crisis response and involuntary
8 treatment pilot programs to adults.

9 (2) The regional support networks or counties shall implement the
10 pilot programs by providing integrated crisis response and involuntary
11 treatment to persons with a chemical dependency, a mental disorder, or
12 both, consistent with this chapter. The pilot programs shall:

13 (a) Combine the crisis responder functions of a designated mental
14 health professional under chapter 71.05 RCW and a designated chemical
15 dependency specialist under chapter 70.96A RCW by establishing a new
16 designated crisis responder who is authorized to conduct investigations
17 and detain persons up to seventy-two hours to the proper facility;

18 (b) Provide training to the crisis responders as required by the
19 department;

20 (c) Provide sufficient staff and resources to ensure availability
21 of an adequate number of crisis responders twenty-four hours a day,
22 seven days a week;

23 (d) Provide the administrative and court-related staff, resources,
24 and processes necessary to facilitate the legal requirements of the
25 initial detention and the commitment hearings for persons with a
26 chemical dependency;

27 (e) Participate in the evaluation and report to assess the outcomes
28 of the pilot programs including providing data and information as
29 requested;

30 (f) Provide the other services necessary to the implementation of
31 the pilot programs, consistent with this chapter as determined by the
32 secretary in contract; and

33 (g) Collaborate with the department of corrections where persons
34 detained or committed are also subject to supervision by the department
35 of corrections.

36 (3) The pilot programs established by this section shall begin
37 providing services by March 1, 2006.

1 **Sec. 5.** RCW 70.96B.050 and 2007 c 120 s 1 are each amended to read
2 as follows:

3 (1) When a designated crisis responder receives information
4 alleging that a person, as a result of a mental disorder, chemical
5 dependency disorder, or both, presents a likelihood of serious harm or
6 is gravely disabled, the designated crisis responder may, after
7 investigation and evaluation of the specific facts alleged and of the
8 reliability and credibility of any person providing information to
9 initiate detention, if satisfied that the allegations are true and that
10 the person will not voluntarily seek appropriate treatment, file a
11 petition for initial detention. Before filing the petition, the
12 designated crisis responder must personally interview the person,
13 unless the person refuses an interview, and determine whether the
14 person will voluntarily receive appropriate evaluation and treatment at
15 either an evaluation and treatment facility, a detoxification facility,
16 or other certified chemical dependency provider.

17 (2)(a) An order to detain to an evaluation and treatment facility,
18 a detoxification facility, or other certified chemical dependency
19 provider for not more than a seventy-two hour evaluation and treatment
20 period may be issued by a judge upon request of a designated crisis
21 responder: (i) Whenever it appears to the satisfaction of a judge of
22 the superior court, district court, or other court permitted by court
23 rule, that there is probable cause to support the petition, and (ii)
24 that the person has refused or failed to accept appropriate evaluation
25 and treatment voluntarily.

26 (b) The petition for initial detention, signed under penalty of
27 perjury or sworn telephonic testimony, may be considered by the court
28 in determining whether there are sufficient grounds for issuing the
29 order.

30 (c) The order shall designate retained counsel or, if counsel is
31 appointed from a list provided by the court, the name, business
32 address, and telephone number of the attorney appointed to represent
33 the person.

34 (3) The designated crisis responder shall then serve or cause to be
35 served on such person, his or her guardian, and conservator, if any, a
36 copy of the order to appear, together with a notice of rights and a
37 petition for initial detention. After service on the person, the
38 designated crisis responder shall file the return of service in court

1 and provide copies of all papers in the court file to the evaluation
2 and treatment facility or secure detoxification facility and the
3 designated attorney. The designated crisis responder shall notify the
4 court and the prosecuting attorney that a probable cause hearing will
5 be held within seventy-two hours of the date and time of outpatient
6 evaluation or admission to the evaluation and treatment facility,
7 secure detoxification facility, or other certified chemical dependency
8 provider. If requested by the detained person or his or her attorney,
9 the hearing may be postponed for a period not to exceed forty-eight
10 hours. The court may be continued subject to the petitioner's showing
11 of good cause for a period not to exceed twenty-four hours. The person
12 may be accompanied by one or more of his or her relatives, friends, an
13 attorney, a personal physician, or other professional or religious
14 advisor to the place of evaluation. An attorney accompanying the
15 person to the place of evaluation shall be permitted to be present
16 during the admission evaluation. Any other person accompanying the
17 person may be present during the admission evaluation. The facility
18 may exclude the person if his or her presence would present a safety
19 risk, delay the proceedings, or otherwise interfere with the
20 evaluation.

21 (4) The designated crisis responder may notify a peace officer to
22 take the person or cause the person to be taken into custody and placed
23 in an evaluation and treatment facility, a secure detoxification
24 facility, or other certified chemical dependency provider. At the time
25 the person is taken into custody there shall commence to be served on
26 the person, his or her guardian, and conservator, if any, a copy of the
27 original order together with a notice of detention, a notice of rights,
28 and a petition for initial detention.

29 **Sec. 6.** RCW 70.96B.100 and 2005 c 504 s 211 are each amended to
30 read as follows:

31 ~~((If a person is detained for additional treatment beyond fourteen~~
32 ~~days under RCW 70.96B.090, the professional staff of the agency or~~
33 ~~facility may petition for additional treatment under RCW 70.96A.140.))~~

34 (1) A person detained for fourteen days of involuntary chemical
35 dependency treatment under RCW 70.96B.090 shall be released from
36 involuntary treatment at the expiration of the period of commitment
37 unless the professional staff of the agency or facility files a

1 petition for additional period of involuntary treatment under RCW
2 70.96A.140, or files a petition for sixty days less restrictive
3 treatment under this section.

4 (2) A petition for less restrictive treatment must be filed at
5 least three days before expiration of the fourteen-day period of
6 intensive treatment, and comport with the rules contained in RCW
7 70.96B.090(2). The petition shall state facts that support the finding
8 that the person, as a result of a chemical dependency, presents a
9 likelihood of serious harm or is gravely disabled, and that continued
10 treatment pursuant to a less restrictive order is in the best interest
11 of the person or others. At the time of filing such a petition, the
12 clerk shall set a time for the person to come before the court on the
13 next judicial day after the day of filing unless such appearance is
14 waived by the person's attorney.

15 (3) At the time set for appearance the detained person must be
16 brought before the court, unless such appearance has been waived and
17 the court shall advise him or her of his or her right to be represented
18 by an attorney. If the detained person is not represented by an
19 attorney, or is indigent or is unwilling to retain an attorney, the
20 court shall immediately appoint an attorney to represent him or her.
21 The court shall, if requested, appoint a reasonably available licensed
22 physician, psychologist, or psychiatrist, designated by the detained
23 person to examine and testify on behalf of the detained person.

24 (4) The court shall conduct a hearing on the petition for sixty
25 days less restrictive treatment on or before the last day of the
26 confinement period. The burden of proof shall be by clear, cogent, and
27 convincing evidence and shall be upon the petitioner. The person shall
28 be present at such proceeding, which shall in all respects accord with
29 the constitutional guarantees of due process of law and the rules of
30 evidence pursuant to RCW 71.05.360 (8) and (9). Involuntary treatment
31 shall continue while a petition for less restrictive treatment is
32 pending under this section.

33 (5) The court may impose a sixty-day less restrictive order if the
34 evidence shows that the person, as a result of a chemical dependency,
35 presents a likelihood of serious harm or is gravely disabled, and that
36 continued treatment pursuant to a less restrictive order is in the best
37 interest of the person or others. The less restrictive order may
38 impose treatment conditions and other conditions which are in the best

1 interest of the patient and others. A copy of the less restrictive
2 order shall be given to the patient, the designated crisis responder,
3 and any program designated to provide less restrictive treatment. A
4 program designated to provide less restrictive treatment and willing to
5 supervise the conditions of the less restrictive order may modify the
6 conditions for continued release when the modification is in the best
7 interests of the patient, but must notify the designated crisis
8 responder and the court of such modification.

9 (6) If an outpatient treatment program approved by the court and
10 willing to supervise the conditions of the less restrictive order or
11 the designated crisis responder determines that the respondent is
12 failing to adhere to the terms of the less restrictive order, or that
13 substantial deterioration in the patient's functioning has occurred,
14 then the designated crisis responder shall notify the court of original
15 commitment and request a hearing to be held no less than two and no
16 more than seven days after the date of the request to determine whether
17 or not the person should be returned to more restrictive care. The
18 designated crisis responder may cause the person to be immediately
19 taken into custody of the secure detox pending the hearing if the
20 alleged noncompliance causes an imminent risk to the safety of the
21 person. The designated crisis responder shall file a petition with the
22 court stating the facts substantiating the need for the hearing along
23 with the treatment recommendations. The patient shall have the same
24 rights with respect to notice, hearing, and counsel as for the original
25 involuntary treatment proceedings. The issues to be determined at the
26 hearing are whether the conditionally released patient did or did not
27 adhere to the terms and conditions of his or her release to less
28 restrictive care or that substantial deterioration of the patient's
29 functioning has occurred and whether the condition of release should be
30 modified or the person should be returned to a more restrictive
31 setting. The hearing may be waived by the patient and his or her
32 counsel and his or her guardian or conservator, if any, but may not be
33 waived unless all such persons agree to the waiver. If court finds in
34 favor of the petitioner, or the person waives a hearing, the court may
35 order the person to be committed to secure detox for fourteen days of
36 involuntary chemical dependency treatment, or may order the patient to
37 be returned to less restrictive treatment on the same or modified
38 conditions.

1 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.96B RCW
2 to read as follows:

3 (1) A person committed for fourteen days of involuntary chemical
4 dependency treatment under this chapter has a right to refuse
5 antipsychotic medication unless it is determined that the failure to
6 medicate may result in a likelihood of serious harm or substantial
7 deterioration and there is no less intrusive course of treatment than
8 medication in the best interest of that person.

9 (2) The department shall adopt rules to carry out the purposes of
10 this chapter. These rules shall include:

11 (a) An attempt to obtain the informed consent of the person prior
12 to administration of antipsychotic medication;

13 (b) For short-term treatment up to fourteen days, the right to
14 refuse antipsychotic medications unless there is an additional
15 concurring medical opinion approving medication;

16 (c) Administration of antipsychotic medication in an emergency and
17 review of this decision within twenty-four hours. An emergency exists
18 if the person presents an imminent likelihood of serious harm, and
19 medically acceptable alternatives to administration of antipsychotic
20 medications are not available or are unlikely to be successful; and in
21 the opinion of the physician, the person's condition constitutes an
22 emergency requiring the treatment be instituted prior to obtaining a
23 second medical opinion;

24 (d) Documentation in the medical record of the physician's attempt
25 to obtain informed consent and the reasons why antipsychotic medication
26 is being administered over the person's objection or lack of consent.

27 (3) A person committed pursuant to this chapter may refuse
28 psychiatric medication twenty-four hours before a court hearing as
29 provided in RCW 71.05.210.

30 **Sec. 8.** RCW 70.96B.900 and 2005 c 504 s 219 are each amended to
31 read as follows:

32 Sections 202 through 216 (~~(of this act)~~), chapter 504, Laws of 2005
33 expire ((July 1, 2008)) June 30, 2009.

34 NEW SECTION. **9.** Sections 3 through 7 of this act expire June
35 30, 2009.

1 **Sec. 10.** 2007 c 120 s 4 (uncodified) is amended to read as
2 follows:

3 Sections 1 and 2 (~~of this act~~), chapter 120, Laws of 2007 expire
4 (~~July 1, 2008~~) June 30, 2009.

--- END ---