

**ESHB 1768 - S AMD 828**  
By Senator Dhingra

ADOPTED 04/27/2019

1 Strike everything after the enacting clause and insert the  
2 following:

3 **"Sec. 1.** RCW 18.205.010 and 1998 c 243 s 1 are each amended to  
4 read as follows:

5 The legislature recognizes ~~((chemical dependency))~~ substance use  
6 disorder professionals as discrete health professionals. ~~((Chemical~~  
7 ~~dependency))~~ Substance use disorder professional certification serves  
8 the public interest.

9 **Sec. 2.** RCW 18.205.020 and 2008 c 135 s 15 are each amended to  
10 read as follows:

11 The definitions in this section apply throughout this chapter  
12 unless the context clearly requires otherwise.

13 (1) "Certification" means a voluntary process recognizing an  
14 individual who qualifies by examination and meets established  
15 educational prerequisites, and which protects the title of practice.

16 (2) ~~(( "Certified chemical dependency professional" means an~~  
17 ~~individual certified in chemical dependency counseling, under this~~  
18 ~~chapter.~~

19 ~~(3) "Certified chemical dependency professional trainee" means an~~  
20 ~~individual working toward the education and experience requirements~~  
21 ~~for certification as a chemical dependency professional.~~

22 ~~(4) "Chemical dependency counseling" means employing the core~~  
23 ~~competencies of chemical dependency counseling to assist or attempt~~  
24 ~~to assist an alcohol or drug addicted person to develop and maintain~~  
25 ~~abstinence from alcohol and other mood-altering drugs.~~

26 ~~(5))~~ "Committee" means the ~~((chemical dependency))~~ substance use  
27 disorder professional certification advisory committee established  
28 under this chapter.

29 ~~((6))~~ (3) "Core competencies of ~~((chemical dependency))~~  
30 substance use disorder counseling" means competency in the nationally  
31 recognized knowledge, skills, and attitudes of professional practice,

1 including assessment and diagnosis of ~~((chemical dependency))~~  
2 substance use disorders, ~~((chemical dependency))~~ substance use  
3 disorder treatment planning and referral, patient and family  
4 education in the disease of ~~((chemical dependency))~~ substance use  
5 disorders, individual and group counseling ~~((with alcoholic and drug~~  
6 ~~addicted individuals))~~, relapse prevention counseling, and case  
7 management, all oriented to assist ~~((alcoholic and drug addicted~~  
8 ~~patients to achieve and maintain abstinence from mood-altering~~  
9 ~~substances and develop independent support systems))~~ individuals with  
10 substance use disorder in their recovery.

11 ~~((7))~~ (4) "Department" means the department of health.

12 ~~((8))~~ (5) "Health profession" means a profession providing  
13 health services regulated under the laws of this state.

14 ~~((9))~~ (6) "Recovery" means a process of change through which  
15 individuals improve their health and wellness, live self-directed  
16 lives, and strive to reach their full potential. Recovery often  
17 involves achieving remission from active substance use disorder.

18 (7) "Secretary" means the secretary of health or the secretary's  
19 designee.

20 (8) "Substance use disorder counseling" means employing the core  
21 competencies of substance use disorder counseling to assist or  
22 attempt to assist individuals with substance use disorder in their  
23 recovery.

24 (9) "Substance use disorder professional" means an individual  
25 certified in substance use disorder counseling under this chapter.

26 (10) "Substance use disorder professional trainee" means an  
27 individual working toward the education and experience requirements  
28 for certification as a substance use disorder professional.

29 (11) "Co-occurring disorder specialist" means an individual  
30 possessing an enhancement that certifies the individual to provide  
31 substance use disorder counseling subject to the practice limitations  
32 under section 25 of this act.

33 (12) "Agency" means (a) a community behavioral health agency or  
34 facility operated, licensed, or certified by the state of Washington;  
35 (b) a federally recognized Indian tribe located within the state; (c)  
36 a county; (d) a federally qualified health center; or (e) a hospital.

37 (13) "Counseling" means employing any therapeutic techniques  
38 including, but not limited to, social work, mental health counseling,  
39 marriage and family therapy, and hypnotherapy, for a fee, that offer,  
40 assist, or attempt to assist an individual or individuals in the

1 amelioration or adjustment of mental, emotional, or behavioral  
2 problems, and includes therapeutic techniques to achieve sensitivity  
3 and awareness of self and others and the development of human  
4 potential. For the purposes of this chapter, nothing may be construed  
5 to imply that the practice of hypnotherapy is necessarily limited to  
6 counseling.

7       **Sec. 3.** RCW 18.205.030 and 2008 c 135 s 16 are each amended to  
8 read as follows:

9       No person may represent oneself as a certified ~~((chemical~~  
10 ~~dependency)) substance use disorder professional ~~((or))~~, certified  
11 ~~((chemical dependency)) substance use disorder professional trainee,~~  
12 or co-occurring disorder specialist or use any title or description  
13 of services of a certified ~~((chemical dependency)) substance use~~  
14 disorder professional ~~((or))~~, certified ~~((chemical dependency))~~  
15 substance use disorder professional trainee, or co-occurring disorder  
16 specialist without applying for certification, meeting the required  
17 qualifications, and being certified by the department of health,  
18 unless otherwise exempted by this chapter.~~

19       **Sec. 4.** RCW 18.205.080 and 2018 c 201 s 9007 are each amended to  
20 read as follows:

21       (1) The secretary shall appoint a ~~((chemical dependency))~~  
22 substance use disorder certification advisory committee to further  
23 the purposes of this chapter. The committee shall be composed of  
24 seven members, one member initially appointed for a term of one year,  
25 three for a term of two years, and three for a term of three years.  
26 Subsequent appointments shall be for terms of three years. No person  
27 may serve as a member of the committee for more than two consecutive  
28 terms. Members of the committee shall be residents of this state. The  
29 committee shall be composed of four certified ~~((chemical dependency))~~  
30 substance use disorder professionals; one ~~((chemical dependency))~~  
31 substance use disorder treatment program director; one physician  
32 licensed under chapter 18.71 or 18.57 RCW who is certified in  
33 addiction medicine or a licensed or certified mental health  
34 practitioner; and one member of the public who has received  
35 ~~((chemical dependency)) substance use disorder counseling.~~

36       (2) The secretary may remove any member of the committee for  
37 cause as specified by rule. In the case of a vacancy, the secretary

1 shall appoint a person to serve for the remainder of the unexpired  
2 term.

3 (3) The committee shall meet at the times and places designated  
4 by the secretary and shall hold meetings during the year as necessary  
5 to provide advice to the director. The committee may elect a chair  
6 and a vice chair. A majority of the members currently serving shall  
7 constitute a quorum.

8 (4) Each member of the committee shall be reimbursed for travel  
9 expenses as authorized in RCW 43.03.050 and 43.03.060. In addition,  
10 members of the committee shall be compensated in accordance with RCW  
11 43.03.240 when engaged in the authorized business of the committee.

12 (5) The director of the health care authority, or his or her  
13 designee, shall serve as an ex officio member of the committee.

14 (6) The secretary, members of the committee, or individuals  
15 acting on their behalf are immune from suit in any action, civil or  
16 criminal, based on any certification or disciplinary proceedings or  
17 other official acts performed in the course of their duties.

18 **Sec. 5.** RCW 18.205.090 and 2001 c 251 s 30 are each amended to  
19 read as follows:

20 (1) The secretary shall issue a certificate to any applicant who  
21 demonstrates to the secretary's satisfaction that the following  
22 requirements have been met:

23 (a) Completion of an educational program approved by the  
24 secretary or successful completion of alternate training that meets  
25 established criteria;

26 (b) Successful completion of an approved examination, based on  
27 core competencies of (~~chemical dependency~~) substance use disorder  
28 counseling; and

29 (c) Successful completion of an experience requirement that  
30 establishes fewer hours of experience for applicants with higher  
31 levels of relevant education. In meeting any experience requirement  
32 established under this subsection, the secretary may not require more  
33 than one thousand five hundred hours of experience in (~~chemical~~  
34 ~~dependency~~) substance use disorder counseling for applicants who are  
35 licensed under chapter 18.83 RCW or under chapter 18.79 RCW as  
36 advanced registered nurse practitioners.

37 (2) The secretary shall establish by rule what constitutes  
38 adequate proof of meeting the criteria.

1 (3) Applicants are subject to the grounds for denial of a  
2 certificate or issuance of a conditional certificate under chapter  
3 18.130 RCW.

4 (4) Certified (~~(chemical dependency)~~) substance use disorder  
5 professionals shall not be required to be registered under chapter  
6 18.19 RCW or licensed under chapter 18.225 RCW.

7 (5) As of the effective date of this section, a person certified  
8 under this chapter holding the title of chemical dependency  
9 professional is considered to hold the title of substance use  
10 disorder professional until such time as the person's present  
11 certification expires or is renewed.

12 **Sec. 6.** RCW 18.205.095 and 2008 c 135 s 18 are each amended to  
13 read as follows:

14 (1) The secretary shall issue a trainee certificate to any  
15 applicant who demonstrates to the satisfaction of the secretary that  
16 he or she is working toward the education and experience requirements  
17 in RCW 18.205.090.

18 (2) A trainee certified under this section shall submit to the  
19 secretary for approval a declaration, in accordance with rules  
20 adopted by the department, that he or she is enrolled in an approved  
21 education program and actively pursuing the experience requirements  
22 in RCW 18.205.090. This declaration must be updated with the  
23 trainee's annual renewal.

24 (3) A trainee certified under this section may practice only  
25 under the supervision of a certified (~~(chemical dependency)~~)  
26 substance use disorder professional. The first fifty hours of any  
27 face-to-face client contact must be under direct observation. All  
28 remaining experience must be under supervision in accordance with  
29 rules adopted by the department.

30 (4) A certified (~~(chemical dependency)~~) substance use disorder  
31 professional trainee provides (~~(chemical dependency)~~) substance use  
32 disorder assessments, counseling, and case management with a state  
33 regulated agency and can provide clinical services to patients  
34 consistent with his or her education, training, and experience as  
35 approved by his or her supervisor.

36 (5) A trainee certification may only be renewed four times.

37 (6) Applicants are subject to denial of a certificate or issuance  
38 of a conditional certificate for the reasons set forth in chapter  
39 18.130 RCW.

1 (7) As of the effective date of this section, a person certified  
2 under this chapter holding the title of chemical dependency  
3 professional trainee is considered to hold the title of substance use  
4 disorder professional trainee until such time as the person's present  
5 certification expires or is renewed.

6 **Sec. 7.** RCW 18.205.100 and 2000 c 171 s 42 are each amended to  
7 read as follows:

8 The secretary may establish by rule the standards and procedures  
9 for approval of educational programs and alternative training. The  
10 requirements for who may provide approved supervision towards  
11 training must be the same for all applicants in the regular or  
12 alternative training pathways. The requirements for who may provide  
13 approved supervision towards training must allow approved supervision  
14 to be provided by a person who meets or exceeds the requirements of a  
15 certified substance use disorder professional in the state of  
16 Washington and who would be eligible to take the examination required  
17 for certification. The secretary may utilize or contract with  
18 individuals or organizations having expertise in the profession or in  
19 education to assist in the evaluations. The secretary shall establish  
20 by rule the standards and procedures for revocation of approval of  
21 educational programs. The standards and procedures set shall apply  
22 equally to educational programs and training in the United States and  
23 in foreign jurisdictions. The secretary may establish a fee for  
24 educational program evaluations.

25 **Sec. 8.** RCW 10.77.079 and 2015 1st sp.s. c 7 s 9 are each  
26 amended to read as follows:

27 (1) If the issue of competency to stand trial is raised by the  
28 court or a party under RCW 10.77.060, the prosecutor may continue  
29 with the competency process or dismiss the charges without prejudice  
30 and refer the defendant for assessment by a mental health  
31 professional, (~~chemical dependency~~) substance use disorder  
32 professional, co-occurring disorder specialist, or developmental  
33 disabilities professional to determine the appropriate service needs  
34 for the defendant.

35 (2) This section does not apply to defendants with a current  
36 charge or prior conviction for a violent offense or sex offense as  
37 defined in RCW 9.94A.030, or a violation of RCW 9A.36.031(1) (d),  
38 (f), or (h).

1       **Sec. 9.** RCW 13.40.020 and 2018 c 82 s 3 are each amended to read  
2 as follows:

3       For the purposes of this chapter:

4       (1) "Assessment" means an individualized examination of a child  
5 to determine the child's psychosocial needs and problems, including  
6 the type and extent of any mental health, substance abuse, or co-  
7 occurring mental health and substance abuse disorders, and  
8 recommendations for treatment. "Assessment" includes, but is not  
9 limited to, drug and alcohol evaluations, psychological and  
10 psychiatric evaluations, records review, clinical interview, and  
11 administration of a formal test or instrument;

12       (2) "Community-based rehabilitation" means one or more of the  
13 following: Employment; attendance of information classes; literacy  
14 classes; counseling, outpatient substance abuse treatment programs,  
15 outpatient mental health programs, anger management classes,  
16 education or outpatient treatment programs to prevent animal cruelty,  
17 or other services including, when appropriate, restorative justice  
18 programs; or attendance at school or other educational programs  
19 appropriate for the juvenile as determined by the school district.  
20 Placement in community-based rehabilitation programs is subject to  
21 available funds;

22       (3) "Community-based sanctions" may include one or more of the  
23 following:

24       (a) A fine, not to exceed five hundred dollars;

25       (b) Community restitution not to exceed one hundred fifty hours  
26 of community restitution;

27       (4) "Community restitution" means compulsory service, without  
28 compensation, performed for the benefit of the community by the  
29 offender as punishment for committing an offense. Community  
30 restitution may be performed through public or private organizations  
31 or through work crews;

32       (5) "Community supervision" means an order of disposition by the  
33 court of an adjudicated youth not committed to the department or an  
34 order granting a deferred disposition. A community supervision order  
35 for a single offense may be for a period of up to two years for a sex  
36 offense as defined by RCW 9.94A.030 and up to one year for other  
37 offenses. As a mandatory condition of any term of community  
38 supervision, the court shall order the juvenile to refrain from  
39 committing new offenses. As a mandatory condition of community  
40 supervision, the court shall order the juvenile to comply with the

1 mandatory school attendance provisions of chapter 28A.225 RCW and to  
2 inform the school of the existence of this requirement. Community  
3 supervision is an individualized program comprised of one or more of  
4 the following:

- 5 (a) Community-based sanctions;
- 6 (b) Community-based rehabilitation;
- 7 (c) Monitoring and reporting requirements;
- 8 (d) Posting of a probation bond;

9 (e) Residential treatment, where substance abuse, mental health,  
10 and/or co-occurring disorders have been identified in an assessment  
11 by a qualified mental health professional, psychologist,  
12 psychiatrist, co-occurring disorder specialist, or (~~chemical~~  
13 ~~dependency~~) substance use disorder professional and a funded bed is  
14 available. If a child agrees to voluntary placement in a state-funded  
15 long-term evaluation and treatment facility, the case must follow the  
16 existing placement procedure including consideration of less  
17 restrictive treatment options and medical necessity.

18 (i) A court may order residential treatment after consideration  
19 and findings regarding whether:

- 20 (A) The referral is necessary to rehabilitate the child;
- 21 (B) The referral is necessary to protect the public or the child;
- 22 (C) The referral is in the child's best interest;

23 (D) The child has been given the opportunity to engage in less  
24 restrictive treatment and has been unable or unwilling to comply; and

25 (E) Inpatient treatment is the least restrictive action  
26 consistent with the child's needs and circumstances.

27 (ii) In any case where a court orders a child to inpatient  
28 treatment under this section, the court must hold a review hearing no  
29 later than sixty days after the youth begins inpatient treatment, and  
30 every thirty days thereafter, as long as the youth is in inpatient  
31 treatment;

32 (6) "Confinement" means physical custody by the department of  
33 children, youth, and families in a facility operated by or pursuant  
34 to a contract with the state, or physical custody in a detention  
35 facility operated by or pursuant to a contract with any county. The  
36 county may operate or contract with vendors to operate county  
37 detention facilities. The department may operate or contract to  
38 operate detention facilities for juveniles committed to the  
39 department. Pretrial confinement or confinement of less than thirty-  
40 one days imposed as part of a disposition or modification order may



1 be served consecutively or intermittently, in the discretion of the  
2 court;

3 (7) "Court," when used without further qualification, means the  
4 juvenile court judge(s) or commissioner(s);

5 (8) "Criminal history" includes all criminal complaints against  
6 the respondent for which, prior to the commission of a current  
7 offense:

8 (a) The allegations were found correct by a court. If a  
9 respondent is convicted of two or more charges arising out of the  
10 same course of conduct, only the highest charge from among these  
11 shall count as an offense for the purposes of this chapter; or

12 (b) The criminal complaint was diverted by a prosecutor pursuant  
13 to the provisions of this chapter on agreement of the respondent and  
14 after an advisement to the respondent that the criminal complaint  
15 would be considered as part of the respondent's criminal history. A  
16 successfully completed deferred adjudication that was entered before  
17 July 1, 1998, or a deferred disposition shall not be considered part  
18 of the respondent's criminal history;

19 (9) "Department" means the department of children, youth, and  
20 families;

21 (10) "Detention facility" means a county facility, paid for by  
22 the county, for the physical confinement of a juvenile alleged to  
23 have committed an offense or an adjudicated offender subject to a  
24 disposition or modification order. "Detention facility" includes  
25 county group homes, inpatient substance abuse programs, juvenile  
26 basic training camps, and electronic monitoring;

27 (11) "Diversion unit" means any probation counselor who enters  
28 into a diversion agreement with an alleged youthful offender, or any  
29 other person, community accountability board, youth court under the  
30 supervision of the juvenile court, or other entity with whom the  
31 juvenile court administrator has contracted to arrange and supervise  
32 such agreements pursuant to RCW 13.40.080, or any person, community  
33 accountability board, or other entity specially funded by the  
34 legislature to arrange and supervise diversion agreements in  
35 accordance with the requirements of this chapter. For purposes of  
36 this subsection, "community accountability board" means a board  
37 comprised of members of the local community in which the juvenile  
38 offender resides. The superior court shall appoint the members. The  
39 boards shall consist of at least three and not more than seven  
40 members. If possible, the board should include a variety of

1 representatives from the community, such as a law enforcement  
2 officer, teacher or school administrator, high school student,  
3 parent, and business owner, and should represent the cultural  
4 diversity of the local community;

5 (12) "Foster care" means temporary physical care in a foster  
6 family home or group care facility as defined in RCW 74.15.020 and  
7 licensed by the department, or other legally authorized care;

8 (13) "Institution" means a juvenile facility established pursuant  
9 to chapters 72.05 and 72.16 through 72.20 RCW;

10 (14) "Intensive supervision program" means a parole program that  
11 requires intensive supervision and monitoring, offers an array of  
12 individualized treatment and transitional services, and emphasizes  
13 community involvement and support in order to reduce the likelihood a  
14 juvenile offender will commit further offenses;

15 (15) "Juvenile," "youth," and "child" mean any individual who is  
16 under the chronological age of eighteen years and who has not been  
17 previously transferred to adult court pursuant to RCW 13.40.110,  
18 unless the individual was convicted of a lesser charge or acquitted  
19 of the charge for which he or she was previously transferred pursuant  
20 to RCW 13.40.110 or who is not otherwise under adult court  
21 jurisdiction;

22 (16) "Juvenile offender" means any juvenile who has been found by  
23 the juvenile court to have committed an offense, including a person  
24 eighteen years of age or older over whom jurisdiction has been  
25 extended under RCW 13.40.300;

26 (17) "Labor" means the period of time before a birth during which  
27 contractions are of sufficient frequency, intensity, and duration to  
28 bring about effacement and progressive dilation of the cervix;

29 (18) "Local sanctions" means one or more of the following: (a)  
30 0-30 days of confinement; (b) 0-12 months of community supervision;  
31 (c) 0-150 hours of community restitution; or (d) \$0-\$500 fine;

32 (19) "Manifest injustice" means a disposition that would either  
33 impose an excessive penalty on the juvenile or would impose a  
34 serious, and clear danger to society in light of the purposes of this  
35 chapter;

36 (20) "Monitoring and reporting requirements" means one or more of  
37 the following: Curfews; requirements to remain at home, school, work,  
38 or court-ordered treatment programs during specified hours;  
39 restrictions from leaving or entering specified geographical areas;  
40 requirements to report to the probation officer as directed and to

1 remain under the probation officer's supervision; and other  
2 conditions or limitations as the court may require which may not  
3 include confinement;

4 (21) "Offense" means an act designated a violation or a crime if  
5 committed by an adult under the law of this state, under any  
6 ordinance of any city or county of this state, under any federal law,  
7 or under the law of another state if the act occurred in that state;

8 (22) "Physical restraint" means the use of any bodily force or  
9 physical intervention to control a juvenile offender or limit a  
10 juvenile offender's freedom of movement in a way that does not  
11 involve a mechanical restraint. Physical restraint does not include  
12 momentary periods of minimal physical restriction by direct person-  
13 to-person contact, without the aid of mechanical restraint,  
14 accomplished with limited force and designed to:

15 (a) Prevent a juvenile offender from completing an act that would  
16 result in potential bodily harm to self or others or damage property;

17 (b) Remove a disruptive juvenile offender who is unwilling to  
18 leave the area voluntarily; or

19 (c) Guide a juvenile offender from one location to another;

20 (23) "Postpartum recovery" means (a) the entire period a woman or  
21 youth is in the hospital, birthing center, or clinic after giving  
22 birth and (b) an additional time period, if any, a treating physician  
23 determines is necessary for healing after the youth leaves the  
24 hospital, birthing center, or clinic;

25 (24) "Probation bond" means a bond, posted with sufficient  
26 security by a surety justified and approved by the court, to secure  
27 the offender's appearance at required court proceedings and  
28 compliance with court-ordered community supervision or conditions of  
29 release ordered pursuant to RCW 13.40.040 or 13.40.050. It also means  
30 a deposit of cash or posting of other collateral in lieu of a bond if  
31 approved by the court;

32 (25) "Respondent" means a juvenile who is alleged or proven to  
33 have committed an offense;

34 (26) "Restitution" means financial reimbursement by the offender  
35 to the victim, and shall be limited to easily ascertainable damages  
36 for injury to or loss of property, actual expenses incurred for  
37 medical treatment for physical injury to persons, lost wages  
38 resulting from physical injury, and costs of the victim's counseling  
39 reasonably related to the offense. Restitution shall not include  
40 reimbursement for damages for mental anguish, pain and suffering, or

1 other intangible losses. Nothing in this chapter shall limit or  
2 replace civil remedies or defenses available to the victim or  
3 offender;

4 (27) "Restorative justice" means practices, policies, and  
5 programs informed by and sensitive to the needs of crime victims that  
6 are designed to encourage offenders to accept responsibility for  
7 repairing the harm caused by their offense by providing safe and  
8 supportive opportunities for voluntary participation and  
9 communication between the victim, the offender, their families, and  
10 relevant community members;

11 (28) "Restraints" means anything used to control the movement of  
12 a person's body or limbs and includes:

13 (a) Physical restraint; or

14 (b) Mechanical device including but not limited to: Metal  
15 handcuffs, plastic ties, ankle restraints, leather cuffs, other  
16 hospital-type restraints, tasers, or batons;

17 (29) "Screening" means a process that is designed to identify a  
18 child who is at risk of having mental health, substance abuse, or co-  
19 occurring mental health and substance abuse disorders that warrant  
20 immediate attention, intervention, or more comprehensive assessment.  
21 A screening may be undertaken with or without the administration of a  
22 formal instrument;

23 (30) "Secretary" means the secretary of the department;

24 (31) "Services" means services which provide alternatives to  
25 incarceration for those juveniles who have pleaded or been  
26 adjudicated guilty of an offense or have signed a diversion agreement  
27 pursuant to this chapter;

28 (32) "Sex offense" means an offense defined as a sex offense in  
29 RCW 9.94A.030;

30 (33) "Sexual motivation" means that one of the purposes for which  
31 the respondent committed the offense was for the purpose of his or  
32 her sexual gratification;

33 (34) "Surety" means an entity licensed under state insurance laws  
34 or by the state department of licensing, to write corporate,  
35 property, or probation bonds within the state, and justified and  
36 approved by the superior court of the county having jurisdiction of  
37 the case;

38 (35) "Transportation" means the conveying, by any means, of an  
39 incarcerated pregnant youth from the institution or detention  
40 facility to another location from the moment she leaves the

1 institution or detention facility to the time of arrival at the other  
2 location, and includes the escorting of the pregnant incarcerated  
3 youth from the institution or detention facility to a transport  
4 vehicle and from the vehicle to the other location;

5 (36) "Violation" means an act or omission, which if committed by  
6 an adult, must be proven beyond a reasonable doubt, and is punishable  
7 by sanctions which do not include incarceration;

8 (37) "Violent offense" means a violent offense as defined in RCW  
9 9.94A.030;

10 (38) "Youth court" means a diversion unit under the supervision  
11 of the juvenile court.

12 **Sec. 10.** RCW 13.40.042 and 2014 c 128 s 4 are each amended to  
13 read as follows:

14 (1) When a police officer has reasonable cause to believe that a  
15 juvenile has committed acts constituting a nonfelony crime that is  
16 not a serious offense as identified in RCW 10.77.092, and the officer  
17 believes that the juvenile suffers from a mental disorder, and the  
18 local prosecutor has entered into an agreement with law enforcement  
19 regarding the detention of juveniles who may have a mental disorder  
20 or may be suffering from chemical dependency, the arresting officer,  
21 instead of taking the juvenile to the local juvenile detention  
22 facility, may take the juvenile to:

23 (a) An evaluation and treatment facility as defined in RCW  
24 71.34.020 if the juvenile suffers from a mental disorder and the  
25 facility has been identified as an alternative location by agreement  
26 of the prosecutor, law enforcement, and the mental health provider;

27 (b) A facility or program identified by agreement of the  
28 prosecutor and law enforcement; or

29 (c) A location already identified and in use by law enforcement  
30 for the purpose of a behavioral health diversion.

31 (2) For the purposes of this section, an "alternative location"  
32 means a facility or program that has the capacity to evaluate a youth  
33 and, if determined to be appropriate, develop a behavioral health  
34 intervention plan and initiate treatment.

35 (3) If a juvenile is taken to any location described in  
36 subsection (1)(a) or (b) of this section, the juvenile may be held  
37 for up to twelve hours and must be examined by a mental health or  
38 (~~chemical dependency~~) substance use disorder professional within  
39 three hours of arrival.

1 (4) The authority provided pursuant to this section is in  
2 addition to existing authority under RCW 10.31.110 and 10.31.120.

3 **Sec. 11.** RCW 18.130.040 and 2017 c 336 s 18 are each amended to  
4 read as follows:

5 (1) This chapter applies only to the secretary and the boards and  
6 commissions having jurisdiction in relation to the professions  
7 licensed under the chapters specified in this section. This chapter  
8 does not apply to any business or profession not licensed under the  
9 chapters specified in this section.

10 (2)(a) The secretary has authority under this chapter in relation  
11 to the following professions:

12 (i) Dispensing opticians licensed and designated apprentices  
13 under chapter 18.34 RCW;

14 (ii) Midwives licensed under chapter 18.50 RCW;

15 (iii) Ocularists licensed under chapter 18.55 RCW;

16 (iv) Massage therapists and businesses licensed under chapter  
17 18.108 RCW;

18 (v) Dental hygienists licensed under chapter 18.29 RCW;

19 (vi) East Asian medicine practitioners licensed under chapter  
20 18.06 RCW;

21 (vii) Radiologic technologists certified and X-ray technicians  
22 registered under chapter 18.84 RCW;

23 (viii) Respiratory care practitioners licensed under chapter  
24 18.89 RCW;

25 (ix) Hypnotherapists and agency affiliated counselors registered  
26 and advisors and counselors certified under chapter 18.19 RCW;

27 (x) Persons licensed as mental health counselors, mental health  
28 counselor associates, marriage and family therapists, marriage and  
29 family therapist associates, social workers, social work associates—  
30 advanced, and social work associates—independent clinical under  
31 chapter 18.225 RCW;

32 (xi) Persons registered as nursing pool operators under chapter  
33 18.52C RCW;

34 (xii) Nursing assistants registered or certified or medication  
35 assistants endorsed under chapter 18.88A RCW;

36 (xiii) Dietitians and nutritionists certified under chapter  
37 18.138 RCW;

38 (xiv) (~~(Chemical dependency)~~) Substance use disorder  
39 professionals (~~(and chemical dependency)~~), substance use disorder

1 professional trainees, or co-occurring disorder specialists certified  
2 under chapter 18.205 RCW;

3 (xv) Sex offender treatment providers and certified affiliate sex  
4 offender treatment providers certified under chapter 18.155 RCW;

5 (xvi) Persons licensed and certified under chapter 18.73 RCW or  
6 RCW 18.71.205;

7 (xvii) Orthotists and prosthetists licensed under chapter 18.200  
8 RCW;

9 (xviii) Surgical technologists registered under chapter 18.215  
10 RCW;

11 (xix) Recreational therapists under chapter 18.230 RCW;

12 (xx) Animal massage therapists certified under chapter 18.240  
13 RCW;

14 (xxi) Athletic trainers licensed under chapter 18.250 RCW;

15 (xxii) Home care aides certified under chapter 18.88B RCW;

16 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;

17 (xxiv) Reflexologists certified under chapter 18.108 RCW;

18 (xxv) Medical assistants-certified, medical assistants-  
19 hemodialysis technician, medical assistants-phlebotomist, forensic  
20 phlebotomist, and medical assistants-registered certified and  
21 registered under chapter 18.360 RCW; and

22 (xxvi) Behavior analysts, assistant behavior analysts, and  
23 behavior technicians under chapter 18.380 RCW.

24 (b) The boards and commissions having authority under this  
25 chapter are as follows:

26 (i) The podiatric medical board as established in chapter 18.22  
27 RCW;

28 (ii) The chiropractic quality assurance commission as established  
29 in chapter 18.25 RCW;

30 (iii) The dental quality assurance commission as established in  
31 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,  
32 licenses and registrations issued under chapter 18.260 RCW, and  
33 certifications issued under chapter 18.350 RCW;

34 (iv) The board of hearing and speech as established in chapter  
35 18.35 RCW;

36 (v) The board of examiners for nursing home administrators as  
37 established in chapter 18.52 RCW;

38 (vi) The optometry board as established in chapter 18.54 RCW  
39 governing licenses issued under chapter 18.53 RCW;

1 (vii) The board of osteopathic medicine and surgery as  
2 established in chapter 18.57 RCW governing licenses issued under  
3 chapters 18.57 and 18.57A RCW;

4 (viii) The pharmacy quality assurance commission as established  
5 in chapter 18.64 RCW governing licenses issued under chapters 18.64  
6 and 18.64A RCW;

7 (ix) The medical quality assurance commission as established in  
8 chapter 18.71 RCW governing licenses and registrations issued under  
9 chapters 18.71 and 18.71A RCW;

10 (x) The board of physical therapy as established in chapter 18.74  
11 RCW;

12 (xi) The board of occupational therapy practice as established in  
13 chapter 18.59 RCW;

14 (xii) The nursing care quality assurance commission as  
15 established in chapter 18.79 RCW governing licenses and registrations  
16 issued under that chapter;

17 (xiii) The examining board of psychology and its disciplinary  
18 committee as established in chapter 18.83 RCW;

19 (xiv) The veterinary board of governors as established in chapter  
20 18.92 RCW;

21 (xv) The board of naturopathy established in chapter 18.36A RCW;  
22 and

23 (xvi) The board of denturists established in chapter 18.30 RCW.

24 (3) In addition to the authority to discipline license holders,  
25 the disciplining authority has the authority to grant or deny  
26 licenses. The disciplining authority may also grant a license subject  
27 to conditions.

28 (4) All disciplining authorities shall adopt procedures to ensure  
29 substantially consistent application of this chapter, the uniform  
30 disciplinary act, among the disciplining authorities listed in  
31 subsection (2) of this section.

32 **Sec. 12.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to  
33 read as follows:

34 (1)(a) Each of the following professionals certified or licensed  
35 under Title 18 RCW shall, at least once every six years, complete  
36 training in suicide assessment, treatment, and management that is  
37 approved, in rule, by the relevant disciplining authority:

38 (i) An adviser or counselor certified under chapter 18.19 RCW;



1 (ii) A (~~chemical dependency~~) substance use disorder  
2 professional licensed under chapter 18.205 RCW;

3 (iii) A marriage and family therapist licensed under chapter  
4 18.225 RCW;

5 (iv) A mental health counselor licensed under chapter 18.225 RCW;

6 (v) An occupational therapy practitioner licensed under chapter  
7 18.59 RCW;

8 (vi) A psychologist licensed under chapter 18.83 RCW;

9 (vii) An advanced social worker or independent clinical social  
10 worker licensed under chapter 18.225 RCW; and

11 (viii) A social worker associate—advanced or social worker  
12 associate—~~independent clinical~~ licensed under chapter 18.225 RCW.

13 (b) The requirements in (a) of this subsection apply to a person  
14 holding a retired active license for one of the professions in (a) of  
15 this subsection.

16 (c) The training required by this subsection must be at least six  
17 hours in length, unless a disciplining authority has determined,  
18 under subsection (10)(b) of this section, that training that includes  
19 only screening and referral elements is appropriate for the  
20 profession in question, in which case the training must be at least  
21 three hours in length.

22 (d) Beginning July 1, 2017, the training required by this  
23 subsection must be on the model list developed under subsection (6)  
24 of this section. Nothing in this subsection (1)(d) affects the  
25 validity of training completed prior to July 1, 2017.

26 (2)(a) Except as provided in (b) of this subsection, a  
27 professional listed in subsection (1)(a) of this section must  
28 complete the first training required by this section by the end of  
29 the first full continuing education reporting period after January 1,  
30 2014, or during the first full continuing education reporting period  
31 after initial licensure or certification, whichever occurs later.

32 (b) A professional listed in subsection (1)(a) of this section  
33 applying for initial licensure may delay completion of the first  
34 training required by this section for six years after initial  
35 licensure if he or she can demonstrate successful completion of the  
36 training required in subsection (1) of this section no more than six  
37 years prior to the application for initial licensure.

38 (3) The hours spent completing training in suicide assessment,  
39 treatment, and management under this section count toward meeting any

1 applicable continuing education or continuing competency requirements  
2 for each profession.

3 (4)(a) A disciplining authority may, by rule, specify minimum  
4 training and experience that is sufficient to exempt an individual  
5 professional from the training requirements in subsections (1) and  
6 (5) of this section. Nothing in this subsection (4)(a) allows a  
7 disciplining authority to provide blanket exemptions to broad  
8 categories or specialties within a profession.

9 (b) A disciplining authority may exempt a professional from the  
10 training requirements of subsections (1) and (5) of this section if  
11 the professional has only brief or limited patient contact.

12 (5)(a) Each of the following professionals credentialed under  
13 Title 18 RCW shall complete a one-time training in suicide  
14 assessment, treatment, and management that is approved by the  
15 relevant disciplining authority:

16 (i) A chiropractor licensed under chapter 18.25 RCW;

17 (ii) A naturopath licensed under chapter 18.36A RCW;

18 (iii) A licensed practical nurse, registered nurse, or advanced  
19 registered nurse practitioner, other than a certified registered  
20 nurse anesthetist, licensed under chapter 18.79 RCW;

21 (iv) An osteopathic physician and surgeon licensed under chapter  
22 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
23 and surgery license issued under RCW 18.57.035;

24 (v) An osteopathic physician assistant licensed under chapter  
25 18.57A RCW;

26 (vi) A physical therapist or physical therapist assistant  
27 licensed under chapter 18.74 RCW;

28 (vii) A physician licensed under chapter 18.71 RCW, other than a  
29 resident holding a limited license issued under RCW 18.71.095(3);

30 (viii) A physician assistant licensed under chapter 18.71A RCW;

31 (ix) A pharmacist licensed under chapter 18.64 RCW; and

32 (x) A person holding a retired active license for one of the  
33 professions listed in (a)(i) through (ix) of this subsection.

34 (b)(i) A professional listed in (a)(i) through (viii) of this  
35 subsection or a person holding a retired active license for one of  
36 the professions listed in (a)(i) through (viii) of this subsection  
37 must complete the one-time training by the end of the first full  
38 continuing education reporting period after January 1, 2016, or  
39 during the first full continuing education reporting period after  
40 initial licensure, whichever is later. Training completed between

1 June 12, 2014, and January 1, 2016, that meets the requirements of  
2 this section, other than the timing requirements of this subsection  
3 (5)(b), must be accepted by the disciplining authority as meeting the  
4 one-time training requirement of this subsection (5).

5 (ii) A licensed pharmacist or a person holding a retired active  
6 pharmacist license must complete the one-time training by the end of  
7 the first full continuing education reporting period after January 1,  
8 2017, or during the first full continuing education reporting period  
9 after initial licensure, whichever is later.

10 (c) The training required by this subsection must be at least six  
11 hours in length, unless a disciplining authority has determined,  
12 under subsection (10)(b) of this section, that training that includes  
13 only screening and referral elements is appropriate for the  
14 profession in question, in which case the training must be at least  
15 three hours in length.

16 (d) Beginning July 1, 2017, the training required by this  
17 subsection must be on the model list developed under subsection (6)  
18 of this section. Nothing in this subsection (5)(d) affects the  
19 validity of training completed prior to July 1, 2017.

20 (6)(a) The secretary and the disciplining authorities shall work  
21 collaboratively to develop a model list of training programs in  
22 suicide assessment, treatment, and management.

23 (b) The secretary and the disciplining authorities shall update  
24 the list at least once every two years.

25 (c) By June 30, 2016, the department shall adopt rules  
26 establishing minimum standards for the training programs included on  
27 the model list. The minimum standards must require that six-hour  
28 trainings include content specific to veterans and the assessment of  
29 issues related to imminent harm via lethal means or self-injurious  
30 behaviors and that three-hour trainings for pharmacists include  
31 content related to the assessment of issues related to imminent harm  
32 via lethal means. When adopting the rules required under this  
33 subsection (6)(c), the department shall:

34 (i) Consult with the affected disciplining authorities, public  
35 and private institutions of higher education, educators, experts in  
36 suicide assessment, treatment, and management, the Washington  
37 department of veterans affairs, and affected professional  
38 associations; and

1 (ii) Consider standards related to the best practices registry of  
2 the American foundation for suicide prevention and the suicide  
3 prevention resource center.

4 (d) Beginning January 1, 2017:

5 (i) The model list must include only trainings that meet the  
6 minimum standards established in the rules adopted under (c) of this  
7 subsection and any three-hour trainings that met the requirements of  
8 this section on or before July 24, 2015;

9 (ii) The model list must include six-hour trainings in suicide  
10 assessment, treatment, and management, and three-hour trainings that  
11 include only screening and referral elements; and

12 (iii) A person or entity providing the training required in this  
13 section may petition the department for inclusion on the model list.  
14 The department shall add the training to the list only if the  
15 department determines that the training meets the minimum standards  
16 established in the rules adopted under (c) of this subsection.

17 (7) The department shall provide the health profession training  
18 standards created in this section to the professional educator  
19 standards board as a model in meeting the requirements of RCW  
20 28A.410.226 and provide technical assistance, as requested, in the  
21 review and evaluation of educator training programs. The educator  
22 training programs approved by the professional educator standards  
23 board may be included in the department's model list.

24 (8) Nothing in this section may be interpreted to expand or limit  
25 the scope of practice of any profession regulated under chapter  
26 18.130 RCW.

27 (9) The secretary and the disciplining authorities affected by  
28 this section shall adopt any rules necessary to implement this  
29 section.

30 (10) For purposes of this section:

31 (a) "Disciplining authority" has the same meaning as in RCW  
32 18.130.020.

33 (b) "Training in suicide assessment, treatment, and management"  
34 means empirically supported training approved by the appropriate  
35 disciplining authority that contains the following elements: Suicide  
36 assessment, including screening and referral, suicide treatment, and  
37 suicide management. However, the disciplining authority may approve  
38 training that includes only screening and referral elements if  
39 appropriate for the profession in question based on the profession's  
40 scope of practice. The board of occupational therapy may also approve

1 training that includes only screening and referral elements if  
2 appropriate for occupational therapy practitioners based on practice  
3 setting.

4 (11) A state or local government employee is exempt from the  
5 requirements of this section if he or she receives a total of at  
6 least six hours of training in suicide assessment, treatment, and  
7 management from his or her employer every six years. For purposes of  
8 this subsection, the training may be provided in one six-hour block  
9 or may be spread among shorter training sessions at the employer's  
10 discretion.

11 (12) An employee of a community mental health agency licensed  
12 under chapter 71.24 RCW or a chemical dependency program certified  
13 under chapter 70.96A RCW is exempt from the requirements of this  
14 section if he or she receives a total of at least six hours of  
15 training in suicide assessment, treatment, and management from his or  
16 her employer every six years. For purposes of this subsection, the  
17 training may be provided in one six-hour block or may be spread among  
18 shorter training sessions at the employer's discretion.

19 **Sec. 13.** RCW 43.70.442 and 2017 c 262 s 4 are each amended to  
20 read as follows:

21 (1)(a) Each of the following professionals certified or licensed  
22 under Title 18 RCW shall, at least once every six years, complete  
23 training in suicide assessment, treatment, and management that is  
24 approved, in rule, by the relevant disciplining authority:

25 (i) An adviser or counselor certified under chapter 18.19 RCW;

26 (ii) A ~~((chemical—dependency))~~ substance use disorder  
27 professional licensed under chapter 18.205 RCW;

28 (iii) A marriage and family therapist licensed under chapter  
29 18.225 RCW;

30 (iv) A mental health counselor licensed under chapter 18.225 RCW;

31 (v) An occupational therapy practitioner licensed under chapter  
32 18.59 RCW;

33 (vi) A psychologist licensed under chapter 18.83 RCW;

34 (vii) An advanced social worker or independent clinical social  
35 worker licensed under chapter 18.225 RCW; and

36 (viii) A social worker associate—advanced or social worker  
37 associate—~~independent clinical~~ licensed under chapter 18.225 RCW.

1 (b) The requirements in (a) of this subsection apply to a person  
2 holding a retired active license for one of the professions in (a) of  
3 this subsection.

4 (c) The training required by this subsection must be at least six  
5 hours in length, unless a disciplining authority has determined,  
6 under subsection (10)(b) of this section, that training that includes  
7 only screening and referral elements is appropriate for the  
8 profession in question, in which case the training must be at least  
9 three hours in length.

10 (d) Beginning July 1, 2017, the training required by this  
11 subsection must be on the model list developed under subsection (6)  
12 of this section. Nothing in this subsection (1)(d) affects the  
13 validity of training completed prior to July 1, 2017.

14 (2)(a) Except as provided in (b) of this subsection, a  
15 professional listed in subsection (1)(a) of this section must  
16 complete the first training required by this section by the end of  
17 the first full continuing education reporting period after January 1,  
18 2014, or during the first full continuing education reporting period  
19 after initial licensure or certification, whichever occurs later.

20 (b) A professional listed in subsection (1)(a) of this section  
21 applying for initial licensure may delay completion of the first  
22 training required by this section for six years after initial  
23 licensure if he or she can demonstrate successful completion of the  
24 training required in subsection (1) of this section no more than six  
25 years prior to the application for initial licensure.

26 (3) The hours spent completing training in suicide assessment,  
27 treatment, and management under this section count toward meeting any  
28 applicable continuing education or continuing competency requirements  
29 for each profession.

30 (4)(a) A disciplining authority may, by rule, specify minimum  
31 training and experience that is sufficient to exempt an individual  
32 professional from the training requirements in subsections (1) and  
33 (5) of this section. Nothing in this subsection (4)(a) allows a  
34 disciplining authority to provide blanket exemptions to broad  
35 categories or specialties within a profession.

36 (b) A disciplining authority may exempt a professional from the  
37 training requirements of subsections (1) and (5) of this section if  
38 the professional has only brief or limited patient contact.

39 (5)(a) Each of the following professionals credentialed under  
40 Title 18 RCW shall complete a one-time training in suicide

1 assessment, treatment, and management that is approved by the  
2 relevant disciplining authority:

3 (i) A chiropractor licensed under chapter 18.25 RCW;

4 (ii) A naturopath licensed under chapter 18.36A RCW;

5 (iii) A licensed practical nurse, registered nurse, or advanced  
6 registered nurse practitioner, other than a certified registered  
7 nurse anesthetist, licensed under chapter 18.79 RCW;

8 (iv) An osteopathic physician and surgeon licensed under chapter  
9 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
10 and surgery license issued under RCW 18.57.035;

11 (v) An osteopathic physician assistant licensed under chapter  
12 18.57A RCW;

13 (vi) A physical therapist or physical therapist assistant  
14 licensed under chapter 18.74 RCW;

15 (vii) A physician licensed under chapter 18.71 RCW, other than a  
16 resident holding a limited license issued under RCW 18.71.095(3);

17 (viii) A physician assistant licensed under chapter 18.71A RCW;

18 (ix) A pharmacist licensed under chapter 18.64 RCW;

19 (x) A dentist licensed under chapter 18.32 RCW;

20 (xi) A dental hygienist licensed under chapter 18.29 RCW; and

21 (xii) A person holding a retired active license for one of the  
22 professions listed in (a) (i) through (xi) of this subsection.

23 (b) (i) A professional listed in (a) (i) through (viii) of this  
24 subsection or a person holding a retired active license for one of  
25 the professions listed in (a) (i) through (viii) of this subsection  
26 must complete the one-time training by the end of the first full  
27 continuing education reporting period after January 1, 2016, or  
28 during the first full continuing education reporting period after  
29 initial licensure, whichever is later. Training completed between  
30 June 12, 2014, and January 1, 2016, that meets the requirements of  
31 this section, other than the timing requirements of this subsection  
32 (5) (b), must be accepted by the disciplining authority as meeting the  
33 one-time training requirement of this subsection (5).

34 (ii) A licensed pharmacist or a person holding a retired active  
35 pharmacist license must complete the one-time training by the end of  
36 the first full continuing education reporting period after January 1,  
37 2017, or during the first full continuing education reporting period  
38 after initial licensure, whichever is later.

39 (iii) A licensed dentist, a licensed dental hygienist, or a  
40 person holding a retired active license as a dentist shall complete

1 the one-time training by the end of the full continuing education  
2 reporting period after August 1, 2020, or during the first full  
3 continuing education reporting period after initial licensure,  
4 whichever is later. Training completed between July 23, 2017, and  
5 August 1, 2020, that meets the requirements of this section, other  
6 than the timing requirements of this subsection (5)(b)(iii), must be  
7 accepted by the disciplining authority as meeting the one-time  
8 training requirement of this subsection (5).

9 (c) The training required by this subsection must be at least six  
10 hours in length, unless a disciplining authority has determined,  
11 under subsection (10)(b) of this section, that training that includes  
12 only screening and referral elements is appropriate for the  
13 profession in question, in which case the training must be at least  
14 three hours in length.

15 (d) Beginning July 1, 2017, the training required by this  
16 subsection must be on the model list developed under subsection (6)  
17 of this section. Nothing in this subsection (5)(d) affects the  
18 validity of training completed prior to July 1, 2017.

19 (6)(a) The secretary and the disciplining authorities shall work  
20 collaboratively to develop a model list of training programs in  
21 suicide assessment, treatment, and management.

22 (b) The secretary and the disciplining authorities shall update  
23 the list at least once every two years.

24 (c) By June 30, 2016, the department shall adopt rules  
25 establishing minimum standards for the training programs included on  
26 the model list. The minimum standards must require that six-hour  
27 trainings include content specific to veterans and the assessment of  
28 issues related to imminent harm via lethal means or self-injurious  
29 behaviors and that three-hour trainings for pharmacists or dentists  
30 include content related to the assessment of issues related to  
31 imminent harm via lethal means. When adopting the rules required  
32 under this subsection (6)(c), the department shall:

33 (i) Consult with the affected disciplining authorities, public  
34 and private institutions of higher education, educators, experts in  
35 suicide assessment, treatment, and management, the Washington  
36 department of veterans affairs, and affected professional  
37 associations; and

38 (ii) Consider standards related to the best practices registry of  
39 the American foundation for suicide prevention and the suicide  
40 prevention resource center.



1 (d) Beginning January 1, 2017:

2 (i) The model list must include only trainings that meet the  
3 minimum standards established in the rules adopted under (c) of this  
4 subsection and any three-hour trainings that met the requirements of  
5 this section on or before July 24, 2015;

6 (ii) The model list must include six-hour trainings in suicide  
7 assessment, treatment, and management, and three-hour trainings that  
8 include only screening and referral elements; and

9 (iii) A person or entity providing the training required in this  
10 section may petition the department for inclusion on the model list.  
11 The department shall add the training to the list only if the  
12 department determines that the training meets the minimum standards  
13 established in the rules adopted under (c) of this subsection.

14 (7) The department shall provide the health profession training  
15 standards created in this section to the professional educator  
16 standards board as a model in meeting the requirements of RCW  
17 28A.410.226 and provide technical assistance, as requested, in the  
18 review and evaluation of educator training programs. The educator  
19 training programs approved by the professional educator standards  
20 board may be included in the department's model list.

21 (8) Nothing in this section may be interpreted to expand or limit  
22 the scope of practice of any profession regulated under chapter  
23 18.130 RCW.

24 (9) The secretary and the disciplining authorities affected by  
25 this section shall adopt any rules necessary to implement this  
26 section.

27 (10) For purposes of this section:

28 (a) "Disciplining authority" has the same meaning as in RCW  
29 18.130.020.

30 (b) "Training in suicide assessment, treatment, and management"  
31 means empirically supported training approved by the appropriate  
32 disciplining authority that contains the following elements: Suicide  
33 assessment, including screening and referral, suicide treatment, and  
34 suicide management. However, the disciplining authority may approve  
35 training that includes only screening and referral elements if  
36 appropriate for the profession in question based on the profession's  
37 scope of practice. The board of occupational therapy may also approve  
38 training that includes only screening and referral elements if  
39 appropriate for occupational therapy practitioners based on practice  
40 setting.

1 (11) A state or local government employee is exempt from the  
2 requirements of this section if he or she receives a total of at  
3 least six hours of training in suicide assessment, treatment, and  
4 management from his or her employer every six years. For purposes of  
5 this subsection, the training may be provided in one six-hour block  
6 or may be spread among shorter training sessions at the employer's  
7 discretion.

8 (12) An employee of a community mental health agency licensed  
9 under chapter 71.24 RCW or a chemical dependency program certified  
10 under chapter 70.96A RCW is exempt from the requirements of this  
11 section if he or she receives a total of at least six hours of  
12 training in suicide assessment, treatment, and management from his or  
13 her employer every six years. For purposes of this subsection, the  
14 training may be provided in one six-hour block or may be spread among  
15 shorter training sessions at the employer's discretion.

16 **Sec. 14.** RCW 70.97.010 and 2016 sp.s. c 29 s 419 are each  
17 amended to read as follows:

18 The definitions in this section apply throughout this chapter  
19 unless the context clearly requires otherwise.

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

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

27 (3) "Chemical dependency" means alcoholism, drug addiction, or  
28 dependence on alcohol and one or more other psychoactive chemicals,  
29 as the context requires and as those terms are defined in chapter  
30 71.05 RCW.

31 ~~(4) ("Chemical dependency professional" means a person certified~~  
32 ~~as a chemical dependency professional by the department of health~~  
33 ~~under chapter 18.205 RCW.~~

34 ~~(5))~~ "Commitment" means the determination by a court that an  
35 individual should be detained for a period of either evaluation or  
36 treatment, or both, in an inpatient or a less restrictive setting.

37 ~~((6))~~ (5) "Conditional release" means a modification of a  
38 commitment that may be revoked upon violation of any of its terms.

1       ~~((7))~~ (6) "Custody" means involuntary detention under chapter  
2 71.05 RCW, uninterrupted by any period of unconditional release from  
3 commitment from a facility providing involuntary care and treatment.

4       ~~((8))~~ (7) "Department" means the department of social and  
5 health services.

6       ~~((9))~~ (8) "Designated crisis responder" has the same meaning as  
7 in chapter 71.05 RCW.

8       ~~((10))~~ (9) "Detention" or "detain" means the lawful confinement  
9 of an individual under chapter 71.05 RCW.

10       ~~((11))~~ (10) "Discharge" means the termination of facility  
11 authority. The commitment may remain in place, be terminated, or be  
12 amended by court order.

13       ~~((12))~~ (11) "Enhanced services facility" means a facility that  
14 provides treatment and services to persons for whom acute inpatient  
15 treatment is not medically necessary and who have been determined by  
16 the department to be inappropriate for placement in other licensed  
17 facilities due to the complex needs that result in behavioral and  
18 security issues.

19       ~~((13))~~ (12) "Expanded community services program" means a  
20 nonsecure program of enhanced behavioral and residential support  
21 provided to long-term and residential care providers serving  
22 specifically eligible clients who would otherwise be at risk for  
23 hospitalization at state hospital geriatric units.

24       ~~((14))~~ (13) "Facility" means an enhanced services facility.

25       ~~((15))~~ (14) "Gravely disabled" means a condition in which an  
26 individual, as a result of a mental disorder, as a result of the use  
27 of alcohol or other psychoactive chemicals, or both:

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

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

35       ~~((16))~~ (15) "History of one or more violent acts" refers to the  
36 period of time ten years before the filing of a petition under this  
37 chapter or chapter 71.05 RCW, excluding any time spent, but not any  
38 violent acts committed, in a mental health facility or a long-term  
39 alcoholism or drug treatment facility, or in confinement as a result  
40 of a criminal conviction.

1       (~~(17)~~) (16) "Licensed physician" means a person licensed to  
2 practice medicine or osteopathic medicine and surgery in the state of  
3 Washington.

4       (~~(18)~~) (17) "Likelihood of serious harm" means:

5       (a) A substantial risk that:

6       (i) Physical harm will be inflicted by an individual upon his or  
7 her own person, as evidenced by threats or attempts to commit suicide  
8 or inflict physical harm on oneself;

9       (ii) Physical harm will be inflicted by an individual upon  
10 another, as evidenced by behavior that has caused such harm or that  
11 places another person or persons in reasonable fear of sustaining  
12 such harm; or

13       (iii) Physical harm will be inflicted by an individual upon the  
14 property of others, as evidenced by behavior that has caused  
15 substantial loss or damage to the property of others; or

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

18       (~~(19)~~) (18) "Mental disorder" means any organic, mental, or  
19 emotional impairment that has substantial adverse effects on an  
20 individual's cognitive or volitional functions.

21       (~~(20)~~) (19) "Mental health professional" means a psychiatrist,  
22 psychologist, psychiatric nurse, or social worker, and such other  
23 mental health professionals as may be defined by rules adopted by the  
24 secretary under the authority of chapter 71.05 RCW.

25       (~~(21)~~) (20) "Professional person" means a mental health  
26 professional and also means a physician, registered nurse, and such  
27 others as may be defined in rules adopted by the secretary pursuant  
28 to the provisions of this chapter.

29       (~~(22)~~) (21) "Psychiatrist" means a person having a license as a  
30 physician and surgeon in this state who has in addition completed  
31 three years of graduate training in psychiatry in a program approved  
32 by the American medical association or the American osteopathic  
33 association and is certified or eligible to be certified by the  
34 American board of psychiatry and neurology.

35       (~~(23)~~) (22) "Psychologist" means a person who has been licensed  
36 as a psychologist under chapter 18.83 RCW.

37       (~~(24)~~) (23) "Registration records" include all the records of  
38 the department, behavioral health organizations, treatment  
39 facilities, and other persons providing services to the department,  
40 county departments, or facilities which identify individuals who are

1 receiving or who at any time have received services for mental  
2 illness.

3 ~~((25))~~ (24) "Release" means legal termination of the commitment  
4 under chapter 71.05 RCW.

5 ~~((26))~~ (25) "Resident" means a person admitted to an enhanced  
6 services facility.

7 ~~((27))~~ (26) "Secretary" means the secretary of the department  
8 or the secretary's designee.

9 ~~((28))~~ (27) "Significant change" means:

10 (a) A deterioration in a resident's physical, mental, or  
11 psychosocial condition that has caused or is likely to cause clinical  
12 complications or life-threatening conditions; or

13 (b) An improvement in the resident's physical, mental, or  
14 psychosocial condition that may make the resident eligible for  
15 release or for treatment in a less intensive or less secure setting.

16 ~~((29))~~ (28) "Social worker" means a person with a master's or  
17 further advanced degree from a social work educational program  
18 accredited and approved as provided in RCW 18.320.010.

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

22 (30) "Treatment" means the broad range of emergency,  
23 detoxification, residential, inpatient, and outpatient services and  
24 care, including diagnostic evaluation, mental health or chemical  
25 dependency education and counseling, medical, psychiatric,  
26 psychological, and social service care, vocational rehabilitation,  
27 and career counseling, which may be extended to persons with mental  
28 disorders, chemical dependency disorders, or both, and their  
29 families.

30 (31) "Treatment records" include registration and all other  
31 records concerning individuals who are receiving or who at any time  
32 have received services for mental illness, which are maintained by  
33 the department, by behavioral health organizations and their staffs,  
34 and by treatment facilities. "Treatment records" do not include notes  
35 or records maintained for personal use by an individual providing  
36 treatment services for the department, behavioral health  
37 organizations, or a treatment facility if the notes or records are  
38 not available to others.

1 (32) "Violent act" means behavior that resulted in homicide,  
2 attempted suicide, nonfatal injuries, or substantial damage to  
3 property.

4 **Sec. 15.** RCW 70.97.030 and 2005 c 504 s 405 are each amended to  
5 read as follows:

6 A person, eighteen years old or older, may be admitted to an  
7 enhanced services facility if he or she meets the criteria in  
8 subsections (1) through (3) of this section:

9 (1) The person requires: (a) Daily care by or under the  
10 supervision of a mental health professional, (~~chemical dependency~~)  
11 substance use disorder professional, or nurse; or (b) assistance with  
12 three or more activities of daily living; and

13 (2) The person has: (a) A mental disorder, chemical dependency  
14 disorder, or both; (b) an organic or traumatic brain injury; or (c) a  
15 cognitive impairment that results in symptoms or behaviors requiring  
16 supervision and facility services; (~~and~~) and

17 (3) The person has two or more of the following:

18 (a) Self-endangering behaviors that are frequent or difficult to  
19 manage;

20 (b) Aggressive, threatening, or assaultive behaviors that create  
21 a risk to the health or safety of other residents or staff, or a  
22 significant risk to property and these behaviors are frequent or  
23 difficult to manage;

24 (c) Intrusive behaviors that put residents or staff at risk;

25 (d) Complex medication needs and those needs include psychotropic  
26 medications;

27 (e) A history of or likelihood of unsuccessful placements in  
28 either a licensed facility or other state facility or a history of  
29 rejected applications for admission to other licensed facilities  
30 based on the person's behaviors, history, or security needs;

31 (f) A history of frequent or protracted mental health  
32 hospitalizations;

33 (g) A history of offenses against a person or felony offenses  
34 that created substantial damage to property.

35 **Sec. 16.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and  
36 2018 c 201 s 3001 are each reenacted and amended to read as follows:

37 The definitions in this section apply throughout this chapter  
38 unless the context clearly requires otherwise.

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

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

11 (3) "Antipsychotic medications" means that class of drugs  
12 primarily used to treat serious manifestations of mental illness  
13 associated with thought disorders, which includes, but is not limited  
14 to atypical antipsychotic medications;

15 (4) "Approved substance use disorder treatment program" means a  
16 program for persons with a substance use disorder provided by a  
17 treatment program certified by the department as meeting standards  
18 adopted under chapter 71.24 RCW;

19 (5) "Attending staff" means any person on the staff of a public  
20 or private agency having responsibility for the care and treatment of  
21 a patient;

22 (6) "Authority" means the Washington state health care authority;

23 (7) "Chemical dependency" means:

24 (a) Alcoholism;

25 (b) Drug addiction; or

26 (c) Dependence on alcohol and one or more psychoactive chemicals,  
27 as the context requires;

28 (~~(8) ("Chemical dependency professional" means a person certified~~  
29 ~~as a chemical dependency professional by the department under chapter~~  
30 ~~18.205 RCW;~~

31 ~~(9))~~ (9) "Commitment" means the determination by a court that a  
32 person should be detained for a period of either evaluation or  
33 treatment, or both, in an inpatient or a less restrictive setting;

34 (~~((10))~~) (10) "Conditional release" means a revocable modification  
35 of a commitment, which may be revoked upon violation of any of its  
36 terms;

37 (~~((11))~~) (11) "Crisis stabilization unit" means a short-term  
38 facility or a portion of a facility licensed or certified by the  
39 department under RCW 71.24.035, such as an evaluation and treatment  
40 facility or a hospital, which has been designed to assess, diagnose,

1 and treat individuals experiencing an acute crisis without the use of  
2 long-term hospitalization;

3 ~~((12))~~ (11) "Custody" means involuntary detention under the  
4 provisions of this chapter or chapter 10.77 RCW, uninterrupted by any  
5 period of unconditional release from commitment from a facility  
6 providing involuntary care and treatment;

7 ~~((13))~~ (12) "Department" means the department of health;

8 ~~((14))~~ (13) "Designated crisis responder" means a mental health  
9 professional appointed by the county, an entity appointed by the  
10 county, or the behavioral health organization to perform the duties  
11 specified in this chapter;

12 ~~((15))~~ (14) "Detention" or "detain" means the lawful  
13 confinement of a person, under the provisions of this chapter;

14 ~~((16))~~ (15) "Developmental disabilities professional" means a  
15 person who has specialized training and three years of experience in  
16 directly treating or working with persons with developmental  
17 disabilities and is a psychiatrist, physician assistant working with  
18 a supervising psychiatrist, psychologist, psychiatric advanced  
19 registered nurse practitioner, or social worker, and such other  
20 developmental disabilities professionals as may be defined by rules  
21 adopted by the secretary of the department of social and health  
22 services;

23 ~~((17))~~ (16) "Developmental disability" means that condition  
24 defined in RCW 71A.10.020(5);

25 ~~((18))~~ (17) "Director" means the director of the authority;

26 ~~((19))~~ (18) "Discharge" means the termination of hospital  
27 medical authority. The commitment may remain in place, be terminated,  
28 or be amended by court order;

29 ~~((20))~~ (19) "Drug addiction" means a disease, characterized by  
30 a dependency on psychoactive chemicals, loss of control over the  
31 amount and circumstances of use, symptoms of tolerance, physiological  
32 or psychological withdrawal, or both, if use is reduced or  
33 discontinued, and impairment of health or disruption of social or  
34 economic functioning;

35 ~~((21))~~ (20) "Evaluation and treatment facility" means any  
36 facility which can provide directly, or by direct arrangement with  
37 other public or private agencies, emergency evaluation and treatment,  
38 outpatient care, and timely and appropriate inpatient care to persons  
39 suffering from a mental disorder, and which is licensed or certified  
40 as such by the department. The authority may certify single beds as



1 temporary evaluation and treatment beds under RCW 71.05.745. A  
2 physically separate and separately operated portion of a state  
3 hospital may be designated as an evaluation and treatment facility. A  
4 facility which is part of, or operated by, the department of social  
5 and health services or any federal agency will not require  
6 certification. No correctional institution or facility, or jail,  
7 shall be an evaluation and treatment facility within the meaning of  
8 this chapter;

9 ~~((22))~~ (21) "Gravely disabled" means a condition in which a  
10 person, as a result of a mental disorder, or as a result of the use  
11 of alcohol or other psychoactive chemicals: (a) Is in danger of  
12 serious physical harm resulting from a failure to provide for his or  
13 her essential human needs of health or safety; or (b) manifests  
14 severe deterioration in routine functioning evidenced by repeated and  
15 escalating loss of cognitive or volitional control over his or her  
16 actions and is not receiving such care as is essential for his or her  
17 health or safety;

18 ~~((23))~~ (22) "Habilitative services" means those services  
19 provided by program personnel to assist persons in acquiring and  
20 maintaining life skills and in raising their levels of physical,  
21 mental, social, and vocational functioning. Habilitative services  
22 include education, training for employment, and therapy. The  
23 habilitative process shall be undertaken with recognition of the risk  
24 to the public safety presented by the person being assisted as  
25 manifested by prior charged criminal conduct;

26 ~~((24))~~ (23) "Hearing" means any proceeding conducted in open  
27 court. For purposes of this chapter, at any hearing the petitioner,  
28 the respondent, the witnesses, and the presiding judicial officer may  
29 be present and participate either in person or by video, as  
30 determined by the court. The term "video" as used herein shall  
31 include any functional equivalent. At any hearing conducted by video,  
32 the technology used must permit the judicial officer, counsel, all  
33 parties, and the witnesses to be able to see, hear, and speak, when  
34 authorized, during the hearing; to allow attorneys to use exhibits or  
35 other materials during the hearing; and to allow respondent's counsel  
36 to be in the same location as the respondent unless otherwise  
37 requested by the respondent or the respondent's counsel. Witnesses in  
38 a proceeding may also appear in court through other means, including  
39 telephonically, pursuant to the requirements of superior court civil  
40 rule 43. Notwithstanding the foregoing, the court, upon its own

1 motion or upon a motion for good cause by any party, may require all  
2 parties and witnesses to participate in the hearing in person rather  
3 than by video. In ruling on any such motion, the court may allow in-  
4 person or video testimony; and the court may consider, among other  
5 things, whether the respondent's alleged mental illness affects the  
6 respondent's ability to perceive or participate in the proceeding by  
7 video;

8 ~~((25))~~ (24) "History of one or more violent acts" refers to the  
9 period of time ten years prior to the filing of a petition under this  
10 chapter, excluding any time spent, but not any violent acts  
11 committed, in a mental health facility, a long-term alcoholism or  
12 drug treatment facility, or in confinement as a result of a criminal  
13 conviction;

14 ~~((26))~~ (25) "Imminent" means the state or condition of being  
15 likely to occur at any moment or near at hand, rather than distant or  
16 remote;

17 ~~((27))~~ (26) "Individualized service plan" means a plan prepared  
18 by a developmental disabilities professional with other professionals  
19 as a team, for a person with developmental disabilities, which shall  
20 state:

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

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

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

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

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

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

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

37 ~~((28))~~ (27) "Information related to mental health services"  
38 means all information and records compiled, obtained, or maintained  
39 in the course of providing services to either voluntary or  
40 involuntary recipients of services by a mental health service

1 provider. This may include documents of legal proceedings under this  
2 chapter or chapter 71.34 or 10.77 RCW, or somatic health care  
3 information;

4 ~~((29))~~ (28) "Intoxicated person" means a person whose mental or  
5 physical functioning is substantially impaired as a result of the use  
6 of alcohol or other psychoactive chemicals;

7 ~~((30))~~ (29) "In need of assisted outpatient behavioral health  
8 treatment" means that a person, as a result of a mental disorder or  
9 substance use disorder: (a) Has been committed by a court to  
10 detention for involuntary behavioral health treatment during the  
11 preceding thirty-six months; (b) is unlikely to voluntarily  
12 participate in outpatient treatment without an order for less  
13 restrictive alternative treatment, based on a history of nonadherence  
14 with treatment or in view of the person's current behavior; (c) is  
15 likely to benefit from less restrictive alternative treatment; and  
16 (d) requires less restrictive alternative treatment to prevent a  
17 relapse, decompensation, or deterioration that is likely to result in  
18 the person presenting a likelihood of serious harm or the person  
19 becoming gravely disabled within a reasonably short period of time;

20 ~~((31))~~ (30) "Judicial commitment" means a commitment by a court  
21 pursuant to the provisions of this chapter;

22 ~~((32))~~ (31) "Legal counsel" means attorneys and staff employed  
23 by county prosecutor offices or the state attorney general acting in  
24 their capacity as legal representatives of public mental health and  
25 substance use disorder service providers under RCW 71.05.130;

26 ~~((33))~~ (32) "Less restrictive alternative treatment" means a  
27 program of individualized treatment in a less restrictive setting  
28 than inpatient treatment that includes the services described in RCW  
29 71.05.585;

30 ~~((34))~~ (33) "Licensed physician" means a person licensed to  
31 practice medicine or osteopathic medicine and surgery in the state of  
32 Washington;

33 ~~((35))~~ (34) "Likelihood of serious harm" means:

34 (a) A substantial risk that: (i) Physical harm will be inflicted  
35 by a person upon his or her own person, as evidenced by threats or  
36 attempts to commit suicide or inflict physical harm on oneself; (ii)  
37 physical harm will be inflicted by a person upon another, as  
38 evidenced by behavior which has caused such harm or which places  
39 another person or persons in reasonable fear of sustaining such harm;  
40 or (iii) physical harm will be inflicted by a person upon the

1 property of others, as evidenced by behavior which has caused  
2 substantial loss or damage to the property of others; or

3 (b) The person has threatened the physical safety of another and  
4 has a history of one or more violent acts;

5 (~~(36)~~) (35) "Medical clearance" means a physician or other  
6 health care provider has determined that a person is medically stable  
7 and ready for referral to the designated crisis responder;

8 (~~(37)~~) (36) "Mental disorder" means any organic, mental, or  
9 emotional impairment which has substantial adverse effects on a  
10 person's cognitive or volitional functions;

11 (~~(38)~~) (37) "Mental health professional" means a psychiatrist,  
12 psychologist, physician assistant working with a supervising  
13 psychiatrist, psychiatric advanced registered nurse practitioner,  
14 psychiatric nurse, or social worker, and such other mental health  
15 professionals as may be defined by rules adopted by the secretary  
16 pursuant to the provisions of this chapter;

17 (~~(39)~~) (38) "Mental health service provider" means a public or  
18 private agency that provides mental health services to persons with  
19 mental disorders or substance use disorders as defined under this  
20 section and receives funding from public sources. This includes, but  
21 is not limited to, hospitals licensed under chapter 70.41 RCW,  
22 evaluation and treatment facilities as defined in this section,  
23 community mental health service delivery systems or behavioral health  
24 programs as defined in RCW 71.24.025, facilities conducting  
25 competency evaluations and restoration under chapter 10.77 RCW,  
26 approved substance use disorder treatment programs as defined in this  
27 section, secure detoxification facilities as defined in this section,  
28 and correctional facilities operated by state and local governments;

29 (~~(40)~~) (39) "Peace officer" means a law enforcement official of  
30 a public agency or governmental unit, and includes persons  
31 specifically given peace officer powers by any state law, local  
32 ordinance, or judicial order of appointment;

33 (~~(41)~~) (40) "Physician assistant" means a person licensed as a  
34 physician assistant under chapter 18.57A or 18.71A RCW;

35 (~~(42)~~) (41) "Private agency" means any person, partnership,  
36 corporation, or association that is not a public agency, whether or  
37 not financed in whole or in part by public funds, which constitutes  
38 an evaluation and treatment facility or private institution, or  
39 hospital, or approved substance use disorder treatment program, which  
40 is conducted for, or includes a department or ward conducted for, the

1 care and treatment of persons with mental illness, substance use  
2 disorders, or both mental illness and substance use disorders;

3 ~~((43))~~ (42) "Professional person" means a mental health  
4 professional, ~~((chemical dependency))~~ substance use disorder  
5 professional, or designated crisis responder and shall also mean a  
6 physician, physician assistant, psychiatric advanced registered nurse  
7 practitioner, registered nurse, and such others as may be defined by  
8 rules adopted by the secretary pursuant to the provisions of this  
9 chapter;

10 ~~((44))~~ (43) "Psychiatric advanced registered nurse  
11 practitioner" means a person who is licensed as an advanced  
12 registered nurse practitioner pursuant to chapter 18.79 RCW; and who  
13 is board certified in advanced practice psychiatric and mental health  
14 nursing;

15 ~~((45))~~ (44) "Psychiatrist" means a person having a license as a  
16 physician and surgeon in this state who has in addition completed  
17 three years of graduate training in psychiatry in a program approved  
18 by the American medical association or the American osteopathic  
19 association and is certified or eligible to be certified by the  
20 American board of psychiatry and neurology;

21 ~~((46))~~ (45) "Psychologist" means a person who has been licensed  
22 as a psychologist pursuant to chapter 18.83 RCW;

23 ~~((47))~~ (46) "Public agency" means any evaluation and treatment  
24 facility or institution, secure detoxification facility, approved  
25 substance use disorder treatment program, or hospital which is  
26 conducted for, or includes a department or ward conducted for, the  
27 care and treatment of persons with mental illness, substance use  
28 disorders, or both mental illness and substance use disorders, if the  
29 agency is operated directly by federal, state, county, or municipal  
30 government, or a combination of such governments;

31 ~~((48))~~ (47) "Release" means legal termination of the commitment  
32 under the provisions of this chapter;

33 ~~((49))~~ (48) "Resource management services" has the meaning  
34 given in chapter 71.24 RCW;

35 ~~((50))~~ (49) "Secretary" means the secretary of the department  
36 of health, or his or her designee;

37 ~~((51))~~ (50) "Secure detoxification facility" means a facility  
38 operated by either a public or private agency or by the program of an  
39 agency that:

40 (a) Provides for intoxicated persons:

1 (i) Evaluation and assessment, provided by certified (~~chemical~~  
2 ~~dependency~~) substance use disorder professionals or co-occurring  
3 disorder specialists;

4 (ii) Acute or subacute detoxification services; and

5 (iii) Discharge assistance provided by certified (~~chemical~~  
6 ~~dependency~~) substance use disorder professionals or co-occurring  
7 disorder specialists, including facilitating transitions to  
8 appropriate voluntary or involuntary inpatient services or to less  
9 restrictive alternatives as appropriate for the individual;

10 (b) Includes security measures sufficient to protect the  
11 patients, staff, and community; and

12 (c) Is licensed or certified as such by the department of health;

13 (~~(52)~~) (51) "Serious violent offense" has the same meaning as  
14 provided in RCW 9.94A.030;

15 (~~(53)~~) (52) "Social worker" means a person with a master's or  
16 further advanced degree from a social work educational program  
17 accredited and approved as provided in RCW 18.320.010;

18 (~~(54)~~) (53) "Substance use disorder" means a cluster of  
19 cognitive, behavioral, and physiological symptoms indicating that an  
20 individual continues using the substance despite significant  
21 substance-related problems. The diagnosis of a substance use disorder  
22 is based on a pathological pattern of behaviors related to the use of  
23 the substances;

24 (54) "Substance use disorder professional" means a person  
25 certified as a substance use disorder professional by the department  
26 of health under chapter 18.205 RCW;

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

33 (56) "Treatment records" include registration and all other  
34 records concerning persons who are receiving or who at any time have  
35 received services for mental illness, which are maintained by the  
36 department of social and health services, the department, the  
37 authority, behavioral health organizations and their staffs, and by  
38 treatment facilities. Treatment records include mental health  
39 information contained in a medical bill including but not limited to  
40 mental health drugs, a mental health diagnosis, provider name, and

1 dates of service stemming from a medical service. Treatment records  
2 do not include notes or records maintained for personal use by a  
3 person providing treatment services for the department of social and  
4 health services, the department, the authority, behavioral health  
5 organizations, or a treatment facility if the notes or records are  
6 not available to others;

7 (57) "Triage facility" means a short-term facility or a portion  
8 of a facility licensed or certified by the department under RCW  
9 71.24.035, which is designed as a facility to assess and stabilize an  
10 individual or determine the need for involuntary commitment of an  
11 individual, and must meet department residential treatment facility  
12 standards. A triage facility may be structured as a voluntary or  
13 involuntary placement facility;

14 (58) "Violent act" means behavior that resulted in homicide,  
15 attempted suicide, nonfatal injuries, or substantial damage to  
16 property;

17 (59) "Co-occurring disorder specialist" means an individual  
18 possessing an enhancement granted by the department of health under  
19 chapter 18.205 RCW that certifies the individual to provide substance  
20 use disorder counseling subject to the practice limitations under  
21 section 25 of this act.

22 **Sec. 17.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to  
23 read as follows:

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

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

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

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

37 (4) "Chemical dependency" means:

38 (a) Alcoholism;

39 (b) Drug addiction; or

1 (c) Dependence on alcohol and one or more other psychoactive  
2 chemicals, as the context requires.

3 (~~(5)~~) (~~"Chemical dependency professional" means a person certified~~  
4 ~~as a chemical dependency professional by the department of health~~  
5 ~~under chapter 18.205 RCW.~~

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

11 (~~((7))~~) (6) "Children's mental health specialist" means:

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

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

19 (~~((8))~~) (7) "Commitment" means a determination by a judge or  
20 court commissioner, made after a commitment hearing, that the minor  
21 is in need of inpatient diagnosis, evaluation, or treatment or that  
22 the minor is in need of less restrictive alternative treatment.

23 (~~((9))~~) (8) "Department" means the department of social and  
24 health services.

25 (~~((10))~~) (9) "Designated crisis responder" means a person  
26 designated by a behavioral health organization to perform the duties  
27 specified in this chapter.

28 (~~((11))~~) (10) "Director" means the director of the authority.

29 (~~((12))~~) (11) "Drug addiction" means a disease, characterized by  
30 a dependency on psychoactive chemicals, loss of control over the  
31 amount and circumstances of use, symptoms of tolerance, physiological  
32 or psychological withdrawal, or both, if use is reduced or  
33 discontinued, and impairment of health or disruption of social or  
34 economic functioning.

35 (~~((13))~~) (12) "Evaluation and treatment facility" means a public  
36 or private facility or unit that is licensed or certified by the  
37 department of health to provide emergency, inpatient, residential, or  
38 outpatient mental health evaluation and treatment services for  
39 minors. A physically separate and separately-operated portion of a  
40 state hospital may be designated as an evaluation and treatment



1 facility for minors. A facility which is part of or operated by the  
2 state or federal agency does not require licensure or certification.  
3 No correctional institution or facility, juvenile court detention  
4 facility, or jail may be an evaluation and treatment facility within  
5 the meaning of this chapter.

6 ~~((14))~~ (13) "Evaluation and treatment program" means the total  
7 system of services and facilities coordinated and approved by a  
8 county or combination of counties for the evaluation and treatment of  
9 minors under this chapter.

10 ~~((15))~~ (14) "Gravely disabled minor" means a minor who, as a  
11 result of a mental disorder, or as a result of the use of alcohol or  
12 other psychoactive chemicals, is in danger of serious physical harm  
13 resulting from a failure to provide for his or her essential human  
14 needs of health or safety, or manifests severe deterioration in  
15 routine functioning evidenced by repeated and escalating loss of  
16 cognitive or volitional control over his or her actions and is not  
17 receiving such care as is essential for his or her health or safety.

18 ~~((16))~~ (15) "Inpatient treatment" means twenty-four-hour-per-  
19 day mental health care provided within a general hospital,  
20 psychiatric hospital, residential treatment facility licensed or  
21 certified by the department of health as an evaluation and treatment  
22 facility for minors, secure detoxification facility for minors, or  
23 approved substance use disorder treatment program for minors.

24 ~~((17))~~ (16) "Intoxicated minor" means a minor whose mental or  
25 physical functioning is substantially impaired as a result of the use  
26 of alcohol or other psychoactive chemicals.

27 ~~((18))~~ (17) "Less restrictive alternative" or "less restrictive  
28 setting" means outpatient treatment provided to a minor who is not  
29 residing in a facility providing inpatient treatment as defined in  
30 this chapter.

31 ~~((19))~~ (18) "Likelihood of serious harm" means either:

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

1 as evidenced by behavior which has caused substantial loss or damage  
2 to the property of others.

3 ~~((20))~~ (19) "Medical necessity" for inpatient care means a  
4 requested service which is reasonably calculated to: (a) Diagnose,  
5 correct, cure, or alleviate a mental disorder or substance use  
6 disorder; or (b) prevent the progression of a substance use disorder  
7 that endangers life or causes suffering and pain, or results in  
8 illness or infirmity or threatens to cause or aggravate a handicap,  
9 or causes physical deformity or malfunction, and there is no adequate  
10 less restrictive alternative available.

11 ~~((21))~~ (20) "Mental disorder" means any organic, mental, or  
12 emotional impairment that has substantial adverse effects on an  
13 individual's cognitive or volitional functions. The presence of  
14 alcohol abuse, drug abuse, juvenile criminal history, antisocial  
15 behavior, or intellectual disabilities alone is insufficient to  
16 justify a finding of "mental disorder" within the meaning of this  
17 section.

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

24 ~~((23))~~ (22) "Minor" means any person under the age of eighteen  
25 years.

26 ~~((24))~~ (23) "Outpatient treatment" means any of the  
27 nonresidential services mandated under chapter 71.24 RCW and provided  
28 by licensed or certified service providers as identified by RCW  
29 71.24.025.

30 ~~((25))~~ (24) "Parent" means:

31 (a) A biological or adoptive parent who has legal custody of the  
32 child, including either parent if custody is shared under a joint  
33 custody agreement; or

34 (b) A person or agency judicially appointed as legal guardian or  
35 custodian of the child.

36 ~~((26))~~ (25) "Private agency" means any person, partnership,  
37 corporation, or association that is not a public agency, whether or  
38 not financed in whole or in part by public funds, that constitutes an  
39 evaluation and treatment facility or private institution, or  
40 hospital, or approved substance use disorder treatment program, that

1 is conducted for, or includes a distinct unit, floor, or ward  
2 conducted for, the care and treatment of persons with mental illness,  
3 substance use disorders, or both mental illness and substance use  
4 disorders.

5 ~~((27))~~ (26) "Physician assistant" means a person licensed as a  
6 physician assistant under chapter 18.57A or 18.71A RCW.

7 ~~((28))~~ (27) "Professional person in charge" or "professional  
8 person" means a physician, other mental health professional, or other  
9 person empowered by an evaluation and treatment facility, secure  
10 detoxification facility, or approved substance use disorder treatment  
11 program with authority to make admission and discharge decisions on  
12 behalf of that facility.

13 ~~((29))~~ (28) "Psychiatric nurse" means a registered nurse who  
14 has experience in the direct treatment of persons who have a mental  
15 illness or who are emotionally disturbed, such experience gained  
16 under the supervision of a mental health professional.

17 ~~((30))~~ (29) "Psychiatrist" means a person having a license as a  
18 physician in this state who has completed residency training in  
19 psychiatry in a program approved by the American Medical Association  
20 or the American Osteopathic Association, and is board eligible or  
21 board certified in psychiatry.

22 ~~((31))~~ (30) "Psychologist" means a person licensed as a  
23 psychologist under chapter 18.83 RCW.

24 ~~((32))~~ (31) "Public agency" means any evaluation and treatment  
25 facility or institution, or hospital, or approved substance use  
26 disorder treatment program that is conducted for, or includes a  
27 distinct unit, floor, or ward conducted for, the care and treatment  
28 of persons with mental illness, substance use disorders, or both  
29 mental illness and substance use disorders if the agency is operated  
30 directly by federal, state, county, or municipal government, or a  
31 combination of such governments.

32 ~~((33))~~ (32) "Responsible other" means the minor, the minor's  
33 parent or estate, or any other person legally responsible for support  
34 of the minor.

35 ~~((34))~~ (33) "Secretary" means the secretary of the department  
36 or secretary's designee.

37 ~~((35))~~ (34) "Secure detoxification facility" means a facility  
38 operated by either a public or private agency or by the program of an  
39 agency that:

40 (a) Provides for intoxicated minors:

1 (i) Evaluation and assessment, provided by certified (~~chemical~~  
2 ~~dependency~~) substance use disorder professionals or co-occurring  
3 disorder specialists;

4 (ii) Acute or subacute detoxification services; and

5 (iii) Discharge assistance provided by certified (~~chemical~~  
6 ~~dependency~~) substance use disorder professionals or co-occurring  
7 disorder specialists, including facilitating transitions to  
8 appropriate voluntary or involuntary inpatient services or to less  
9 restrictive alternatives as appropriate for the minor;

10 (b) Includes security measures sufficient to protect the  
11 patients, staff, and community; and

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

13 (~~(36)~~) (35) "Social worker" means a person with a master's or  
14 further advanced degree from a social work educational program  
15 accredited and approved as provided in RCW 18.320.010.

16 (~~(37)~~) (36) "Start of initial detention" means the time of  
17 arrival of the minor at the first evaluation and treatment facility,  
18 secure detoxification facility, or approved substance use disorder  
19 treatment program offering inpatient treatment if the minor is being  
20 involuntarily detained at the time. With regard to voluntary  
21 patients, "start of initial detention" means the time at which the  
22 minor gives notice of intent to leave under the provisions of this  
23 chapter.

24 (~~(38)~~) (37) "Substance use disorder" means a cluster of  
25 cognitive, behavioral, and physiological symptoms indicating that an  
26 individual continues using the substance despite significant  
27 substance-related problems. The diagnosis of a substance use disorder  
28 is based on a pathological pattern of behaviors related to the use of  
29 the substances.

30 (38) "Co-occurring disorder specialist" means an individual  
31 possessing an enhancement granted by the department of health under  
32 chapter 18.205 RCW that certifies the individual to provide substance  
33 use disorder counseling subject to the practice limitations under  
34 section 25 of this act.

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

38 **Sec. 18.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to  
39 read as follows:

1 (1) Each minor approved by the facility for inpatient admission  
2 shall be examined and evaluated by a children's mental health  
3 specialist, for minors admitted as a result of a mental disorder, or  
4 by a (~~chemical dependency~~) substance use disorder professional or  
5 co-occurring disorder specialist, for minors admitted as a result of  
6 a substance use disorder, as to the child's mental condition and by a  
7 physician, physician assistant, or psychiatric advanced registered  
8 nurse practitioner as to the child's physical condition within  
9 twenty-four hours of admission. Reasonable measures shall be taken to  
10 ensure medical treatment is provided for any condition requiring  
11 immediate medical attention.

12 (2) If, after examination and evaluation, the children's mental  
13 health specialist or substance use disorder specialist and the  
14 physician, physician assistant, or psychiatric advanced registered  
15 nurse practitioner determine that the initial needs of the minor, if  
16 detained to an evaluation and treatment facility, would be better  
17 served by placement in a substance use disorder treatment program or,  
18 if detained to a secure detoxification facility or approved substance  
19 use disorder treatment program, would be better served in an  
20 evaluation and treatment facility, then the minor shall be referred  
21 to the more appropriate placement; however a minor may only be  
22 referred to a secure detoxification facility or approved substance  
23 use disorder treatment program if there is a secure detoxification  
24 facility or approved substance use disorder treatment program  
25 available and that has adequate space for the minor.

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

28 (4) During the initial seventy-two hour treatment period, the  
29 minor has a right to associate or receive communications from parents  
30 or others unless the professional person in charge determines that  
31 such communication would be seriously detrimental to the minor's  
32 condition or treatment and so indicates in the minor's clinical  
33 record, and notifies the minor's parents of this determination. In no  
34 event may the minor be denied the opportunity to consult an attorney.

35 (5) If the evaluation and treatment facility, secure  
36 detoxification facility, or approved substance use disorder treatment  
37 program admits the minor, it may detain the minor for evaluation and  
38 treatment for a period not to exceed seventy-two hours from the time  
39 of provisional acceptance. The computation of such seventy-two hour  
40 period shall exclude Saturdays, Sundays, and holidays. This initial

1 treatment period shall not exceed seventy-two hours except when an  
2 application for voluntary inpatient treatment is received or a  
3 petition for fourteen-day commitment is filed.

4 (6) Within twelve hours of the admission, the facility shall  
5 advise the minor of his or her rights as set forth in this chapter.

6 **Sec. 19.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to  
7 read as follows:

8 (1) Each minor approved by the facility for inpatient admission  
9 shall be examined and evaluated by a children's mental health  
10 specialist, for minors admitted as a result of a mental disorder, or  
11 by a (~~chemical dependency~~) substance use disorder professional or  
12 co-occurring disorder specialist, for minors admitted as a result of  
13 a substance use disorder, as to the child's mental condition and by a  
14 physician, physician assistant, or psychiatric advanced registered  
15 nurse practitioner as to the child's physical condition within  
16 twenty-four hours of admission. Reasonable measures shall be taken to  
17 ensure medical treatment is provided for any condition requiring  
18 immediate medical attention.

19 (2) If, after examination and evaluation, the children's mental  
20 health specialist or substance use disorder specialist and the  
21 physician, physician assistant, or psychiatric advanced registered  
22 nurse practitioner determine that the initial needs of the minor, if  
23 detained to an evaluation and treatment facility, would be better  
24 served by placement in a substance use disorder treatment program or,  
25 if detained to a secure detoxification facility or approved substance  
26 use disorder treatment program, would be better served in an  
27 evaluation and treatment facility, then the minor shall be referred  
28 to the more appropriate placement.

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

31 (4) During the initial seventy-two hour treatment period, the  
32 minor has a right to associate or receive communications from parents  
33 or others unless the professional person in charge determines that  
34 such communication would be seriously detrimental to the minor's  
35 condition or treatment and so indicates in the minor's clinical  
36 record, and notifies the minor's parents of this determination. In no  
37 event may the minor be denied the opportunity to consult an attorney.

38 (5) If the evaluation and treatment facility, secure  
39 detoxification facility, or approved substance use disorder treatment

1 program admits the minor, it may detain the minor for evaluation and  
2 treatment for a period not to exceed seventy-two hours from the time  
3 of provisional acceptance. The computation of such seventy-two hour  
4 period shall exclude Saturdays, Sundays, and holidays. This initial  
5 treatment period shall not exceed seventy-two hours except when an  
6 application for voluntary inpatient treatment is received or a  
7 petition for fourteen-day commitment is filed.

8 (6) Within twelve hours of the admission, the facility shall  
9 advise the minor of his or her rights as set forth in this chapter.

10 **Sec. 20.** RCW 71.34.760 and 2018 c 201 s 5019 are each amended to  
11 read as follows:

12 (1) If a minor is committed for one hundred eighty-day inpatient  
13 treatment and is to be placed in a state-supported program, the  
14 director shall accept immediately and place the minor in a state-  
15 funded long-term evaluation and treatment facility or state-funded  
16 approved substance use disorder treatment program.

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

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

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

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

38 (d) Receive and monitor reports of all discharges.

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

4 (4) The responsible state-funded evaluation and treatment  
5 facility or approved substance use disorder treatment program shall  
6 submit a report to the authority's designated placement committee  
7 within ninety days of admission and no less than every one hundred  
8 eighty days thereafter, setting forth such facts as the authority  
9 requires, including the minor's individual treatment plan and  
10 progress, recommendations for future treatment, and possible less  
11 restrictive treatment.

12 **Sec. 21.** RCW 18.130.175 and 2006 c 99 s 7 are each amended to  
13 read as follows:

14 (1) In lieu of disciplinary action under RCW 18.130.160 and if  
15 the disciplining authority determines that the unprofessional conduct  
16 may be the result of substance abuse, the disciplining authority may  
17 refer the license holder to a voluntary substance abuse monitoring  
18 program approved by the disciplining authority.

19 The cost of the treatment shall be the responsibility of the  
20 license holder, but the responsibility does not preclude payment by  
21 an employer, existing insurance coverage, or other sources. Primary  
22 alcoholism or other drug addiction treatment shall be provided by  
23 approved treatment programs under RCW 70.96A.020 or by any other  
24 provider approved by the entity or the commission. However, nothing  
25 shall prohibit the disciplining authority from approving additional  
26 services and programs as an adjunct to primary alcoholism or other  
27 drug addiction treatment. The disciplining authority may also approve  
28 the use of out-of-state programs. Referral of the license holder to  
29 the program shall be done only with the consent of the license  
30 holder. Referral to the program may also include probationary  
31 conditions for a designated period of time. If the license holder  
32 does not consent to be referred to the program or does not  
33 successfully complete the program, the disciplining authority may  
34 take appropriate action under RCW 18.130.160 which includes  
35 suspension of the license unless or until the disciplining authority,  
36 in consultation with the director of the voluntary substance abuse  
37 monitoring program, determines the license holder is able to practice  
38 safely. The secretary shall adopt uniform rules for the evaluation by  
39 the ((disciplinatory—[disciplining])) disciplining authority of a



1 relapse or program violation on the part of a license holder in the  
2 substance abuse monitoring program. The evaluation shall encourage  
3 program participation with additional conditions, in lieu of  
4 disciplinary action, when the ((~~disciplinary~~—[disciplining]))  
5 disciplining authority determines that the license holder is able to  
6 continue to practice with reasonable skill and safety.

7 (2) In addition to approving substance abuse monitoring programs  
8 that may receive referrals from the disciplining authority, the  
9 disciplining authority may establish by rule requirements for  
10 participation of license holders who are not being investigated or  
11 monitored by the disciplining authority for substance abuse. License  
12 holders voluntarily participating in the approved programs without  
13 being referred by the disciplining authority shall not be subject to  
14 disciplinary action under RCW 18.130.160 for their substance abuse,  
15 and shall not have their participation made known to the disciplining  
16 authority, if they meet the requirements of this section and the  
17 program in which they are participating.

18 (3) The license holder shall sign a waiver allowing the program  
19 to release information to the disciplining authority if the licensee  
20 does not comply with the requirements of this section or is unable to  
21 practice with reasonable skill or safety. The substance abuse program  
22 shall report to the disciplining authority any license holder who  
23 fails to comply with the requirements of this section or the program  
24 or who, in the opinion of the program, is unable to practice with  
25 reasonable skill or safety. License holders shall report to the  
26 disciplining authority if they fail to comply with this section or do  
27 not complete the program's requirements. License holders may, upon  
28 the agreement of the program and disciplining authority, reenter the  
29 program if they have previously failed to comply with this section.

30 (4) The treatment and pretreatment records of license holders  
31 referred to or voluntarily participating in approved programs shall  
32 be confidential, shall be exempt from chapter 42.56 RCW, and shall  
33 not be subject to discovery by subpoena or admissible as evidence  
34 except for monitoring records reported to the disciplining authority  
35 for cause as defined in subsection (3) of this section. Monitoring  
36 records relating to license holders referred to the program by the  
37 disciplining authority or relating to license holders reported to the  
38 disciplining authority by the program for cause, shall be released to  
39 the disciplining authority at the request of the disciplining  
40 authority. Records held by the disciplining authority under this

1 section shall be exempt from chapter 42.56 RCW and shall not be  
2 subject to discovery by subpoena except by the license holder.

3 (5) "Substance abuse," as used in this section, means the  
4 impairment, as determined by the disciplining authority, of a license  
5 holder's professional services by an addiction to, a dependency on,  
6 or the use of alcohol, legend drugs, or controlled substances.

7 (6) This section does not affect an employer's right or ability  
8 to make employment-related decisions regarding a license holder. This  
9 section does not restrict the authority of the disciplining authority  
10 to take disciplinary action for any other unprofessional conduct.

11 (7) A person who, in good faith, reports information or takes  
12 action in connection with this section is immune from civil liability  
13 for reporting information or taking the action.

14 (a) The immunity from civil liability provided by this section  
15 shall be liberally construed to accomplish the purposes of this  
16 section and the persons entitled to immunity shall include:

17 (i) An approved monitoring treatment program;

18 (ii) The professional association operating the program;

19 (iii) Members, employees, or agents of the program or  
20 association;

21 (iv) Persons reporting a license holder as being possibly  
22 impaired or providing information about the license holder's  
23 impairment; and

24 (v) Professionals supervising or monitoring the course of the  
25 impaired license holder's treatment or rehabilitation.

26 (b) The courts are strongly encouraged to impose sanctions on  
27 clients and their attorneys whose allegations under this subsection  
28 are not made in good faith and are without either reasonable  
29 objective, substantive grounds, or both.

30 (c) The immunity provided in this section is in addition to any  
31 other immunity provided by law.

32 (8) In the case of a person who is applying to be a substance use  
33 disorder professional or substance use disorder professional trainee  
34 certified under chapter 18.205 RCW, if the person is:

35 (a) Less than one year in recovery from a substance use disorder,  
36 the duration of time that the person may be required to participate  
37 in the voluntary substance abuse monitoring program may not exceed  
38 the amount of time necessary for the person to achieve one year in  
39 recovery; or

1       (b) At least one year in recovery from a substance use disorder,  
2 the person may not be required to participate in the substance abuse  
3 monitoring program.

4       **Sec. 22.** RCW 43.43.842 and 2014 c 88 s 1 are each amended to  
5 read as follows:

6       (1)(a) The secretary of social and health services and the  
7 secretary of health shall adopt additional requirements for the  
8 licensure or relicensure of agencies, facilities, and licensed  
9 individuals who provide care and treatment to vulnerable adults,  
10 including nursing pools registered under chapter 18.52C RCW. These  
11 additional requirements shall ensure that any person associated with  
12 a licensed agency or facility having unsupervised access with a  
13 vulnerable adult shall not be the respondent in an active protective  
14 order under RCW 74.34.130, nor have been: (i) Convicted of a crime  
15 against persons as defined in RCW 43.43.830, except as provided in  
16 this section; (ii) convicted of crimes relating to financial  
17 exploitation as defined in RCW 43.43.830, except as provided in this  
18 section; or (iii) found in any disciplinary board final decision to  
19 have abused a vulnerable adult under RCW 43.43.830.

20       (b) A person associated with a licensed agency or facility who  
21 has unsupervised access with a vulnerable adult shall make the  
22 disclosures specified in RCW 43.43.834(2). The person shall make the  
23 disclosures in writing, sign, and swear to the contents under penalty  
24 of perjury. The person shall, in the disclosures, specify all crimes  
25 against children or other persons, all crimes relating to financial  
26 exploitation, and all crimes relating to drugs as defined in RCW  
27 43.43.830, committed by the person.

28       (2) The rules adopted under this section shall permit the  
29 licensee to consider the criminal history of an applicant for  
30 employment in a licensed facility when the applicant has one or more  
31 convictions for a past offense and:

32       (a) The offense was simple assault, assault in the fourth degree,  
33 or the same offense as it may be renamed, and three or more years  
34 have passed between the most recent conviction and the date of  
35 application for employment;

36       (b) The offense was prostitution, or the same offense as it may  
37 be renamed, and three or more years have passed between the most  
38 recent conviction and the date of application for employment;

1 (c) The offense was theft in the third degree, or the same  
2 offense as it may be renamed, and three or more years have passed  
3 between the most recent conviction and the date of application for  
4 employment;

5 (d) The offense was theft in the second degree, or the same  
6 offense as it may be renamed, and five or more years have passed  
7 between the most recent conviction and the date of application for  
8 employment;

9 (e) The offense was forgery, or the same offense as it may be  
10 renamed, and five or more years have passed between the most recent  
11 conviction and the date of application for employment;

12 (f) The department of social and health services reviewed the  
13 employee's otherwise disqualifying criminal history through the  
14 department of social and health services' background assessment  
15 review team process conducted in 2002, and determined that such  
16 employee could remain in a position covered by this section; or

17 (g) The otherwise disqualifying conviction or disposition has  
18 been the subject of a pardon, annulment, or other equivalent  
19 procedure.

20 The offenses set forth in (a) through (g) of this subsection do  
21 not automatically disqualify an applicant from employment by a  
22 licensee. Nothing in this section may be construed to require the  
23 employment of any person against a licensee's judgment.

24 (3) The rules adopted pursuant to subsection (2) of this section  
25 may not allow a licensee to automatically deny an applicant with a  
26 conviction for an offense set forth in subsection (2) of this section  
27 for a position as a substance use disorder professional or substance  
28 use disorder professional trainee certified under chapter 18.205 RCW  
29 if:

30 (a) At least one year has passed between the applicant's most  
31 recent conviction for an offense set forth in subsection (2) of this  
32 section and the date of application for employment;

33 (b) The offense was committed as a result of the applicant's  
34 substance use or untreated mental health symptoms; and

35 (c) The applicant is at least one year in recovery from a  
36 substance use disorder, whether through abstinence or stability on  
37 medication-assisted therapy, or in recovery from a mental health  
38 disorder.

39 (4) In consultation with law enforcement personnel, the secretary  
40 of social and health services and the secretary of health shall

1 investigate, or cause to be investigated, the conviction record and  
2 the protection proceeding record information under this chapter of  
3 the staff of each agency or facility under their respective  
4 jurisdictions seeking licensure or relicensure. An individual  
5 responding to a criminal background inquiry request from his or her  
6 employer or potential employer shall disclose the information about  
7 his or her criminal history under penalty of perjury. The secretaries  
8 shall use the information solely for the purpose of determining  
9 eligibility for licensure or relicensure. Criminal justice agencies  
10 shall provide the secretaries such information as they may have and  
11 that the secretaries may require for such purpose.

12 NEW SECTION. **Sec. 23.** A new section is added to chapter 18.205  
13 RCW to read as follows:

14 The department may not automatically deny an applicant for  
15 certification under this chapter for a position as a substance use  
16 disorder professional or substance use disorder professional trainee  
17 based on a conviction history consisting of convictions for simple  
18 assault, assault in the fourth degree, prostitution, theft in the  
19 third degree, theft in the second degree, or forgery, the same  
20 offenses as they may be renamed, or substantially equivalent offenses  
21 committed in other states or jurisdictions if:

22 (1) At least one year has passed between the applicant's most  
23 recent conviction for an offense set forth in this section and the  
24 date of application for employment;

25 (2) The offense was committed as a result of the person's  
26 substance use or untreated mental health symptoms; and

27 (3) The applicant is at least one year in recovery from a  
28 substance use disorder, whether through abstinence or stability on  
29 medication-assisted therapy, or in recovery from mental health  
30 challenges.

31 **Sec. 24.** RCW 18.130.055 and 2016 c 81 s 12 are each amended to  
32 read as follows:

33 (1) The disciplining authority may deny an application for  
34 licensure or grant a license with conditions if the applicant:

35 (a) Has had his or her license to practice any health care  
36 profession suspended, revoked, or restricted, by competent authority  
37 in any state, federal, or foreign jurisdiction;

1 (b) Has committed any act defined as unprofessional conduct for a  
2 license holder under RCW 18.130.180, except as provided in RCW  
3 9.97.020;

4 (c) Has been convicted or is subject to current prosecution or  
5 pending charges of a crime involving moral turpitude or a crime  
6 identified in RCW 43.43.830, except as provided in RCW 9.97.020 and  
7 section 23 of this act. For purposes of this section, conviction  
8 includes all instances in which a plea of guilty or nolo contendere  
9 is the basis for the conviction and all proceedings in which the  
10 prosecution or sentence has been deferred or suspended. At the  
11 request of an applicant for an original license whose conviction is  
12 under appeal, the disciplining authority may defer decision upon the  
13 application during the pendency of such a prosecution or appeal;

14 (d) Fails to prove that he or she is qualified in accordance with  
15 the provisions of this chapter, the chapters identified in RCW  
16 18.130.040(2), or the rules adopted by the disciplining authority; or

17 (e) Is not able to practice with reasonable skill and safety to  
18 consumers by reason of any mental or physical condition.

19 (i) The disciplining authority may require the applicant, at his  
20 or her own expense, to submit to a mental, physical, or psychological  
21 examination by one or more licensed health professionals designated  
22 by the disciplining authority. The disciplining authority shall  
23 provide written notice of its requirement for a mental or physical  
24 examination that includes a statement of the specific conduct, event,  
25 or circumstances justifying an examination and a statement of the  
26 nature, purpose, scope, and content of the intended examination. If  
27 the applicant fails to submit to the examination or provide the  
28 results of the examination or any required waivers, the disciplining  
29 authority may deny the application.

30 (ii) An applicant governed by this chapter is deemed to have  
31 given consent to submit to a mental, physical, or psychological  
32 examination when directed in writing by the disciplining authority  
33 and further to have waived all objections to the admissibility or use  
34 of the examining health professional's testimony or examination  
35 reports by the disciplining authority on the grounds that the  
36 testimony or reports constitute privileged communications.

37 (2) The provisions of RCW 9.95.240 and chapter 9.96A RCW do not  
38 apply to a decision to deny a license under this section.

39 (3) The disciplining authority shall give written notice to the  
40 applicant of the decision to deny a license or grant a license with

1 conditions in response to an application for a license. The notice  
2 must state the grounds and factual basis for the action and be served  
3 upon the applicant.

4 (4) A license applicant who is aggrieved by the decision to deny  
5 the license or grant the license with conditions has the right to an  
6 adjudicative proceeding. The application for adjudicative proceeding  
7 must be in writing, state the basis for contesting the adverse  
8 action, include a copy of the adverse notice, and be served on and  
9 received by the department within twenty-eight days of the decision.  
10 The license applicant has the burden to establish, by a preponderance  
11 of evidence, that the license applicant is qualified in accordance  
12 with the provisions of this chapter, the chapters identified in RCW  
13 18.130.040(2), and the rules adopted by the disciplining authority.

14 NEW SECTION. **Sec. 25.** A new section is added to chapter 18.205  
15 RCW to read as follows:

16 (1) The department shall develop training standards for the  
17 creation of a co-occurring disorder specialist enhancement which may  
18 be added to the license or registration held by one of the following:

19 (a) Psychologists licensed under chapter 18.83 RCW;

20 (b) Independent clinical social workers licensed under chapter  
21 18.225 RCW;

22 (c) Marriage and family therapists licensed under chapter 18.225  
23 RCW;

24 (d) Mental health counselors licensed under chapter 18.225 RCW;  
25 and

26 (e) An agency affiliated counselor under chapter 18.19 RCW with a  
27 master's degree or further advanced degree in counseling or one of  
28 the social sciences from an accredited college or university who has  
29 at least two years of experience, experience gained under the  
30 supervision of a mental health professional recognized by the  
31 department or attested to by the licensed behavioral health agency,  
32 in direct treatment of persons with mental illness or emotional  
33 disturbance.

34 (2) To obtain the co-occurring disorder specialist enhancement,  
35 the applicant must meet training standards and experience  
36 requirements. The training standards must be designed with  
37 consideration of the practices of the health professions listed in  
38 subsection (1) of this section and consisting of sixty hours of  
39 instruction consisting of (a) thirty hours in understanding the

1 disease pattern of addiction and the pharmacology of alcohol and  
2 other drugs; and (b) thirty hours in understanding addiction  
3 placement, continuing care, and discharge criteria, including the  
4 American society of addiction medicine criteria; treatment planning  
5 specific to substance abuse; relapse prevention; and confidentiality  
6 issues specific to substance use disorder treatment.

7 (3) In developing the training standards, the department shall  
8 consult with the examining board of psychology established in chapter  
9 18.83 RCW, the Washington state mental health counselors, marriage  
10 and family therapists, and social workers advisory committee  
11 established in chapter 18.225 RCW, the substance use disorder  
12 certification advisory committee established in chapter 18.205 RCW,  
13 and educational institutions in Washington state that train  
14 psychologists, marriage and family therapists, mental health  
15 counselors, independent clinical social workers, and substance use  
16 disorder professionals.

17 (4) The department shall approve educational programs that meet  
18 the training standards, and must not limit its approval to  
19 university-based courses.

20 (5) The secretary shall issue a co-occurring disorder specialist  
21 enhancement to any applicant who demonstrates to the secretary's  
22 satisfaction that the following requirements have been met:

23 (a) Completion of the training standards;

24 (b) Successful completion of an approved examination based on  
25 core competencies of substance use disorder counseling;

26 (c) Successful completion of an experience requirement of:

27 (i) Eighty hours of supervised experience for an applicant listed  
28 under subsection (1) of this section with fewer than five years of  
29 experience; or

30 (ii) Forty hours of supervised experience for an applicant listed  
31 under subsection (1) of this section with five or more years of  
32 experience; and

33 (d) Payment of any fees that may be established by the  
34 department.

35 (6) An applicant for the co-occurring disorder specialist  
36 enhancement may receive supervised experience from any person who  
37 meets or exceeds the requirements of a certified substance use  
38 disorder professional in the state of Washington and who would be  
39 eligible to take the examination required for substance use disorder  
40 professional certification.



1 (7) A person who has obtained a co-occurring disorder specialist  
2 enhancement may provide substance use disorder counseling services  
3 which are equal in scope with those provided by substance use  
4 disorder professionals under this chapter, subject to the following  
5 limitations:

6 (a) A co-occurring disorder specialist may only provide substance  
7 use disorder counseling services if the co-occurring disorder  
8 specialist is employed by:

9 (i) An agency that provides counseling services;

10 (ii) A federally qualified health center; or

11 (iii) A hospital;

12 (b) Following an initial intake or assessment, a co-occurring  
13 disorder specialist may provide substance use disorder treatment only  
14 to clients diagnosed with a substance use disorder and a mental  
15 health disorder;

16 (c) Prior to providing substance use disorder treatment to a  
17 client assessed to be in need of 2.1 or higher level of care  
18 according to American society of addiction medicine criteria, a co-  
19 occurring disorder specialist must make a reasonable effort to refer  
20 and connect the client to the appropriate care setting, as indicated  
21 by the client's American society of addiction medicine level of care;  
22 and

23 (d) A co-occurring disorder specialist must comply with rules  
24 promulgated by the department under subsection (11) of this section.

25 (8) The secretary shall establish by rule what constitutes  
26 adequate proof of meeting the criteria.

27 (9) Applicants are subject to the grounds for denial of a  
28 certificate or issuance of a conditional certificate under chapter  
29 18.130 RCW.

30 (10) The department may adopt a fee to defray the cost of  
31 regulatory activities related to the issuance of co-occurring  
32 disorder specialist enhancements and any related disciplinary  
33 activities.

34 (11) The department shall adopt rules regarding the role of co-  
35 occurring disorder specialists across the American society of  
36 addiction medicine continuum of care.

37 (12) Any increase in fees necessary to cover the cost of  
38 regulating co-occurring disorder professionals who receive an  
39 enhancement under this section must be borne by persons licensed as  
40 psychologists under chapter 18.83 RCW, independent clinical social

1 workers under chapter 18.225 RCW, marriage and family therapists  
2 under chapter 18.225 RCW, or mental health counselors under chapter  
3 18.225 RCW. The cost of regulating co-occurring disorder specialists  
4 who receive an enhancement under this section may not be borne by  
5 substance use disorder professionals or substance use disorder  
6 professional trainees certified under this chapter and may not be  
7 included in the calculation of fees for substance use disorder  
8 professionals or substance use disorder professional trainees  
9 certified under this chapter.

10 NEW SECTION. **Sec. 26.** A new section is added to chapter 18.205  
11 RCW to read as follows:

12 (1) Beginning July 1, 2020, subject to the availability of  
13 amounts appropriated for this specific purpose, the department shall  
14 contract with an educational program to offer the training developed  
15 under section 25 of this act. The contracted educational program  
16 shall offer the training at a reduced cost to health care providers  
17 identified in section 25 of this act. The training must be (a)  
18 available online on an ongoing basis and (b) offered in person at  
19 least four times per calendar year.

20 (2) Beginning July 1, 2020, subject to the availability of  
21 amounts appropriated for this specific purpose, the department shall  
22 contract with an entity to provide a telephonic consultation service  
23 to assist health care providers who have been issued a substance use  
24 disorder professional certification pursuant to RCW 18.205.090 or a  
25 co-occurring disorder specialist enhancement under section 25 of this  
26 act with the diagnosis and treatment of patients with co-occurring  
27 behavioral health disorders.

28 (3) The department shall identify supervisors who are trained and  
29 available to supervise persons seeking to meet the supervised  
30 experience requirements established under section 25 of this act.

31 (4) This section expires July 1, 2025.

32 NEW SECTION. **Sec. 27.** A new section is added to chapter 18.83  
33 RCW to read as follows:

34 The department shall reduce the total number of supervised  
35 experience hours required under RCW 18.83.070 by three months for any  
36 applicant for a license under this chapter who has practiced as a  
37 certified chemical dependency professional for three years in the  
38 previous ten years.

1        NEW SECTION.    **Sec. 28.**    A new section is added to chapter 18.225  
2    RCW to read as follows:

3        The department shall reduce the total number of supervised  
4    experience hours required under RCW 18.225.090 by ten percent for any  
5    applicant for a license under this chapter who has practiced as a  
6    certified chemical dependency professional for three years in the  
7    previous ten years.

8        NEW SECTION.    **Sec. 29.**    The department of health must amend its  
9    rules, including WAC 246-341-0515, to allow persons with a co-  
10   occurring disorder specialist enhancement under chapter 18.205 RCW to  
11   provide substance use disorder counseling services that are equal in  
12   scope with the scope and practice of a substance use disorder  
13   professional under chapter 18.205 RCW, subject to the practice  
14   limitations under section 25 of this act.

15       NEW SECTION.    **Sec. 30.**    A new section is added to chapter 18.205  
16   RCW to read as follows:

17        (1) The department, in collaboration with the behavioral health  
18   institute at the University of Washington, the research and data  
19   analysis division at the department of social and health services,  
20   and the division of behavioral health and recovery at the health care  
21   authority, must conduct a review and analysis regarding the effects  
22   of the co-occurring disorder specialist enhancement created by this  
23   act on increasing the number of providers qualified to provide  
24   substance use disorder services and improving outcomes for persons  
25   with a substance use disorder.

26        (2) The review and analysis shall assess:

27        (a) The effects of the availability of the co-occurring disorder  
28   specialist enhancement on:

29        (i) Increasing the number of providers qualified to provide  
30   substance use disorder services; and

31        (ii) Improving outcomes for persons with a substance use  
32   disorder;

33        (b) The number of co-occurring disorder specialist enhancements  
34   that have been issued;

35        (c) The settings in which co-occurring disorder specialists are  
36   working;

37        (d) The geographic distribution of co-occurring disorder  
38   specialists;

1 (e) Any change in the number of certified substance use disorder  
2 professionals and substance use disorder professional trainees;

3 (f) Any change in the number of people receiving treatment at the  
4 appropriate level of care, including:

5 (i) The number of American society of addiction medicine  
6 assessments made by co-occurring disorder specialists;

7 (ii) The assessed level of care for clients according to American  
8 society of addiction medicine criteria;

9 (iii) Co-occurring mental health diagnoses for clients receiving  
10 services from a co-occurring disorder specialist;

11 (iv) The number of referrals made by co-occurring disorder  
12 specialists, by American society of addiction medicine level; and

13 (v) The number of successful placements made by co-occurring  
14 disorder specialists; and

15 (g) Any other factors relevant to assessing the effects of the  
16 availability of the co-occurring disorder specialist enhancement on  
17 the behavioral health workforce and the provision of appropriate  
18 services to clients.

19 (3) The agencies listed in subsection (1) of this section must  
20 develop the tools necessary to conduct the review and analysis  
21 required by this section.

22 (4) By December 1, 2022, the department shall submit a  
23 preliminary report of the findings of its review and analysis and any  
24 recommendations for improving the qualifications for an enhancement  
25 or the practice of those who have been issued an enhancement, and a  
26 final report by December 1, 2024.

27 NEW SECTION. **Sec. 31.** The department of health shall conduct a  
28 sunrise review under chapter 18.120 RCW to evaluate the need for  
29 creation of a bachelor's level behavioral health professional  
30 credential that includes competencies related to the treatment of  
31 both substance use and mental health disorders appropriate to the  
32 bachelor's level of education, allows for reimbursement of services  
33 in all appropriate settings where persons with behavioral health  
34 disorders are treated, and is designed to facilitate work in  
35 conjunction with master's level clinicians in a fashion that enables  
36 all professionals to work at the top of their scope of license.

37 NEW SECTION. **Sec. 32.** (1) Section 13 of this act takes effect  
38 August 1, 2020.

1 (2) Section 19 of this act takes effect July 1, 2026.

2 NEW SECTION. **Sec. 33.** (1) Section 12 of this act expires August  
3 1, 2020.

4 (2) Section 18 of this act expires July 1, 2026."

**ESHB 1768 - S AMD 828**  
By Senator Dhingra

**ADOPTED 04/27/2019**

5 On page 1, line 2 of the title, after "practice;" strike the  
6 remainder of the title and insert "amending RCW 18.205.010,  
7 18.205.020, 18.205.030, 18.205.080, 18.205.090, 18.205.095,  
8 18.205.100, 10.77.079, 13.40.020, 13.40.042, 18.130.040, 43.70.442,  
9 43.70.442, 70.97.010, 70.97.030, 71.34.020, 71.34.720, 71.34.720,  
10 71.34.760, 18.130.175, 43.43.842, and 18.130.055; reenacting and  
11 amending RCW 71.05.020; adding new sections to chapter 18.205 RCW;  
12 adding a new section to chapter 18.83 RCW; adding a new section to  
13 chapter 18.225 RCW; creating new sections; providing effective dates;  
14 and providing expiration dates."

EFFECT: (1) Provides that the scope of practice of a co-occurring disorder specialist must be limited: (a) By requiring the co-occurring disorder specialist to make a reasonable effort to refer and connect a client to an appropriate care setting as determined by the client's American Society of Addiction Medicine (ASAM) score before providing substance use disorder treatment to the client, if the client is assessed with an ASAM score of 2.1 or higher; and (b) by rules adopted by the Department of Health regarding the role of co-occurring disorder specialists across the continuum of care.

(2) Allows the Department of Health to require payment of fees as a condition for receiving a co-occurring disorder specialist enhancement, and prohibits the Department from placing any necessary increase in fees upon certified substance use disorder professionals or substance use disorder professional trainees.

(3) Specifies that a licensed or certified agency which employs a co-occurring disorder specialist must be a community behavioral health agency.

(4) Removes provisions allowing supervised training hours for a person training to be a substance use disorder professional or co-occurring disorder specialist to be provided by a licensed social worker or a co-occurring disorder specialist.

(5) Removes amendments to definitions related to involuntary commitment under the Involuntary Treatment Act.

(6) Requires the Department of Health, in collaboration with other agencies, to conduct a preliminary review and analysis and provide recommendations for improvement by December 1, 2022, and a final report by December 1, 2024, regarding the effect of the

creation of the co-occurring disorder specialist enhancement in specified domains, including the availability of trained professionals, outcomes for clients, the practice settings and geographic distributions where these professionals are located, the availability of substance use disorder professionals, and the number of clients who receive treatment for a substance use disorder.

--- END ---