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HOUSE BILL 2888

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State of Washington

66th Legislature

2020 Regular Session

By Representatives Mosbrucker, Pettigrew, Corry, Dye, and Eslick

Read first time 01/28/20. Referred to Committee on Civil Rights & Judiciary.

1 AN ACT Relating to expanding the role of certain pharmacists in  
2 the delivery of behavioral health services; amending RCW 71.05.210,  
3 71.05.210, 71.05.215, 71.05.217, 71.05.230, 71.05.290, 71.05.300,  
4 71.05.360, 71.34.355, 71.34.730, and 71.34.770; reenacting and  
5 amending RCW 71.05.020, 71.05.660, 71.05.760, 71.34.020, 71.34.720,  
6 and 71.34.720; providing an effective date; and providing an  
7 expiration date.

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

9 **Sec. 1.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
10 2019 c 325 s 3001 are each reenacted and amended to read as follows:

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

13 (1) "Admission" or "admit" means a decision by a physician,  
14 physician assistant, psychiatric pharmacist practitioner, or  
15 psychiatric advanced registered nurse practitioner that a person  
16 should be examined or treated as a patient in a hospital;

17 (2) "Alcoholism" means a disease, characterized by a dependency  
18 on alcoholic beverages, loss of control over the amount and  
19 circumstances of use, symptoms of tolerance, physiological or  
20 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic  
2 functioning;

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

7 (4) "Approved substance use disorder treatment program" means a  
8 program for persons with a substance use disorder provided by a  
9 treatment program certified by the department as meeting standards  
10 adopted under chapter 71.24 RCW;

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

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

15 (7) "Co-occurring disorder specialist" means an individual  
16 possessing an enhancement granted by the department of health under  
17 chapter 18.205 RCW that certifies the individual to provide substance  
18 use disorder counseling subject to the practice limitations under RCW  
19 18.205.105;

20 (8) "Commitment" means the determination by a court that a person  
21 should be detained for a period of either evaluation or treatment, or  
22 both, in an inpatient or a less restrictive setting;

23 (9) "Conditional release" means a revocable modification of a  
24 commitment, which may be revoked upon violation of any of its terms;

25 (10) "Crisis stabilization unit" means a short-term facility or a  
26 portion of a facility licensed or certified by the department, such  
27 as an evaluation and treatment facility or a hospital, which has been  
28 designed to assess, diagnose, and treat individuals experiencing an  
29 acute crisis without the use of long-term hospitalization;

30 (11) "Custody" means involuntary detention under the provisions  
31 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
32 unconditional release from commitment from a facility providing  
33 involuntary care and treatment;

34 (12) "Department" means the department of health;

35 (13) "Designated crisis responder" means a mental health  
36 professional appointed by the county or an entity appointed by the  
37 county, to perform the duties specified in this chapter;

38 (14) "Detention" or "detain" means the lawful confinement of a  
39 person, under the provisions of this chapter;

1 (15) "Developmental disabilities professional" means a person who  
2 has specialized training and three years of experience in directly  
3 treating or working with persons with developmental disabilities and  
4 is a psychiatrist, physician assistant working with a supervising  
5 psychiatrist, psychologist, psychiatric pharmacist practitioner,  
6 psychiatric advanced registered nurse practitioner, or social worker,  
7 and such other developmental disabilities professionals as may be  
8 defined by rules adopted by the secretary of the department of social  
9 and health services;

10 (16) "Developmental disability" means that condition defined in  
11 RCW 71A.10.020(5);

12 (17) "Director" means the director of the authority;

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

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

22 (20) "Evaluation and treatment facility" means any facility which  
23 can provide directly, or by direct arrangement with other public or  
24 private agencies, emergency evaluation and treatment, outpatient  
25 care, and timely and appropriate inpatient care to persons suffering  
26 from a mental disorder, and which is licensed or certified as such by  
27 the department. The authority may certify single beds as temporary  
28 evaluation and treatment beds under RCW 71.05.745. A physically  
29 separate and separately operated portion of a state hospital may be  
30 designated as an evaluation and treatment facility. A facility which  
31 is part of, or operated by, the department of social and health  
32 services or any federal agency will not require certification. No  
33 correctional institution or facility, or jail, shall be an evaluation  
34 and treatment facility within the meaning of this chapter;

35 (21) "Gravely disabled" means a condition in which a person, as a  
36 result of a mental disorder, or as a result of the use of alcohol or  
37 other psychoactive chemicals: (a) Is in danger of serious physical  
38 harm resulting from a failure to provide for his or her essential  
39 human needs of health or safety; or (b) manifests severe  
40 deterioration in routine functioning evidenced by repeated and

1 escalating loss of cognitive or volitional control over his or her  
2 actions and is not receiving such care as is essential for his or her  
3 health or safety;

4 (22) "Habilitative services" means those services provided by  
5 program personnel to assist persons in acquiring and maintaining life  
6 skills and in raising their levels of physical, mental, social, and  
7 vocational functioning. Habilitative services include education,  
8 training for employment, and therapy. The habilitative process shall  
9 be undertaken with recognition of the risk to the public safety  
10 presented by the person being assisted as manifested by prior charged  
11 criminal conduct;

12 (23) "Hearing" means any proceeding conducted in open court. For  
13 purposes of this chapter, at any hearing the petitioner, the  
14 respondent, the witnesses, and the presiding judicial officer may be  
15 present and participate either in person or by video, as determined  
16 by the court. The term "video" as used herein shall include any  
17 functional equivalent. At any hearing conducted by video, the  
18 technology used must permit the judicial officer, counsel, all  
19 parties, and the witnesses to be able to see, hear, and speak, when  
20 authorized, during the hearing; to allow attorneys to use exhibits or  
21 other materials during the hearing; and to allow respondent's counsel  
22 to be in the same location as the respondent unless otherwise  
23 requested by the respondent or the respondent's counsel. Witnesses in  
24 a proceeding may also appear in court through other means, including  
25 telephonically, pursuant to the requirements of superior court civil  
26 rule 43. Notwithstanding the foregoing, the court, upon its own  
27 motion or upon a motion for good cause by any party, may require all  
28 parties and witnesses to participate in the hearing in person rather  
29 than by video. In ruling on any such motion, the court may allow in-  
30 person or video testimony; and the court may consider, among other  
31 things, whether the respondent's alleged mental illness affects the  
32 respondent's ability to perceive or participate in the proceeding by  
33 video;

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

1 (25) "Imminent" means the state or condition of being likely to  
2 occur at any moment or near at hand, rather than distant or remote;

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

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

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

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

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

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

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

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

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

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

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

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

6 (30) "Judicial commitment" means a commitment by a court pursuant  
7 to the provisions of this chapter;

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

12 (32) "Less restrictive alternative treatment" means a program of  
13 individualized treatment in a less restrictive setting than inpatient  
14 treatment that includes the services described in RCW 71.05.585;

15 (33) "Licensed physician" means a person licensed to practice  
16 medicine or osteopathic medicine and surgery in the state of  
17 Washington;

18 (34) "Likelihood of serious harm" means:

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

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

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

33 (36) "Mental disorder" means any organic, mental, or emotional  
34 impairment which has substantial adverse effects on a person's  
35 cognitive or volitional functions;

36 (37) "Mental health professional" means a psychiatrist,  
37 psychologist, physician assistant working with a supervising  
38 psychiatrist, psychiatric pharmacist practitioner, psychiatric  
39 advanced registered nurse practitioner, psychiatric nurse, or social  
40 worker, and such other mental health professionals as may be defined

1 by rules adopted by the secretary pursuant to the provisions of this  
2 chapter;

3 (38) "Mental health service provider" means a public or private  
4 agency that provides mental health services to persons with mental  
5 disorders or substance use disorders as defined under this section  
6 and receives funding from public sources. This includes, but is not  
7 limited to, hospitals licensed under chapter 70.41 RCW, evaluation  
8 and treatment facilities as defined in this section, community mental  
9 health service delivery systems or community behavioral health  
10 programs as defined in RCW 71.24.025, facilities conducting  
11 competency evaluations and restoration under chapter 10.77 RCW,  
12 approved substance use disorder treatment programs as defined in this  
13 section, secure withdrawal management and stabilization facilities as  
14 defined in this section, and correctional facilities operated by  
15 state and local governments;

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

20 (40) "Physician assistant" means a person licensed as a physician  
21 assistant under chapter 18.57A or 18.71A RCW;

22 (41) "Private agency" means any person, partnership, corporation,  
23 or association that is not a public agency, whether or not financed  
24 in whole or in part by public funds, which constitutes an evaluation  
25 and treatment facility or private institution, or hospital, or  
26 approved substance use disorder treatment program, which is conducted  
27 for, or includes a department or ward conducted for, the care and  
28 treatment of persons with mental illness, substance use disorders, or  
29 both mental illness and substance use disorders;

30 (42) "Professional person" means a mental health professional,  
31 substance use disorder professional, or designated crisis responder  
32 and shall also mean a physician, physician assistant, psychiatric  
33 pharmacist practitioner, psychiatric advanced registered nurse  
34 practitioner, registered nurse, and such others as may be defined by  
35 rules adopted by the secretary pursuant to the provisions of this  
36 chapter;

37 (43) "Psychiatric advanced registered nurse practitioner" means a  
38 person who is licensed as an advanced registered nurse practitioner  
39 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
40 practice psychiatric and mental health nursing;

1 (44) "Psychiatrist" means a person having a license as a  
2 physician and surgeon in this state who has in addition completed  
3 three years of graduate training in psychiatry in a program approved  
4 by the American medical association or the American osteopathic  
5 association and is certified or eligible to be certified by the  
6 American board of psychiatry and neurology;

7 (45) "Psychologist" means a person who has been licensed as a  
8 psychologist pursuant to chapter 18.83 RCW;

9 (46) "Public agency" means any evaluation and treatment facility  
10 or institution, secure withdrawal management and stabilization  
11 facility, approved substance use disorder treatment program, or  
12 hospital which is conducted for, or includes a department or ward  
13 conducted for, the care and treatment of persons with mental illness,  
14 substance use disorders, or both mental illness and substance use  
15 disorders, if the agency is operated directly by federal, state,  
16 county, or municipal government, or a combination of such  
17 governments;

18 (47) "Release" means legal termination of the commitment under  
19 the provisions of this chapter;

20 (48) "Resource management services" has the meaning given in  
21 chapter 71.24 RCW;

22 (49) "Secretary" means the secretary of the department of health,  
23 or his or her designee;

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

31 (a) Provide the following services:

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

34 (ii) Clinical stabilization services;

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

37 (iv) Discharge assistance provided by certified substance use  
38 disorder professionals or co-occurring disorder specialists, including  
39 facilitating transitions to appropriate voluntary or involuntary



1 inpatient services or to less restrictive alternatives as appropriate  
2 for the individual;

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

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

6 (51) "Serious violent offense" has the same meaning as provided  
7 in RCW 9.94A.030;

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

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

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

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

26 (56) "Treatment records" include registration and all other  
27 records concerning persons who are receiving or who at any time have  
28 received services for mental illness, which are maintained by the  
29 department of social and health services, the department, the  
30 authority, behavioral health administrative services organizations  
31 and their staffs, managed care organizations and their staffs, and by  
32 treatment facilities. Treatment records include mental health  
33 information contained in a medical bill including but not limited to  
34 mental health drugs, a mental health diagnosis, provider name, and  
35 dates of service stemming from a medical service. Treatment records  
36 do not include notes or records maintained for personal use by a  
37 person providing treatment services for the department of social and  
38 health services, the department, the authority, behavioral health  
39 administrative services organizations, managed care organizations, or

1 a treatment facility if the notes or records are not available to  
2 others;

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

10 (58) "Violent act" means behavior that resulted in homicide,  
11 attempted suicide, nonfatal injuries, or substantial damage to  
12 property;

13 (59) "Psychiatric pharmacist practitioner" means a licensed  
14 pharmacist under chapter 18.64 RCW who enters into a written  
15 agreement establishing guidelines and protocols as described under,  
16 but not limited to, RCW 18.64.011(28) with a psychiatrist that  
17 includes collaborative assessment, evaluation, and management of  
18 behavioral health conditions.

19 **Sec. 2.** RCW 71.05.210 and 2019 c 446 s 8 are each amended to  
20 read as follows:

21 (1) Each person involuntarily detained and accepted or admitted  
22 at an evaluation and treatment facility, secure withdrawal management  
23 and stabilization facility, or approved substance use disorder  
24 treatment program:

25 (a) Shall, within twenty-four hours of his or her admission or  
26 acceptance at the facility, not counting time periods prior to  
27 medical clearance, be examined and evaluated by:

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

30 (ii) One mental health professional. If the person is detained  
31 for substance use disorder evaluation and treatment, the person may  
32 be examined by a chemical dependency professional instead of a mental  
33 health professional; and

34 (b) Shall receive such treatment and care as his or her condition  
35 requires including treatment on an outpatient basis for the period  
36 that he or she is detained, except that, beginning twenty-four hours  
37 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
38 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
39 refuse psychiatric medications, but may not refuse: (i) Any other

1 medication previously prescribed by a person licensed under Title 18  
2 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
3 be informed at an appropriate time of his or her right of such  
4 refusal. The person shall be detained up to seventy-two hours, if, in  
5 the opinion of the professional person in charge of the facility, or  
6 his or her professional designee, the person presents a likelihood of  
7 serious harm, or is gravely disabled. A person who has been detained  
8 for seventy-two hours shall no later than the end of such period be  
9 released, unless referred for further care on a voluntary basis, or  
10 detained pursuant to court order for further treatment as provided in  
11 this chapter.

12 (2) If, after examination and evaluation, the mental health  
13 professional or chemical dependency professional and licensed  
14 physician, physician assistant, psychiatric pharmacist practitioner,  
15 or psychiatric advanced registered nurse practitioner determine that  
16 the initial needs of the person, if detained to an evaluation and  
17 treatment facility, would be better served by placement in a  
18 substance use disorder treatment program, or, if detained to a secure  
19 withdrawal management and stabilization facility or approved  
20 substance use disorder treatment program, would be better served in  
21 an evaluation and treatment facility then the person shall be  
22 referred to the more appropriate placement; however, a person may  
23 only be referred to a secure withdrawal management and stabilization  
24 facility or approved substance use disorder treatment program if  
25 there is an available secure withdrawal management and stabilization  
26 facility or approved substance use disorder treatment program with  
27 adequate space for the person.

28 (3) An evaluation and treatment center, secure withdrawal  
29 management and stabilization facility, or approved substance use  
30 disorder treatment program admitting or accepting any person pursuant  
31 to this chapter whose physical condition reveals the need for  
32 hospitalization shall assure that such person is transferred to an  
33 appropriate hospital for evaluation or admission for treatment.  
34 Notice of such fact shall be given to the court, the designated  
35 attorney, and the designated crisis responder and the court shall  
36 order such continuance in proceedings under this chapter as may be  
37 necessary, but in no event may this continuance be more than fourteen  
38 days.

1       **Sec. 3.** RCW 71.05.210 and 2019 c 446 s 9 are each amended to  
2 read as follows:

3       (1) Each person involuntarily detained and accepted or admitted  
4 at an evaluation and treatment facility, secure withdrawal management  
5 and stabilization facility, or approved substance use disorder  
6 treatment program:

7       (a) Shall, within twenty-four hours of his or her admission or  
8 acceptance at the facility, not counting time periods prior to  
9 medical clearance, be examined and evaluated by:

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

12       (ii) One mental health professional. If the person is detained  
13 for substance use disorder evaluation and treatment, the person may  
14 be examined by a chemical dependency professional instead of a mental  
15 health professional; and

16       (b) Shall receive such treatment and care as his or her condition  
17 requires including treatment on an outpatient basis for the period  
18 that he or she is detained, except that, beginning twenty-four hours  
19 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
20 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
21 refuse psychiatric medications, but may not refuse: (i) Any other  
22 medication previously prescribed by a person licensed under Title 18  
23 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
24 be informed at an appropriate time of his or her right of such  
25 refusal. The person shall be detained up to seventy-two hours, if, in  
26 the opinion of the professional person in charge of the facility, or  
27 his or her professional designee, the person presents a likelihood of  
28 serious harm, or is gravely disabled. A person who has been detained  
29 for seventy-two hours shall no later than the end of such period be  
30 released, unless referred for further care on a voluntary basis, or  
31 detained pursuant to court order for further treatment as provided in  
32 this chapter.

33       (2) If, after examination and evaluation, the mental health  
34 professional or chemical dependency professional and licensed  
35 physician, physician assistant, psychiatric pharmacist practitioner,  
36 or psychiatric advanced registered nurse practitioner determine that  
37 the initial needs of the person, if detained to an evaluation and  
38 treatment facility, would be better served by placement in a  
39 substance use disorder treatment program, or, if detained to a secure  
40 withdrawal management and stabilization facility or approved

1 substance use disorder treatment program, would be better served in  
2 an evaluation and treatment facility then the person shall be  
3 referred to the more appropriate placement.

4 (3) An evaluation and treatment center, secure withdrawal  
5 management and stabilization facility, or approved substance use  
6 disorder treatment program admitting or accepting any person pursuant  
7 to this chapter whose physical condition reveals the need for  
8 hospitalization shall assure that such person is transferred to an  
9 appropriate hospital for evaluation or admission for treatment.  
10 Notice of such fact shall be given to the court, the designated  
11 attorney, and the designated crisis responder and the court shall  
12 order such continuance in proceedings under this chapter as may be  
13 necessary, but in no event may this continuance be more than fourteen  
14 days.

15 **Sec. 4.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to  
16 read as follows:

17 (1) A person found to be gravely disabled or presents a  
18 likelihood of serious harm as a result of a mental disorder or  
19 substance use disorder has a right to refuse antipsychotic medication  
20 unless it is determined that the failure to medicate may result in a  
21 likelihood of serious harm or substantial deterioration or  
22 substantially prolong the length of involuntary commitment and there  
23 is no less intrusive course of treatment than medication in the best  
24 interest of that person.

25 (2) The authority shall adopt rules to carry out the purposes of  
26 this chapter. These rules shall include:

27 (a) An attempt to obtain the informed consent of the person prior  
28 to administration of antipsychotic medication.

29 (b) For short-term treatment up to thirty days, the right to  
30 refuse antipsychotic medications unless there is an additional  
31 concurring medical opinion approving medication by a psychiatrist,  
32 physician assistant working with a supervising psychiatrist,  
33 psychiatric pharmacist practitioner, psychiatric advanced registered  
34 nurse practitioner, or physician or physician assistant in  
35 consultation with a mental health professional with prescriptive  
36 authority.

37 (c) For continued treatment beyond thirty days through the  
38 hearing on any petition filed under RCW 71.05.217, the right to

1 periodic review of the decision to medicate by the medical director  
2 or designee.

3 (d) Administration of antipsychotic medication in an emergency  
4 and review of this decision within twenty-four hours. An emergency  
5 exists if the person presents an imminent likelihood of serious harm,  
6 and medically acceptable alternatives to administration of  
7 antipsychotic medications are not available or are unlikely to be  
8 successful; and in the opinion of the physician, physician assistant,  
9 psychiatric pharmacist practitioner, or psychiatric advanced  
10 registered nurse practitioner, the person's condition constitutes an  
11 emergency requiring the treatment be instituted prior to obtaining a  
12 second medical opinion.

13 (e) Documentation in the medical record of the attempt by the  
14 physician, physician assistant, psychiatric pharmacist practitioner,  
15 or psychiatric advanced registered nurse practitioner to obtain  
16 informed consent and the reasons why antipsychotic medication is  
17 being administered over the person's objection or lack of consent.

18 **Sec. 5.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to  
19 read as follows:

20 Insofar as danger to the individual or others is not created,  
21 each person involuntarily detained, treated in a less restrictive  
22 alternative course of treatment, or committed for treatment and  
23 evaluation pursuant to this chapter shall have, in addition to other  
24 rights not specifically withheld by law, the following rights, a list  
25 of which shall be prominently posted in all facilities, institutions,  
26 and hospitals providing such services:

27 (1) To wear his or her own clothes and to keep and use his or her  
28 own personal possessions, except when deprivation of same is  
29 essential to protect the safety of the resident or other persons;

30 (2) To keep and be allowed to spend a reasonable sum of his or  
31 her own money for canteen expenses and small purchases;

32 (3) To have access to individual storage space for his or her  
33 private use;

34 (4) To have visitors at reasonable times;

35 (5) To have reasonable access to a telephone, both to make and  
36 receive confidential calls;

37 (6) To have ready access to letter writing materials, including  
38 stamps, and to send and receive uncensored correspondence through the  
39 mails;

1 (7) Not to consent to the administration of antipsychotic  
2 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)  
3 or the performance of electroconvulsant therapy or surgery, except  
4 emergency lifesaving surgery, unless ordered by a court of competent  
5 jurisdiction pursuant to the following standards and procedures:

6 (a) The administration of antipsychotic medication or  
7 electroconvulsant therapy shall not be ordered unless the petitioning  
8 party proves by clear, cogent, and convincing evidence that there  
9 exists a compelling state interest that justifies overriding the  
10 patient's lack of consent to the administration of antipsychotic  
11 medications or electroconvulsant therapy, that the proposed treatment  
12 is necessary and effective, and that medically acceptable alternative  
13 forms of treatment are not available, have not been successful, or  
14 are not likely to be effective.

15 (b) The court shall make specific findings of fact concerning:  
16 (i) The existence of one or more compelling state interests; (ii) the  
17 necessity and effectiveness of the treatment; and (iii) the person's  
18 desires regarding the proposed treatment. If the patient is unable to  
19 make a rational and informed decision about consenting to or refusing  
20 the proposed treatment, the court shall make a substituted judgment  
21 for the patient as if he or she were competent to make such a  
22 determination.

23 (c) The person shall be present at any hearing on a request to  
24 administer antipsychotic medication or electroconvulsant therapy  
25 filed pursuant to this subsection. The person has the right: (i) To  
26 be represented by an attorney; (ii) to present evidence; (iii) to  
27 cross-examine witnesses; (iv) to have the rules of evidence enforced;  
28 (v) to remain silent; (vi) to view and copy all petitions and reports  
29 in the court file; and (vii) to be given reasonable notice and an  
30 opportunity to prepare for the hearing. The court may appoint a  
31 psychiatrist, physician assistant working with a supervising  
32 psychiatrist, psychiatric advanced registered nurse practitioner,  
33 psychologist within their scope of practice, physician assistant, or  
34 physician to examine and testify on behalf of such person. The court  
35 shall appoint a psychiatrist, physician assistant working with a  
36 supervising psychiatrist, psychiatric pharmacist practitioner,  
37 psychiatric advanced registered nurse practitioner, psychologist  
38 within their scope of practice, physician assistant, or physician  
39 designated by such person or the person's counsel to testify on

1 behalf of the person in cases where an order for electroconvulsant  
2 therapy is sought.

3 (d) An order for the administration of antipsychotic medications  
4 entered following a hearing conducted pursuant to this section shall  
5 be effective for the period of the current involuntary treatment  
6 order, and any interim period during which the person is awaiting  
7 trial or hearing on a new petition for involuntary treatment or  
8 involuntary medication.

9 (e) Any person detained pursuant to RCW 71.05.320(4), who  
10 subsequently refuses antipsychotic medication, shall be entitled to  
11 the procedures set forth in this subsection.

12 (f) Antipsychotic medication may be administered to a  
13 nonconsenting person detained or committed pursuant to this chapter  
14 without a court order pursuant to RCW 71.05.215(2) or under the  
15 following circumstances:

16 (i) A person presents an imminent likelihood of serious harm;

17 (ii) Medically acceptable alternatives to administration of  
18 antipsychotic medications are not available, have not been  
19 successful, or are not likely to be effective; and

20 (iii) In the opinion of the physician, physician assistant,  
21 psychiatric pharmacist practitioner, or psychiatric advanced  
22 registered nurse practitioner with responsibility for treatment of  
23 the person, or his or her designee, the person's condition  
24 constitutes an emergency requiring the treatment be instituted before  
25 a judicial hearing as authorized pursuant to this section can be  
26 held.

27 If antipsychotic medications are administered over a person's  
28 lack of consent pursuant to this subsection, a petition for an order  
29 authorizing the administration of antipsychotic medications shall be  
30 filed on the next judicial day. The hearing shall be held within two  
31 judicial days. If deemed necessary by the physician, physician  
32 assistant, psychiatric pharmacist practitioner, or psychiatric  
33 advanced registered nurse practitioner with responsibility for the  
34 treatment of the person, administration of antipsychotic medications  
35 may continue until the hearing is held;

36 (8) To dispose of property and sign contracts unless such person  
37 has been adjudicated an incompetent in a court proceeding directed to  
38 that particular issue;

39 (9) Not to have psychosurgery performed on him or her under any  
40 circumstances.



1       **Sec. 6.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
2 read as follows:

3       A person detained for seventy-two hour evaluation and treatment  
4 may be committed for not more than fourteen additional days of  
5 involuntary intensive treatment or ninety additional days of a less  
6 restrictive alternative treatment. A petition may only be filed if  
7 the following conditions are met:

8       (1) The professional staff of the facility providing evaluation  
9 services has analyzed the person's condition and finds that the  
10 condition is caused by mental disorder or substance use disorder and  
11 results in a likelihood of serious harm, results in the person being  
12 gravely disabled, or results in the person being in need of assisted  
13 outpatient behavioral health treatment, and are prepared to testify  
14 those conditions are met; and

15       (2) The person has been advised of the need for voluntary  
16 treatment and the professional staff of the facility has evidence  
17 that he or she has not in good faith volunteered; and

18       (3) The facility providing intensive treatment is certified to  
19 provide such treatment by the department; and

20       (4) (a) (i) The professional staff of the facility or the  
21 designated crisis responder has filed a petition with the court for a  
22 fourteen day involuntary detention or a ninety day less restrictive  
23 alternative. The petition must be signed by:

24       (A) One physician, physician assistant, psychiatric pharmacist  
25 practitioner, or psychiatric advanced registered nurse practitioner;  
26 and

27       (B) One physician, physician assistant, psychiatric pharmacist  
28 practitioner, psychiatric advanced registered nurse practitioner, or  
29 mental health professional.

30       (ii) If the petition is for substance use disorder treatment, the  
31 petition may be signed by a (~~chemical dependency~~) substance use  
32 disorder professional instead of a mental health professional and by  
33 an advanced registered nurse practitioner instead of a psychiatric  
34 advanced registered nurse practitioner. The persons signing the  
35 petition must have examined the person.

36       (b) If involuntary detention is sought the petition shall state  
37 facts that support the finding that such person, as a result of a  
38 mental disorder or substance use disorder, presents a likelihood of  
39 serious harm, or is gravely disabled and that there are no less  
40 restrictive alternatives to detention in the best interest of such

1 person or others. The petition shall state specifically that less  
2 restrictive alternative treatment was considered and specify why  
3 treatment less restrictive than detention is not appropriate. If an  
4 involuntary less restrictive alternative is sought, the petition  
5 shall state facts that support the finding that such person, as a  
6 result of a mental disorder or as a result of a substance use  
7 disorder, presents a likelihood of serious harm, is gravely disabled,  
8 or is in need of assisted outpatient behavioral health treatment, and  
9 shall set forth any recommendations for less restrictive alternative  
10 treatment services; and

11 (5) A copy of the petition has been served on the detained  
12 person, his or her attorney and his or her guardian or conservator,  
13 if any, prior to the probable cause hearing; and

14 (6) The court at the time the petition was filed and before the  
15 probable cause hearing has appointed counsel to represent such person  
16 if no other counsel has appeared; and

17 (7) The petition reflects that the person was informed of the  
18 loss of firearm rights if involuntarily committed for mental health  
19 treatment; and

20 (8) At the conclusion of the initial commitment period, the  
21 professional staff of the agency or facility or the designated crisis  
22 responder may petition for an additional period of either ninety days  
23 of less restrictive alternative treatment or ninety days of  
24 involuntary intensive treatment as provided in RCW 71.05.290; and

25 (9) If the hospital or facility designated to provide less  
26 restrictive alternative treatment is other than the facility  
27 providing involuntary treatment, the outpatient facility so  
28 designated to provide less restrictive alternative treatment has  
29 agreed to assume such responsibility.

30 **Sec. 7.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each  
31 amended to read as follows:

32 (1) At any time during a person's fourteen day intensive  
33 treatment period, the professional person in charge of a treatment  
34 facility or his or her professional designee or the designated crisis  
35 responder may petition the superior court for an order requiring such  
36 person to undergo an additional period of treatment. Such petition  
37 must be based on one or more of the grounds set forth in RCW  
38 71.05.280.

1 (2) (a) (i) The petition shall summarize the facts which support  
2 the need for further commitment and shall be supported by affidavits  
3 based on an examination of the patient and signed by:

4 (A) One physician, physician assistant, psychiatric pharmacist  
5 practitioner, or psychiatric advanced registered nurse practitioner;  
6 and

7 (B) One physician, physician assistant, psychiatric pharmacist  
8 practitioner, psychiatric advanced registered nurse practitioner, or  
9 mental health professional.

10 (ii) If the petition is for substance use disorder treatment, the  
11 petition may be signed by a (~~chemical dependency~~) substance use  
12 disorder professional instead of a mental health professional and by  
13 an advanced registered nurse practitioner instead of a psychiatric  
14 advanced registered nurse practitioner.

15 (b) The affidavits shall describe in detail the behavior of the  
16 detained person which supports the petition and shall explain what,  
17 if any, less restrictive treatments which are alternatives to  
18 detention are available to such person, and shall state the  
19 willingness of the affiant to testify to such facts in subsequent  
20 judicial proceedings under this chapter. If less restrictive  
21 alternative treatment is sought, the petition shall set forth any  
22 recommendations for less restrictive alternative treatment services.

23 (3) If a person has been determined to be incompetent pursuant to  
24 RCW 10.77.086(4), then the professional person in charge of the  
25 treatment facility or his or her professional designee or the  
26 designated crisis responder may directly file a petition for one  
27 hundred eighty day treatment under RCW 71.05.280(3). No petition for  
28 initial detention or fourteen day detention is required before such a  
29 petition may be filed.

30 **Sec. 8.** RCW 71.05.300 and 2019 c 325 s 3007 are each amended to  
31 read as follows:

32 (1) The petition for ninety day treatment shall be filed with the  
33 clerk of the superior court at least three days before expiration of  
34 the fourteen-day period of intensive treatment. At the time of filing  
35 such petition, the clerk shall set a time for the person to come  
36 before the court on the next judicial day after the day of filing  
37 unless such appearance is waived by the person's attorney, and the  
38 clerk shall notify the designated crisis responder. The designated  
39 crisis responder shall immediately notify the person detained, his or

1 her attorney, if any, and his or her guardian or conservator, if any,  
2 the prosecuting attorney, and the behavioral health administrative  
3 services organization administrator, and provide a copy of the  
4 petition to such persons as soon as possible. The behavioral health  
5 administrative services organization administrator or designee may  
6 review the petition and may appear and testify at the full hearing on  
7 the petition.

8 (2) At the time set for appearance the detained person shall be  
9 brought before the court, unless such appearance has been waived and  
10 the court shall advise him or her of his or her right to be  
11 represented by an attorney, his or her right to a jury trial, and, if  
12 the petition is for commitment for mental health treatment, his or  
13 her loss of firearm rights if involuntarily committed. If the  
14 detained person is not represented by an attorney, or is indigent or  
15 is unwilling to retain an attorney, the court shall immediately  
16 appoint an attorney to represent him or her. The court shall, if  
17 requested, appoint a reasonably available licensed physician,  
18 physician assistant, psychiatric pharmacist practitioner, psychiatric  
19 advanced registered nurse practitioner, psychologist, psychiatrist,  
20 or other professional person, designated by the detained person to  
21 examine and testify on behalf of the detained person.

22 (3) The court may, if requested, also appoint a professional  
23 person as defined in RCW 71.05.020 to seek less restrictive  
24 alternative courses of treatment and to testify on behalf of the  
25 detained person. In the case of a person with a developmental  
26 disability who has been determined to be incompetent pursuant to RCW  
27 10.77.086(4), then the appointed professional person under this  
28 section shall be a developmental disabilities professional.

29 (4) The court shall also set a date for a full hearing on the  
30 petition as provided in RCW 71.05.310.

31 **Sec. 9.** RCW 71.05.360 and 2019 c 446 s 13 are each amended to  
32 read as follows:

33 (1)(a) Every person involuntarily detained or committed under the  
34 provisions of this chapter shall be entitled to all the rights set  
35 forth in this chapter, which shall be prominently posted in the  
36 facility, and shall retain all rights not denied him or her under  
37 this chapter except as chapter 9.41 RCW may limit the right of a  
38 person to purchase or possess a firearm or to qualify for a concealed

1 pistol license if the person is committed under RCW 71.05.240 or  
2 71.05.320 for mental health treatment.

3 (b) No person shall be presumed incompetent as a consequence of  
4 receiving an evaluation or voluntary or involuntary treatment for a  
5 mental disorder or substance use disorder, under this chapter or any  
6 prior laws of this state dealing with mental illness or substance use  
7 disorders. Competency shall not be determined or withdrawn except  
8 under the provisions of chapter 10.77 or 11.88 RCW.

9 (c) Any person who leaves a public or private agency following  
10 evaluation or treatment for a mental disorder or substance use  
11 disorder shall be given a written statement setting forth the  
12 substance of this section.

13 (2) Each person involuntarily detained or committed pursuant to  
14 this chapter shall have the right to adequate care and individualized  
15 treatment.

16 (3) The provisions of this chapter shall not be construed to deny  
17 to any person treatment by spiritual means through prayer in  
18 accordance with the tenets and practices of a church or religious  
19 denomination.

20 (4) Persons receiving evaluation or treatment under this chapter  
21 shall be given a reasonable choice of an available physician,  
22 physician assistant, psychiatric pharmacist practitioner, psychiatric  
23 advanced registered nurse practitioner, or other professional person  
24 qualified to provide such services.

25 (5) Whenever any person is detained for evaluation and treatment  
26 pursuant to this chapter, both the person and, if possible, a  
27 responsible member of his or her immediate family, personal  
28 representative, guardian, or conservator, if any, shall be advised as  
29 soon as possible in writing or orally, by the officer or person  
30 taking him or her into custody or by personnel of the evaluation and  
31 treatment facility, secure withdrawal management and stabilization  
32 facility, or approved substance use disorder treatment program where  
33 the person is detained that unless the person is released or  
34 voluntarily admits himself or herself for treatment within seventy-  
35 two hours of the initial detention:

36 (a) A judicial hearing in a superior court, either by a judge or  
37 court commissioner thereof, shall be held not more than seventy-two  
38 hours after the initial detention to determine whether there is  
39 probable cause to detain the person after the seventy-two hours have  
40 expired for up to an additional fourteen days without further

1 automatic hearing for the reason that the person is a person whose  
2 mental disorder or substance use disorder presents a likelihood of  
3 serious harm or that the person is gravely disabled;

4 (b) The person has a right to communicate immediately with an  
5 attorney; has a right to have an attorney appointed to represent him  
6 or her before and at the probable cause hearing if he or she is  
7 indigent; and has the right to be told the name and address of the  
8 attorney that the mental health professional has designated pursuant  
9 to this chapter;

10 (c) The person has the right to remain silent and that any  
11 statement he or she makes may be used against him or her;

12 (d) The person has the right to present evidence and to cross-  
13 examine witnesses who testify against him or her at the probable  
14 cause hearing; and

15 (e) The person has the right to refuse psychiatric medications,  
16 including antipsychotic medication beginning twenty-four hours prior  
17 to the probable cause hearing.

18 (6) When proceedings are initiated under RCW 71.05.153, no later  
19 than twelve hours after such person is admitted to the evaluation and  
20 treatment facility, secure withdrawal management and stabilization  
21 facility, or approved substance use disorder treatment program the  
22 personnel of the facility or the designated crisis responder shall  
23 serve on such person a copy of the petition for initial detention and  
24 the name, business address, and phone number of the designated  
25 attorney and shall forthwith commence service of a copy of the  
26 petition for initial detention on the designated attorney.

27 (7) The judicial hearing described in subsection (5) of this  
28 section is hereby authorized, and shall be held according to the  
29 provisions of subsection (5) of this section and rules promulgated by  
30 the supreme court.

31 (8) At the probable cause hearing the detained person shall have  
32 the following rights in addition to the rights previously specified:

33 (a) To present evidence on his or her behalf;

34 (b) To cross-examine witnesses who testify against him or her;

35 (c) To be proceeded against by the rules of evidence;

36 (d) To remain silent;

37 (e) To view and copy all petitions and reports in the court file.

38 (9) Privileges between patients and physicians, physician  
39 assistants, psychologists, psychiatric pharmacist practitioners, or  
40 psychiatric advanced registered nurse practitioners are deemed waived

1 in proceedings under this chapter relating to the administration of  
2 antipsychotic medications. As to other proceedings under this  
3 chapter, the privileges shall be waived when a court of competent  
4 jurisdiction in its discretion determines that such waiver is  
5 necessary to protect either the detained person or the public.

6 The waiver of a privilege under this section is limited to  
7 records or testimony relevant to evaluation of the detained person  
8 for purposes of a proceeding under this chapter. Upon motion by the  
9 detained person or on its own motion, the court shall examine a  
10 record or testimony sought by a petitioner to determine whether it is  
11 within the scope of the waiver.

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

18 (10) Insofar as danger to the person or others is not created,  
19 each person involuntarily detained, treated in a less restrictive  
20 alternative course of treatment, or committed for treatment and  
21 evaluation pursuant to this chapter shall have, in addition to other  
22 rights not specifically withheld by law, the following rights:

23 (a) To wear his or her own clothes and to keep and use his or her  
24 own personal possessions, except when deprivation of same is  
25 essential to protect the safety of the resident or other persons;

26 (b) To keep and be allowed to spend a reasonable sum of his or  
27 her own money for canteen expenses and small purchases;

28 (c) To have access to individual storage space for his or her  
29 private use;

30 (d) To have visitors at reasonable times;

31 (e) To have reasonable access to a telephone, both to make and  
32 receive confidential calls, consistent with an effective treatment  
33 program;

34 (f) To have ready access to letter writing materials, including  
35 stamps, and to send and receive uncensored correspondence through the  
36 mails;

37 (g) To discuss treatment plans and decisions with professional  
38 persons;

39 (h) Not to consent to the administration of antipsychotic  
40 medications and not to thereafter be administered antipsychotic

1 medications unless ordered by a court under RCW 71.05.217 or pursuant  
2 to an administrative hearing under RCW 71.05.215;

3 (i) Not to consent to the performance of electroconvulsant  
4 therapy or surgery, except emergency lifesaving surgery, unless  
5 ordered by a court under RCW 71.05.217;

6 (j) Not to have psychosurgery performed on him or her under any  
7 circumstances;

8 (k) To dispose of property and sign contracts unless such person  
9 has been adjudicated an incompetent in a court proceeding directed to  
10 that particular issue.

11 (11) Every person involuntarily detained shall immediately be  
12 informed of his or her right to a hearing to review the legality of  
13 his or her detention and of his or her right to counsel, by the  
14 professional person in charge of the facility providing evaluation  
15 and treatment, or his or her designee, and, when appropriate, by the  
16 court. If the person so elects, the court shall immediately appoint  
17 an attorney to assist him or her.

18 (12) A person challenging his or her detention or his or her  
19 attorney shall have the right to designate and have the court appoint  
20 a reasonably available independent physician, physician assistant,  
21 psychiatric pharmacist practitioner, psychiatric advanced registered  
22 nurse practitioner, or other professional person to examine the  
23 person detained, the results of which examination may be used in the  
24 proceeding. The person shall, if he or she is financially able, bear  
25 the cost of such expert examination, otherwise such expert  
26 examination shall be at public expense.

27 (13) Nothing contained in this chapter shall prohibit the patient  
28 from petitioning by writ of habeas corpus for release.

29 (14) Nothing in this chapter shall prohibit a person committed on  
30 or prior to January 1, 1974, from exercising a right available to him  
31 or her at or prior to January 1, 1974, for obtaining release from  
32 confinement.

33 (15) Nothing in this section permits any person to knowingly  
34 violate a no-contact order or a condition of an active judgment and  
35 sentence or an active condition of supervision by the department of  
36 corrections.

37 **Sec. 10.** RCW 71.05.660 and 2016 sp.s. c 29 s 420 and 2016 c 155  
38 s 9 are each reenacted and amended to read as follows:



1 Nothing in this chapter or chapter 70.02 or 71.34 RCW shall be  
2 construed to interfere with communications between physicians,  
3 physician assistants, psychiatric pharmacist practitioners,  
4 psychiatric advanced registered nurse practitioners, or psychologists  
5 and patients and attorneys and clients.

6 **Sec. 11.** RCW 71.05.760 and 2019 c 446 s 16 and 2019 c 325 s 3015  
7 are each reenacted and amended to read as follows:

8 (1)(a) The authority or its designee shall provide training to  
9 the designated crisis responders.

10 (b)(i) To qualify as a designated crisis responder, a person must  
11 have received substance use disorder training as determined by the  
12 authority and be a:

13 (A) Psychiatrist, psychologist, physician assistant working with  
14 a supervising psychiatrist, psychiatric pharmacist practitioner,  
15 psychiatric advanced registered nurse practitioner, or social worker;

16 (B) Person who is licensed by the department as a mental health  
17 counselor or mental health counselor associate, or marriage and  
18 family therapist or marriage and family therapist associate;

19 (C) Person with a master's degree or further advanced degree in  
20 counseling or one of the social sciences from an accredited college  
21 or university and who have, in addition, at least two years of  
22 experience in direct treatment of persons with mental illness or  
23 emotional disturbance, such experience gained under the direction of  
24 a mental health professional;

25 (D) Person who meets the waiver criteria of RCW 71.24.260, which  
26 waiver was granted before 1986;

27 (E) Person who had an approved waiver to perform the duties of a  
28 mental health professional that was requested by the regional support  
29 network and granted by the department of social and health services  
30 before July 1, 2001; or

31 (F) Person who has been granted an exception of the minimum  
32 requirements of a mental health professional by the department  
33 consistent with rules adopted by the secretary.

34 (ii) Training must include training specific to the duties of a  
35 designated crisis responder, including diagnosis of substance abuse  
36 and dependence and assessment of risk associated with substance use.

37 (2)(a) The authority must ensure that at least one sixteen-bed  
38 secure withdrawal management and stabilization facility is  
39 operational by April 1, 2018, and that at least two sixteen-bed

1 secure withdrawal management and stabilization facilities are  
2 operational by April 1, 2019.

3 (b) If, at any time during the implementation of secure  
4 withdrawal management and stabilization facility capacity, federal  
5 funding becomes unavailable for federal match for services provided  
6 in secure withdrawal management and stabilization facilities, then  
7 the authority must cease any expansion of secure withdrawal  
8 management and stabilization facilities until further direction is  
9 provided by the legislature.

10 **Sec. 12.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,  
11 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended  
12 to read as follows:

13 Unless the context clearly requires otherwise, the definitions in  
14 this section apply throughout this chapter.

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

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

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

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

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

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

34 (7) "Children's mental health specialist" means:

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

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

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

8 (9) "Co-occurring disorder specialist" means an individual  
9 possessing an enhancement granted by the department of health under  
10 chapter 18.205 RCW that certifies the individual to provide substance  
11 use disorder counseling subject to the practice limitations under RCW  
12 18.205.105.

13 (10) "Department" means the department of social and health  
14 services.

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

17 (12) "Director" means the director of the authority.

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

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

33 (15) "Gravely disabled minor" means a minor who, as a result of a  
34 mental disorder, or as a result of the use of alcohol or other  
35 psychoactive chemicals, is in danger of serious physical harm  
36 resulting from a failure to provide for his or her essential human  
37 needs of health or safety, or manifests severe deterioration in  
38 routine functioning evidenced by repeated and escalating loss of  
39 cognitive or volitional control over his or her actions and is not  
40 receiving such care as is essential for his or her health or safety.

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

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

11 (18) "Kinship caregiver" has the same meaning as in RCW  
12 74.13.031(19)(a).

13 (19) "Less restrictive alternative" or "less restrictive setting"  
14 means outpatient treatment provided to a minor who is not residing in  
15 a facility providing inpatient treatment as defined in this chapter.

16 (20) "Likelihood of serious harm" means either: (a) A substantial  
17 risk that physical harm will be inflicted by an individual upon his  
18 or her own person, as evidenced by threats or attempts to commit  
19 suicide or inflict physical harm on oneself; (b) a substantial risk  
20 that physical harm will be inflicted by an individual upon another,  
21 as evidenced by behavior which has caused such harm or which places  
22 another person or persons in reasonable fear of sustaining such harm;  
23 or (c) a substantial risk that physical harm will be inflicted by an  
24 individual upon the property of others, as evidenced by behavior  
25 which has caused substantial loss or damage to the property of  
26 others.

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

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

37 (23) "Mental disorder" means any organic, mental, or emotional  
38 impairment that has substantial adverse effects on an individual's  
39 cognitive or volitional functions. The presence of alcohol abuse,  
40 drug abuse, juvenile criminal history, antisocial behavior, or

1 intellectual disabilities alone is insufficient to justify a finding  
2 of "mental disorder" within the meaning of this section.

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

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

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

13 (27) (a) "Parent" has the same meaning as defined in RCW  
14 26.26A.010, including either parent if custody is shared under a  
15 joint custody agreement, or a person or agency judicially appointed  
16 as legal guardian or custodian of the child.

17 (b) For purposes of family-initiated treatment under RCW  
18 71.34.600 through 71.34.670, "parent" also includes a person to whom  
19 a parent defined in (a) of this subsection has given a signed  
20 authorization to make health care decisions for the adolescent, a  
21 stepparent who is involved in caring for the adolescent, a kinship  
22 caregiver who is involved in caring for the adolescent, or another  
23 relative who is responsible for the health care of the adolescent,  
24 who may be required to provide a declaration under penalty of perjury  
25 stating that he or she is a relative responsible for the health care  
26 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If  
27 a dispute arises between individuals authorized to act as a parent  
28 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
29 must be resolved according to the priority established under RCW  
30 7.70.065(2) (a).

31 (28) "Physician assistant" means a person licensed as a physician  
32 assistant under chapter 18.57A or 18.71A RCW.

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

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

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

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

16 (33) "Psychologist" means a person licensed as a psychologist  
17 under chapter 18.83 RCW.

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

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

29 (36) "Secretary" means the secretary of the department or  
30 secretary's designee.

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

38 (a) Provide the following services:

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

1 (ii) Clinical stabilization services;  
2 (iii) Acute or subacute detoxification services for intoxicated  
3 individuals; and  
4 (iv) Discharge assistance provided by certified substance use  
5 disorder professionals or co-occurring disorder specialists,  
6 including facilitating transitions to appropriate voluntary or  
7 involuntary inpatient services or to less restrictive alternatives as  
8 appropriate for the individual;

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

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

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

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

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

29 (41) "Substance use disorder professional" means a person  
30 certified as a substance use disorder professional by the department  
31 of health under chapter 18.205 RCW, or a person certified as a  
32 (~~chemical dependency~~) substance use disorder professional trainee  
33 under RCW 18.205.095 working under the direct supervision of a  
34 certified (~~chemical dependency~~) substance use disorder  
35 professional.

36 (42) "Psychiatric pharmacist practitioner" means a licensed  
37 pharmacist under chapter 18.64 RCW who enters into a written  
38 agreement establishing guidelines and protocols under, but not  
39 limited to, RCW 18.64.011(28) with a psychiatrist or child

1 psychiatrist that includes collaborative assessment, evaluation, and  
2 management of behavioral health conditions.

3 **Sec. 13.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to  
4 read as follows:

5 Absent a risk to self or others, minors treated under this  
6 chapter have the following rights, which shall be prominently posted  
7 in the evaluation and treatment facility:

8 (1) To wear their own clothes and to keep and use personal  
9 possessions;

10 (2) To keep and be allowed to spend a reasonable sum of their own  
11 money for canteen expenses and small purchases;

12 (3) To have individual storage space for private use;

13 (4) To have visitors at reasonable times;

14 (5) To have reasonable access to a telephone, both to make and  
15 receive confidential calls;

16 (6) To have ready access to letter-writing materials, including  
17 stamps, and to send and receive uncensored correspondence through the  
18 mails;

19 (7) To discuss treatment plans and decisions with mental health  
20 professionals;

21 (8) To have the right to adequate care and individualized  
22 treatment;

23 (9) Not to consent to the performance of electroconvulsive  
24 treatment or surgery, except emergency lifesaving surgery, upon him  
25 or her, and not to have electroconvulsive treatment or nonemergency  
26 surgery in such circumstance unless ordered by a court pursuant to a  
27 judicial hearing in which the minor is present and represented by  
28 counsel, and the court shall appoint a psychiatrist, physician  
29 assistant, psychologist, psychiatric pharmacist practitioner,  
30 psychiatric advanced registered nurse practitioner, or physician  
31 designated by the minor or the minor's counsel to testify on behalf  
32 of the minor. The minor's parent may exercise this right on the  
33 minor's behalf, and must be informed of any impending treatment;

34 (10) Not to have psychosurgery performed on him or her under any  
35 circumstances.

36 **Sec. 14.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18  
37 are each reenacted and amended to 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 substance use disorder professional or co-occurring disorder  
5 specialist, for minors admitted as a result of a substance use  
6 disorder, as to the child's mental condition and by a physician,  
7 physician assistant, psychiatric pharmacist practitioner, or  
8 psychiatric advanced registered nurse practitioner as to the child's  
9 physical condition within twenty-four hours of admission. Reasonable  
10 measures shall be taken to ensure medical treatment is provided for  
11 any condition requiring 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, psychiatric pharmacist practitioner,  
15 or psychiatric advanced registered nurse practitioner determine that  
16 the initial needs of the minor, if detained to an evaluation and  
17 treatment facility, would be better served by placement in a  
18 substance use disorder treatment program or, if detained to a secure  
19 withdrawal management and stabilization facility or approved  
20 substance use disorder treatment program, would be better served in  
21 an evaluation and treatment facility, then the minor shall be  
22 referred to the more appropriate placement; however a minor may only  
23 be referred to a secure withdrawal management and stabilization  
24 facility or approved substance use disorder treatment program if  
25 there is a secure withdrawal management and stabilization facility or  
26 approved substance use disorder treatment program available and that  
27 has adequate space for the minor.

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

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

37 (5) If the evaluation and treatment facility, secure withdrawal  
38 management and stabilization facility, or approved substance use  
39 disorder treatment program admits the minor, it may detain the minor  
40 for evaluation and treatment for a period not to exceed seventy-two

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

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

8 **Sec. 15.** RCW 71.34.720 and 2019 c 446 s 35 and 2019 c 444 s 19  
9 are each reenacted and amended to read as follows:

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

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

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

34 (4) During the initial seventy-two hour treatment period, the  
35 minor has a right to associate or receive communications from parents  
36 or others unless the professional person in charge determines that  
37 such communication would be seriously detrimental to the minor's  
38 condition or treatment and so indicates in the minor's clinical

1 record, and notifies the minor's parents of this determination. In no  
2 event may the minor be denied the opportunity to consult an attorney.

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

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

14 **Sec. 16.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
15 read as follows:

16 (1) The professional person in charge of an evaluation and  
17 treatment facility, secure withdrawal management and stabilization  
18 facility, or approved substance use disorder treatment program where  
19 a minor has been admitted involuntarily for the initial seventy-two  
20 hour treatment period under this chapter may petition to have a minor  
21 committed to an evaluation and treatment facility or, in the case of  
22 a minor with a substance use disorder, to a secure withdrawal  
23 management and stabilization facility or approved substance use  
24 disorder treatment program for fourteen-day diagnosis, evaluation,  
25 and treatment.

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

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

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

35 (i) One physician, physician assistant, psychiatric pharmacist  
36 practitioner, or psychiatric advanced registered nurse practitioner;  
37 and

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

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

11 (i) The name and address of the petitioner;

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

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

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

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

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

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

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

31 (c) A copy of the petition shall be personally delivered to the  
32 minor by the petitioner or petitioner's designee. A copy of the  
33 petition shall be sent to the minor's attorney and the minor's  
34 parent.

35 **Sec. 17.** RCW 71.34.770 and 2016 c 155 s 22 are each amended to  
36 read as follows:

37 (1) The professional person in charge of the inpatient treatment  
38 facility may authorize release for the minor under such conditions as  
39 appropriate. Conditional release may be revoked pursuant to RCW

1 71.34.780 if leave conditions are not met or the minor's functioning  
2 substantially deteriorates.

3 (2) Minors may be discharged prior to expiration of the  
4 commitment period if the treating physician, physician assistant,  
5 psychiatric pharmacist practitioner, psychiatric advanced registered  
6 nurse practitioner, or professional person in charge concludes that  
7 the minor no longer meets commitment criteria.

8 NEW SECTION. **Sec. 18.** Sections 3 and 15 of this act take effect  
9 July 1, 2026.

10 NEW SECTION. **Sec. 19.** Sections 2 and 14 of this act expire July  
11 1, 2026.

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