SENATE BILL 5842

State of Washington 66th Legislature

2019 Regular Session

By Senators Carlyle, Cleveland, and Dhingra

- 1 AN ACT Relating to the accessibility of electroconvulsant
- 2 therapy; amending RCW 71.05.215, 71.05.217, 71.05.360, 71.34.355,
- 3 71.34.370, and 71.34.020; and reenacting and amending RCW 71.05.120
- 4 and 71.05.020.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 71.05.120 and 2016 sp.s. c 29 s 208 and 2016 c 158 s 4 are each reenacted and amended to read as follows:
- 8 No officer of a public or private agency, nor (1)the superintendent, professional person in charge, his 9 10 professional designee, or attending staff of any such agency, nor any 11 public official performing functions necessary to the administration 12 of this chapter, nor peace officer responsible for detaining a person pursuant to this chapter, nor any designated crisis responder, nor 13 the state, a unit of local government, an evaluation and treatment 14 15 facility, a secure detoxification facility, or an approved substance 16 use disorder treatment program shall be civilly or criminally liable 17 for performing duties pursuant to this chapter with regard to the 18 decision of whether to admit, discharge, release, administer 19 antipsychotic medications, administer electroconvulsant therapy, or 20 detain a person for evaluation and treatment: PROVIDED, That such 21 duties were performed in good faith and without gross negligence.

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(2) Peace officers and their employing agencies are not liable for the referral of a person, or the failure to refer a person, to a mental health agency pursuant to a policy adopted pursuant to RCW 71.05.457 if such action or inaction is taken in good faith and without gross negligence.

- (3) This section does not relieve a person from giving the required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.
- **Sec. 2.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to read as follows:
 - (1) A person found to be gravely disabled or presents a likelihood of serious harm as a result of a mental disorder or substance use disorder has a right to refuse antipsychotic medication and the right to refuse electroconvulsant therapy unless it is determined that the failure to medicate or perform electroconvulsant therapy may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication or electroconvulsant therapy in the best interest of that person.
 - (2) The authority shall adopt rules to carry out the purposes of this chapter. These rules shall include:
 - (a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication or electroconvulsant therapy.
 - (b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications or electroconvulsant therapy unless there is an additional concurring medical opinion approving medication or electroconvulsant therapy by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.

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1 (c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate or perform 3 electroconvulsant therapy by the medical director or designee. 4

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- Administration of antipsychotic medication (d) or electroconvulsant therapy in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications electroconvulsant therapy are not available or are unlikely to be successful; and in the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.
- (e) Documentation in the medical record of the attempt by the physician, physician assistant, or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication or electroconvulsant therapy is being administered over the person's objection or lack of consent.
- Sec. 3. RCW 71.05.217 and 2016 c 155 s 4 are each amended to 20 21 read as follows:

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

- (1) To wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same essential to protect the safety of the resident or other persons;
- (2) To keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;
- (3) To have access to individual storage space for his or her 34 35 private use;
 - (4) To have visitors at reasonable times;
- 37 (5) To have reasonable access to a telephone, both to make and 38 receive confidential calls;

p. 3 SB 5842 (6) To have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails;

- (7) Not to consent to the administration of antipsychotic medications or electroconvulsant therapy beyond the hearing conducted pursuant to RCW 71.05.320(4) or the performance of ((electroconvulsant therapy or)) surgery, except emergency lifesaving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures:
- (a) The administration of antipsychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proves by clear, cogent, and convincing evidence that there exists a compelling state interest that justifies overriding the patient's lack of consent to the administration of antipsychotic medications or electroconvulsant therapy, that the proposed treatment is necessary and effective, and that medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective.
- (b) The court shall make specific findings of fact concerning:
 (i) The existence of one or more compelling state interests; (ii) the necessity and effectiveness of the treatment; and (iii) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she were competent to make such a determination.
- (c) The person shall be present at any hearing on a request to administer antipsychotic medication or electroconvulsant therapy filed pursuant to this subsection. The person has the right: (i) To be represented by an attorney; (ii) to present evidence; (iii) to cross-examine witnesses; (iv) to have the rules of evidence enforced; (v) to remain silent; (vi) to view and copy all petitions and reports in the court file; and (vii) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, physician assistant, or physician to examine and testify on behalf of such person. The court shall appoint a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse

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practitioner, psychologist within their scope of practice, physician assistant, or physician designated by such person or the person's counsel to testify on behalf of the person in cases where an order for electroconvulsant therapy is sought.

- (d) An order for the administration of antipsychotic medications or electroconvulsant therapy entered following a hearing conducted pursuant to this section shall be effective for the period of the current involuntary treatment order, and any interim period during which the person is awaiting trial or hearing on a new petition for involuntary treatment $((\Theta r))_{r}$ involuntary medication, or electroconvulsant therapy.
- (e) Any person detained pursuant to RCW 71.05.320(4), who subsequently refuses antipsychotic medication or electroconvulsant therapy, shall be entitled to the procedures set forth in this subsection.
- (f) Antipsychotic medication <u>or electroconvulsant therapy</u> may be administered to a nonconsenting person detained or committed pursuant to this chapter without a court order pursuant to RCW 71.05.215(2) or under the following circumstances:
 - (i) A person presents an imminent likelihood of serious harm;
- (ii) Medically acceptable alternatives to administration of antipsychotic medications or electroconvulsant therapy are not available, have not been successful, or are not likely to be effective; and
- (iii) In the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment be instituted before a judicial hearing as authorized pursuant to this section can be held.

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

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- 1 (8) To dispose of property and sign contracts unless such person 2 has been adjudicated an incompetent in a court proceeding directed to 3 that particular issue;
- 4 (9) Not to have psychosurgery performed on him or her under any 5 circumstances.
- 6 **Sec. 4.** RCW 71.05.360 and 2017 3rd sp.s. c 14 s 20 are each 7 amended to read as follows:

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- (1) (a) Every person involuntarily detained or committed under the provisions of this chapter shall be entitled to all the rights set forth in this chapter, which shall be prominently posted in the facility, and shall retain all rights not denied him or her under this chapter except as chapter 9.41 RCW may limit the right of a person to purchase or possess a firearm or to qualify for a concealed pistol license if the person is committed under RCW 71.05.240 or 71.05.320 for mental health treatment.
- (b) No person shall be presumed incompetent as a consequence of receiving an evaluation or voluntary or involuntary treatment for a mental disorder or substance use disorder, under this chapter or any prior laws of this state dealing with mental illness or substance use disorders. Competency shall not be determined or withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.
- (c) Any person who leaves a public or private agency following evaluation or treatment for a mental disorder or substance use disorder shall be given a written statement setting forth the substance of this section.
 - (2) Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.
 - (3) The provisions of this chapter shall not be construed to deny to any person treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination.
 - (4) Persons receiving evaluation or treatment under this chapter shall be given a reasonable choice of an available physician, physician assistant, psychiatric advanced registered nurse practitioner, or other professional person qualified to provide such services.
- 38 (5) Whenever any person is detained for evaluation and treatment 39 pursuant to this chapter, both the person and, if possible, a

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responsible member of his or her immediate family, personal representative, guardian, or conservator, if any, shall be advised as soon as possible in writing or orally, by the officer or person taking him or her into custody or by personnel of the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program where the person is detained that unless the person is released or voluntarily admits himself or herself for treatment within seventy-two hours of the initial detention:

- (a) A judicial hearing in a superior court, either by a judge or court commissioner thereof, shall be held not more than seventy-two hours after the initial detention to determine whether there is probable cause to detain the person after the seventy-two hours have expired for up to an additional fourteen days without further automatic hearing for the reason that the person is a person whose mental disorder or substance use disorder presents a likelihood of serious harm or that the person is gravely disabled;
- (b) The person has a right to communicate immediately with an attorney; has a right to have an attorney appointed to represent him or her before and at the probable cause hearing if he or she is indigent; and has the right to be told the name and address of the attorney that the mental health professional has designated pursuant to this chapter;
- (c) The person has the right to remain silent and that any statement he or she makes may be used against him or her;
- (d) The person has the right to present evidence and to cross-examine witnesses who testify against him or her at the probable cause hearing; and
- (e) The person has the right to refuse psychiatric medications or electroconvulsant therapy, including antipsychotic medication beginning twenty-four hours prior to the probable cause hearing.
- (6) When proceedings are initiated under RCW 71.05.153, no later than twelve hours after such person is admitted to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program the personnel of the facility or the designated crisis responder shall serve on such person a copy of the petition for initial detention and the name, business address, and phone number of the designated attorney and shall forthwith commence service of a copy of the petition for initial detention on the designated attorney.

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- (7) The judicial hearing described in subsection (5) of this section is hereby authorized, and shall be held according to the provisions of subsection (5) of this section and rules promulgated by the supreme court.
- (8) At the probable cause hearing the detained person shall have the following rights in addition to the rights previously specified:
 - (a) To present evidence on his or her behalf;
 - (b) To cross-examine witnesses who testify against him or her;
 - (c) To be proceeded against by the rules of evidence;
 - (d) To remain silent;

- (e) To view and copy all petitions and reports in the court file.
- (9) Privileges between patients and physicians, physician assistants, psychologists, or psychiatric advanced registered nurse practitioners are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications or electroconvulsant therapy. As to other proceedings under this chapter, the privileges shall be waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained person or the public.

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

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

- (10) Insofar as danger to the person or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights:
- (a) To wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons;

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- 1 (b) To keep and be allowed to spend a reasonable sum of his or 2 her own money for canteen expenses and small purchases;
- 3 (c) To have access to individual storage space for his or her 4 private use;
 - (d) To have visitors at reasonable times;

- 6 (e) To have reasonable access to a telephone, both to make and
 7 receive confidential calls, consistent with an effective treatment
 8 program;
- 9 (f) To have ready access to letter writing materials, including 10 stamps, and to send and receive uncensored correspondence through the 11 mails;
- 12 (g) To discuss treatment plans and decisions with professional persons;
 - (h) Not to consent to the administration of antipsychotic medications or electroconvulsant therapy and not to thereafter be administered antipsychotic medications or electroconvulsant therapy unless ordered by a court under RCW 71.05.217 or pursuant to an administrative hearing under RCW 71.05.215;
 - (i) Not to consent to the performance of ((electroconvulsant therapy or)) surgery, except emergency lifesaving surgery, unless ordered by a court under RCW 71.05.217;
 - (j) Not to have psychosurgery performed on him or her under any circumstances;
 - (k) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue.
 - (11) Every person involuntarily detained shall immediately be informed of his or her right to a hearing to review the legality of his or her detention and of his or her right to counsel, by the professional person in charge of the facility providing evaluation and treatment, or his or her designee, and, when appropriate, by the court. If the person so elects, the court shall immediately appoint an attorney to assist him or her.
 - (12) A person challenging his or her detention or his or her attorney shall have the right to designate and have the court appoint a reasonably available independent physician, physician assistant, psychiatric advanced registered nurse practitioner, or other professional person to examine the person detained, the results of which examination may be used in the proceeding. The person shall, if he or she is financially able, bear the cost of such expert

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- examination, otherwise such expert examination shall be at public expense.
- 3 (13) Nothing contained in this chapter shall prohibit the patient 4 from petitioning by writ of habeas corpus for release.
- 5 (14) Nothing in this chapter shall prohibit a person committed on 6 or prior to January 1, 1974, from exercising a right available to him 7 or her at or prior to January 1, 1974, for obtaining release from 8 confinement.
- 9 (15) Nothing in this section permits any person to knowingly 10 violate a no-contact order or a condition of an active judgment and 11 sentence or an active condition of supervision by the department of 12 corrections.
- 13 **Sec. 5.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and 2018 c 201 s 3001 are each reenacted and amended to read as follows:
- 15 The definitions in this section apply throughout this chapter 16 unless the context clearly requires otherwise.
 - (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;
 - (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
 - (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
 - (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- 35 (5) "Attending staff" means any person on the staff of a public 36 or private agency having responsibility for the care and treatment of 37 a patient;
 - (6) "Authority" means the Washington state health care authority;
 - (7) "Chemical dependency" means:

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1 (a) Alcoholism;

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- 2 (b) Drug addiction; or
- 3 (c) Dependence on alcohol and one or more psychoactive chemicals, 4 as the context requires;
- 5 (8) "Chemical dependency professional" means a person certified 6 as a chemical dependency professional by the department under chapter 7 18.205 RCW;
 - (9) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
 - (10) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
 - (11) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
 - (12) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
 - (13) "Department" means the department of health;
 - (14) "Designated crisis responder" means a mental health professional appointed by the county, an entity appointed by the county, or the behavioral health organization to perform the duties specified in this chapter;
 - (15) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
 - (16) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department of social and health services;
- 38 (17) "Developmental disability" means that condition defined in 39 RCW 71A.10.020(5);
 - (18) "Director" means the director of the authority;

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

- (20) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
- (21) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- (22) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;
- (23) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;

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- 1 (24) "Hearing" means any proceeding conducted in open court. For purposes of this chapter, at any hearing the petitioner, the 2 3 respondent, the witnesses, and the presiding judicial officer may be present and participate either in person or by video, as determined 4 by the court. The term "video" as used herein shall include any 5 functional equivalent. At any hearing conducted by video, the 6 technology used must permit the judicial officer, counsel, all 7 parties, and the witnesses to be able to see, hear, and speak, when 8 authorized, during the hearing; to allow attorneys to use exhibits or 9 other materials during the hearing; and to allow respondent's counsel 10 11 to be in the same location as the respondent unless otherwise 12 requested by the respondent or the respondent's counsel. Witnesses in a proceeding may also appear in court through other means, including 13 telephonically, pursuant to the requirements of superior court civil 14 rule 43. Notwithstanding the foregoing, the court, upon its own 15 16 motion or upon a motion for good cause by any party, may require all 17 parties and witnesses to participate in the hearing in person rather 18 than by video. In ruling on any such motion, the court may allow inperson or video testimony; and the court may consider, among other 19 things, whether the respondent's alleged mental illness affects the 20 21 respondent's ability to perceive or participate in the proceeding by 22 video;
 - (25) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction;

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- (26) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
- 31 (27) "Individualized service plan" means a plan prepared by a 32 developmental disabilities professional with other professionals as a 33 team, for a person with developmental disabilities, which shall 34 state:
 - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
- 37 (b) The conditions and strategies necessary to achieve the 38 purposes of habilitation;
- 39 (c) The intermediate and long-range goals of the habilitation 40 program, with a projected timetable for the attainment;

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- 1 (d) The rationale for using this plan of habilitation to achieve 2 those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;

- (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- 9 (g) The type of residence immediately anticipated for the person and possible future types of residences;
 - (28) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;
 - (29) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals;
 - (30) "In need of assisted outpatient behavioral health treatment" means that a person, as a result of a mental disorder or substance use disorder: (a) Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of the person's current behavior; (c) is likely to benefit from less restrictive alternative treatment; and (d) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time;
 - (31) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health and substance use disorder service providers under RCW 71.05.130;

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- (33) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585;
 - (34) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
 - (35) "Likelihood of serious harm" means:

- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- (b) The person has threatened the physical safety of another and has a history of one or more violent acts;
- (36) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
- (37) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (38) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (39) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or behavioral health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section,

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secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;

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- (40) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (41) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
- (42) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders;
- (43) "Professional person" means a mental health professional, chemical dependency professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (44) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- (45) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (46) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (47) "Public agency" means any evaluation and treatment facility 35 or institution, secure detoxification facility, approved substance use disorder treatment program, or hospital which is conducted for, 37 or includes a department or ward conducted for, the care and 39 treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders, if the agency is

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- operated directly by federal, state, county, or municipal government, or a combination of such governments;
- 3 (48) "Release" means legal termination of the commitment under 4 the provisions of this chapter;
- 5 (49) "Resource management services" has the meaning given in 6 chapter 71.24 RCW;
- 7 (50) "Secretary" means the secretary of the department of health, 8 or his or her designee;
- 9 (51) "Secure detoxification facility" means a facility operated 10 by either a public or private agency or by the program of an agency 11 that:
 - (a) Provides for intoxicated persons:

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- 13 (i) Evaluation and assessment, provided by certified chemical dependency professionals;
 - (ii) Acute or subacute detoxification services; and
- 16 (iii) Discharge assistance provided by certified chemical 17 dependency professionals, including facilitating transitions to 18 appropriate voluntary or involuntary inpatient services or to less 19 restrictive alternatives as appropriate for the individual;
- 20 (b) Includes security measures sufficient to protect the 21 patients, staff, and community; and
 - (c) Is licensed or certified as such by the department of health;
- 23 (52) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030;
 - (53) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
 - (54) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;
- 34 (55) "Therapeutic court personnel" means the staff of a mental 35 health court or other therapeutic court which has jurisdiction over 36 defendants who are dually diagnosed with mental disorders, including 37 court personnel, probation officers, a court monitor, prosecuting 38 attorney, or defense counsel acting within the scope of therapeutic 39 court duties;

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(56) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department of social and health services, the department, the authority, behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others;

- (57) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- 22 (58) "Violent act" means behavior that resulted in homicide, 23 attempted suicide, nonfatal injuries, or substantial damage to 24 property.
- 25 (59) "Electroconvulsant therapy" means a class of procedures
 26 performed under general anesthesia in which small electrical currents
 27 are passed through the brain, stimulating changes in brain chemistry
 28 which can quickly reverse symptoms of certain mental health
 29 conditions including, but not limited to, severe depression,
 30 treatment-resistant depression, severe mania, catatonia, and
 31 agitation and aggression in persons with dementia.
- **Sec. 6.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to 33 read as follows:
- Absent a risk to self or others, minors treated under this chapter have the following rights, which shall be prominently posted in the evaluation and treatment facility:
- 37 (1) To wear their own clothes and to keep and use personal 38 possessions;

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- 1 (2) To keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;
 - (3) To have individual storage space for private use;
 - (4) To have visitors at reasonable times;

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- 5 (5) To have reasonable access to a telephone, both to make and 6 receive confidential calls;
- 7 (6) To have ready access to letter-writing materials, including 8 stamps, and to send and receive uncensored correspondence through the 9 mails;
- 10 (7) To discuss treatment plans and decisions with mental health professionals;
- 12 (8) To have the right to adequate care and individualized 13 treatment;
 - (9) Not to consent to the performance of ((electro-convulsive treatment)) electroconvulsant therapy or surgery, except emergency lifesaving surgery, upon him or her, and not to have ((electro-convulsive treatment or)) nonemergency surgery ((in such circumstance)) unless ordered by a court pursuant to a judicial hearing in which the minor is present and represented by counsel, and the court shall appoint a psychiatrist, physician assistant, psychologist, psychiatric advanced registered nurse practitioner, or physician designated by the minor or the minor's counsel to testify on behalf of the minor. The minor's parent may exercise this right on the minor's behalf, and must be informed of any impending treatment;
- 25 (10) Not to have psychosurgery performed on him or her under any 26 circumstances.
- 27 **Sec. 7.** RCW 71.34.370 and 1989 c 120 s 9 are each amended to 28 read as follows:
- For the purposes of administration of antipsychotic medication and ((shock treatment)) electroconvulsant therapy, the provisions of ((chapter 120, Laws of 1989)) RCW 71.05.215 and 71.05.217 apply to minors pursuant to chapter 71.34 RCW.
- 33 **Sec. 8.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to read as follows:
- Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
- 37 (1) "Alcoholism" means a disease, characterized by a dependency 38 on alcoholic beverages, loss of control over the amount and

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- circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- 5 (2) "Approved substance use disorder treatment program" means a 6 program for minors with substance use disorders provided by a 7 treatment program licensed or certified by the department of health 8 as meeting standards adopted under chapter 71.24 RCW.
 - (3) "Authority" means the Washington state health care authority.
 - (4) "Chemical dependency" means:
 - (a) Alcoholism;

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- (b) Drug addiction; or
- 13 (c) Dependence on alcohol and one or more other psychoactive 14 chemicals, as the context requires.
 - (5) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.
 - (6) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
 - (7) "Children's mental health specialist" means:
 - (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
 - (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
 - (8) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.
- 35 (9) "Department" means the department of social and health 36 services.
- 37 (10) "Designated crisis responder" means a person designated by a 38 behavioral health organization to perform the duties specified in 39 this chapter.
 - (11) "Director" means the director of the authority.

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

- (13) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
- (14) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.
- (15) "Gravely disabled minor" means a minor who, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.
- (16) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure detoxification facility for minors, or approved substance use disorder treatment program for minors.
- (17) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

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- (18) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in this chapter.
- (19) "Likelihood of serious harm" means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
- (20) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a handicap, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- (21) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
- (22) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, physician assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of the department of health under this chapter.
 - (23) "Minor" means any person under the age of eighteen years.
- 36 (24) "Outpatient treatment" means any of the nonresidential 37 services mandated under chapter 71.24 RCW and provided by licensed or 38 certified service providers as identified by RCW 71.24.025.
 - (25) "Parent" means:

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

- (b) A person or agency judicially appointed as legal guardian or custodian of the child.
- (26) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.
- (27) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.
- (28) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.
- (29) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.
- (30) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- 31 (31) "Psychologist" means a person licensed as a psychologist 32 under chapter 18.83 RCW.
 - (32) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

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- 1 (33) "Responsible other" means the minor, the minor's parent or 2 estate, or any other person legally responsible for support of the 3 minor.
 - (34) "Secretary" means the secretary of the department or secretary's designee.
 - (35) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:
 - (a) Provides for intoxicated minors:

- (i) Evaluation and assessment, provided by certified chemical dependency professionals;
 - (ii) Acute or subacute detoxification services; and
- (iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the minor;
- (b) Includes security measures sufficient to protect the patients, staff, and community; and
 - (c) Is licensed or certified as such by the department of health.
 - (36) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
 - (37) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.
 - (38) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- (39) "Electroconvulsant therapy" means a class of procedures performed under general anesthesia in which small electrical currents are passed through the brain, stimulating changes in brain chemistry which can quickly reverse symptoms of certain mental health

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- 1 conditions including, but not limited to, severe depression,
- 2 <u>treatment-resistant</u> <u>depression</u>, <u>severe</u> <u>mania</u>, <u>catatonia</u>, <u>and</u>
- 3 <u>agitation and aggression in persons with dementia.</u>

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