
SENATE BILL 6609

State of Washington

66th Legislature

2020 Regular Session

By Senator King

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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