ESHB 1768 - S COMM AMD

By Subcommittee on Behavioral Health

NOT ADOPTED 04/17/2019

- 1 Strike everything after the enacting clause and insert the 2 following:
- 3 "Sec. 1. RCW 18.205.010 and 1998 c 243 s 1 are each amended to 4 read as follows:
- The legislature recognizes ((chemical dependency)) substance use disorder professionals as discrete health professionals. ((Chemical dependency)) Substance use disorder professional certification serves the public interest.
- 9 **Sec. 2.** RCW 18.205.020 and 2008 c 135 s 15 are each amended to 10 read as follows:
- 11 The definitions in this section apply throughout this chapter 12 unless the context clearly requires otherwise.
- 13 (1) "Certification" means a voluntary process recognizing an 14 individual who qualifies by examination and meets established 15 educational prerequisites, and which protects the title of practice.
 - (2) (("Certified chemical dependency professional" means an individual certified in chemical dependency counseling, under this chapter.
 - (3) "Certified chemical dependency professional trainee" means an individual working toward the education and experience requirements for certification as a chemical dependency professional.
 - (4) "Chemical dependency counseling" means employing the core competencies of chemical dependency counseling to assist or attempt to assist an alcohol or drug addicted person to develop and maintain abstinence from alcohol and other mood-altering drugs.
- 26 (5)) "Committee" means the ((chemical dependency)) substance use 27 disorder professional certification advisory committee established 28 under this chapter.
- 29 (((6))) <u>(3)</u> "Core competencies of ((chemical dependency)) 30 <u>substance use disorder</u> counseling" means competency in the nationally 31 recognized knowledge, skills, and attitudes of professional practice,

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

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- 11 $((\frac{7}{1}))$ (4) "Department" means the department of health.
- 12 $((\frac{(8)}{)})$ "Health profession" means a profession providing 13 health services regulated under the laws of this state.
- 14 (((9))) (6) "Recovery" means a process of change through which 15 individuals improve their health and wellness, live self-directed 16 lives, and strive to reach their full potential. Recovery often 17 involves achieving remission from active substance use disorder.
- 18 <u>(7)</u> "Secretary" means the secretary of health or the secretary's designee.
 - (8) "Substance use disorder counseling" means employing the core competencies of substance use disorder counseling to assist or attempt to assist individuals with substance use disorder in their recovery.
 - (9) "Substance use disorder professional" means an individual certified in substance use disorder counseling under this chapter.
 - (10) "Substance use disorder professional trainee" means an individual working toward the education and experience requirements for certification as a substance use disorder professional.
 - (11) "Co-occurring disorder specialist" means an individual possessing an enhancement that certifies the individual to provide substance use disorder counseling subject to the practice limitations under section 25 of this act.
 - (12) "Agency" means (a) an agency or facility operated, licensed, or certified by the state of Washington; (b) a federally recognized Indian tribe located within the state; or (c) a county.
- 36 (13) "Counseling" means employing any therapeutic techniques
 37 including, but not limited to, social work, mental health counseling,
 38 marriage and family therapy, and hypnotherapy, for a fee, that offer,
 39 assist, or attempt to assist an individual or individuals in the
 40 amelioration or adjustment of mental, emotional, or behavioral
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- 1 problems, and includes therapeutic techniques to achieve sensitivity
- 2 and awareness of self and others and the development of human
- 3 potential. For the purposes of this chapter, nothing may be construed
- 4 to imply that the practice of hypnotherapy is necessarily limited to
- 5 <u>counseling</u>.
- 6 (14) "Serious mental illness" means a diagnosable mental,
- 7 behavioral, or emotional disorder that causes serious functional
- 8 impairment that substantially interferes with or limits one or more
- 9 major life activities.
- 10 **Sec. 3.** RCW 18.205.030 and 2008 c 135 s 16 are each amended to 11 read as follows:
- No person may represent oneself as a certified ((chemical
- 13 dependency)) <u>substance use disorder</u> professional ((or)), certified
- 14 ((chemical dependency)) substance use disorder professional trainee,
- 15 <u>or co-occurring disorder specialist</u> or use any title or description
- 16 of services of a certified ((chemical dependency)) substance use
- 17 <u>disorder</u> professional $((or))_L$ certified ((chemical dependency))
- 18 <u>substance use disorder</u> professional trainee, or co-occurring disorder
- 19 <u>specialist</u> without applying for certification, meeting the required
- 20 qualifications, and being certified by the department of health,
- 21 unless otherwise exempted by this chapter.
- 22 **Sec. 4.** RCW 18.205.080 and 2018 c 201 s 9007 are each amended to 23 read as follows:
- 24 (1) The secretary shall appoint a ((chemical dependency))
- 25 <u>substance use disorder</u> certification advisory committee to further
- 26 the purposes of this chapter. The committee shall be composed of
- 27 seven members, one member initially appointed for a term of one year,
- 28 three for a term of two years, and three for a term of three years.
- 29 Subsequent appointments shall be for terms of three years. No person
- 30 may serve as a member of the committee for more than two consecutive
- 31 terms. Members of the committee shall be residents of this state. The
- 32 committee shall be composed of four certified ((chemical dependency))
- 33 <u>substance use disorder</u> professionals; one ((chemical dependency))
- 34 <u>substance use disorder</u> treatment program director; one physician
- 35 licensed under chapter 18.71 or 18.57 RCW who is certified in
- 36 addiction medicine or a licensed or certified mental health
- 37 practitioner; and one member of the public who has received
- 38 ((chemical dependency)) substance use disorder counseling.

- 1 (2) The secretary may remove any member of the committee for 2 cause as specified by rule. In the case of a vacancy, the secretary 3 shall appoint a person to serve for the remainder of the unexpired 4 term.
 - (3) The committee shall meet at the times and places designated by the secretary and shall hold meetings during the year as necessary to provide advice to the director. The committee may elect a chair and a vice chair. A majority of the members currently serving shall constitute a quorum.
 - (4) Each member of the committee shall be reimbursed for travel expenses as authorized in RCW 43.03.050 and 43.03.060. In addition, members of the committee shall be compensated in accordance with RCW 43.03.240 when engaged in the authorized business of the committee.
- 14 (5) The director of the health care authority, or his or her 15 designee, shall serve as an ex officio member of the committee.
- 16 (6) The secretary, members of the committee, or individuals 17 acting on their behalf are immune from suit in any action, civil or 18 criminal, based on any certification or disciplinary proceedings or 19 other official acts performed in the course of their duties.
- 20 **Sec. 5.** RCW 18.205.090 and 2001 c 251 s 30 are each amended to 21 read as follows:
 - (1) The secretary shall issue a certificate to any applicant who demonstrates to the secretary's satisfaction that the following requirements have been met:
 - (a) Completion of an educational program approved by the secretary or successful completion of alternate training that meets established criteria;
 - (b) Successful completion of an approved examination, based on core competencies of ((chemical dependency)) substance use disorder counseling; and
 - (c) Successful completion of an experience requirement that establishes fewer hours of experience for applicants with higher levels of relevant education. In meeting any experience requirement established under this subsection, the secretary may not require more than one thousand five hundred hours of experience in ((chemical dependency)) substance use disorder counseling for applicants who are licensed under chapter 18.83 RCW or under chapter 18.79 RCW as advanced registered nurse practitioners.

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- 1 (2) The secretary shall establish by rule what constitutes 2 adequate proof of meeting the criteria.
- 3 (3) Applicants are subject to the grounds for denial of a 4 certificate or issuance of a conditional certificate under chapter 5 18.130 RCW.
- 6 (4) Certified ((chemical dependency)) substance use disorder 7 professionals shall not be required to be registered under chapter 8 18.19 RCW or licensed under chapter 18.225 RCW.
- 9 (5) As of the effective date of this section, a person certified 10 under this chapter holding the title of chemical dependency 11 professional is considered to hold the title of substance use 12 disorder professional until such time as the person's present 13 certification expires or is renewed.
- 14 **Sec. 6.** RCW 18.205.095 and 2008 c 135 s 18 are each amended to 15 read as follows:
 - (1) The secretary shall issue a trainee certificate to any applicant who demonstrates to the satisfaction of the secretary that he or she is working toward the education and experience requirements in RCW 18.205.090.
 - (2) A trainee certified under this section shall submit to the secretary for approval a declaration, in accordance with rules adopted by the department, that he or she is enrolled in an approved education program and actively pursuing the experience requirements in RCW 18.205.090. This declaration must be updated with the trainee's annual renewal.
 - (3) A trainee certified under this section may practice only under the supervision of a certified ((chemical dependency)) substance use disorder professional. The first fifty hours of any face-to-face client contact must be under direct observation. All remaining experience must be under supervision in accordance with rules adopted by the department.
 - (4) A certified ((chemical dependency)) substance use disorder professional trainee provides ((chemical dependency)) substance use disorder assessments, counseling, and case management with a state regulated agency and can provide clinical services to patients consistent with his or her education, training, and experience as approved by his or her supervisor.
 - (5) A trainee certification may only be renewed four times.

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- 1 (6) Applicants are subject to denial of a certificate or issuance 2 of a conditional certificate for the reasons set forth in chapter 3 18.130 RCW.
- 4 (7) As of the effective date of this section, a person certified
 5 under this chapter holding the title of chemical dependency
 6 professional trainee is considered to hold the title of substance use
 7 disorder professional trainee until such time as the person's present
 8 certification expires or is renewed.
- 9 **Sec. 7.** RCW 18.205.100 and 2000 c 171 s 42 are each amended to 10 read as follows:

11 The secretary may establish by rule the standards and procedures for approval of educational programs and alternative training. The 12 13 requirements for who may provide approved supervision towards training must be the same for all applicants in the regular or 14 alternative training pathways. The requirements for who may provide 15 16 approved supervision towards training must allow approved supervision to be provided by a licensed social worker or licensed mental health 17 practitioner who has completed the alternative training requirements. 18 secretary may utilize or contract with individuals 19 The 20 organizations having expertise in the profession or in education to assist in the evaluations. The secretary shall establish by rule the 21 22 standards and procedures for revocation of approval of educational programs. The standards and procedures set shall apply equally to 23 24 educational programs and training in the United States and in foreign jurisdictions. The secretary may establish a fee for educational 25 program evaluations." 26

27 **Sec. 8.** RCW 10.77.079 and 2015 1st sp.s. c 7 s 9 are each 28 amended to read as follows:

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- (1) If the issue of competency to stand trial is raised by the court or a party under RCW 10.77.060, the prosecutor may continue with the competency process or dismiss the charges without prejudice and refer the defendant for assessment by a mental health professional, ((chemical dependency)) substance use disorder professional, co-occurring disorder specialist, or developmental disabilities professional to determine the appropriate service needs for the defendant.
- 37 (2) This section does not apply to defendants with a current
 38 charge or prior conviction for a violent offense or sex offense as

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- 1 defined in RCW 9.94A.030, or a violation of RCW 9A.36.031(1) (d),
- (f), or (h).

Sec. 9. RCW 13.40.020 and 2018 c 82 s 3 are each amended to read 4 as follows:

For the purposes of this chapter:

- (1) "Assessment" means an individualized examination of a child to determine the child's psychosocial needs and problems, including the type and extent of any mental health, substance abuse, or co-occurring mental health and substance abuse disorders, and recommendations for treatment. "Assessment" includes, but is not limited to, drug and alcohol evaluations, psychological and psychiatric evaluations, records review, clinical interview, and administration of a formal test or instrument;
- (2) "Community-based rehabilitation" means one or more of the following: Employment; attendance of information classes; literacy classes; counseling, outpatient substance abuse treatment programs, outpatient mental health programs, anger management classes, education or outpatient treatment programs to prevent animal cruelty, or other services including, when appropriate, restorative justice programs; or attendance at school or other educational programs appropriate for the juvenile as determined by the school district. Placement in community-based rehabilitation programs is subject to available funds;
- (3) "Community-based sanctions" may include one or more of the following:
 - (a) A fine, not to exceed five hundred dollars;
- 27 (b) Community restitution not to exceed one hundred fifty hours 28 of community restitution;
 - (4) "Community restitution" means compulsory service, without compensation, performed for the benefit of the community by the offender as punishment for committing an offense. Community restitution may be performed through public or private organizations or through work crews;
- 34 (5) "Community supervision" means an order of disposition by the court of an adjudicated youth not committed to the department or an order granting a deferred disposition. A community supervision order for a single offense may be for a period of up to two years for a sex offense as defined by RCW 9.94A.030 and up to one year for other offenses. As a mandatory condition of any term of community Code Rev/AF:jcm

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- 1 supervision, the court shall order the juvenile to refrain from committing new offenses. As a mandatory condition of community 2 supervision, the court shall order the juvenile to comply with the 3 mandatory school attendance provisions of chapter 28A.225 RCW and to 4 inform the school of the existence of this requirement. Community 5 6 supervision is an individualized program comprised of one or more of 7 the following:
 - (a) Community-based sanctions;

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- (b) Community-based rehabilitation;
- (c) Monitoring and reporting requirements;
 - (d) Posting of a probation bond;
- (e) Residential treatment, where substance abuse, mental health, and/or co-occurring disorders have been identified in an assessment qualified mental health professional, psychologist, by psychiatrist, co-occurring disorder specialist, or ((chemical dependency)) substance use disorder professional and a funded bed is 17 available. If a child agrees to voluntary placement in a state-funded long-term evaluation and treatment facility, the case must follow the existing placement procedure including consideration of less restrictive treatment options and medical necessity.
- (i) A court may order residential treatment after consideration 21 22 and findings regarding whether:
 - (A) The referral is necessary to rehabilitate the child;
 - (B) The referral is necessary to protect the public or the child;
 - (C) The referral is in the child's best interest;
 - (D) The child has been given the opportunity to engage in less restrictive treatment and has been unable or unwilling to comply; and
 - Inpatient treatment is the least restrictive action consistent with the child's needs and circumstances.
 - (ii) In any case where a court orders a child to inpatient treatment under this section, the court must hold a review hearing no later than sixty days after the youth begins inpatient treatment, and every thirty days thereafter, as long as the youth is in inpatient treatment;
- (6) "Confinement" means physical custody by the department of 35 children, youth, and families in a facility operated by or pursuant 36 to a contract with the state, or physical custody in a detention 37 facility operated by or pursuant to a contract with any county. The 38 39 county may operate or contract with vendors to operate county 40 detention facilities. The department may operate or contract to Code Rev/AF:jcm 8 S-3383.1/19

- operate detention facilities for juveniles committed to the department. Pretrial confinement or confinement of less than thirtyone days imposed as part of a disposition or modification order may be served consecutively or intermittently, in the discretion of the court;
 - (7) "Court," when used without further qualification, means the juvenile court judge(s) or commissioner(s);

- (8) "Criminal history" includes all criminal complaints against the respondent for which, prior to the commission of a current offense:
 - (a) The allegations were found correct by a court. If a respondent is convicted of two or more charges arising out of the same course of conduct, only the highest charge from among these shall count as an offense for the purposes of this chapter; or
 - (b) The criminal complaint was diverted by a prosecutor pursuant to the provisions of this chapter on agreement of the respondent and after an advisement to the respondent that the criminal complaint would be considered as part of the respondent's criminal history. A successfully completed deferred adjudication that was entered before July 1, 1998, or a deferred disposition shall not be considered part of the respondent's criminal history;
- 22 (9) "Department" means the department of children, youth, and 23 families:
 - (10) "Detention facility" means a county facility, paid for by the county, for the physical confinement of a juvenile alleged to have committed an offense or an adjudicated offender subject to a disposition or modification order. "Detention facility" includes county group homes, inpatient substance abuse programs, juvenile basic training camps, and electronic monitoring;
 - (11) "Diversion unit" means any probation counselor who enters into a diversion agreement with an alleged youthful offender, or any other person, community accountability board, youth court under the supervision of the juvenile court, or other entity with whom the juvenile court administrator has contracted to arrange and supervise such agreements pursuant to RCW 13.40.080, or any person, community accountability board, or other entity specially funded by the legislature to arrange and supervise diversion agreements in accordance with the requirements of this chapter. For purposes of this subsection, "community accountability board" means a board comprised of members of the local community in which the juvenile Code Rev/AF:jcm 9 S-3383.1/19

- offender resides. The superior court shall appoint the members. The boards shall consist of at least three and not more than seven members. If possible, the board should include a variety of representatives from the community, such as a law enforcement officer, teacher or school administrator, high school student, parent, and business owner, and should represent the cultural diversity of the local community;
 - (12) "Foster care" means temporary physical care in a foster family home or group care facility as defined in RCW 74.15.020 and licensed by the department, or other legally authorized care;

- (13) "Institution" means a juvenile facility established pursuant to chapters 72.05 and 72.16 through 72.20 RCW;
- (14) "Intensive supervision program" means a parole program that requires intensive supervision and monitoring, offers an array of individualized treatment and transitional services, and emphasizes community involvement and support in order to reduce the likelihood a juvenile offender will commit further offenses;
- (15) "Juvenile," "youth," and "child" mean any individual who is under the chronological age of eighteen years and who has not been previously transferred to adult court pursuant to RCW 13.40.110, unless the individual was convicted of a lesser charge or acquitted of the charge for which he or she was previously transferred pursuant to RCW 13.40.110 or who is not otherwise under adult court jurisdiction;
- (16) "Juvenile offender" means any juvenile who has been found by the juvenile court to have committed an offense, including a person eighteen years of age or older over whom jurisdiction has been extended under RCW 13.40.300;
- (17) "Labor" means the period of time before a birth during which contractions are of sufficient frequency, intensity, and duration to bring about effacement and progressive dilation of the cervix;
- (18) "Local sanctions" means one or more of the following: (a) 0-30 days of confinement; (b) 0-12 months of community supervision; (c) 0-150 hours of community restitution; or (d) \$0-\$500 fine;
- (19) "Manifest injustice" means a disposition that would either impose an excessive penalty on the juvenile or would impose a serious, and clear danger to society in light of the purposes of this chapter;
- 39 (20) "Monitoring and reporting requirements" means one or more of 40 the following: Curfews; requirements to remain at home, school, work, Code Rev/AF:jcm 10 S-3383.1/19

or court-ordered treatment programs during specified hours; restrictions from leaving or entering specified geographical areas; requirements to report to the probation officer as directed and to remain under the probation officer's supervision; and other conditions or limitations as the court may require which may not include confinement;

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- (21) "Offense" means an act designated a violation or a crime if committed by an adult under the law of this state, under any ordinance of any city or county of this state, under any federal law, or under the law of another state if the act occurred in that state;
- (22) "Physical restraint" means the use of any bodily force or physical intervention to control a juvenile offender or limit a juvenile offender's freedom of movement in a way that does not involve a mechanical restraint. Physical restraint does not include momentary periods of minimal physical restriction by direct personto-person contact, without the aid of mechanical restraint, accomplished with limited force and designed to:
- (a) Prevent a juvenile offender from completing an act that would result in potential bodily harm to self or others or damage property;
- (b) Remove a disruptive juvenile offender who is unwilling to leave the area voluntarily; or
 - (c) Guide a juvenile offender from one location to another;
- (23) "Postpartum recovery" means (a) the entire period a woman or youth is in the hospital, birthing center, or clinic after giving birth and (b) an additional time period, if any, a treating physician determines is necessary for healing after the youth leaves the hospital, birthing center, or clinic;
- (24) "Probation bond" means a bond, posted with sufficient security by a surety justified and approved by the court, to secure the offender's appearance at required court proceedings and compliance with court-ordered community supervision or conditions of release ordered pursuant to RCW 13.40.040 or 13.40.050. It also means a deposit of cash or posting of other collateral in lieu of a bond if approved by the court;
- (25) "Respondent" means a juvenile who is alleged or proven to have committed an offense;
- 37 (26) "Restitution" means financial reimbursement by the offender 38 to the victim, and shall be limited to easily ascertainable damages 39 for injury to or loss of property, actual expenses incurred for 40 medical treatment for physical injury to persons, lost wages Code Rev/AF:jcm 11 S-3383.1/19

- resulting from physical injury, and costs of the victim's counseling reasonably related to the offense. Restitution shall not include reimbursement for damages for mental anguish, pain and suffering, or other intangible losses. Nothing in this chapter shall limit or replace civil remedies or defenses available to the victim or offender;
 - (27) "Restorative justice" means practices, policies, and programs informed by and sensitive to the needs of crime victims that are designed to encourage offenders to accept responsibility for repairing the harm caused by their offense by providing safe and supportive opportunities for voluntary participation and communication between the victim, the offender, their families, and relevant community members;
- 14 (28) "Restraints" means anything used to control the movement of 15 a person's body or limbs and includes:
 - (a) Physical restraint; or

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- (b) Mechanical device including but not limited to: Metal handcuffs, plastic ties, ankle restraints, leather cuffs, other hospital-type restraints, tasers, or batons;
- (29) "Screening" means a process that is designed to identify a child who is at risk of having mental health, substance abuse, or co-occurring mental health and substance abuse disorders that warrant immediate attention, intervention, or more comprehensive assessment. A screening may be undertaken with or without the administration of a formal instrument;
 - (30) "Secretary" means the secretary of the department;
- (31) "Services" means services which provide alternatives to incarceration for those juveniles who have pleaded or been adjudicated guilty of an offense or have signed a diversion agreement pursuant to this chapter;
- 31 (32) "Sex offense" means an offense defined as a sex offense in 32 RCW 9.94A.030;
- 33 (33) "Sexual motivation" means that one of the purposes for which 34 the respondent committed the offense was for the purpose of his or 35 her sexual gratification;
- 36 (34) "Surety" means an entity licensed under state insurance laws 37 or by the state department of licensing, to write corporate, 38 property, or probation bonds within the state, and justified and 39 approved by the superior court of the county having jurisdiction of 40 the case;

- 1 (35) "Transportation" means the conveying, by any means, of an incarcerated pregnant youth from the institution or detention facility to another location from the moment she leaves the institution or detention facility to the time of arrival at the other location, and includes the escorting of the pregnant incarcerated youth from the institution or detention facility to a transport vehicle and from the vehicle to the other location;
- 8 (36) "Violation" means an act or omission, which if committed by 9 an adult, must be proven beyond a reasonable doubt, and is punishable 10 by sanctions which do not include incarceration;
- 11 (37) "Violent offense" means a violent offense as defined in RCW 9.94A.030;
- 13 (38) "Youth court" means a diversion unit under the supervision 14 of the juvenile court.
- 15 **Sec. 10.** RCW 13.40.042 and 2014 c 128 s 4 are each amended to 16 read as follows:

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- (1) When a police officer has reasonable cause to believe that a juvenile has committed acts constituting a nonfelony crime that is not a serious offense as identified in RCW 10.77.092, and the officer believes that the juvenile suffers from a mental disorder, and the local prosecutor has entered into an agreement with law enforcement regarding the detention of juveniles who may have a mental disorder or may be suffering from chemical dependency, the arresting officer, instead of taking the juvenile to the local juvenile detention facility, may take the juvenile to:
- (a) An evaluation and treatment facility as defined in RCW 71.34.020 if the juvenile suffers from a mental disorder and the facility has been identified as an alternative location by agreement of the prosecutor, law enforcement, and the mental health provider;
- 30 (b) A facility or program identified by agreement of the 31 prosecutor and law enforcement; or
- 32 (c) A location already identified and in use by law enforcement 33 for the purpose of a behavioral health diversion.
 - (2) For the purposes of this section, an "alternative location" means a facility or program that has the capacity to evaluate a youth and, if determined to be appropriate, develop a behavioral health intervention plan and initiate treatment.
- 38 (3) If a juvenile is taken to any location described in 39 subsection (1)(a) or (b) of this section, the juvenile may be held Code Rev/AF:jcm 13 S-3383.1/19

- 1 for up to twelve hours and must be examined by a mental health or
- 2 ((chemical dependency)) substance use disorder professional within
- 3 three hours of arrival.

- 4 (4) The authority provided pursuant to this section is in addition to existing authority under RCW 10.31.110 and 10.31.120.
- 6 **Sec. 11.** RCW 18.130.040 and 2017 c 336 s 18 are each amended to read as follows:
- 8 (1) This chapter applies only to the secretary and the boards and 9 commissions having jurisdiction in relation to the professions 10 licensed under the chapters specified in this section. This chapter 11 does not apply to any business or profession not licensed under the 12 chapters specified in this section.
- 13 (2)(a) The secretary has authority under this chapter in relation 14 to the following professions:
- 15 (i) Dispensing opticians licensed and designated apprentices 16 under chapter 18.34 RCW;
 - (ii) Midwives licensed under chapter 18.50 RCW;
- 18 (iii) Ocularists licensed under chapter 18.55 RCW;
- 19 (iv) Massage therapists and businesses licensed under chapter 20 18.108 RCW;
- 21 (v) Dental hygienists licensed under chapter 18.29 RCW;
- (vi) East Asian medicine practitioners licensed under chapter 18.06 RCW;
- (vii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;
- 26 (viii) Respiratory care practitioners licensed under chapter 27 18.89 RCW;
- (ix) Hypnotherapists and agency affiliated counselors registered and advisors and counselors certified under chapter 18.19 RCW;
- 30 (x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates—advanced, and social work associates—independent clinical under chapter 18.225 RCW;
- 35 (xi) Persons registered as nursing pool operators under chapter 36 18.52C RCW;
- 37 (xii) Nursing assistants registered or certified or medication 38 assistants endorsed under chapter 18.88A RCW;

- 1 (xiii) Dietitians and nutritionists certified under chapter 2 18.138 RCW;
- 3 (xiv) ((Chemical dependency)) <u>Substance use disorder</u>
- 4 professionals ((and chemical dependency)), substance use disorder
- 5 professional trainees, or co-occurring disorder specialists certified
- 6 under chapter 18.205 RCW;
- 7 (xv) Sex offender treatment providers and certified affiliate sex 8 offender treatment providers certified under chapter 18.155 RCW;
- 9 (xvi) Persons licensed and certified under chapter 18.73 RCW or 10 RCW 18.71.205;
- 11 (xvii) Orthotists and prosthetists licensed under chapter 18.200 12 RCW;
- 13 (xviii) Surgical technologists registered under chapter 18.215 14 RCW;
- 15 (xix) Recreational therapists under chapter 18.230 RCW;
- 16 (xx) Animal massage therapists certified under chapter 18.240
- 17 RCW;
- 18 (xxi) Athletic trainers licensed under chapter 18.250 RCW;
- 19 (xxii) Home care aides certified under chapter 18.88B RCW;
- 20 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;
- 21 (xxiv) Reflexologists certified under chapter 18.108 RCW;
- 22 (xxv) Medical assistants-certified, medical assistants-
- 23 hemodialysis technician, medical assistants-phlebotomist, forensic
- 24 phlebotomist, and medical assistants-registered certified and
- 25 registered under chapter 18.360 RCW; and
- 26 (xxvi) Behavior analysts, assistant behavior analysts, and 27 behavior technicians under chapter 18.380 RCW.
- 28 (b) The boards and commissions having authority under this 29 chapter are as follows:
- 30 (i) The podiatric medical board as established in chapter 18.22 31 RCW;
- 32 (ii) The chiropractic quality assurance commission as established 33 in chapter 18.25 RCW;
- 34 (iii) The dental quality assurance commission as established in
- 35 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,
- 36 licenses and registrations issued under chapter 18.260 RCW, and
- 37 certifications issued under chapter 18.350 RCW;
- 38 (iv) The board of hearing and speech as established in chapter
- 39 18.35 RCW;

- 1 (v) The board of examiners for nursing home administrators as 2 established in chapter 18.52 RCW;
- 3 (vi) The optometry board as established in chapter 18.54 RCW 4 governing licenses issued under chapter 18.53 RCW;
- 5 (vii) The board of osteopathic medicine and surgery as 6 established in chapter 18.57 RCW governing licenses issued under 7 chapters 18.57 and 18.57A RCW;
- 8 (viii) The pharmacy quality assurance commission as established 9 in chapter 18.64 RCW governing licenses issued under chapters 18.64 10 and 18.64A RCW;
- 11 (ix) The medical quality assurance commission as established in 12 chapter 18.71 RCW governing licenses and registrations issued under 13 chapters 18.71 and 18.71A RCW;
- 14 (x) The board of physical therapy as established in chapter 18.74 15 RCW;
- 16 (xi) The board of occupational therapy practice as established in chapter 18.59 RCW;
- 18 (xii) The nursing care quality assurance commission as 19 established in chapter 18.79 RCW governing licenses and registrations 20 issued under that chapter;
- 21 (xiii) The examining board of psychology and its disciplinary 22 committee as established in chapter 18.83 RCW;
- 23 (xiv) The veterinary board of governors as established in chapter 24 18.92 RCW;
- (xv) The board of naturopathy established in chapter 18.36A RCW; and
- 27 (xvi) The board of denturists established in chapter 18.30 RCW.
- 28 (3) In addition to the authority to discipline license holders, 29 the disciplining authority has the authority to grant or deny 30 licenses. The disciplining authority may also grant a license subject 31 to conditions.
- 32 (4) All disciplining authorities shall adopt procedures to ensure 33 substantially consistent application of this chapter, the uniform 34 disciplinary act, among the disciplining authorities listed in 35 subsection (2) of this section.
- 36 **Sec. 12.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to read as follows:
- 38 (1)(a) Each of the following professionals certified or licensed 39 under Title 18 RCW shall, at least once every six years, complete Code Rev/AF:jcm 16 S-3383.1/19

- training in suicide assessment, treatment, and management that is approved, in rule, by the relevant disciplining authority:
 - (i) An adviser or counselor certified under chapter 18.19 RCW;
- 4 (ii) A ((chemical dependency)) substance use disorder 5 professional licensed under chapter 18.205 RCW;
- 6 (iii) A marriage and family therapist licensed under chapter 7 18.225 RCW;
 - (iv) A mental health counselor licensed under chapter 18.225 RCW;
- 9 (v) An occupational therapy practitioner licensed under chapter 10 18.59 RCW;
- 11 (vi) A psychologist licensed under chapter 18.83 RCW;
- 12 (vii) An advanced social worker or independent clinical social worker licensed under chapter 18.225 RCW; and
- 14 (viii) A social worker associate—advanced or social worker 15 associate—independent clinical licensed under chapter 18.225 RCW.
 - (b) The requirements in (a) of this subsection apply to a person holding a retired active license for one of the professions in (a) of this subsection.
 - (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (10)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
 - (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (1)(d) affects the validity of training completed prior to July 1, 2017.
 - (2)(a) Except as provided in (b) of this subsection, a professional listed in subsection (1)(a) of this section must complete the first training required by this section by the end of the first full continuing education reporting period after January 1, 2014, or during the first full continuing education reporting period after initial licensure or certification, whichever occurs later.
- 35 (b) A professional listed in subsection (1)(a) of this section 36 applying for initial licensure may delay completion of the first 37 training required by this section for six years after initial 38 licensure if he or she can demonstrate successful completion of the 39 training required in subsection (1) of this section no more than six 40 years prior to the application for initial licensure.

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1 (3) The hours spent completing training in suicide assessment, 2 treatment, and management under this section count toward meeting any 3 applicable continuing education or continuing competency requirements 4 for each profession.

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- (4) (a) A disciplining authority may, by rule, specify minimum training and experience that is sufficient to exempt an individual professional from the training requirements in subsections (1) and (5) of this section. Nothing in this subsection (4) (a) allows a disciplining authority to provide blanket exemptions to broad categories or specialties within a profession.
- 11 (b) A disciplining authority may exempt a professional from the 12 training requirements of subsections (1) and (5) of this section if 13 the professional has only brief or limited patient contact.
 - (5)(a) Each of the following professionals credentialed under Title 18 RCW shall complete a one-time training in suicide assessment, treatment, and management that is approved by the relevant disciplining authority:
 - (i) A chiropractor licensed under chapter 18.25 RCW;
 - (ii) A naturopath licensed under chapter 18.36A RCW;
- 20 (iii) A licensed practical nurse, registered nurse, or advanced 21 registered nurse practitioner, other than a certified registered 22 nurse anesthetist, licensed under chapter 18.79 RCW;
- (iv) An osteopathic physician and surgeon licensed under chapter 18.57 RCW, other than a holder of a postgraduate osteopathic medicine and surgery license issued under RCW 18.57.035;
- 26 (v) An osteopathic physician assistant licensed under chapter 27 18.57A RCW;
- 28 (vi) A physical therapist or physical therapist assistant 29 licensed under chapter 18.74 RCW;
- 30 (vii) A physician licensed under chapter 18.71 RCW, other than a 31 resident holding a limited license issued under RCW 18.71.095(3);
 - (viii) A physician assistant licensed under chapter 18.71A RCW;
 - (ix) A pharmacist licensed under chapter 18.64 RCW; and
- 34 (x) A person holding a retired active license for one of the 35 professions listed in (a)(i) through (ix) of this subsection.
- 36 (b)(i) A professional listed in (a)(i) through (viii) of this
 37 subsection or a person holding a retired active license for one of
 38 the professions listed in (a)(i) through (viii) of this subsection
 39 must complete the one-time training by the end of the first full
 40 continuing education reporting period after January 1, 2016, or
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- during the first full continuing education reporting period after initial licensure, whichever is later. Training completed between June 12, 2014, and January 1, 2016, that meets the requirements of this section, other than the timing requirements of this subsection (5)(b), must be accepted by the disciplining authority as meeting the one-time training requirement of this subsection (5).
 - (ii) A licensed pharmacist or a person holding a retired active pharmacist license must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2017, or during the first full continuing education reporting period after initial licensure, whichever is later.
 - (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (10)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
 - (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (5)(d) affects the validity of training completed prior to July 1, 2017.
 - (6) (a) The secretary and the disciplining authorities shall work collaboratively to develop a model list of training programs in suicide assessment, treatment, and management.
 - (b) The secretary and the disciplining authorities shall update the list at least once every two years.
 - establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors and that three-hour trainings for pharmacists include content related to the assessment of issues related to imminent harm via lethal means. When adopting the rules required under this subsection (6)(c), the department shall:
- 36 (i) Consult with the affected disciplining authorities, public 37 and private institutions of higher education, educators, experts in 38 suicide assessment, treatment, and management, the Washington 39 department of veterans affairs, and affected professional 40 associations; and

- 1 (ii) Consider standards related to the best practices registry of 2 the American foundation for suicide prevention and the suicide 3 prevention resource center.
 - (d) Beginning January 1, 2017:

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- (i) The model list must include only trainings that meet the minimum standards established in the rules adopted under (c) of this subsection and any three-hour trainings that met the requirements of this section on or before July 24, 2015;
- (ii) The model list must include six-hour trainings in suicide assessment, treatment, and management, and three-hour trainings that include only screening and referral elements; and
- (iii) A person or entity providing the training required in this section may petition the department for inclusion on the model list. The department shall add the training to the list only if the department determines that the training meets the minimum standards established in the rules adopted under (c) of this subsection.
- (7) The department shall provide the health profession training standards created in this section to the professional educator standards board as a model in meeting the requirements of RCW 28A.410.226 and provide technical assistance, as requested, in the review and evaluation of educator training programs. The educator training programs approved by the professional educator standards board may be included in the department's model list.
- 24 (8) Nothing in this section may be interpreted to expand or limit 25 the scope of practice of any profession regulated under chapter 26 18.130 RCW.
- 27 (9) The secretary and the disciplining authorities affected by 28 this section shall adopt any rules necessary to implement this 29 section.
 - (10) For purposes of this section:
- 31 (a) "Disciplining authority" has the same meaning as in RCW 32 18.130.020.
- (b) "Training in suicide assessment, treatment, and management" 33 means empirically supported training approved by the appropriate 34 disciplining authority that contains the following elements: Suicide 35 assessment, including screening and referral, suicide treatment, and 36 suicide management. However, the disciplining authority may approve 37 training that includes only screening and referral elements 38 39 appropriate for the profession in question based on the profession's 40 scope of practice. The board of occupational therapy may also approve

- training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting.
 - (11) A state or local government employee is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.
- 11 (12) An employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified 12 under chapter 70.96A RCW is exempt from the requirements of this 13 section if he or she receives a total of at least six hours of 14 training in suicide assessment, treatment, and management from his or 15 16 her employer every six years. For purposes of this subsection, the 17 training may be provided in one six-hour block or may be spread among 18 shorter training sessions at the employer's discretion.
- 19 **Sec. 13.** RCW 43.70.442 and 2017 c 262 s 4 are each amended to 20 read as follows:
 - (1) (a) Each of the following professionals certified or licensed under Title 18 RCW shall, at least once every six years, complete training in suicide assessment, treatment, and management that is approved, in rule, by the relevant disciplining authority:
 - (i) An adviser or counselor certified under chapter 18.19 RCW;
- 26 (ii) A ((chemical dependency)) <u>substance use disorder</u> 27 professional licensed under chapter 18.205 RCW;
- 28 (iii) A marriage and family therapist licensed under chapter 29 18.225 RCW;
 - (iv) A mental health counselor licensed under chapter 18.225 RCW;
- 31 (v) An occupational therapy practitioner licensed under chapter 32 18.59 RCW;
- 33 (vi) A psychologist licensed under chapter 18.83 RCW;
- (vii) An advanced social worker or independent clinical social worker licensed under chapter 18.225 RCW; and
- 36 (viii) A social worker associate—advanced or social worker 37 associate—independent clinical licensed under chapter 18.225 RCW.

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

- (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (10)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
- (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (1)(d) affects the validity of training completed prior to July 1, 2017.
- (2)(a) Except as provided in (b) of this subsection, a professional listed in subsection (1)(a) of this section must complete the first training required by this section by the end of the first full continuing education reporting period after January 1, 2014, or during the first full continuing education reporting period after initial licensure or certification, whichever occurs later.
- (b) A professional listed in subsection (1)(a) of this section applying for initial licensure may delay completion of the first training required by this section for six years after initial licensure if he or she can demonstrate successful completion of the training required in subsection (1) of this section no more than six years prior to the application for initial licensure.
- (3) The hours spent completing training in suicide assessment, treatment, and management under this section count toward meeting any applicable continuing education or continuing competency requirements for each profession.
- (4) (a) A disciplining authority may, by rule, specify minimum training and experience that is sufficient to exempt an individual professional from the training requirements in subsections (1) and (5) of this section. Nothing in this subsection (4)(a) allows a disciplining authority to provide blanket exemptions to broad categories or specialties within a profession.
- (b) A disciplining authority may exempt a professional from the training requirements of subsections (1) and (5) of this section if the professional has only brief or limited patient contact.
- 39 (5)(a) Each of the following professionals credentialed under 40 Title 18 RCW shall complete a one-time training in suicide Code Rev/AF:jcm 22 S-3383.1/19

- 1 assessment, treatment, and management that is approved by the 2 relevant disciplining authority:
 - (i) A chiropractor licensed under chapter 18.25 RCW;

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- (ii) A naturopath licensed under chapter 18.36A RCW;
- 5 (iii) A licensed practical nurse, registered nurse, or advanced 6 registered nurse practitioner, other than a certified registered 7 nurse anesthetist, licensed under chapter 18.79 RCW;
- 8 (iv) An osteopathic physician and surgeon licensed under chapter 9 18.57 RCW, other than a holder of a postgraduate osteopathic medicine 10 and surgery license issued under RCW 18.57.035;
- 11 (v) An osteopathic physician assistant licensed under chapter 12 18.57A RCW;
- 13 (vi) A physical therapist or physical therapist assistant 14 licensed under chapter 18.74 RCW;
- 15 (vii) A physician licensed under chapter 18.71 RCW, other than a 16 resident holding a limited license issued under RCW 18.71.095(3);
 - (viii) A physician assistant licensed under chapter 18.71A RCW;
 - (ix) A pharmacist licensed under chapter 18.64 RCW;
 - (x) A dentist licensed under chapter 18.32 RCW;
- 20 (xi) A dental hygienist licensed under chapter 18.29 RCW; and
- 21 (xii) A person holding a retired active license for one of the 22 professions listed in (a)(i) through (xi) of this subsection.
 - (b) (i) A professional listed in (a) (i) through (viii) of this subsection or a person holding a retired active license for one of the professions listed in (a) (i) through (viii) of this subsection must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education reporting period after initial licensure, whichever is later. Training completed between June 12, 2014, and January 1, 2016, that meets the requirements of this section, other than the timing requirements of this subsection (5) (b), must be accepted by the disciplining authority as meeting the one-time training requirement of this subsection (5).
 - (ii) A licensed pharmacist or a person holding a retired active pharmacist license must complete the one-time training by the end of the first full continuing education reporting period after January 1, 2017, or during the first full continuing education reporting period after initial licensure, whichever is later.
- 39 (iii) A licensed dentist, a licensed dental hygienist, or a 40 person holding a retired active license as a dentist shall complete Code Rev/AF:jcm 23 S-3383.1/19

- the one-time training by the end of the full continuing education reporting period after August 1, 2020, or during the first full continuing education reporting period after initial licensure, whichever is later. Training completed between July 23, 2017, and August 1, 2020, that meets the requirements of this section, other than the timing requirements of this subsection (5)(b)(iii), must be accepted by the disciplining authority as meeting the one-time training requirement of this subsection (5).
 - (c) The training required by this subsection must be at least six hours in length, unless a disciplining authority has determined, under subsection (10)(b) of this section, that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length.
 - (d) Beginning July 1, 2017, the training required by this subsection must be on the model list developed under subsection (6) of this section. Nothing in this subsection (5)(d) affects the validity of training completed prior to July 1, 2017.
 - (6) (a) The secretary and the disciplining authorities shall work collaboratively to develop a model list of training programs in suicide assessment, treatment, and management.
 - (b) The secretary and the disciplining authorities shall update the list at least once every two years.
 - establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors and that three-hour trainings for pharmacists or dentists include content related to the assessment of issues related to imminent harm via lethal means. When adopting the rules required under this subsection (6)(c), the department shall:
 - (i) Consult with the affected disciplining authorities, public and private institutions of higher education, educators, experts in suicide assessment, treatment, and management, the Washington department of veterans affairs, and affected professional associations; and
- (ii) Consider standards related to the best practices registry of the American foundation for suicide prevention and the suicide prevention resource center.

(d) Beginning January 1, 2017:

- (i) The model list must include only trainings that meet the minimum standards established in the rules adopted under (c) of this subsection and any three-hour trainings that met the requirements of this section on or before July 24, 2015;
- (ii) The model list must include six-hour trainings in suicide assessment, treatment, and management, and three-hour trainings that include only screening and referral elements; and
- (iii) A person or entity providing the training required in this section may petition the department for inclusion on the model list. The department shall add the training to the list only if the department determines that the training meets the minimum standards established in the rules adopted under (c) of this subsection.
- (7) The department shall provide the health profession training standards created in this section to the professional educator standards board as a model in meeting the requirements of RCW 28A.410.226 and provide technical assistance, as requested, in the review and evaluation of educator training programs. The educator training programs approved by the professional educator standards board may be included in the department's model list.
- 21 (8) Nothing in this section may be interpreted to expand or limit 22 the scope of practice of any profession regulated under chapter 23 18.130 RCW.
- 24 (9) The secretary and the disciplining authorities affected by 25 this section shall adopt any rules necessary to implement this 26 section.
 - (10) For purposes of this section:
- 28 (a) "Disciplining authority" has the same meaning as in RCW 29 18.130.020.
 - (b) "Training in suicide assessment, treatment, and management" means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management. However, the disciplining authority may approve training that includes only screening and referral elements if appropriate for the profession in question based on the profession's scope of practice. The board of occupational therapy may also approve training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting.

- (11) A state or local government employee is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.
- (12) An employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified under chapter 70.96A RCW is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.
- **Sec. 14.** RCW 70.97.010 and 2016 sp.s. c 29 s 419 are each 17 amended to read as follows:
 - The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
 - (1) "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.
 - (2) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.
 - (3) "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter 71.05 RCW.
 - (4) (("Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.
 - (5)) "Commitment" means the determination by a court that an individual should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.
- $((\frac{(+6)}{(+6)}))$ "Conditional release" means a modification of a commitment that may be revoked upon violation of any of its terms.

- 1 $((\frac{7}{}))$ (6) "Custody" means involuntary detention under chapter 71.05 RCW, uninterrupted by any period of unconditional release from 2 commitment from a facility providing involuntary care and treatment. 3
 - $((\frac{8}{(8)}))$ <u>(7)</u> "Department" means the department of social and health services.
- 6 (((+9))) (8) "Designated crisis responder" has the same meaning as 7 in chapter 71.05 RCW.
- $((\frac{10}{10}))$ <u>(9)</u> "Detention" or "detain" means the lawful confinement 8 of an individual under chapter 71.05 RCW. 9
- $((\frac{11}{10}))$ <u>(10)</u> "Discharge" means the termination of facility 10 11 authority. The commitment may remain in place, be terminated, or be 12 amended by court order.
 - $((\frac{12}{12}))$ (11) "Enhanced services facility" means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.
- $((\frac{13}{13}))$ <u>(12)</u> "Expanded community services program" means a 19 nonsecure program of enhanced behavioral and residential support 20 21 provided to long-term and residential care providers serving specifically eligible clients who would otherwise be at risk for 22 hospitalization at state hospital geriatric units. 23
 - $((\frac{14}{14}))$ (13) "Facility" means an enhanced services facility.
 - $((\frac{(15)}{(15)}))$ <u>(14)</u> "Gravely disabled" means a condition in which an individual, as a result of a mental disorder, as a result of the use of alcohol or other psychoactive chemicals, or both:
 - (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.
- $((\frac{16}{16}))$ "History of one or more violent acts" refers to the 35 36 period of time ten years before the filing of a petition under this chapter or chapter 71.05 RCW, excluding any time spent, but not any 37 violent acts committed, in a mental health facility or a long-term 38 alcoholism or drug treatment facility, or in confinement as a result 39 of a criminal conviction.

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

 $((\frac{18}{18}))$ <u>(17)</u> "Likelihood of serious harm" means:

(a) A substantial risk that:

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- 6 (i) Physical harm will be inflicted by an individual upon his or 7 her own person, as evidenced by threats or attempts to commit suicide 8 or inflict physical harm on oneself;
- 9 (ii) Physical harm will be inflicted by an individual upon 10 another, as evidenced by behavior that has caused such harm or that 11 places another person or persons in reasonable fear of sustaining 12 such harm; or
 - (iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or
- 16 (b) The individual has threatened the physical safety of another 17 and has a history of one or more violent acts.
 - $((\frac{19}{19}))$ <u>(18)</u> "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.
 - $((\frac{(20)}{(20)}))$ "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.
 - $((\frac{(21)}{(21)}))$ <u>(20)</u> "Professional person" means a mental health professional and also means a physician, registered nurse, and such others as may be defined in rules adopted by the secretary pursuant to the provisions of this chapter.
 - $((\frac{(22)}{(22)}))$ "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.
- 35 $((\frac{(23)}{)})$ (22) "Psychologist" means a person who has been licensed 36 as a psychologist under chapter 18.83 RCW.
- (((24))) <u>(23)</u> "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify individuals who are Code Rev/AF:jcm

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- 1 receiving or who at any time have received services for mental 2 illness.
- 3 (((25))) (24) "Release" means legal termination of the commitment under chapter 71.05 RCW.
- 5 $((\frac{(26)}{(26)}))$ "Resident" means a person admitted to an enhanced services facility.
- 7 $((\frac{(27)}{)})$ <u>(26)</u> "Secretary" means the secretary of the department 8 or the secretary's designee.
 - $((\frac{(28)}{(28)}))$ <u>(27)</u> "Significant change" means:

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- 10 (a) A deterioration in a resident's physical, mental, or 11 psychosocial condition that has caused or is likely to cause clinical 12 complications or life-threatening conditions; or
 - (b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.
 - $((\frac{(29)}{(28)}))$ "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.
- 19 (29) "Substance use disorder professional" means a person 20 certified as a substance use disorder professional by the department 21 of health under chapter 18.205 RCW.
 - (30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.
- 30 (31) "Treatment records" include registration and all other 31 records concerning individuals who are receiving or who at any time 32 have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, 33 and by treatment facilities. "Treatment records" do not include notes 34 or records maintained for personal use by an individual providing 35 treatment services for the department, behavioral health 36 organizations, or a treatment facility if the notes or records are 37 38 not available to others.

- 1 (32) "Violent act" means behavior that resulted in homicide, 2 attempted suicide, nonfatal injuries, or substantial damage to 3 property.
- 4 **Sec. 15.** RCW 70.97.030 and 2005 c 504 s 405 are each amended to read as follows:
 - A person, eighteen years old or older, may be admitted to an enhanced services facility if he or she meets the criteria in subsections (1) through (3) of this section:
- 9 (1) The person requires: (a) Daily care by or under the supervision of a mental health professional, ((chemical dependency))

 11 substance use disorder professional, or nurse; or (b) assistance with three or more activities of daily living; and
 - (2) The person has: (a) A mental disorder, chemical dependency disorder, or both; (b) an organic or traumatic brain injury; or (c) a cognitive impairment that results in symptoms or behaviors requiring supervision and facility services; ((\{\frac{1}{2}}\)) and
 - (3) The person has two or more of the following:
- 18 (a) Self-endangering behaviors that are frequent or difficult to 19 manage;
- 20 (b) Aggressive, threatening, or assaultive behaviors that create 21 a risk to the health or safety of other residents or staff, or a 22 significant risk to property and these behaviors are frequent or 23 difficult to manage;
 - (c) Intrusive behaviors that put residents or staff at risk;
- 25 (d) Complex medication needs and those needs include psychotropic 26 medications:
 - (e) A history of or likelihood of unsuccessful placements in either a licensed facility or other state facility or a history of rejected applications for admission to other licensed facilities based on the person's behaviors, history, or security needs;
- 31 (f) A history of frequent or protracted mental health 32 hospitalizations;
- 33 (g) A history of offenses against a person or felony offenses 34 that created substantial damage to property.
- 35 **Sec. 16.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and 2018 c 201 s 3001 are each reenacted and amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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- 1 (1) "Admission" or "admit" means a decision by a physician, 2 physician assistant, or psychiatric advanced registered nurse 3 practitioner that a person should be examined or treated as a patient 4 in a hospital;
 - (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;
 - (5) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;
 - (6) "Authority" means the Washington state health care authority;
 - (7) "Chemical dependency" means:
 - (a) Alcoholism;

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- (b) Drug addiction; or
- 26 (c) Dependence on alcohol and one or more psychoactive chemicals, 27 as the context requires;
 - (8) (("Chemical dependency professional" means a person certified as a chemical dependency professional by the department under chapter 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;
- $((\frac{(10)}{(10)}))$ "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- 37 (((11))) (10) "Crisis stabilization unit" means a short-term 38 facility or a portion of a facility licensed or certified by the 39 department under RCW 71.24.035, such as an evaluation and treatment 40 facility or a hospital, which has been designed to assess, diagnose, Code Rev/AF:jcm 31 S-3383.1/19

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

 $((\frac{12}{12}))$ (11) "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;

 $((\frac{13}{13}))$ <u>(12)</u> "Department" means the department of health;

 $((\frac{14}{14}))$ (13) "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;

 $((\frac{15}{15}))$ <u>(14)</u> "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

((\(\frac{(16)}{(16)}\)) (15) "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;

 $((\frac{(17)}{(16)}))$ <u>(16)</u> "Developmental disability" means that condition 24 defined in RCW 71A.10.020(5);

(((18))) <u>(17)</u> "Director" means the director of the authority;

 $((\frac{(19)}{(18)}))$ "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;

(((20))) (19) "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))) <u>(20)</u> "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 Code Rev/AF:jcm

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- 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;
 - ((\(\frac{(22)}{)}\)) (21) "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))) (22) "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;
 - ((+24+)) (23) "Hearing" means any proceeding conducted in open court. For purposes of this chapter, at any hearing the petitioner, the respondent, the witnesses, and the presiding judicial officer may be present and participate either in person or by video, as determined by the court. The term "video" as used herein shall include any functional equivalent. At any hearing conducted by video, the technology used must permit the judicial officer, counsel, all parties, and the witnesses to be able to see, hear, and speak, when authorized, during the hearing; to allow attorneys to use exhibits or other materials during the hearing; and to allow respondent's counsel to be in the same location as the respondent unless otherwise requested by the respondent or the respondent's counsel. Witnesses in a proceeding may also appear in court through other means, including telephonically, pursuant to the requirements of superior court civil rule 43. Notwithstanding the foregoing, the court, upon its own

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

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- (((25))) <u>(24)</u> "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;
- $((\frac{(26)}{(26)}))$ "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
- 17 (((27))) <u>(26)</u> "Individualized service plan" means a plan prepared 18 by a developmental disabilities professional with other professionals 19 as a team, for a person with developmental disabilities, which shall 20 state:
- 21 (a) The nature of the person's specific problems, prior charged 22 criminal behavior, and habilitation needs;
- 23 (b) The conditions and strategies necessary to achieve the 24 purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve 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
 - (g) The type of residence immediately anticipated for the person and possible future types of residences;
- (((28))) (27) "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
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provider. This may include documents of legal proceedings under this 1 chapter or chapter 71.34 or 10.77 RCW, or somatic health care 2 3 information;

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- $((\frac{(29)}{(28)}))$ "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))) (29) "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))) (30) "Judicial commitment" means a commitment by a court 20 21 pursuant to the provisions of this chapter;
 - $((\frac{32}{32}))$ (31) "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;
 - (((33))) (32) "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))) (33) "Licensed physician" means a person licensed to 30 31 practice medicine or osteopathic medicine and surgery in the state of 32 Washington;
 - (((35))) (34) "Likelihood of serious harm" means:
- (a) A substantial risk that: (i) Physical harm will be inflicted 34 by a person upon his or her own person, as evidenced by threats or 35 attempts to commit suicide or inflict physical harm on oneself; (ii) 36 physical harm will be inflicted by a person upon another, as 37 evidenced by behavior which has caused such harm or which places 38 another person or persons in reasonable fear of sustaining such harm; 39 40 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))) (35) "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;
- $((\frac{37}{1}))$ <u>(36)</u> "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (((38))) <u>(37)</u> "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))) (38) "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, secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;
- (((40))) <u>(39)</u> "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;
- $((\frac{41}{10}))$ <u>(40)</u> "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
- $((\frac{42}{10}))$ (41) "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))) <u>(42)</u> "Professional person" means a mental health professional, ((chemical dependency)) <u>substance use disorder</u> 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;
- 10 (((44))) <u>(43)</u> "Psychiatric advanced registered nurse 11 practitioner" means a person who is licensed as an advanced 12 registered nurse practitioner pursuant to chapter 18.79 RCW; and who 13 is board certified in advanced practice psychiatric and mental health 14 nursing;
 - (((45))) <u>(44)</u> "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))) (45) "Psychologist" means a person who has been licensed 22 as a psychologist pursuant to chapter 18.83 RCW;
 - (((47))) <u>(46)</u> "Public agency" means any evaluation and treatment facility or institution, secure detoxification facility, approved substance use disorder treatment program, or hospital 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, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;
- (((48))) (47) "Release" means legal termination of the commitment 32 under the provisions of this chapter;
- (((49))) (48) "Resource management services" has the meaning 34 given in chapter 71.24 RCW;
- (((50))) (49) "Secretary" means the secretary of the department 36 of health, or his or her designee;
- $((\frac{51}{1}))$ (50) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:
- 40 (a) Provides for intoxicated persons:

- (i) Evaluation and assessment, provided by certified ((chemical dependency)) substance use disorder professionals or co-occurring disorder specialists;
 - (ii) Acute or subacute detoxification services; and
 - (iii) Discharge assistance provided by certified ((chemical dependency)) substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
- 10 (b) Includes security measures sufficient to protect the 11 patients, staff, and community; and
- 12 (c) Is licensed or certified as such by the department of health; 13 (((52))) (51) "Serious violent offense" has the same meaning as 14 provided in RCW 9.94A.030;
 - (((53))) <u>(52)</u> "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))) <u>(53)</u> "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;
 - (54) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;
 - (55) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
 - (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;
- 14 (58) "Violent act" means behavior that resulted in homicide, 15 attempted suicide, nonfatal injuries, or substantial damage to 16 property.
- 17 (59) "Co-occurring disorder specialist" means an individual
 18 possessing an enhancement granted by the department of health under
 19 chapter 18.205 RCW that certifies the individual to provide substance
 20 use disorder counseling subject to the practice limitations under
 21 section 25 of this act.
- 22 **Sec. 17.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to 23 read as follows:
 - Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
 - (1) "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.
 - (2) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.
 - (3) "Authority" means the Washington state health care authority.
 - (4) "Chemical dependency" means:
- 38 (a) Alcoholism;

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39 (b) Drug addiction; or

1 (c) Dependence on alcohol and one or more other psychoactive 2 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.
 - $((\frac{7}{}))$ <u>(6)</u> "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.
- $((\frac{(8)}{(8)}))$ <u>(7)</u> "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.
- $((\frac{(9)}{}))$ <u>(8)</u> "Department" means the department of social and 24 health services.
 - (((10))) <u>(9)</u> "Designated crisis responder" means a person designated by a behavioral health organization to perform the duties specified in this chapter.
 - $((\frac{11}{10}))$ <u>(10)</u> "Director" means the director of the authority.
 - $((\frac{(12)}{(11)}))$ "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))) <u>(12)</u> "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 Code Rev/AF:jcm

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- 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.
 - $((\frac{(14)}{)})$ <u>(13)</u> "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.
 - ((\(\frac{(15)}{)}\)) (14) "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.
 - $((\frac{16}{10}))$ <u>(15)</u> "Inpatient treatment" means twenty-four-hour-perday 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.
 - $((\frac{17}{17}))$ (16) "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.
 - $((\frac{18}{18}))$ <u>(17)</u> "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.
 - ((\(\frac{(19)}{19}\))) (18) "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,

- 1 as evidenced by behavior which has caused substantial loss or damage 2 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.
- $((\frac{(21)}{(21)}))$ (20) "Mental disorder" means any organic, mental, emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of 14 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.
 - $((\frac{(22)}{2}))$ "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.
- $((\frac{(23)}{(23)}))$ (22) "Minor" means any person under the age of eighteen 24 25 years.
- $((\frac{(24)}{(24)}))$ "Outpatient treatment" means 26 any the nonresidential services mandated under chapter 71.24 RCW and provided 27 by licensed or certified service providers as identified by RCW 28 71.24.025. 29
 - $((\frac{(25)}{(24)}))$ <u>(24)</u> "Parent" means:

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- 31 (a) A biological or adoptive parent who has legal custody of the 32 child, including either parent if custody is shared under a joint 33 custody agreement; or
- (b) A person or agency judicially appointed as legal guardian or 34 custodian of the child. 35
- $((\frac{(26)}{(25)}))$ "Private agency" means any person, partnership, 36 corporation, or association that is not a public agency, whether or 37 not financed in whole or in part by public funds, that constitutes an 38 39 evaluation and treatment facility or private institution, hospital, or approved substance use disorder treatment program, that 40 Code Rev/AF:jcm 42 S-3383.1/19

- 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.
 - $((\frac{(27)}{(26)}))$ "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.
 - (((28))) (27) "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.
 - $((\frac{(29)}{(28)}))$ "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))) <u>(29)</u> "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.
- $((\frac{31}{1}))$ <u>(30)</u> "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
 - (((32))) <u>(31)</u> "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.
- $((\frac{(33)}{(32)}))$ "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
- (((34))) (33) "Secretary" means the secretary of the department 36 or secretary's designee.
- $((\frac{35}{)}))$ (34) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:
- 40 (a) Provides for intoxicated minors:

- 1 (i) Evaluation and assessment, provided by certified ((chemical dependency)) substance use disorder professionals or co-occurring disorder specialists;
 - (ii) Acute or subacute detoxification services; and
- 5 (iii) Discharge assistance provided by certified ((chemical dependency)) substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the minor;
- 10 (b) Includes security measures sufficient to protect the 11 patients, staff, and community; and
 - (c) Is licensed or certified as such by the department of health.
- 13 $((\frac{36}{36}))$ "Social worker" means a person with a master's or 14 further advanced degree from a social work educational program 15 accredited and approved as provided in RCW 18.320.010.
 - (((37))) (36) "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))) <u>(37)</u> "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.
- 30 (38) "Co-occurring disorder specialist" means an individual
 31 possessing an enhancement granted by the department of health under
 32 chapter 18.205 RCW that certifies the individual to provide substance
 33 use disorder counseling subject to the practice limitations under
 34 section 25 of this act.
- 35 (39) "Substance use disorder professional" means a person 36 certified as a substance use disorder professional by the department 37 of health under chapter 18.205 RCW.
- 38 **Sec. 18.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to read as follows:

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- (1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a ((chemical dependency)) substance use disorder professional or co-occurring disorder specialist, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.
- (2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment program or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement; however a minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if there is a secure detoxification facility or approved substance use disorder treatment program available and that has adequate space for the minor.
- (3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.
- (4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.
- (5) If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial

- treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.
- 4 (6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.
- **Sec. 19.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to read as follows:

- (1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a ((chemical dependency)) substance use disorder professional or co-occurring disorder specialist, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.
- (2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment program or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement.
- (3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.
- (4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.
- 38 (5) If the evaluation and treatment facility, secure 39 detoxification facility, or approved substance use disorder treatment Code Rev/AF:jcm 46 S-3383.1/19

- 1 program admits the minor, it may detain the minor for evaluation and
- 2 treatment for a period not to exceed seventy-two hours from the time
- 3 of provisional acceptance. The computation of such seventy-two hour
- 4 period shall exclude Saturdays, Sundays, and holidays. This initial
- 5 treatment period shall not exceed seventy-two hours except when an
- 6 application for voluntary inpatient treatment is received or a
- 7 petition for fourteen-day commitment is filed.
- 8 (6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.
- 10 **Sec. 20.** RCW 71.34.760 and 2018 c 201 s 5019 are each amended to 11 read as follows:
 - (1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the director shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility or state-funded approved substance use disorder treatment program.
 - (2) The director's placement authority shall be exercised through a designated placement committee appointed by the director and composed of children's mental health specialists and ((chemical dependency)) substance use disorder professionals, including at least one child psychiatrist who represents the state-funded, long-term, evaluation and treatment facility for minors and one ((chemical dependency)) substance use disorder professional who represents the state-funded approved substance use disorder treatment program. The responsibility of the placement committee will be to:
 - (a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility or approved substance use disorder treatment program, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;
- 35 (b) Approve or deny requests from treatment facilities for 36 transfer of a minor to another facility;
 - (c) Receive and monitor reports required under this section;
 - (d) Receive and monitor reports of all discharges.

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

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- (4) The responsible state-funded evaluation and treatment facility or approved substance use disorder treatment program shall submit a report to the authority's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the authority requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment.
- 12 **Sec. 21.** RCW 18.130.175 and 2006 c 99 s 7 are each amended to 13 read as follows:
 - (1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority.

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

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- relapse or program violation on the part of a license holder in the substance abuse monitoring program. The evaluation shall encourage program participation with additional conditions, in lieu of disciplinary action, when the ((disciplinary [disciplining])) disciplining authority determines that the license holder is able to continue to practice with reasonable skill and safety.
- (2) In addition to approving substance abuse monitoring programs that may receive referrals from the disciplining authority, the disciplining authority may establish by rule requirements for participation of license holders who are not being investigated or monitored by the disciplining authority for substance abuse. License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating.
- (3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The substance abuse program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.
- (4) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved programs shall be confidential, shall be exempt from chapter 42.56 RCW, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplining authority for cause as defined in subsection (3) of this section. Monitoring records relating to license holders referred to the program by the disciplining authority or relating to license holders reported to the disciplining authority by the program for cause, shall be released to the disciplining authority at the request of the disciplining authority. Records held by the disciplining authority under this

- section shall be exempt from chapter 42.56 RCW and shall not be subject to discovery by subpoena except by the license holder.
 - (5) "Substance abuse," as used in this section, means the impairment, as determined by the disciplining authority, of a license holder's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.
 - (6) This section does not affect an employer's right or ability to make employment-related decisions regarding a license holder. This section does not restrict the authority of the disciplining authority to take disciplinary action for any other unprofessional conduct.
 - (7) A person who, in good faith, reports information or takes action in connection with this section is immune from civil liability for reporting information or taking the action.
 - (a) The immunity from civil liability provided by this section shall be liberally construed to accomplish the purposes of this section and the persons entitled to immunity shall include:
 - (i) An approved monitoring treatment program;
 - (ii) The professional association operating the program;
 - (iii) Members, employees, or agents of the program or association;
- (iv) Persons reporting a license holder as being possibly impaired or providing information about the license holder's impairment; and
 - (v) Professionals supervising or monitoring the course of the impaired license holder's treatment or rehabilitation.
 - (b) The courts are strongly encouraged to impose sanctions on clients and their attorneys whose allegations under this subsection are not made in good faith and are without either reasonable objective, substantive grounds, or both.
- 30 (c) The immunity provided in this section is in addition to any 31 other immunity provided by law.
 - (8) In the case of a person who is applying to be a substance use disorder professional or substance use disorder professional trainee certified under chapter 18.205 RCW, if the person is:
- 35 (a) Less than one year in recovery from a substance use disorder, 36 the duration of time that the person may be required to participate 37 in the voluntary substance abuse monitoring program may not exceed 38 the amount of time necessary for the person to achieve one year in 39 recovery; or

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- (b) At least one year in recovery from a substance use disorder,
 the person may not be required to participate in the substance abuse
 monitoring program.
 - Sec. 22. RCW 43.43.842 and 2014 c 88 s 1 are each amended to read as follows:
 - (1) (a) The secretary of social and health services and the secretary of health shall adopt additional requirements for the licensure or relicensure of agencies, facilities, and licensed individuals who provide care and treatment to vulnerable adults, including nursing pools registered under chapter 18.52C RCW. These additional requirements shall ensure that any person associated with a licensed agency or facility having unsupervised access with a vulnerable adult shall not be the respondent in an active protective order under RCW 74.34.130, nor have been: (i) Convicted of a crime against persons as defined in RCW 43.43.830, except as provided in this section; (ii) convicted of crimes relating to financial exploitation as defined in RCW 43.43.830, except as provided in this section; or (iii) found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830.
 - (b) A person associated with a licensed agency or facility who has unsupervised access with a vulnerable adult shall make the disclosures specified in RCW 43.43.834(2). The person shall make the disclosures in writing, sign, and swear to the contents under penalty of perjury. The person shall, in the disclosures, specify all crimes against children or other persons, all crimes relating to financial exploitation, and all crimes relating to drugs as defined in RCW 43.43.830, committed by the person.
 - (2) The rules adopted under this section shall permit the licensee to consider the criminal history of an applicant for employment in a licensed facility when the applicant has one or more convictions for a past offense and:
 - (a) The offense was simple assault, assault in the fourth degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;
- 36 (b) The offense was prostitution, or the same offense as it may 37 be renamed, and three or more years have passed between the most 38 recent conviction and the date of application for employment;

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

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- (e) The offense was forgery, or the same offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment;
- (f) The department of social and health services reviewed the employee's otherwise disqualifying criminal history through the department of social and health services' background assessment review team process conducted in 2002, and determined that such employee could remain in a position covered by this section; or
- (g) The otherwise disqualifying conviction or disposition has been the subject of a pardon, annulment, or other equivalent procedure.

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

- (3) The rules adopted pursuant to subsection (2) of this section may not allow a licensee to automatically deny an applicant with a conviction for an offense set forth in subsection (2) of this section for a position as a substance use disorder professional or substance use disorder professional trainee certified under chapter 18.205 RCW if:
- 30 <u>(a) At least one year has passed between the applicant's most</u>
 31 <u>recent conviction for an offense set forth in subsection (2) of this</u>
 32 <u>section and the date of application for employment;</u>
 - (b) The offense was committed as a result of the applicant's substance use or untreated mental health symptoms; and
 - (c) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from a mental health disorder.
- 39 <u>(4)</u> In consultation with law enforcement personnel, the secretary 40 of social and health services and the secretary of health shall Code Rev/AF:jcm 52 S-3383.1/19

- 1 investigate, or cause to be investigated, the conviction record and the protection proceeding record information under this chapter of 2 the staff of each agency or facility under their respective 3 jurisdictions seeking licensure or relicensure. An individual 4 responding to a criminal background inquiry request from his or her 5 6 employer or potential employer shall disclose the information about 7 his or her criminal history under penalty of perjury. The secretaries shall use the information solely for the purpose of determining 8 eligibility for licensure or relicensure. Criminal justice agencies 9 shall provide the secretaries such information as they may have and 10 11 that the secretaries may require for such purpose.
- NEW SECTION. Sec. 23. A new section is added to chapter 18.205 RCW to read as follows:
 - The department may not automatically deny an applicant for certification under this chapter for a position as a substance use disorder professional or substance use disorder professional trainee based on a conviction history consisting of convictions for simple assault, assault in the fourth degree, prostitution, theft in the third degree, theft in the second degree, or forgery, the same offenses as they may be renamed, or substantially equivalent offenses committed in other states or jurisdictions if:
- 22 (1) At least one year has passed between the applicant's most 23 recent conviction for an offense set forth in this section and the 24 date of application for employment;
 - (2) The offense was committed as a result of the person's substance use or untreated mental health symptoms; and
 - (3) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from mental health challenges.
- 31 **Sec. 24.** RCW 18.130.055 and 2016 c 81 s 12 are each amended to read as follows:
- 33 (1) The disciplining authority may deny an application for 34 licensure or grant a license with conditions if the applicant:
- 35 (a) Has had his or her license to practice any health care 36 profession suspended, revoked, or restricted, by competent authority 37 in any state, federal, or foreign jurisdiction;

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

- (c) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830, except as provided in RCW 9.97.020 and section 23 of this act. For purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the prosecution or sentence has been deferred or suspended. At the request of an applicant for an original license whose conviction is under appeal, the disciplining authority may defer decision upon the application during the pendency of such a prosecution or appeal;
- (d) Fails to prove that he or she is qualified in accordance with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), or the rules adopted by the disciplining authority; or
- (e) Is not able to practice with reasonable skill and safety to consumers by reason of any mental or physical condition.
- (i) The disciplining authority may require the applicant, at his or her own expense, to submit to a mental, physical, or psychological examination by one or more licensed health professionals designated by the disciplining authority. The disciplining authority shall provide written notice of its requirement for a mental or physical examination that includes a statement of the specific conduct, event, or circumstances justifying an examination and a statement of the nature, purpose, scope, and content of the intended examination. If the applicant fails to submit to the examination or provide the results of the examination or any required waivers, the disciplining authority may deny the application.
- (ii) An applicant governed by this chapter is deemed to have given consent to submit to a mental, physical, or psychological examination when directed in writing by the disciplining authority and further to have waived all objections to the admissibility or use of the examining health professional's testimony or examination reports by the disciplining authority on the grounds that the testimony or reports constitute privileged communications.
- (2) The provisions of RCW 9.95.240 and chapter 9.96A RCW do not apply to a decision to deny a license under this section.
- (3) The disciplining authority shall give written notice to the applicant of the decision to deny a license or grant a license with Code Rev/AF:jcm 54 S-3383.1/19

- conditions in response to an application for a license. The notice must state the grounds and factual basis for the action and be served upon the applicant.
- (4) A license applicant who is aggrieved by the decision to deny 4 the license or grant the license with conditions has the right to an 5 6 adjudicative proceeding. The application for adjudicative proceeding must be in writing, state the basis for contesting the adverse 7 action, include a copy of the adverse notice, and be served on and 8 received by the department within twenty-eight days of the decision. 9 The license applicant has the burden to establish, by a preponderance 10 of evidence, that the license applicant is qualified in accordance 11 12 with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), and the rules adopted by the disciplining authority. 13
- NEW SECTION. Sec. 25. A new section is added to chapter 18.205 RCW to read as follows:
- 16 (1) The department shall develop training standards for the 17 creation of a co-occurring disorder specialist enhancement which may 18 be added to the license or registration held by one of the following:
 - (a) Psychologists licensed under chapter 18.83 RCW;

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- 20 (b) Independent clinical social workers licensed under chapter 21 18.225 RCW;
- 22 (c) Marriage and family therapists licensed under chapter 18.225 23 RCW;
- 24 (d) Mental health counselors licensed under chapter 18.225 RCW; 25 and
 - (e) An agency affiliated counselor under chapter 18.19 RCW with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience, experience gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency, in direct treatment of persons with mental illness or emotional disturbance.
- (2) To obtain the co-occurring disorder specialist enhancement, 34 35 applicant must meet training standards and experience requirements. The training standards must be designed with 36 consideration of the practices of the health professions listed in 37 38 subsection (1) of this section and consisting of sixty hours of instruction consisting of (a) thirty hours in understanding the 39 S-3383.1/19Code Rev/AF:jcm 55

- disease pattern of addiction and the pharmacology of alcohol and other drugs; and (b) thirty hours in understanding addiction placement, continuing care, and discharge criteria, including the American society of addiction medicine criteria; treatment planning specific to substance abuse; relapse prevention; and confidentiality issues specific to substance use disorder treatment.
 - (3) In developing the training standards, the department shall consult with the examining board of psychology established in chapter 18.83 RCW, the Washington state mental health counselors, marriage and family therapists, and social workers advisory committee established in chapter 18.225 RCW, the substance use disorder certification advisory committee established in chapter 18.205 RCW, and educational institutions in Washington state that train psychologists, marriage and family therapists, mental health counselors, independent clinical social workers, and substance use disorder professionals.
 - (4) The department shall approve educational programs that meet the training standards, and must not limit its approval to university-based courses.
 - (5) The department shall develop an examination to determine competency in the co-occurring disorder specialist enhancement training standards.
 - (6) The secretary shall issue a co-occurring disorder specialist enhancement to any applicant who demonstrates to the secretary's satisfaction that the following requirements have been met:
 - (a) Completion of the training standards;
 - (b) Successful completion of the competency examination;
 - (c) Successful completion of an experience requirement of:
 - (i) Eighty hours of supervised experience for an applicant listed under subsection (1) of this section with fewer than five years of experience; or
 - (ii) Forty hours of supervised experience for an applicant listed under subsection (1) of this section with five or more years of experience.
- 35 (7) An applicant for the co-occurring disorder specialist 36 enhancement may receive supervised experience from any person who 37 meets or exceeds the requirements of a certified substance use 38 disorder professional in the state of Washington and who would be 39 eligible to take the examination required for substance use disorder 40 professional certification.

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- 1 (8) A person who has obtained a co-occurring disorder specialist enhancement may provide substance use disorder counseling services which are coextensive with those provided by substance use disorder 3 professionals under this chapter, subject to the following 4 limitations:
 - (a) A co-occurring disorder specialist must provide substance use disorder counseling in the context of employment by an agency that provides counseling services; and
 - (b) Following an initial intake or assessment, the co-occurring disorder specialist must provide substance use disorder treatment only to clients who are also diagnosed with a mental health disorder which qualifies as a serious mental illness.
- The secretary shall establish by rule what constitutes 13 14 adequate proof of meeting the criteria.
- (10) Applicants are subject to the grounds for denial of a 15 certificate or issuance of a conditional certificate under chapter 16 17 18.130 RCW.
- NEW SECTION. Sec. 26. A new section is added to chapter 18.205 18 RCW to read as follows: 19
 - (1) Beginning July 1, 2020, subject to the availability of amounts appropriated for this specific purpose, the department shall contract with an educational program to offer the training developed under section 25 of this act. The contracted educational program shall offer the training at a reduced cost to health care providers identified in section 25 of this act. The training must be (a) available online on an ongoing basis and (b) offered in person at least four times per calendar year.
 - (2) Beginning July 1, 2020, subject to the availability of amounts appropriated for this specific purpose, the department shall contract with an entity to provide a telephonic consultation service to assist health care providers who have been issued a substance use disorder professional certification pursuant to RCW 18.205.090 or a co-occurring disorder specialist enhancement under section 25 of this act with the diagnosis and treatment of patients with co-occurring behavioral health disorders.
 - (3) The department shall identify supervisors who are trained and available to supervise persons seeking to meet the supervised experience requirements established under section 25 of this act.
 - (4) This section expires July 1, 2025.

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- NEW SECTION. Sec. 27. A new section is added to chapter 18.83
 RCW to read as follows:
- The department shall reduce the total number of supervised experience hours required under RCW 18.83.070 by three months for any applicant for a license under this chapter who has practiced as a certified chemical dependency professional for three years in the previous ten years.
- 8 <u>NEW SECTION.</u> **Sec. 28.** A new section is added to chapter 18.225 9 RCW to read as follows:
- The department shall reduce the total number of supervised experience hours required under RCW 18.225.090 by ten percent for any applicant for a license under this chapter who has practiced as a certified chemical dependency professional for three years in the previous ten years.
- NEW SECTION. Sec. 29. The department of health must amend its rules to allow persons with a co-occurring disorder specialist enhancement under chapter 18.205 RCW to provide substance use disorder counseling services that are coextensive with the scope and practice of a substance use disorder professional under chapter 18.205 RCW, subject to the practice limitations under section 25 of this act.
- 22 NEW SECTION. Sec. 30. The department of health shall conduct a 23 sunrise review under chapter 18.120 RCW to evaluate the need for creation of a bachelor's level behavioral health professional 24 25 credential that includes competencies related to the treatment of 26 both substance use and mental health disorders appropriate to the bachelor's level of education, allows for reimbursement of services 27 28 in all appropriate settings where persons with behavioral health 29 disorders are treated, and is designed to facilitate work in conjunction with master's level clinicians in a fashion that enables 30 all professionals to work at the top of their scope of license. 31
- NEW SECTION. Sec. 31. (1) Section 13 of this act takes effect 33 August 1, 2020.
- 34 (2) Section 19 of this act takes effect July 1, 2026.

- 1 <u>NEW SECTION.</u> **Sec. 32.** (1) Section 12 of this act expires August
- 2 1, 2020.
- 3 (2) Section 18 of this act expires July 1, 2026."

ESHB 1768 - S COMM AMD

By Subcommittee on Behavioral Health

NOT ADOPTED 04/17/2019

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

--- END ---