

SSB 6445 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED 03/03/2016

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

3 "Sec. 1. RCW 71.05.020 and 2015 c 269 s 14 and 2015 c 250 s 2  
4 are each reenacted and amended to read as follows:

5 The definitions in this section apply throughout this chapter  
6 unless the context clearly requires otherwise.

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

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

15 (3) "Attending staff" means any person on the staff of a public  
16 or private agency having responsibility for the care and treatment of  
17 a patient;

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

21 (5) "Conditional release" means a revocable modification of a  
22 commitment, which may be revoked upon violation of any of its terms;

23 (6) "Crisis stabilization unit" means a short-term facility or a  
24 portion of a facility licensed by the department of health and  
25 certified by the department of social and health services under RCW  
26 71.24.035, such as an evaluation and treatment facility or a  
27 hospital, which has been designed to assess, diagnose, and treat  
28 individuals experiencing an acute crisis without the use of long-term  
29 hospitalization;

30 (7) "Custody" means involuntary detention under the provisions of  
31 this chapter or chapter 10.77 RCW, uninterrupted by any period of

1 unconditional release from commitment from a facility providing  
2 involuntary care and treatment;

3 (8) "Department" means the department of social and health  
4 services;

5 (9) "Designated chemical dependency specialist" means a person  
6 designated by the county alcoholism and other drug addiction program  
7 coordinator designated under RCW 70.96A.310 to perform the commitment  
8 duties described in chapters 70.96A and 70.96B RCW;

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

12 (11) "Designated mental health professional" means a mental  
13 health professional designated by the county or other authority  
14 authorized in rule to perform the duties specified in this chapter;

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

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

25 (14) "Developmental disability" means that condition defined in  
26 RCW 71A.10.020(5);

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

30 (16) "Evaluation and treatment facility" means any facility which  
31 can provide directly, or by direct arrangement with other public or  
32 private agencies, emergency evaluation and treatment, outpatient  
33 care, and timely and appropriate inpatient care to persons suffering  
34 from a mental disorder, and which is certified as such by the  
35 department. The department may certify single beds as temporary  
36 evaluation and treatment beds under RCW 71.05.745. A physically  
37 separate and separately operated portion of a state hospital may be  
38 designated as an evaluation and treatment facility. A facility which  
39 is part of, or operated by, the department or any federal agency will  
40 not require certification. No correctional institution or facility,

1 or jail, shall be an evaluation and treatment facility within the  
2 meaning of this chapter;

3 (17) "Gravely disabled" means a condition in which a person, as a  
4 result of a mental disorder: (a) Is in danger of serious physical  
5 harm resulting from a failure to provide for his or her essential  
6 human needs of health or safety; or (b) manifests severe  
7 deterioration in routine functioning evidenced by repeated and  
8 escalating loss of cognitive or volitional control over his or her  
9 actions and is not receiving such care as is essential for his or her  
10 health or safety;

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

19 (19) "History of one or more violent acts" refers to the period  
20 of time ten years prior to the filing of a petition under this  
21 chapter, excluding any time spent, but not any violent acts  
22 committed, in a mental health facility or in confinement as a result  
23 of a criminal conviction;

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

26 (21) "In need of assisted outpatient mental health treatment"  
27 means that a person, as a result of a mental disorder: (a) Has been  
28 committed by a court to detention for involuntary mental health  
29 treatment at least twice during the preceding thirty-six months, or,  
30 if the person is currently committed for involuntary mental health  
31 treatment, the person has been committed to detention for involuntary  
32 mental health treatment at least once during the thirty-six months  
33 preceding the date of initial detention of the current commitment  
34 cycle; (b) is unlikely to voluntarily participate in outpatient  
35 treatment without an order for less restrictive alternative  
36 treatment, in view of the person's treatment history or current  
37 behavior; (c) is unlikely to survive safely in the community without  
38 supervision; (d) is likely to benefit from less restrictive  
39 alternative treatment; and (e) requires less restrictive alternative  
40 treatment to prevent a relapse, decompensation, or deterioration that

1 is likely to result in the person presenting a likelihood of serious  
2 harm or the person becoming gravely disabled within a reasonably  
3 short period of time. For purposes of (a) of this subsection, time  
4 spent in a mental health facility or in confinement as a result of a  
5 criminal conviction is excluded from the thirty-six month  
6 calculation;

7 (22) "Individualized service plan" means a plan prepared by a  
8 developmental disabilities professional with other professionals as a  
9 team, for a person with developmental disabilities, which shall  
10 state:

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

13 (b) The conditions and strategies necessary to achieve the  
14 purposes of habilitation;

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

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

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

20 (f) Where relevant in light of past criminal behavior and due  
21 consideration for public safety, the criteria for proposed movement  
22 to less-restrictive settings, criteria for proposed eventual  
23 discharge or release, and a projected possible date for discharge or  
24 release; and

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

27 (23) "Information related to mental health services" means all  
28 information and records compiled, obtained, or maintained in the  
29 course of providing services to either voluntary or involuntary  
30 recipients of services by a mental health service provider. This may  
31 include documents of legal proceedings under this chapter or chapter  
32 71.34 or 10.77 RCW, or somatic health care information;

33 (24) "Judicial commitment" means a commitment by a court pursuant  
34 to the provisions of this chapter;

35 (25) "Legal counsel" means attorneys and staff employed by county  
36 prosecutor offices or the state attorney general acting in their  
37 capacity as legal representatives of public mental health service  
38 providers under RCW 71.05.130;

1 (26) "Less restrictive alternative treatment" means a program of  
2 individualized treatment in a less restrictive setting than inpatient  
3 treatment that includes the services described in RCW 71.05.585;

4 (27) "Likelihood of serious harm" means:

5 (a) A substantial risk that: (i) Physical harm will be inflicted  
6 by a person upon his or her own person, as evidenced by threats or  
7 attempts to commit suicide or inflict physical harm on oneself; (ii)  
8 physical harm will be inflicted by a person upon another, as  
9 evidenced by behavior which has caused such harm or which places  
10 another person or persons in reasonable fear of sustaining such harm;  
11 or (iii) physical harm will be inflicted by a person upon the  
12 property of others, as evidenced by behavior which has caused  
13 substantial loss or damage to the property of others; or

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

16 (28) "Medical clearance" means a physician or other health care  
17 provider has determined that a person is medically stable and ready  
18 for referral to the designated mental health professional;

19 (29) "Mental disorder" means any organic, mental, or emotional  
20 impairment which has substantial adverse effects on a person's  
21 cognitive or volitional functions;

22 (30) "Mental health professional" means a psychiatrist,  
23 psychologist, physician assistant working with a supervising  
24 psychiatrist, psychiatric advanced registered nurse practitioner,  
25 psychiatric nurse, or social worker, and such other mental health  
26 professionals as may be defined by rules adopted by the secretary  
27 pursuant to the provisions of this chapter;

28 (31) "Mental health service provider" means a public or private  
29 agency that provides mental health services to persons with mental  
30 disorders as defined under this section and receives funding from  
31 public sources. This includes, but is not limited to, hospitals  
32 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
33 as defined in this section, community mental health service delivery  
34 systems or community mental health programs as defined in RCW  
35 71.24.025, facilities conducting competency evaluations and  
36 restoration under chapter 10.77 RCW, and correctional facilities  
37 operated by state and local governments;

38 (32) "Peace officer" means a law enforcement official of a public  
39 agency or governmental unit, and includes persons specifically given

1 peace officer powers by any state law, local ordinance, or judicial  
2 order of appointment;

3 (33) "Private agency" means any person, partnership, corporation,  
4 or association that is not a public agency, whether or not financed  
5 in whole or in part by public funds, which constitutes an evaluation  
6 and treatment facility or private institution, or hospital, which is  
7 conducted for, or includes a department or ward conducted for, the  
8 care and treatment of persons who are mentally ill;

9 (34) "Professional person" means a mental health professional and  
10 shall also mean a physician, physician assistant, psychiatric  
11 advanced registered nurse practitioner, registered nurse, and such  
12 others as may be defined by rules adopted by the secretary pursuant  
13 to the provisions of this chapter;

14 (35) "Psychiatric advanced registered nurse practitioner" means a  
15 person who is licensed as an advanced registered nurse practitioner  
16 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
17 practice psychiatric and mental health nursing;

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

24 (37) "Psychologist" means a person who has been licensed as a  
25 psychologist pursuant to chapter 18.83 RCW;

26 (38) "Public agency" means any evaluation and treatment facility  
27 or institution, or hospital which is conducted for, or includes a  
28 department or ward conducted for, the care and treatment of persons  
29 with mental illness, if the agency is operated directly by, federal,  
30 state, county, or municipal government, or a combination of such  
31 governments;

32 (39) "Registration records" include all the records of the  
33 department, behavioral health organizations, treatment facilities,  
34 and other persons providing services to the department, county  
35 departments, or facilities which identify persons who are receiving  
36 or who at any time have received services for mental illness;

37 (40) "Release" means legal termination of the commitment under  
38 the provisions of this chapter;

39 (41) "Resource management services" has the meaning given in  
40 chapter 71.24 RCW;

1 (42) "Secretary" means the secretary of the department of social  
2 and health services, or his or her designee;

3 (43) "Serious violent offense" has the same meaning as provided  
4 in RCW 9.94A.030;

5 (44) "Social worker" means a person with a master's or further  
6 advanced degree from a social work educational program accredited and  
7 approved as provided in RCW 18.320.010;

8 (45) "Therapeutic court personnel" means the staff of a mental  
9 health court or other therapeutic court which has jurisdiction over  
10 defendants who are dually diagnosed with mental disorders, including  
11 court personnel, probation officers, a court monitor, prosecuting  
12 attorney, or defense counsel acting within the scope of therapeutic  
13 court duties;

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

26 (47) "Triage facility" means a short-term facility or a portion  
27 of a facility licensed by the department of health and certified by  
28 the department of social and health services under RCW 71.24.035,  
29 which is designed as a facility to assess and stabilize an individual  
30 or determine the need for involuntary commitment of an individual,  
31 and must meet department of health residential treatment facility  
32 standards. A triage facility may be structured as a voluntary or  
33 involuntary placement facility;

34 (48) "Violent act" means behavior that resulted in homicide,  
35 attempted suicide, nonfatal injuries, or substantial damage to  
36 property;

37 (49) "Physician assistant" means a person licensed as a physician  
38 assistant under chapter 18.57A or 18.71A RCW.

1       **Sec. 2.** RCW 71.05.210 and 2015 c 269 s 7 and 2015 c 250 s 20 are  
2 each reenacted and amended to read as follows:

3       (1) Each person involuntarily detained and accepted or admitted  
4 at an evaluation and treatment facility (~~((1))~~):

5       (a) Shall, within twenty-four hours of his or her admission or  
6 acceptance at the facility, not counting time periods prior to  
7 medical clearance, be examined and evaluated by (~~((a) a licensed~~  
8 physician who may be assisted by a physician assistant according to  
9 chapter 18.71A RCW and a mental health professional, (b) an advanced  
10 registered nurse practitioner according to chapter 18.79 RCW and a  
11 mental health professional, or (c) a licensed physician and a  
12 psychiatric advanced registered nurse practitioner)):

13       (i) One physician and a mental health professional;

14       (ii) One physician assistant and a mental health professional; or

15       (iii) One advanced registered nurse practitioner and a mental  
16 health professional; and

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

35       (2) If, after examination and evaluation, the mental health  
36 professional and licensed physician, physician assistant, or  
37 psychiatric advanced registered nurse practitioner determine that the  
38 initial needs of the person would be better served by placement in a  
39 chemical dependency treatment facility, then the person shall be



1 referred to an approved treatment program defined under RCW  
2 70.96A.020.

3 (3) An evaluation and treatment center admitting or accepting any  
4 person pursuant to this chapter whose physical condition reveals the  
5 need for hospitalization shall assure that such person is transferred  
6 to an appropriate hospital for evaluation or admission for treatment.  
7 Notice of such fact shall be given to the court, the designated  
8 attorney, and the designated mental health professional and the court  
9 shall order such continuance in proceedings under this chapter as may  
10 be necessary, but in no event may this continuance be more than  
11 fourteen days.

12 **Sec. 3.** RCW 71.05.215 and 2008 c 156 s 2 are each amended to  
13 read as follows:

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

21 (2) The department shall adopt rules to carry out the purposes of  
22 this chapter. These rules shall include:

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

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

32 (c) For continued treatment beyond thirty days through the  
33 hearing on any petition filed under RCW 71.05.217, the right to  
34 periodic review of the decision to medicate by the medical director  
35 or designee.

36 (d) Administration of antipsychotic medication in an emergency  
37 and review of this decision within twenty-four hours. An emergency  
38 exists if the person presents an imminent likelihood of serious harm,  
39 and medically acceptable alternatives to administration of

1 antipsychotic medications are not available or are unlikely to be  
2 successful; and in the opinion of the physician, physician assistant,  
3 or psychiatric advanced registered nurse practitioner, the person's  
4 condition constitutes an emergency requiring the treatment be  
5 instituted prior to obtaining a second medical opinion.

6 (e) Documentation in the medical record of the attempt by the  
7 physician, physician assistant, or psychiatric advanced registered  
8 nurse practitioner to obtain informed consent and the reasons why  
9 antipsychotic medication is being administered over the person's  
10 objection or lack of consent.

11 **Sec. 4.** RCW 71.05.217 and 2008 c 156 s 3 are each amended to  
12 read as follows:

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

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

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

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

27 (4) To have visitors at reasonable times;

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

30 (6) To have ready access to letter writing materials, including  
31 stamps, and to send and receive uncensored correspondence through the  
32 mails;

33 (7) Not to consent to the administration of antipsychotic  
34 medications beyond the hearing conducted pursuant to RCW  
35 71.05.320(~~(+3)~~) (4) or the performance of electroconvulsant therapy  
36 or surgery, except emergency lifesaving surgery, unless ordered by a  
37 court of competent jurisdiction pursuant to the following standards  
38 and procedures:

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

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

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

36 (d) An order for the administration of antipsychotic medications  
37 entered following a hearing conducted pursuant to this section shall  
38 be effective for the period of the current involuntary treatment  
39 order, and any interim period during which the person is awaiting

1 trial or hearing on a new petition for involuntary treatment or  
2 involuntary medication.

3 (e) Any person detained pursuant to RCW 71.05.320(~~((+3+))~~) (4), who  
4 subsequently refuses antipsychotic medication, shall be entitled to  
5 the procedures set forth in this subsection.

6 (f) Antipsychotic medication may be administered to a  
7 nonconsenting person detained or committed pursuant to this chapter  
8 without a court order pursuant to RCW 71.05.215(2) or under the  
9 following circumstances:

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

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

14 (iii) In the opinion of the physician, physician assistant, or  
15 psychiatric advanced registered nurse practitioner with  
16 responsibility for treatment of the person, or his or her designee,  
17 the person's condition constitutes an emergency requiring the  
18 treatment be instituted before a judicial hearing as authorized  
19 pursuant to this section can be held.

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

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

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

33 **Sec. 5.** RCW 71.05.230 and 2015 c 250 s 6 are each amended to  
34 read as follows:

35 A person detained or committed for seventy-two hour evaluation  
36 and treatment or for an outpatient evaluation for the purpose of  
37 filing a petition for a less restrictive alternative treatment order  
38 may be committed for not more than fourteen additional days of  
39 involuntary intensive treatment or ninety additional days of a less

1 restrictive alternative to involuntary intensive treatment. A  
2 petition may only be filed if the following conditions are met:

3 (1) The professional staff of the agency or facility providing  
4 evaluation services has analyzed the person's condition and finds  
5 that the condition is caused by mental disorder and results in a  
6 likelihood of serious harm, results in the person being gravely  
7 disabled, or results in the person being in need of assisted  
8 outpatient mental health treatment, and are prepared to testify those  
9 conditions are met; and

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

13 (3) The agency or facility providing intensive treatment or which  
14 proposes to supervise the less restrictive alternative is certified  
15 to provide such treatment by the department; and

16 (4) The professional staff of the agency or facility or the  
17 designated mental health professional has filed a petition with the  
18 court for a fourteen day involuntary detention or a ninety day less  
19 restrictive alternative. The petition must be signed either by:

20 (a) Two physicians;

21 (b) One physician and a mental health professional;

22 (c) ~~((Two psychiatric advanced registered nurse practitioners;))~~

23 One physician assistant and a mental health professional; or

24 (d) One psychiatric advanced registered nurse practitioner and a  
25 mental health professional(~~(; or~~

26 ~~(e) A physician and a psychiatric advanced registered nurse  
27 practitioner)). The persons signing the petition must have examined  
28 the person. If involuntary detention is sought the petition shall  
29 state facts that support the finding that such person, as a result of  
30 mental disorder, presents a likelihood of serious harm, or is gravely  
31 disabled and that there are no less restrictive alternatives to  
32 detention in the best interest of such person or others. The petition  
33 shall state specifically that less restrictive alternative treatment  
34 was considered and specify why treatment less restrictive than  
35 detention is not appropriate. If an involuntary less restrictive  
36 alternative is sought, the petition shall state facts that support  
37 the finding that such person, as a result of mental disorder,  
38 presents a likelihood of serious harm, is gravely disabled, or is in  
39 need of assisted outpatient mental health treatment, and shall set~~

1 forth a plan for the less restrictive alternative treatment proposed  
2 by the facility in accordance with RCW 71.05.585; and

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

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

9 (7) The petition reflects that the person was informed of the  
10 loss of firearm rights if involuntarily committed; and

11 (8) At the conclusion of the initial commitment period, the  
12 professional staff of the agency or facility or the designated mental  
13 health professional may petition for an additional period of either  
14 ninety days of less restrictive alternative treatment or ninety days  
15 of involuntary intensive treatment as provided in RCW 71.05.290; and

16 (9) If the hospital or facility designated to provide less  
17 restrictive alternative treatment is other than the facility  
18 providing involuntary treatment, the outpatient facility so  
19 designated to provide less restrictive alternative treatment has  
20 agreed to assume such responsibility.

21 **Sec. 6.** RCW 71.05.290 and 2015 c 250 s 10 are each amended to  
22 read as follows:

23 (1) At any time during a person's fourteen day intensive  
24 treatment period, the professional person in charge of a treatment  
25 facility or his or her professional designee or the designated mental  
26 health professional may petition the superior court for an order  
27 requiring such person to undergo an additional period of treatment.  
28 Such petition must be based on one or more of the grounds set forth  
29 in RCW 71.05.280.

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

33 (a) Two (~~examining~~) physicians;

34 (b) One (~~examining~~) physician and (~~examining~~) a mental health  
35 professional;

36 (c) (~~Two psychiatric advanced registered nurse practitioners;~~)  
37 One physician assistant and a mental health professional; or

38 (d) One psychiatric advanced registered nurse practitioner and a  
39 mental health professional(~~;~~~~or~~

1       ~~(e) An examining physician and an examining psychiatric advanced~~  
2 ~~registered nurse practitioner~~). The affidavits shall describe in  
3 detail the behavior of the detained person which supports the  
4 petition and shall explain what, if any, less restrictive treatments  
5 which are alternatives to detention are available to such person, and  
6 shall state the willingness of the affiant to testify to such facts  
7 in subsequent judicial proceedings under this chapter. If less  
8 restrictive alternative treatment is sought, the petition shall set  
9 forth a proposed plan for less restrictive alternative treatment in  
10 accordance with RCW 71.05.585.

11       (3) If a person has been determined to be incompetent pursuant to  
12 RCW 10.77.086(4), then the professional person in charge of the  
13 treatment facility or his or her professional designee or the  
14 designated mental health professional may directly file a petition  
15 for one hundred eighty day treatment under RCW 71.05.280(3). No  
16 petition for initial detention or fourteen day detention is required  
17 before such a petition may be filed.

18       **Sec. 7.** RCW 71.05.300 and 2014 c 225 s 84 are each amended to  
19 read as follows:

20       (1) The petition for ninety day treatment shall be filed with the  
21 clerk of the superior court at least three days before expiration of  
22 the fourteen-day period of intensive treatment. At the time of filing  
23 such petition, the clerk shall set a time for the person to come  
24 before the court on the next judicial day after the day of filing  
25 unless such appearance is waived by the person's attorney, and the  
26 clerk shall notify the designated mental health professional. The  
27 designated mental health professional shall immediately notify the  
28 person detained, his or her attorney, if any, and his or her guardian  
29 or conservator, if any, the prosecuting attorney, and the behavioral  
30 health organization administrator, and provide a copy of the petition  
31 to such persons as soon as possible. The behavioral health  
32 organization administrator or designee may review the petition and  
33 may appear and testify at the full hearing on the petition.

34       (2) At the time set for appearance the detained person shall be  
35 brought before the court, unless such appearance has been waived and  
36 the court shall advise him or her of his or her right to be  
37 represented by an attorney, his or her right to a jury trial, and his  
38 or her loss of firearm rights if involuntarily committed. If the  
39 detained person is not represented by an attorney, or is indigent or

1 is unwilling to retain an attorney, the court shall immediately  
2 appoint an attorney to represent him or her. The court shall, if  
3 requested, appoint a reasonably available licensed physician,  
4 physician assistant, psychiatric advanced registered nurse  
5 practitioner, psychologist, or psychiatrist, designated by the  
6 detained person to examine and testify on behalf of the detained  
7 person.

8 (3) The court may, if requested, also appoint a professional  
9 person as defined in RCW 71.05.020 to seek less restrictive  
10 alternative courses of treatment and to testify on behalf of the  
11 detained person. In the case of a person with a developmental  
12 disability who has been determined to be incompetent pursuant to RCW  
13 10.77.086(4), then the appointed professional person under this  
14 section shall be a developmental disabilities professional.

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

17 **Sec. 8.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to  
18 read as follows:

19 (1)(a) Every person involuntarily detained or committed under the  
20 provisions of this chapter shall be entitled to all the rights set  
21 forth in this chapter, which shall be prominently posted in the  
22 facility, and shall retain all rights not denied him or her under  
23 this chapter except as chapter 9.41 RCW may limit the right of a  
24 person to purchase or possess a firearm or to qualify for a concealed  
25 pistol license.

26 (b) No person shall be presumed incompetent as a consequence of  
27 receiving an evaluation or voluntary or involuntary treatment for a  
28 mental disorder, under this chapter or any prior laws of this state  
29 dealing with mental illness. Competency shall not be determined or  
30 withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.

31 (c) Any person who leaves a public or private agency following  
32 evaluation or treatment for mental disorder shall be given a written  
33 statement setting forth the substance of this section.

34 (2) Each person involuntarily detained or committed pursuant to  
35 this chapter shall have the right to adequate care and individualized  
36 treatment.

37 (3) The provisions of this chapter shall not be construed to deny  
38 to any person treatment by spiritual means through prayer in



1 accordance with the tenets and practices of a church or religious  
2 denomination.

3 (4) Persons receiving evaluation or treatment under this chapter  
4 shall be given a reasonable choice of an available physician,  
5 physician assistant, psychiatric advanced registered nurse  
6 practitioner, or other professional person qualified to provide such  
7 services.

8 (5) Whenever any person is detained for evaluation and treatment  
9 pursuant to this chapter, both the person and, if possible, a  
10 responsible member of his or her immediate family, personal  
11 representative, guardian, or conservator, if any, shall be advised as  
12 soon as possible in writing or orally, by the officer or person  
13 taking him or her into custody or by personnel of the evaluation and  
14 treatment facility where the person is detained that unless the  
15 person is released or voluntarily admits himself or herself for  
16 treatment within seventy-two hours of the initial detention:

17 (a) A judicial hearing in a superior court, either by a judge or  
18 court commissioner thereof, shall be held not more than seventy-two  
19 hours after the initial detention to determine whether there is  
20 probable cause to detain the person after the seventy-two hours have  
21 expired for up to an additional fourteen days without further  
22 automatic hearing for the reason that the person is a person whose  
23 mental disorder presents a likelihood of serious harm or that the  
24 person is gravely disabled;

25 (b) The person has a right to communicate immediately with an  
26 attorney; has a right to have an attorney appointed to represent him  
27 or her before and at the probable cause hearing if he or she is  
28 indigent; and has the right to be told the name and address of the  
29 attorney that the mental health professional has designated pursuant  
30 to this chapter;

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

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

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

39 (6) When proceedings are initiated under RCW 71.05.153, no later  
40 than twelve hours after such person is admitted to the evaluation and

1 treatment facility the personnel of the evaluation and treatment  
2 facility or the designated mental health professional shall serve on  
3 such person a copy of the petition for initial detention and the  
4 name, business address, and phone number of the designated attorney  
5 and shall forthwith commence service of a copy of the petition for  
6 initial detention on the designated attorney.

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

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

- 13 (a) To present evidence on his or her behalf;
- 14 (b) To cross-examine witnesses who testify against him or her;
- 15 (c) To be proceeded against by the rules of evidence;
- 16 (d) To remain silent;
- 17 (e) To view and copy all petitions and reports in the court file.

18 (9) Privileges between patients and physicians, physician  
19 assistants, psychologists, or psychiatric advanced registered nurse  
20 practitioners are deemed waived in proceedings under this chapter  
21 relating to the administration of antipsychotic medications. As to  
22 other proceedings under this chapter, the privileges shall be waived  
23 when a court of competent jurisdiction in its discretion determines  
24 that such waiver is necessary to protect either the detained person  
25 or the public.

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

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

38 (10) Insofar as danger to the person or others is not created,  
39 each person involuntarily detained, treated in a less restrictive  
40 alternative course of treatment, or committed for treatment and

1 evaluation pursuant to this chapter shall have, in addition to other  
2 rights not specifically withheld by law, the following rights:

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

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

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

10 (d) To have visitors at reasonable times;

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

14 (f) To have ready access to letter writing materials, including  
15 stamps, and to send and receive uncensored correspondence through the  
16 mails;

17 (g) To discuss treatment plans and decisions with professional  
18 persons;

19 (h) Not to consent to the administration of antipsychotic  
20 medications and not to thereafter be administered antipsychotic  
21 medications unless ordered by a court under RCW 71.05.217 or pursuant  
22 to an administrative hearing under RCW 71.05.215;

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

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

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

31 (11) Every person involuntarily detained shall immediately be  
32 informed of his or her right to a hearing to review the legality of  
33 his or her detention and of his or her right to counsel, by the  
34 professional person in charge of the facility providing evaluation  
35 and treatment, or his or her designee, and, when appropriate, by the  
36 court. If the person so elects, the court shall immediately appoint  
37 an attorney to assist him or her.

38 (12) A person challenging his or her detention or his or her  
39 attorney shall have the right to designate and have the court appoint  
40 a reasonably available independent physician, physician assistant,

1 psychiatric advanced registered nurse practitioner, or licensed  
2 mental health professional to examine the person detained, the  
3 results of which examination may be used in the proceeding. The  
4 person shall, if he or she is financially able, bear the cost of such  
5 expert examination, otherwise such expert examination shall be at  
6 public expense.

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

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

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

17 **Sec. 9.** RCW 71.05.660 and 2013 c 200 s 21 are each amended to  
18 read as follows:

19 Nothing in this chapter or chapter 70.02, 70.96A, 71.34, or  
20 70.96B RCW shall be construed to interfere with communications  
21 between physicians, physician assistants, psychiatric advanced  
22 registered nurse practitioners, or psychologists and patients and  
23 attorneys and clients.

24 **Sec. 10.** RCW 71.06.040 and 2009 c 217 s 10 are each amended to  
25 read as follows:

26 At a preliminary hearing upon the charge of sexual psychopathy,  
27 the court may require the testimony of two duly licensed physicians,  
28 physician assistants, or psychiatric advanced registered nurse  
29 practitioners who have examined the defendant. If the court finds  
30 that there are reasonable grounds to believe the defendant is a  
31 sexual psychopath, the court shall order said defendant confined at  
32 the nearest state hospital for observation as to the existence of  
33 sexual psychopathy. Such observation shall be for a period of not to  
34 exceed ninety days. The defendant shall be detained in the county  
35 jail or other county facilities pending execution of such observation  
36 order by the department.

1       **Sec. 11.** RCW 71.12.540 and 2009 c 217 s 11 are each amended to  
2 read as follows:

3       The authorities of each establishment as defined in this chapter  
4 shall place on file in the office of the establishment the  
5 recommendations made by the department of health as a result of such  
6 visits, for the purpose of consultation by such authorities, and for  
7 reference by the department representatives upon their visits. Every  
8 such establishment shall keep records of every person admitted  
9 thereto as follows and shall furnish to the department, when  
10 required, the following data: Name, age, sex, marital status, date of  
11 admission, voluntary or other commitment, name of physician,  
12 physician assistant, or psychiatric advanced registered nurse  
13 practitioner, diagnosis, and date of discharge.

14       **Sec. 12.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted  
15 and amended to read as follows:

16       Unless the context clearly requires otherwise, the definitions in  
17 this section apply throughout this chapter.

18       (1) "Acutely mentally ill" means a condition which is limited to  
19 a short-term severe crisis episode of:

20       (a) A mental disorder as defined in RCW 71.05.020 or, in the case  
21 of a child, as defined in RCW 71.34.020;

22       (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
23 case of a child, a gravely disabled minor as defined in RCW  
24 71.34.020; or

25       (c) Presenting a likelihood of serious harm as defined in RCW  
26 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

27       (2) "Available resources" means funds appropriated for the  
28 purpose of providing community mental health programs, federal funds,  
29 except those provided according to Title XIX of the Social Security  
30 Act, and state funds appropriated under this chapter or chapter 71.05  
31 RCW by the legislature during any biennium for the purpose of  
32 providing residential services, resource management services,  
33 community support services, and other mental health services. This  
34 does not include funds appropriated for the purpose of operating and  
35 administering the state psychiatric hospitals.

36       (3) "Behavioral health organization" means any county authority  
37 or group of county authorities or other entity recognized by the  
38 secretary in contract in a defined region.

1 (4) "Behavioral health services" means mental health services as  
2 described in this chapter and chapter 71.36 RCW and chemical  
3 dependency treatment services as described in chapter 70.96A RCW.

4 (5) "Child" means a person under the age of eighteen years.

5 (6) "Chronically mentally ill adult" or "adult who is chronically  
6 mentally ill" means an adult who has a mental disorder and meets at  
7 least one of the following criteria:

8 (a) Has undergone two or more episodes of hospital care for a  
9 mental disorder within the preceding two years; or

10 (b) Has experienced a continuous psychiatric hospitalization or  
11 residential treatment exceeding six months' duration within the  
12 preceding year; or

13 (c) Has been unable to engage in any substantial gainful activity  
14 by reason of any mental disorder which has lasted for a continuous  
15 period of not less than twelve months. "Substantial gainful activity"  
16 shall be defined by the department by rule consistent with Public Law  
17 92-603, as amended.

18 (7) "Clubhouse" means a community-based program that provides  
19 rehabilitation services and is certified by the department of social  
20 and health services.

21 (8) "Community mental health program" means all mental health  
22 services, activities, or programs using available resources.

23 (9) "Community mental health service delivery system" means  
24 public, private, or tribal agencies that provide services  
25 specifically to persons with mental disorders as defined under RCW  
26 71.05.020 and receive funding from public sources.

27 (10) "Community support services" means services authorized,  
28 planned, and coordinated through resource management services  
29 including, at a minimum, assessment, diagnosis, emergency crisis  
30 intervention available twenty-four hours, seven days a week,  
31 prescreening determinations for persons who are mentally ill being  
32 considered for placement in nursing homes as required by federal law,  
33 screening for patients being considered for admission to residential  
34 services, diagnosis and treatment for children who are acutely  
35 mentally ill or severely emotionally disturbed discovered under  
36 screening through the federal Title XIX early and periodic screening,  
37 diagnosis, and treatment program, investigation, legal, and other  
38 nonresidential services under chapter 71.05 RCW, case management  
39 services, psychiatric treatment including medication supervision,  
40 counseling, psychotherapy, assuring transfer of relevant patient

1 information between service providers, recovery services, and other  
2 services determined by behavioral health organizations.

3 (11) "Consensus-based" means a program or practice that has  
4 general support among treatment providers and experts, based on  
5 experience or professional literature, and may have anecdotal or case  
6 study support, or that is agreed but not possible to perform studies  
7 with random assignment and controlled groups.

8 (12) "County authority" means the board of county commissioners,  
9 county council, or county executive having authority to establish a  
10 community mental health program, or two or more of the county  
11 authorities specified in this subsection which have entered into an  
12 agreement to provide a community mental health program.

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

15 (14) "Designated mental health professional" means a mental  
16 health professional designated by the county or other authority  
17 authorized in rule to perform the duties specified in this chapter.

18 (15) "Emerging best practice" or "promising practice" means a  
19 program or practice that, based on statistical analyses or a well  
20 established theory of change, shows potential for meeting the  
21 evidence-based or research-based criteria, which may include the use  
22 of a program that is evidence-based for outcomes other than those  
23 listed in subsection (16) of this section.

24 (16) "Evidence-based" means a program or practice that has been  
25 tested in heterogeneous or intended populations with multiple  
26 randomized, or statistically controlled evaluations, or both; or one  
27 large multiple site randomized, or statistically controlled  
28 evaluation, or both, where the weight of the evidence from a systemic  
29 review demonstrates sustained improvements in at least one outcome.  
30 "Evidence-based" also means a program or practice that can be  
31 implemented with a set of procedures to allow successful replication  
32 in Washington and, when possible, is determined to be cost-  
33 beneficial.

34 (17) "Licensed service provider" means an entity licensed  
35 according to this chapter or chapter 71.05 or 70.96A RCW or an entity  
36 deemed to meet state minimum standards as a result of accreditation  
37 by a recognized behavioral health accrediting body recognized and  
38 having a current agreement with the department, or tribal attestation  
39 that meets state minimum standards, or persons licensed under chapter

1 18.57, 18.57A, 18.71, 18.71A, 18.83, or 18.79 RCW, as it applies to  
2 registered nurses and advanced registered nurse practitioners.

3 (18) "Long-term inpatient care" means inpatient services for  
4 persons committed for, or voluntarily receiving intensive treatment  
5 for, periods of ninety days or greater under chapter 71.05 RCW.  
6 "Long-term inpatient care" as used in this chapter does not include:  
7 (a) Services for individuals committed under chapter 71.05 RCW who  
8 are receiving services pursuant to a conditional release or a court-  
9 ordered less restrictive alternative to detention; or (b) services  
10 for individuals voluntarily receiving less restrictive alternative  
11 treatment on the grounds of the state hospital.

12 (19) "Mental health services" means all services provided by  
13 behavioral health organizations and other services provided by the  
14 state for persons who are mentally ill.

15 (20) "Mentally ill persons," "persons who are mentally ill," and  
16 "the mentally ill" mean persons and conditions defined in subsections  
17 (1), (6), (28), and (29) of this section.

18 (21) "Recovery" means the process in which people are able to  
19 live, work, learn, and participate fully in their communities.

20 (22) "Registration records" include all the records of the  
21 department, behavioral health organizations, treatment facilities,  
22 and other persons providing services to the department, county  
23 departments, or facilities which identify persons who are receiving  
24 or who at any time have received services for mental illness.

25 (23) "Research-based" means a program or practice that has been  
26 tested with a single randomized, or statistically controlled  
27 evaluation, or both, demonstrating sustained desirable outcomes; or  
28 where the weight of the evidence from a systemic review supports  
29 sustained outcomes as described in subsection (16) of this section  
30 but does not meet the full criteria for evidence-based.

31 (24) "Residential services" means a complete range of residences  
32 and supports authorized by resource management services and which may  
33 involve a facility, a distinct part thereof, or services which  
34 support community living, for persons who are acutely mentally ill,  
35 adults who are chronically mentally ill, children who are severely  
36 emotionally disturbed, or adults who are seriously disturbed and  
37 determined by the behavioral health organization to be at risk of  
38 becoming acutely or chronically mentally ill. The services shall  
39 include at least evaluation and treatment services as defined in  
40 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and



1 rehabilitative care, and supervised and supported living services,  
2 and shall also include any residential services developed to service  
3 persons who are mentally ill in nursing homes, assisted living  
4 facilities, and adult family homes, and may include outpatient  
5 services provided as an element in a package of services in a  
6 supported housing model. Residential services for children in out-of-  
7 home placements related to their mental disorder shall not include  
8 the costs of food and shelter, except for children's long-term  
9 residential facilities existing prior to January 1, 1991.

10 (25) "Resilience" means the personal and community qualities that  
11 enable individuals to rebound from adversity, trauma, tragedy,  
12 threats, or other stresses, and to live productive lives.

13 (26) "Resource management services" mean the planning,  
14 coordination, and authorization of residential services and community  
15 support services administered pursuant to an individual service plan  
16 for: (a) Adults and children who are acutely mentally ill; (b) adults  
17 who are chronically mentally ill; (c) children who are severely  
18 emotionally disturbed; or (d) adults who are seriously disturbed and  
19 determined solely by a behavioral health organization to be at risk  
20 of becoming acutely or chronically mentally ill. Such planning,  
21 coordination, and authorization shall include mental health screening  
22 for children eligible under the federal Title XIX early and periodic  
23 screening, diagnosis, and treatment program. Resource management  
24 services include seven day a week, twenty-four hour a day  
25 availability of information regarding enrollment of adults and  
26 children who are mentally ill in services and their individual  
27 service plan to designated mental health professionals, evaluation  
28 and treatment facilities, and others as determined by the behavioral  
29 health organization.

30 (27) "Secretary" means the secretary of social and health  
31 services.

32 (28) "Seriously disturbed person" means a person who:

33 (a) Is gravely disabled or presents a likelihood of serious harm  
34 to himself or herself or others, or to the property of others, as a  
35 result of a mental disorder as defined in chapter 71.05 RCW;

36 (b) Has been on conditional release status, or under a less  
37 restrictive alternative order, at some time during the preceding two  
38 years from an evaluation and treatment facility or a state mental  
39 health hospital;

1 (c) Has a mental disorder which causes major impairment in  
2 several areas of daily living;

3 (d) Exhibits suicidal preoccupation or attempts; or

4 (e) Is a child diagnosed by a mental health professional, as  
5 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
6 is clearly interfering with the child's functioning in family or  
7 school or with peers or is clearly interfering with the child's  
8 personality development and learning.

9 (29) "Severely emotionally disturbed child" or "child who is  
10 severely emotionally disturbed" means a child who has been determined  
11 by the behavioral health organization to be experiencing a mental  
12 disorder as defined in chapter 71.34 RCW, including those mental  
13 disorders that result in a behavioral or conduct disorder, that is  
14 clearly interfering with the child's functioning in family or school  
15 or with peers and who meets at least one of the following criteria:

16 (a) Has undergone inpatient treatment or placement outside of the  
17 home related to a mental disorder within the last two years;

18 (b) Has undergone involuntary treatment under chapter 71.34 RCW  
19 within the last two years;

20 (c) Is currently served by at least one of the following child-  
21 serving systems: Juvenile justice, child-protection/welfare, special  
22 education, or developmental disabilities;

23 (d) Is at risk of escalating maladjustment due to:

24 (i) Chronic family dysfunction involving a caretaker who is  
25 mentally ill or inadequate;

26 (ii) Changes in custodial adult;

27 (iii) Going to, residing in, or returning from any placement  
28 outside of the home, for example, psychiatric hospital, short-term  
29 inpatient, residential treatment, group or foster home, or a  
30 correctional facility;

31 (iv) Subject to repeated physical abuse or neglect;

32 (v) Drug or alcohol abuse; or

33 (vi) Homelessness.

34 (30) "State minimum standards" means minimum requirements  
35 established by rules adopted by the secretary and necessary to  
36 implement this chapter for: (a) Delivery of mental health services;  
37 (b) licensed service providers for the provision of mental health  
38 services; (c) residential services; and (d) community support  
39 services and resource management services.

1 (31) "Treatment records" include registration and all other  
2 records concerning persons who are receiving or who at any time have  
3 received services for mental illness, which are maintained by the  
4 department, by behavioral health organizations and their staffs, and  
5 by treatment facilities. Treatment records do not include notes or  
6 records maintained for personal use by a person providing treatment  
7 services for the department, behavioral health organizations, or a  
8 treatment facility if the notes or records are not available to  
9 others.

10 (32) "Tribal authority," for the purposes of this section and RCW  
11 71.24.300 only, means: The federally recognized Indian tribes and the  
12 major Indian organizations recognized by the secretary insofar as  
13 these organizations do not have a financial relationship with any  
14 behavioral health organization that would present a conflict of  
15 interest.

16 **Sec. 13.** RCW 71.32.110 and 2003 c 283 s 11 are each amended to  
17 read as follows:

18 (1) For the purposes of this chapter, a principal, agent,  
19 professional person, or health care provider may seek a determination  
20 whether the principal is incapacitated or has regained capacity.

21 (2)(a) For the purposes of this chapter, no adult may be declared  
22 an incapacitated person except by:

23 (i) A court, if the request is made by the principal or the  
24 principal's agent;

25 (ii) One mental health professional and one health care provider;  
26 or

27 (iii) Two health care providers.

28 (b) One of the persons making the determination under (a)(ii) or  
29 (iii) of this subsection must be a psychiatrist, physician assistant  
30 working with a supervising psychiatrist, psychologist, or a  
31 psychiatric advanced registered nurse practitioner.

32 (3) When a professional person or health care provider requests a  
33 capacity determination, he or she shall promptly inform the principal  
34 that:

35 (a) A request for capacity determination has been made; and

36 (b) The principal may request that the determination be made by a  
37 court.

1 (4) At least one mental health professional or health care  
2 provider must personally examine the principal prior to making a  
3 capacity determination.

4 (5)(a) When a court makes a determination whether a principal has  
5 capacity, the court shall, at a minimum, be informed by the testimony  
6 of one mental health professional familiar with the principal and  
7 shall, except for good cause, give the principal an opportunity to  
8 appear in court prior to the court making its determination.

9 (b) To the extent that local court rules permit, any party or  
10 witness may testify telephonically.

11 (6) When a court has made a determination regarding a principal's  
12 capacity and there is a subsequent change in the principal's  
13 condition, subsequent determinations whether the principal is  
14 incapacitated may be made in accordance with any of the provisions of  
15 subsection (2) of this section.

16 **Sec. 14.** RCW 71.32.140 and 2009 c 217 s 12 are each amended to  
17 read as follows:

18 (1) A principal who:

19 (a) Chose not to be able to revoke his or her directive during  
20 any period of incapacity;

21 (b) Consented to voluntary admission to inpatient mental health  
22 treatment, or authorized an agent to consent on the principal's  
23 behalf; and

24 (c) At the time of admission to inpatient treatment, refuses to  
25 be admitted,  
26 may only be admitted into inpatient mental health treatment under  
27 subsection (2) of this section.

28 (2) A principal may only be admitted to inpatient mental health  
29 treatment under his or her directive if, prior to admission, a member  
30 of the treating facility's professional staff who is a physician,  
31 physician assistant, or psychiatric advanced registered nurse  
32 practitioner:

33 (a) Evaluates the principal's mental condition, including a  
34 review of reasonably available psychiatric and psychological history,  
35 diagnosis, and treatment needs, and determines, in conjunction with  
36 another health care provider or mental health professional, that the  
37 principal is incapacitated;

38 (b) Obtains the informed consent of the agent, if any, designated  
39 in the directive;

1 (c) Makes a written determination that the principal needs an  
2 inpatient evaluation or is in need of inpatient treatment and that  
3 the evaluation or treatment cannot be accomplished in a less  
4 restrictive setting; and

5 (d) Documents in the principal's medical record a summary of the  
6 physician's, physician assistant's, or psychiatric advanced  
7 registered nurse practitioner's findings and recommendations for  
8 treatment or evaluation.

9 (3) In the event the admitting physician is not a psychiatrist,  
10 the admitting physician assistant is not supervised by a  
11 psychiatrist, or the advanced registered nurse practitioner is not a  
12 psychiatric advanced registered nurse practitioner, the principal  
13 shall receive a complete psychological assessment by a mental health  
14 professional within twenty-four hours of admission to determine the  
15 continued need for inpatient evaluation or treatment.

16 (4)(a) If it is determined that the principal has capacity, then  
17 the principal may only be admitted to, or remain in, inpatient  
18 treatment if he or she consents at the time or is detained under the  
19 involuntary treatment provisions of chapter 70.96A, 71.05, or 71.34  
20 RCW.

21 (b) If a principal who is determined by two health care providers  
22 or one mental health professional and one health care provider to be  
23 incapacitated continues to refuse inpatient treatment, the principal  
24 may immediately seek injunctive relief for release from the facility.

25 (5) If, at the end of the period of time that the principal or  
26 the principal's agent, if any, has consented to voluntary inpatient  
27 treatment, but no more than fourteen days after admission, the  
28 principal has not regained capacity or has regained capacity but  
29 refuses to consent to remain for additional treatment, the principal  
30 must be released during reasonable daylight hours, unless detained  
31 under chapter 70.96A, 71.05, or 71.34 RCW.

32 (6)(a) Except as provided in (b) of this subsection, any  
33 principal who is voluntarily admitted to inpatient mental health  
34 treatment under this chapter shall have all the rights provided to  
35 individuals who are voluntarily admitted to inpatient treatment under  
36 chapter 71.05, 71.34, or 72.23 RCW.

37 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient  
38 treatment for a specified length of time, the choices an  
39 incapacitated principal expressed in his or her directive shall  
40 control, provided, however, that a principal who takes action

1 demonstrating a desire to be discharged, in addition to making  
2 statements requesting to be discharged, shall be discharged, and no  
3 principal shall be restrained in any way in order to prevent his or  
4 her discharge. Nothing in this subsection shall be construed to  
5 prevent detention and evaluation for civil commitment under chapter  
6 71.05 RCW.

7 (7) Consent to inpatient admission in a directive is effective  
8 only while the professional person, health care provider, and health  
9 care facility are in substantial compliance with the material  
10 provisions of the directive related to inpatient treatment.

11 **Sec. 15.** RCW 71.32.250 and 2009 c 217 s 13 are each amended to  
12 read as follows:

13 (1) If a principal who is a resident of a long-term care facility  
14 is admitted to inpatient mental health treatment pursuant to his or  
15 her directive, the principal shall be allowed to be readmitted to the  
16 same long-term care facility as if his or her inpatient admission had  
17 been for a physical condition on the same basis that the principal  
18 would be readmitted under state or federal statute or rule when:

19 (a) The treating facility's professional staff determine that  
20 inpatient mental health treatment is no longer medically necessary  
21 for the resident. The determination shall be made in writing by a  
22 psychiatrist, physician assistant working with a supervising  
23 psychiatrist, or a psychiatric advanced registered nurse  
24 practitioner, or ((a mental health professional and either (i) a  
25 physician or (ii) psychiatric advanced registered nurse  
26 practitioner)) (i) one physician and a mental health professional;  
27 (ii) one physician assistant and a mental health professional; or  
28 (iii) one psychiatric advanced registered nurse practitioner and a  
29 mental health professional; or

30 (b) The person's consent to admission in his or her directive has  
31 expired.

32 (2)(a) If the long-term care facility does not have a bed  
33 available at the time of discharge, the treating facility may  
34 discharge the resident, in consultation with the resident and agent  
35 if any, and in accordance with a medically appropriate discharge  
36 plan, to another long-term care facility.

37 (b) This section shall apply to inpatient mental health treatment  
38 admission of long-term care facility residents, regardless of whether

1 the admission is directly from a facility, hospital emergency room,  
2 or other location.

3 (c) This section does not restrict the right of the resident to  
4 an earlier release from the inpatient treatment facility. This  
5 section does not restrict the right of a long-term care facility to  
6 initiate transfer or discharge of a resident who is readmitted  
7 pursuant to this section, provided that the facility has complied  
8 with the laws governing the transfer or discharge of a resident.

9 (3) The joint legislative audit and review committee shall  
10 conduct an evaluation of the operation and impact of this section.  
11 The committee shall report its findings to the appropriate committees  
12 of the legislature by December 1, 2004.

13 **Sec. 16.** RCW 71.32.260 and 2009 c 217 s 14 are each amended to  
14 read as follows:

15 The directive shall be in substantially the following form:

16 Mental Health Advance Directive

17 **NOTICE TO PERSONS**

18 **CREATING A MENTAL HEALTH ADVANCE DIRECTIVE**

19 This is an important legal document. It creates an advance directive for mental health treatment. Before signing this  
20 document you should know these important facts:

21 (1) This document is called an advance directive and allows you to make decisions in advance about your mental health  
22 treatment, including medications, short-term admission to inpatient treatment and electroconvulsive therapy.

23 **YOU DO NOT HAVE TO FILL OUT OR SIGN THIS FORM.**

24 **IF YOU DO NOT SIGN THIS FORM, IT WILL NOT TAKE EFFECT.**

25 If you choose to complete and sign this document, you may still decide to leave some items blank.

26 (2) You have the right to appoint a person as your agent to make treatment decisions for you. You must notify your agent  
27 that you have appointed him or her as an agent. The person you appoint has a duty to act consistently with your wishes  
28 made known by you. If your agent does not know what your wishes are, he or she has a duty to act in your best  
29 interest. Your agent has the right to withdraw from the appointment at any time.

30 (3) The instructions you include with this advance directive and the authority you give your agent to act will only become  
31 effective under the conditions you select in this document. You may choose to limit this directive and your agent's  
32 authority to times when you are incapacitated or to times when you are exhibiting symptoms or behavior that you  
33 specify. You may also make this directive effective immediately. No matter when you choose to make this directive  
34 effective, your treatment providers must still seek your informed consent at all times that you have capacity to give  
35 informed consent.

36 (4) You have the right to revoke this document in writing at any time you have capacity.

**YOU MAY NOT REVOKE THIS DIRECTIVE WHEN YOU HAVE BEEN FOUND TO BE INCAPACITATED UNLESS YOU HAVE SPECIFICALLY STATED IN THIS DIRECTIVE THAT YOU WANT IT TO BE REVOCABLE WHEN YOU ARE INCAPACITATED.**

- (5) This directive will stay in effect until you revoke it unless you specify an expiration date. If you specify an expiration date and you are incapacitated at the time it expires, it will remain in effect until you have capacity to make treatment decisions again unless you chose to be able to revoke it while you are incapacitated and you revoke the directive.
- (6) You cannot use your advance directive to consent to civil commitment. The procedures that apply to your advance directive are different than those provided for in the Involuntary Treatment Act. Involuntary treatment is a different process.
- (7) If there is anything in this directive that you do not understand, you should ask a lawyer to explain it to you.
- (8) You should be aware that there are some circumstances where your provider may not have to follow your directive.
- (9) You should discuss any treatment decisions in your directive with your provider.
- (10) You may ask the court to rule on the validity of your directive.

**PART I.  
STATEMENT OF INTENT TO CREATE A  
MENTAL HEALTH ADVANCE DIRECTIVE**

I, . . . . . being a person with capacity, willfully and voluntarily execute this mental health advance directive so that my choices regarding my mental health care will be carried out in circumstances when I am unable to express my instructions and preferences regarding my mental health care. If a guardian is appointed by a court to make mental health decisions for me, I intend this document to take precedence over all other means of ascertaining my intent.

The fact that I may have left blanks in this directive does not affect its validity in any way. I intend that all completed sections be followed. If I have not expressed a choice, my agent should make the decision that he or she determines is in my best interest. I intend this directive to take precedence over any other directives I have previously executed, to the extent that they are inconsistent with this document, or unless I expressly state otherwise in either document.

I understand that I may revoke this directive in whole or in part if I am a person with capacity. I understand that I cannot revoke this directive if a court, two health care providers, or one mental health professional and one health care provider find that I am an incapacitated person, unless, when I executed this directive, I chose to be able to revoke this directive while incapacitated.

I understand that, except as otherwise provided in law, revocation must be in writing. I understand that nothing in this directive, or in my refusal of treatment to which I consent in this directive, authorizes any health care provider, professional person, health care facility, or agent appointed in this directive to use or threaten to use abuse, neglect, financial exploitation, or abandonment to carry out my directive.

I understand that there are some circumstances where my provider may not have to follow my directive.

**PART II.  
WHEN THIS DIRECTIVE IS EFFECTIVE**

*YOU MUST COMPLETE THIS PART FOR YOUR DIRECTIVE TO BE VALID.*



1 I intend that this directive become effective (*YOU MUST CHOOSE ONLY ONE*):  
2 . . . . . Immediately upon my signing of this directive.  
3 . . . . . If I become incapacitated.  
4 . . . . . When the following circumstances, symptoms, or behaviors occur: . . . . .  
5 . . . . .  
6 . . . . .

7 **PART III.**  
8 **DURATION OF THIS DIRECTIVE**

9 *YOU MUST COMPLETE THIS PART FOR YOUR DIRECTIVE TO BE VALID.*

10 I want this directive to (*YOU MUST CHOOSE ONLY ONE*):  
11 . . . . . Remain valid and in effect for an indefinite period of time.  
12 . . . . . Automatically expire . . . . . years from the date it was created.

13 **PART IV.**  
14 **WHEN I MAY REVOKE THIS DIRECTIVE**

15 *YOU MUST COMPLETE THIS PART FOR THIS DIRECTIVE TO BE VALID.*

16 I intend that I be able to revoke this directive (*YOU MUST CHOOSE ONLY ONE*):  
17 . . . . . Only when I have capacity.  
18 I understand that choosing this option means I may only revoke this directive if I have capacity. I further understand  
19 that if I choose this option and become incapacitated while this directive is in effect, I may receive treatment that I  
20 specify in this directive, even if I object at the time.

21 . . . . . Even if I am incapacitated.  
22 I understand that choosing this option means that I may revoke this directive even if I am incapacitated. I further  
23 understand that if I choose this option and revoke this directive while I am incapacitated I may not receive  
24 treatment that I specify in this directive, even if I want the treatment.

25 **PART V.**  
26 **PREFERENCES AND INSTRUCTIONS ABOUT TREATMENT, FACILITIES, AND PHYSICIANS OR**  
27 **PSYCHIATRIC ADVANCED REGISTERED NURSE PRACTITIONERS**

28 **A. Preferences and Instructions About Physician(s), Physician Assistant(s), or Psychiatric Advanced Registered**  
29 **Nurse Practitioner(s) to be Involved in My Treatment**

30 I would like the physician(s), physician assistant(s), or psychiatric advanced registered nurse practitioner(s) named below  
31 to be involved in my treatment decisions:  
32 Dr., PA-C, or PARNP . . . . . Contact information: . . . . .  
33 Dr., PA-C, or PARNP . . . . . Contact information: . . . . .  
34 I do not wish to be treated by Dr. or PARNP. . . . .

1 **B. Preferences and Instructions About Other Providers**

2 I am receiving other treatment or care from providers who I feel have an impact on my mental health care. I would like the  
3 following treatment provider(s) to be contacted when this directive is effective:

4 Name ..... Profession ..... Contact information. ....

5 Name ..... Profession ..... Contact information. ....

6 **C. Preferences and Instructions About Medications for Psychiatric Treatment** *(initial and complete all that apply)*

7 ..... I consent, and authorize my agent (if appointed) to consent, to the following  
8 medications:.....

9 ..... I do not consent, and I do not authorize my agent (if appointed) to consent, to the administration of the following  
10 medications:.....

11 ..... I am willing to take the medications excluded above if my only reason for excluding them is the side effects which  
12 include.....  
13 and these side effects can be eliminated by dosage adjustment or other means

14 ..... I am willing to try any other medication the hospital doctor, physician assistant, or psychiatric advanced registered  
15 nurse practitioner recommends

16 ..... I am willing to try any other medications my outpatient doctor, physician assistant, or psychiatric advanced  
17 registered nurse practitioner recommends

18 ..... I do not want to try any other medications.

19 **Medication Allergies**

20 I have allergies to, or severe side effects from, the following:.....  
21 .....

22 **Other Medication Preferences or Instructions**

23 ..... I have the following other preferences or instructions about medications. ....  
24 .....

25 **D. Preferences and Instructions About Hospitalization and Alternatives**

26 *(initial all that apply and, if desired, rank "1" for first choice, "2" for second choice, and so on)*

27 ..... In the event my psychiatric condition is serious enough to require 24-hour care and I have no physical conditions  
28 that require immediate access to emergency medical care, I prefer to receive this care in programs/facilities designed as  
29 alternatives to psychiatric hospitalizations.

30 ..... I would also like the interventions below to be tried before hospitalization is considered:

31 ..... Calling someone or having someone call me when needed.

32 Name: ..... Telephone: .....

33 ..... Staying overnight with someone

34 Name: ..... Telephone: .....

35 ..... Having a mental health service provider come to see me

- 1       ..... Going to a crisis triage center or emergency room
- 2       ..... Staying overnight at a crisis respite (temporary) bed
- 3       ..... Seeing a service provider for help with psychiatric medications
- 4       ..... Other, specify: .....

**Authority to Consent to Inpatient Treatment**

6       I consent, and authorize my agent (if appointed) to consent, to voluntary admission to inpatient mental health treatment  
 7       for ..... days (*not to exceed 14 days*)

8       (Sign one):

9       ..... If deemed appropriate by my agent (if appointed) and treating physician, physician assistant, or psychiatric  
 10      advanced registered nurse practitioner

11      .....  
 12      (Signature)

13      or

14      ..... Under the following circumstances (specify symptoms, behaviors, or circumstances that indicate the need for  
 15      hospitalization) .....

16      .....  
 17      (Signature)

18      ..... I do **not** consent, or authorize my agent (if appointed) to consent, to inpatient treatment

19      .....  
 20      (Signature)

**Hospital Preferences and Instructions**

22      If hospitalization is required, I prefer the following hospitals: .....

23      I do not consent to be admitted to the following hospitals: .....

**E. Preferences and Instructions About Preemergency**

25      I would like the interventions below to be tried before use of seclusion or restraint is considered  
 26      (*initial all that apply*):

27      ..... "Talk me down" one-on-one

28      ..... More medication

29      ..... Time out/privacy

30      ..... Show of authority/force

31      ..... Shift my attention to something else

32      ..... Set firm limits on my behavior

33      ..... Help me to discuss/vent feelings

34      ..... Decrease stimulation

1 . . . . . Offer to have neutral person settle dispute  
2 . . . . . Other, specify . . . . .

3 **F. Preferences and Instructions About Seclusion, Restraint, and Emergency Medications**

4 If it is determined that I am engaging in behavior that requires seclusion, physical restraint, and/or emergency use of  
5 medication, I prefer these interventions in the order I have chosen (*choose "1" for first choice, "2" for second choice, and*  
6 *so on*):

- 7 . . . . . Seclusion
- 8 . . . . . Seclusion and physical restraint (combined)
- 9 . . . . . Medication by injection
- 10 . . . . . Medication in pill or liquid form

11 In the event that my attending physician, physician assistant, or psychiatric advanced registered nurse practitioner decides  
12 to use medication in response to an emergency situation after due consideration of my preferences and instructions for  
13 emergency treatments stated above, I expect the choice of medication to reflect any preferences and instructions I have  
14 expressed in Part III C of this form. The preferences and instructions I express in this section regarding medication in  
15 emergency situations do not constitute consent to use of the medication for nonemergency treatment.

16 **G. Preferences and Instructions About Electroconvulsive Therapy**  
17 **(ECT or Shock Therapy)**

18 My wishes regarding electroconvulsive therapy are (*sign one*):

19 . . . . . I do not consent, nor authorize my agent (if appointed) to consent, to the administration of electroconvulsive  
20 therapy

21 . . . . .  
22 (Signature)

23 . . . . . I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy

24 . . . . .  
25 (Signature)

26 . . . . . I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy, but  
27 only under the following conditions: . . . . .

28 . . . . .  
29 . . . . .  
30 (Signature)

31 **H. Preferences and Instructions About Who is Permitted to Visit**

32 If I have been admitted to a mental health treatment facility, the following people are not permitted to visit me there:

- 33 Name: . . . . .
- 34 Name: . . . . .
- 35 Name: . . . . .

1 I understand that persons not listed above may be permitted to visit me.

2 **I. Additional Instructions About My Mental Health Care**

3 Other instructions about my mental health care: .....  
4 .....

5 In case of emergency, please contact:

6 Name: ..... Address: .....

7 Work telephone: ..... Home telephone: .....

8 Physician, Physician Assistant, or Psychiatric Address: .....

9 Advanced Registered Nurse Practitioner: .....

10 Telephone: .....

11 The following may help me to avoid a hospitalization: .....

12 .....

13 I generally react to being hospitalized as follows: .....

14 .....

15 Staff of the hospital or crisis unit can help me by doing the following: .....

16 .....

17 .....

18 **J. Refusal of Treatment**

19 I do not consent to any mental health treatment.

20 .....

21 (Signature)

22

23

**PART VI.**

**DURABLE POWER OF ATTORNEY (APPOINTMENT OF MY AGENT)**

24 *(Fill out this part only if you wish to appoint an agent or nominate a guardian.)*

25 I authorize an agent to make mental health treatment decisions on my behalf. The authority granted to my agent  
26 includes the right to consent, refuse consent, or withdraw consent to any mental health care, treatment, service, or  
27 procedure, consistent with any instructions and/or limitations I have set forth in this directive. I intend that those decisions  
28 should be made in accordance with my expressed wishes as set forth in this document. If I have not expressed a choice in  
29 this document **and my agent does not otherwise know my wishes**, I authorize my agent to make the decision that my  
30 agent determines is in my best interest. This agency shall not be affected by my incapacity. Unless I state otherwise in this  
31 durable power of attorney, I may revoke it unless prohibited by other state law.

32 **A. Designation of an Agent**

33 I appoint the following person as my agent to make mental health treatment decisions for me as authorized in this  
34 document and request that this person be notified immediately when this directive becomes effective:

1 Name: ..... Address: .....  
2 Work telephone: ..... Home telephone: .....  
3 Relationship: .....

4 **B. Designation of Alternate Agent**

5 If the person named above is unavailable, unable, or refuses to serve as my agent, or I revoke that person's authority to  
6 serve as my agent, I hereby appoint the following person as my alternate agent and request that this person be notified  
7 immediately when this directive becomes effective or when my original agent is no longer my agent:

8 Name: ..... Address: .....  
9 Work telephone: ..... Home telephone: .....  
10 Relationship: .....

11 **C. When My Spouse is My Agent** *(initial if desired)*

12 ..... If my spouse is my agent, that person shall remain my agent even if we become legally separated or our marriage is  
13 dissolved, unless there is a court order to the contrary or I have remarried.

14 **D. Limitations on My Agent's Authority**

15 I do not grant my agent the authority to consent on my behalf to the following:

16 .....  
17 .....

18 **E. Limitations on My Ability to Revoke this Durable Power of Attorney**

19 I choose to limit my ability to revoke this durable power of attorney as follows:

20 .....  
21 .....

22 **F. Preference as to Court-Appointed Guardian**

23 In the event a court appoints a guardian who will make decisions regarding my mental health treatment, I **nominate** the  
24 following person **as my guardian**:

25 Name: ..... Address: .....  
26 Work telephone: ..... Home telephone: .....  
27 Relationship: .....

28 The appointment of a guardian of my estate or my person or any other decision maker shall not give the guardian or  
29 decision maker the power to revoke, suspend, or terminate this directive or the powers of my agent, except as authorized by  
30 law.

31 .....

32 (Signature required if nomination is made)

33

34

**PART VII.**  
**OTHER DOCUMENTS**

1 (Initial all that apply)

2 I have executed the following documents that include the power to make decisions regarding health care services for  
3 myself:

4 . . . . . Health care power of attorney (chapter 11.94 RCW)

5 . . . . . "Living will" (Health care directive; chapter 70.122 RCW)

6 . . . . . I have appointed more than one agent. I understand that the most recently appointed agent controls except as stated  
7 below:

8 .....

9 **PART VIII.**

10 **NOTIFICATION OF OTHERS AND CARE OF PERSONAL AFFAIRS**

11 *(Fill out this part only if you wish to provide nontreatment instructions.)*

12 I understand the preferences and instructions in this part are **NOT** the responsibility of my treatment provider and that no  
13 treatment provider is required to act on them.

14 **A. Who Should Be Notified**

15 I desire my agent to notify the following individuals as soon as possible when this directive becomes effective:

16 Name: ..... Address: .....

17 Day telephone: ..... Evening telephone: .....

18 Name: ..... Address: .....

19 Day telephone: ..... Evening telephone: .....

20 **B. Preferences or Instructions About Personal Affairs**

21 I have the following preferences or instructions about my personal affairs (e.g., care of dependents, pets, household) if I am  
22 admitted to a mental health treatment facility:

23 .....

24 .....

25 **C. Additional Preferences and Instructions:**

26 .....

27 .....

28 .....

29 .....

30 **PART IX.**

31 **SIGNATURE**

1 By signing here, I indicate that I understand the purpose and effect of this document and that I am giving my informed  
2 consent to the treatments and/or admission to which I have consented or authorized my agent to consent in this directive. I  
3 intend that my consent in this directive be construed as being consistent with the elements of informed consent under  
4 chapter 7.70 RCW.

5 Signature: ..... Date: .....

6 Printed Name: .....

7 This directive was signed and declared by the "Principal," to be his or her directive, in our presence who, at his or her  
8 request, have signed our names below as witnesses. We declare that, at the time of the creation of this instrument, the  
9 Principal is personally known to us, and, according to our best knowledge and belief, has capacity at this time and does not  
10 appear to be acting under duress, undue influence, or fraud. We further declare that none of us is:

11 (A) A person designated to make medical decisions on the principal's behalf;

12 (B) A health care provider or professional person directly involved with the provision of care to the principal at the  
13 time the directive is executed;

14 (C) An owner, operator, employee, or relative of an owner or operator of a health care facility or long-term care facility  
15 in which the principal is a patient or resident;

16 (D) A person who is related by blood, marriage, or adoption to the person, or with whom the principal has a dating  
17 relationship as defined in RCW 26.50.010;

18 (E) An incapacitated person;

19 (F) A person who would benefit financially if the principal undergoes mental health treatment; or

20 (G) A minor.

21 Witness 1: Signature: ..... Date: .....

22 Printed Name: .....

23 Telephone: ..... Address: .....

24 Witness 2: Signature: ..... Date: .....

25 Printed Name: .....

26 Telephone: ..... Address: .....

27 **PART X.**  
28 **RECORD OF DIRECTIVE**

29 I have given a copy of this directive to the following persons: .....  
30 .....

31 DO NOT FILL OUT PART XI UNLESS YOU INTEND TO REVOKE  
32 THIS DIRECTIVE IN PART OR IN WHOLE

33 **PART XI.**  
34 **REVOCAION OF THIS DIRECTIVE**



1 (Initial any that apply):

2 ..... I am revoking the following part(s) of this directive (specify): .....  
3 .....

4 ..... I am revoking all of this directive.

5 By signing here, I indicate that I understand the purpose and effect of my revocation and that no person is bound by any  
6 revoked provision(s). I intend this revocation to be interpreted as if I had never completed the revoked provision(s).

7 Signature: ..... Date: .....

8 Printed Name: .....

9 **DO NOT SIGN THIS PART UNLESS YOU INTEND TO REVOKE THIS**  
10 **DIRECTIVE IN PART OR IN WHOLE**

11 **Sec. 17.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to  
12 read as follows:

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

15 (1) "Child psychiatrist" means a person having a license as a  
16 physician and surgeon in this state, who has had graduate training in  
17 child psychiatry in a program approved by the American Medical  
18 Association or the American Osteopathic Association, and who is board  
19 eligible or board certified in child psychiatry.

20 (2) "Children's mental health specialist" means:

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

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

28 (3) "Commitment" means a determination by a judge or court  
29 commissioner, made after a commitment hearing, that the minor is in  
30 need of inpatient diagnosis, evaluation, or treatment or that the  
31 minor is in need of less restrictive alternative treatment.

32 (4) "Department" means the department of social and health  
33 services.

34 (5) "Designated mental health professional" means a mental health  
35 professional designated by one or more counties to perform the  
36 functions of a designated mental health professional described in  
37 this chapter.

1 (6) "Evaluation and treatment facility" means a public or private  
2 facility or unit that is certified by the department to provide  
3 emergency, inpatient, residential, or outpatient mental health  
4 evaluation and treatment services for minors. A physically separate  
5 and separately-operated portion of a state hospital may be designated  
6 as an evaluation and treatment facility for minors. A facility which  
7 is part of or operated by the department or federal agency does not  
8 require certification. No correctional institution or facility,  
9 juvenile court detention facility, or jail may be an evaluation and  
10 treatment facility within the meaning of this chapter.

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

15 (8) "Gravely disabled minor" means a minor who, as a result of a  
16 mental disorder, is in danger of serious physical harm resulting from  
17 a failure to provide for his or her essential human needs of health  
18 or safety, or manifests severe deterioration in routine functioning  
19 evidenced by repeated and escalating loss of cognitive or volitional  
20 control over his or her actions and is not receiving such care as is  
21 essential for his or her health or safety.

22 (9) "Inpatient treatment" means twenty-four-hour-per-day mental  
23 health care provided within a general hospital, psychiatric hospital,  
24 or residential treatment facility certified by the department as an  
25 evaluation and treatment facility for minors.

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

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

1 (12) "Medical necessity" for inpatient care means a requested  
2 service which is reasonably calculated to: (a) Diagnose, correct,  
3 cure, or alleviate a mental disorder; or (b) prevent the worsening of  
4 mental conditions that endanger life or cause suffering and pain, or  
5 result in illness or infirmity or threaten to cause or aggravate a  
6 handicap, or cause physical deformity or malfunction, and there is no  
7 adequate less restrictive alternative available.

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

14 (14) "Mental health professional" means a psychiatrist, physician  
15 assistant working with a supervising psychiatrist, psychologist,  
16 psychiatric nurse, or social worker, and such other mental health  
17 professionals as may be defined by rules adopted by the secretary  
18 under this chapter.

19 (15) "Minor" means any person under the age of eighteen years.

20 (16) "Outpatient treatment" means any of the nonresidential  
21 services mandated under chapter 71.24 RCW and provided by licensed  
22 services providers as identified by RCW 71.24.025.

23 (17) "Parent" means:

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

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

29 (18) "Professional person in charge" or "professional person"  
30 means a physician or other mental health professional empowered by an  
31 evaluation and treatment facility with authority to make admission  
32 and discharge decisions on behalf of that facility.

33 (19) "Psychiatric nurse" means a registered nurse who has a  
34 bachelor's degree from an accredited college or university, and who  
35 has had, in addition, at least two years' experience in the direct  
36 treatment of persons who have a mental illness or who are emotionally  
37 disturbed, such experience gained under the supervision of a mental  
38 health professional. "Psychiatric nurse" shall also mean any other  
39 registered nurse who has three years of such experience.

1 (20) "Psychiatrist" means a person having a license as a  
2 physician in this state who has completed residency training in  
3 psychiatry in a program approved by the American Medical Association  
4 or the American Osteopathic Association, and is board eligible or  
5 board certified in psychiatry.

6 (21) "Psychologist" means a person licensed as a psychologist  
7 under chapter 18.83 RCW.

8 (22) "Responsible other" means the minor, the minor's parent or  
9 estate, or any other person legally responsible for support of the  
10 minor.

11 (23) "Secretary" means the secretary of the department or  
12 secretary's designee.

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

16 (25) "Start of initial detention" means the time of arrival of  
17 the minor at the first evaluation and treatment facility offering  
18 inpatient treatment if the minor is being involuntarily detained at  
19 the time. With regard to voluntary patients, "start of initial  
20 detention" means the time at which the minor gives notice of intent  
21 to leave under the provisions of this chapter.

22 (26) "Physician assistant" means a person licensed as a physician  
23 assistant under chapter 18.57A or 18.71A RCW.

24 **Sec. 18.** RCW 71.34.355 and 2009 c 217 s 15 are each amended to  
25 read as follows:

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

29 (1) To wear their own clothes and to keep and use personal  
30 possessions;

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

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

34 (4) To have visitors at reasonable times;

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

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

1 (7) To discuss treatment plans and decisions with mental health  
2 professionals;

3 (8) To have the right to adequate care and individualized  
4 treatment;

5 (9) Not to consent to the performance of electro-convulsive  
6 treatment or surgery, except emergency lifesaving surgery, upon him  
7 or her, and not to have electro-convulsive treatment or nonemergency  
8 surgery in such circumstance unless ordered by a court pursuant to a  
9 judicial hearing in which the minor is present and represented by  
10 counsel, and the court shall appoint a psychiatrist, physician  
11 assistant, psychologist, psychiatric advanced registered nurse  
12 practitioner, or physician designated by the minor or the minor's  
13 counsel to testify on behalf of the minor. The minor's parent may  
14 exercise this right on the minor's behalf, and must be informed of  
15 any impending treatment;

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

18 **Sec. 19.** RCW 71.34.720 and 2009 c 217 s 16 are each amended to  
19 read as follows:

20 (1) Each minor approved by the facility for inpatient admission  
21 shall be examined and evaluated by a children's mental health  
22 specialist as to the child's mental condition and by a physician,  
23 physician assistant, or psychiatric advanced registered nurse  
24 practitioner as to the child's physical condition within twenty-four  
25 hours of admission. Reasonable measures shall be taken to ensure  
26 medical treatment is provided for any condition requiring immediate  
27 medical attention.

28 (2) If, after examination and evaluation, the children's mental  
29 health specialist and the physician, physician assistant, or  
30 psychiatric advanced registered nurse practitioner determine that the  
31 initial needs of the minor would be better served by placement in a  
32 chemical dependency treatment facility, then the minor shall be  
33 referred to an approved treatment program defined under RCW  
34 70.96A.020.

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

37 (4) During the initial seventy-two hour treatment period, the  
38 minor has a right to associate or receive communications from parents  
39 or others unless the professional person in charge determines that

1 such communication would be seriously detrimental to the minor's  
2 condition or treatment and so indicates in the minor's clinical  
3 record, and notifies the minor's parents of this determination. In no  
4 event may the minor be denied the opportunity to consult an attorney.

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

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

15 **Sec. 20.** RCW 71.34.730 and 2009 c 293 s 6 and 2009 c 217 s 17  
16 are each amended to read as follows:

17 (1) The professional person in charge of an evaluation and  
18 treatment facility where a minor has been admitted involuntarily for  
19 the initial seventy-two hour treatment period under this chapter may  
20 petition to have a minor committed to an evaluation and treatment  
21 facility for fourteen-day diagnosis, evaluation, and treatment.

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

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

30 (a) A petition for a fourteen-day commitment shall be signed by:  
31 (i) Two physicians((7)); (ii) ~~((two psychiatric advanced registered~~  
32 ~~nurse practitioners, (iii) a mental health professional and either a~~  
33 ~~physician or a psychiatric advanced registered nurse practitioner, or~~  
34 ~~(iv) a physician and a psychiatric advanced registered nurse~~  
35 ~~practitioner)) one physician and a mental health professional; (iii)  
36 one physician assistant and a mental health professional; or (iv) one  
37 psychiatric advanced registered nurse practitioner and a mental  
38 health professional. The person signing the petition must have  
39 examined the minor, and the petition must contain the following:~~

- 1 (A) The name and address of the petitioner;
- 2 (B) The name of the minor alleged to meet the criteria for  
3 fourteen-day commitment;
- 4 (C) The name, telephone number, and address if known of every  
5 person believed by the petitioner to be legally responsible for the  
6 minor;
- 7 (D) A statement that the petitioner has examined the minor and  
8 finds that the minor's condition meets required criteria for  
9 fourteen-day commitment and the supporting facts therefor;
- 10 (E) A statement that the minor has been advised of the need for  
11 voluntary treatment but has been unwilling or unable to consent to  
12 necessary treatment;
- 13 (F) A statement that the minor has been advised of the loss of  
14 firearm rights if involuntarily committed;
- 15 (G) A statement recommending the appropriate facility or  
16 facilities to provide the necessary treatment; and
- 17 (H) A statement concerning whether a less restrictive alternative  
18 to inpatient treatment is in the best interests of the minor.
- 19 (b) A copy of the petition shall be personally delivered to the  
20 minor by the petitioner or petitioner's designee. A copy of the  
21 petition shall be sent to the minor's attorney and the minor's  
22 parent.

23 **Sec. 21.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to  
24 read as follows:

25 (1) At any time during the minor's period of fourteen-day  
26 commitment, the professional person in charge may petition the court  
27 for an order requiring the minor to undergo an additional one hundred  
28 eighty-day period of treatment. The evidence in support of the  
29 petition shall be presented by the county prosecutor unless the  
30 petition is filed by the professional person in charge of a state-  
31 operated facility in which case the evidence shall be presented by  
32 the attorney general.

33 (2) The petition for one hundred eighty-day commitment shall  
34 contain the following:

35 (a) The name and address of the petitioner or petitioners;

36 (b) The name of the minor alleged to meet the criteria for one  
37 hundred eighty-day commitment;

1 (c) A statement that the petitioner is the professional person in  
2 charge of the evaluation and treatment facility responsible for the  
3 treatment of the minor;

4 (d) The date of the fourteen-day commitment order; and

5 (e) A summary of the facts supporting the petition.

6 (3) The petition shall be supported by accompanying affidavits  
7 signed by: (a) Two examining physicians, one of whom shall be a child  
8 psychiatrist, or two psychiatric advanced registered nurse  
9 practitioners, one of whom shall be a child and adolescent or family  
10 psychiatric advanced registered nurse practitioner, or two physician  
11 assistants, one of whom must be supervised by a child psychiatrist;  
12 (b) one children's mental health specialist and either an examining  
13 physician, physician assistant, or a psychiatric advanced registered  
14 nurse practitioner(~~(r)~~); or (c) two among an examining physician,  
15 physician assistant, and a psychiatric advanced registered nurse  
16 practitioner, one of which needs to be a child psychiatrist a  
17 physician assistant supervised by a child psychiatrist, or a child  
18 and adolescent psychiatric nurse practitioner. The affidavits shall  
19 describe in detail the behavior of the detained minor which supports  
20 the petition and shall state whether a less restrictive alternative  
21 to inpatient treatment is in the best interests of the minor.

22 (4) The petition for one hundred eighty-day commitment shall be  
23 filed with the clerk of the court at least three days before the  
24 expiration of the fourteen-day commitment period. The petitioner or  
25 the petitioner's designee shall within twenty-four hours of filing  
26 serve a copy of the petition on the minor and notify the minor's  
27 attorney and the minor's parent. A copy of the petition shall be  
28 provided to such persons at least twenty-four hours prior to the  
29 hearing.

30 (5) At the time of filing, the court shall set a date within  
31 seven days for the hearing on the petition. The court may continue  
32 the hearing upon the written request of the minor or the minor's  
33 attorney for not more than ten days. The minor or the parents shall  
34 be afforded the same rights as in a fourteen-day commitment hearing.  
35 Treatment of the minor shall continue pending the proceeding.

36 (6) For one hundred eighty-day commitment, the court must find by  
37 clear, cogent, and convincing evidence that the minor:

38 (a) Is suffering from a mental disorder;

39 (b) Presents a likelihood of serious harm or is gravely disabled;

40 and



1 (c) Is in need of further treatment that only can be provided in  
2 a one hundred eighty-day commitment.

3 (7) If the court finds that the criteria for commitment are met  
4 and that less restrictive treatment in a community setting is not  
5 appropriate or available, the court shall order the minor committed  
6 for further inpatient treatment to the custody of the secretary or to  
7 a private treatment and evaluation facility if the minor's parents  
8 have assumed responsibility for payment for the treatment. If the  
9 court finds that a less restrictive alternative is in the best  
10 interest of the minor, the court shall order less restrictive  
11 alternative treatment upon such conditions as necessary.

12 If the court determines that the minor does not meet the criteria  
13 for one hundred eighty-day commitment, the minor shall be released.

14 (8) Successive one hundred eighty-day commitments are permissible  
15 on the same grounds and under the same procedures as the original one  
16 hundred eighty-day commitment. Such petitions shall be filed at least  
17 five days prior to the expiration of the previous one hundred eighty-  
18 day commitment order.

19 **Sec. 22.** RCW 71.34.770 and 2009 c 217 s 19 are each amended to  
20 read as follows:

21 (1) The professional person in charge of the inpatient treatment  
22 facility may authorize release for the minor under such conditions as  
23 appropriate. Conditional release may be revoked pursuant to RCW  
24 71.34.780 if leave conditions are not met or the minor's functioning  
25 substantially deteriorates.

26 (2) Minors may be discharged prior to expiration of the  
27 commitment period if the treating physician, physician assistant,  
28 psychiatric advanced registered nurse practitioner, or professional  
29 person in charge concludes that the minor no longer meets commitment  
30 criteria.

31 **Sec. 23.** RCW 18.71A.030 and 2013 c 203 s 6 are each amended to  
32 read as follows:

33 (1) A physician assistant may practice medicine in this state  
34 only with the approval of the delegation agreement by the commission  
35 and only to the extent permitted by the commission. A physician  
36 assistant who has received a license but who has not received  
37 commission approval of the delegation agreement under RCW 18.71A.040

1 may not practice. A physician assistant shall be subject to  
2 discipline under chapter 18.130 RCW.

3 (2) Physician assistants may provide services that they are  
4 competent to perform based on their education, training, and  
5 experience and that are consistent with their commission-approved  
6 delegation agreement. The supervising physician and the physician  
7 assistant shall determine which procedures may be performed and the  
8 degree of supervision under which the procedure is performed.  
9 Physician assistants may practice in any area of medicine or surgery  
10 as long as the practice is not beyond the supervising physician's own  
11 scope of expertise and practice.

12 **Sec. 24.** RCW 18.57A.030 and 2013 c 203 s 3 are each amended to  
13 read as follows:

14 (1) An osteopathic physician assistant as defined in this chapter  
15 may practice osteopathic medicine in this state only with the  
16 approval of the delegation agreement by the board and only to the  
17 extent permitted by the board. An osteopathic physician assistant who  
18 has received a license but who has not received board approval of the  
19 delegation agreement under RCW 18.57A.040 may not practice. An  
20 osteopathic physician assistant shall be subject to discipline by the  
21 board under the provisions of chapter 18.130 RCW.

22 (2) Osteopathic physician assistants may provide services that  
23 they are competent to perform based on their education, training, and  
24 experience and that are consistent with their board-approved  
25 delegation agreement. The supervising physician and the physician  
26 assistant shall determine which procedures may be performed and the  
27 degree of supervision under which the procedure is performed.  
28 Physician assistants may practice in any area of medicine or surgery  
29 so long as the practice is not beyond the supervising physician's own  
30 scope of expertise and practice."

31 Correct the title.

EFFECT: Clarifies combinations of professionals needed to: (1) Examine persons and sign petitions under the involuntary treatment act; and (2) make a determination that inpatient mental health treatment is no longer medically necessary for a principal of a mental health advance directive.

Clarifies that affidavits to support a petition for an additional period of treatment beyond a fourteen-day intensive treatment period must be based on examination of the patient.

Provides that a physician assistant must work with a supervising psychiatrist in order to: (1) Be considered a developmental disabilities professional for the purposes of the involuntary treatment act and mental health treatment for minors; and (2) be considered a mental health professional for the purposes of the involuntary treatment act.

Removes the effective date to update the bill for the current year.

--- END ---