

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE SENATE BILL 5649**

Chapter 269, Laws of 2015

64th Legislature  
2015 Regular Session

INVOLUNTARY TREATMENT

EFFECTIVE DATE: 7/24/2015 - Except for sections 1 through 9 and 11 through 13, which become effective 5/14/15, and Sections 10 and 14, which become effective 4/1/2016.

Passed by the Senate April 16, 2015  
Yeas 45 Nays 2

BRAD OWEN

**President of the Senate**

Passed by the House April 14, 2015  
Yeas 90 Nays 7

FRANK CHOPP

**Speaker of the House of Representatives**

Approved May 14, 2015 12:01 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5649** as passed by Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

**Secretary**

FILED

May 14, 2015

**Secretary of State  
State of Washington**

---

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5649

---

AS AMENDED BY THE HOUSE

Passed Legislature - 2015 Regular Session

State of Washington

64th Legislature

2015 Regular Session

By Senate Ways & Means (originally sponsored by Senators Darneille, Miloscia, Fraser, Keiser, Parlette, Benton, McCoy, and Dammeier)

1 AN ACT Relating to the involuntary treatment act; amending RCW  
2 71.05.010, 71.05.050, 71.05.210, 71.24.035, 71.24.300, 71.24.300, and  
3 71.05.620; reenacting and amending RCW 71.05.153, 71.05.020, and  
4 71.05.020; adding new sections to chapter 71.05 RCW; adding a new  
5 section to chapter 71.24 RCW; adding a new section to chapter 71.34  
6 RCW; creating new sections; providing an effective date; providing  
7 expiration dates; and declaring an emergency.

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

9 **Sec. 1.** RCW 71.05.010 and 1998 c 297 s 2 are each amended to  
10 read as follows:

11 (1) The provisions of this chapter are intended by the  
12 legislature:

13 ~~((1))~~ (a) To protect the health and safety of persons suffering  
14 from mental disorders and to protect public safety through use of the  
15 parens patriae and police powers of the state;

16 (b) To prevent inappropriate, indefinite commitment of mentally  
17 disordered persons and to eliminate legal disabilities that arise  
18 from such commitment;

19 ~~((2))~~ (c) To provide prompt evaluation and timely and  
20 appropriate treatment of persons with serious mental disorders;

21 ~~((3))~~ (d) To safeguard individual rights;

1       ~~((4))~~ (e) To provide continuity of care for persons with  
2 serious mental disorders;

3       ~~((5))~~ (f) To encourage the full use of all existing agencies,  
4 professional personnel, and public funds to prevent duplication of  
5 services and unnecessary expenditures; and

6       ~~((6))~~ (g) To encourage, whenever appropriate, that services be  
7 provided within the community(~~(+~~

8 ~~-7) To protect the public safety~~)).

9       (2) When construing the requirements of this chapter the court  
10 must focus on the merits of the petition, except where requirements  
11 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d  
12 259, 281 (2002). A presumption in favor of deciding petitions on  
13 their merits furthers both public and private interests because the  
14 mental and physical well-being of individuals as well as public  
15 safety may be implicated by the decision to release an individual and  
16 discontinue his or her treatment.

17       NEW SECTION. Sec. 2. A new section is added to chapter 71.05  
18 RCW to read as follows:

19       (1) The department may use a single bed certification process as  
20 outlined in rule to provide additional treatment capacity for a  
21 person suffering from a mental disorder for whom an evaluation and  
22 treatment bed is not available. The facility that is the proposed  
23 site of the single bed certification must be a facility that is  
24 willing and able to provide the person with timely and appropriate  
25 treatment either directly or by arrangement with other public or  
26 private agencies.

27       (2) A single bed certification must be specific to the patient  
28 receiving treatment.

29       (3) A designated mental health professional who submits an  
30 application for a single bed certification for treatment at a  
31 facility that is willing and able to provide timely and appropriate  
32 mental health treatment in good faith belief that the single bed  
33 certification is appropriate may presume that the single bed  
34 certification will be approved for the purpose of completing the  
35 detention process and responding to other emergency calls.

36       (4) The department may adopt rules implementing this section and  
37 continue to enforce rules it has already adopted except where  
38 inconsistent with this section.

1        NEW SECTION.    **Sec. 3.**    A new section is added to chapter 71.05  
2    RCW to read as follows:

3        (1) A designated mental health professional shall make a report  
4    to the department when he or she determines a person meets detention  
5    criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and  
6    there are not any beds available at an evaluation and treatment  
7    facility, the person has not been provisionally accepted for  
8    admission by a facility, and the person cannot be served on a single  
9    bed certification or less restrictive alternative. Starting at the  
10   time when the designated mental health professional determines a  
11   person meets detention criteria and the investigation has been  
12   completed, the designated mental health professional has twenty-four  
13   hours to submit a completed report to the department.

14        (2) The report required under subsection (1) of this section must  
15   contain at a minimum:

16        (a) The date and time that the investigation was completed;

17        (b) The identity of the responsible regional support network or  
18   behavioral health organization;

19        (c) The county in which the person met detention criteria;

20        (d) A list of facilities which refused to admit the person; and

21        (e) Identifying information for the person, including age or date  
22   of birth.

23        (3) The department shall develop a standardized reporting form or  
24   modify the current form used for single bed certifications for the  
25   report required under subsection (2) of this section and may require  
26   additional reporting elements as it determines are necessary or  
27   supportive. The department shall also determine the method for the  
28   transmission of the completed report from the designated mental  
29   health professional to the department.

30        (4) The department shall create quarterly reports displayed on  
31   its web site that summarize the information reported under subsection  
32   (2) of this section. At a minimum, the reports must display data by  
33   county and by month. The reports must also include the number of  
34   single bed certifications granted by category. The categories must  
35   include all of the reasons that the department recognizes for issuing  
36   a single bed certification, as identified in rule.

37        (5) The reports provided according to this section may not  
38   display "protected health information" as that term is used in the  
39   federal health insurance portability and accountability act of 1996,  
40   nor information contained in "mental health treatment records" as

1 that term is used in chapter 70.02 RCW or elsewhere in state law, and  
2 must otherwise be compliant with state and federal privacy laws.

3 (6) For purposes of this section, the term "single bed  
4 certification" means a situation in which an adult on a seventy-two  
5 hour detention, fourteen-day commitment, ninety-day commitment, or  
6 one hundred eighty-day commitment is detained to a facility that is:

7 (a) Not certified as an inpatient evaluation and treatment  
8 facility; or

9 (b) A certified inpatient evaluation and treatment facility that  
10 is already at capacity.

11 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.05  
12 RCW to read as follows:

13 (1) The department shall promptly share reports it receives under  
14 section 3 of this act with the responsible regional support network  
15 or behavioral health organization. The regional support network or  
16 behavioral health organization receiving this notification must  
17 attempt to engage the person in appropriate services for which the  
18 person is eligible and report back within seven days to the  
19 department.

20 (2) The department shall track and analyze reports submitted  
21 under section 3 of this act. The department must initiate corrective  
22 action when appropriate to ensure that each regional support network  
23 or behavioral health organization has implemented an adequate plan to  
24 provide evaluation and treatment services. Corrective actions may  
25 include remedies under RCW 71.24.330 and 43.20A.894, including  
26 requiring expenditure of reserve funds. An adequate plan may include  
27 development of less restrictive alternatives to involuntary  
28 commitment such as crisis triage, crisis diversion, voluntary  
29 treatment, or prevention programs reasonably calculated to reduce  
30 demand for evaluation and treatment under this chapter.

31 **Sec. 5.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to read  
32 as follows:

33 (1) Nothing in this chapter shall be construed to limit the right  
34 of any person to apply voluntarily to any public or private agency or  
35 practitioner for treatment of a mental disorder, either by direct  
36 application or by referral. Any person voluntarily admitted for  
37 inpatient treatment to any public or private agency shall be released  
38 immediately upon his or her request. Any person voluntarily admitted

1 for inpatient treatment to any public or private agency shall orally  
2 be advised of the right to immediate discharge, and further advised  
3 of such rights in writing as are secured to them pursuant to this  
4 chapter and their rights of access to attorneys, courts, and other  
5 legal redress. Their condition and status shall be reviewed at least  
6 once each one hundred eighty days for evaluation as to the need for  
7 further treatment or possible discharge, at which time they shall  
8 again be advised of their right to discharge upon request(~~(+PROVIDED~~  
9 ~~HOWEVER, That)~~).

10 (2) If the professional staff of any public or private agency or  
11 hospital regards a person voluntarily admitted who requests discharge  
12 as presenting, as a result of a mental disorder, an imminent  
13 likelihood of serious harm, or is gravely disabled, they may detain  
14 such person for sufficient time to notify the ((county)) designated  
15 mental health professional of such person's condition to enable the  
16 ((county)) designated mental health professional to authorize such  
17 person being further held in custody or transported to an evaluation  
18 and treatment center pursuant to the provisions of this chapter,  
19 which shall in ordinary circumstances be no later than the next  
20 judicial day(~~(+PROVIDED FURTHER, That)~~).

21 (3) If a person is brought to the emergency room of a public or  
22 private agency or hospital for observation or treatment, the person  
23 refuses voluntary admission, and the professional staff of the public  
24 or private agency or hospital regard such person as presenting as a  
25 result of a mental disorder an imminent likelihood of serious harm,  
26 or as presenting an imminent danger because of grave disability, they  
27 may detain such person for sufficient time to notify the ((county))  
28 designated mental health professional of such person's condition to  
29 enable the ((county)) designated mental health professional to  
30 authorize such person being further held in custody or transported to  
31 an evaluation treatment center pursuant to the conditions in this  
32 chapter, but which time shall be no more than six hours from the time  
33 the professional staff (~~(determine that an evaluation by)~~) notify the  
34 ((county)) designated mental health professional (~~(is necessary)~~) of  
35 the need for evaluation, not counting time periods prior to medical  
36 clearance.

37 (4) Dismissal of a commitment petition is not the appropriate  
38 remedy for a violation of the timeliness requirements of this section  
39 based on the intent of this chapter under RCW 71.05.010 except in the  
40 few cases where the facility staff or designated mental health

1 professional has totally disregarded the requirements of this  
2 section.

3 **Sec. 6.** RCW 71.05.153 and 2011 c 305 s 8 and 2011 c 148 s 2 are  
4 each reenacted and amended to read as follows:

5 (1) When a designated mental health professional receives  
6 information alleging that a person, as the result of a mental  
7 disorder, presents an imminent likelihood of serious harm, or is in  
8 imminent danger because of being gravely disabled, after  
9 investigation and evaluation of the specific facts alleged and of the  
10 reliability and credibility of the person or persons providing the  
11 information if any, the designated mental health professional may  
12 take such person, or cause by oral or written order such person to be  
13 taken into emergency custody in an evaluation and treatment facility  
14 for not more than seventy-two hours as described in RCW 71.05.180.

15 (2) A peace officer may take or cause such person to be taken  
16 into custody and immediately delivered to a triage facility, crisis  
17 stabilization unit, evaluation and treatment facility, or the  
18 emergency department of a local hospital under the following  
19 circumstances:

20 (a) Pursuant to subsection (1) of this section; or

21 (b) When he or she has reasonable cause to believe that such  
22 person is suffering from a mental disorder and presents an imminent  
23 likelihood of serious harm or is in imminent danger because of being  
24 gravely disabled.

25 (3) Persons delivered to a crisis stabilization unit, evaluation  
26 and treatment facility, emergency department of a local hospital, or  
27 triage facility that has elected to operate as an involuntary  
28 facility by peace officers pursuant to subsection (2) of this section  
29 may be held by the facility for a period of up to twelve hours, not  
30 counting time periods prior to medical clearance.

31 (4) Within three hours ~~((of))~~ after arrival, not counting time  
32 periods prior to medical clearance, the person must be examined by a  
33 mental health professional. Within twelve hours of ~~((arrival))~~ notice  
34 of the need for evaluation, not counting time periods prior to  
35 medical clearance, the designated mental health professional must  
36 determine whether the individual meets detention criteria. If the  
37 individual is detained, the designated mental health professional  
38 shall file a petition for detention or a supplemental petition as  
39 appropriate and commence service on the designated attorney for the

1 detained person. If the individual is released to the community, the  
2 mental health provider shall inform the peace officer of the release  
3 within a reasonable period of time after the release if the peace  
4 officer has specifically requested notification and provided contact  
5 information to the provider.

6 (5) Dismissal of a commitment petition is not the appropriate  
7 remedy for a violation of the timeliness requirements of this section  
8 based on the intent of this chapter under RCW 71.05.010 except in the  
9 few cases where the facility staff or designated mental health  
10 professional has totally disregarded the requirements of this  
11 section.

12 **Sec. 7.** RCW 71.05.210 and 2009 c 217 s 1 are each amended to  
13 read as follows:

14 Each person involuntarily detained and accepted or admitted at an  
15 evaluation and treatment facility (1) shall, within twenty-four hours  
16 of his or her admission or acceptance at the facility, not counting  
17 time periods prior to medical clearance, be examined and evaluated by  
18 (a) a licensed physician who may be assisted by a physician assistant  
19 according to chapter 18.71A RCW and a mental health professional, (b)  
20 an advanced registered nurse practitioner according to chapter 18.79  
21 RCW and a mental health professional, or (c) a licensed physician and  
22 a psychiatric advanced registered nurse practitioner and (2) shall  
23 receive such treatment and care as his or her condition requires  
24 including treatment on an outpatient basis for the period that he or  
25 she is detained, except that, beginning twenty-four hours prior to a  
26 trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310,  
27 71.05.320, 71.05.340, or 71.05.217, the individual may refuse  
28 psychiatric medications, but may not refuse: (a) Any other medication  
29 previously prescribed by a person licensed under Title 18 RCW; or (b)  
30 emergency lifesaving treatment, and the individual shall be informed  
31 at an appropriate time of his or her right of such refusal. The  
32 person shall be detained up to seventy-two hours, if, in the opinion  
33 of the professional person in charge of the facility, or his or her  
34 professional designee, the person presents a likelihood of serious  
35 harm, or is gravely disabled. A person who has been detained for  
36 seventy-two hours shall no later than the end of such period be  
37 released, unless referred for further care on a voluntary basis, or  
38 detained pursuant to court order for further treatment as provided in  
39 this chapter.



1 If, after examination and evaluation, the mental health  
2 professional and licensed physician or psychiatric advanced  
3 registered nurse practitioner determine that the initial needs of the  
4 person would be better served by placement in a chemical dependency  
5 treatment facility, then the person shall be referred to an approved  
6 treatment program defined under RCW 70.96A.020.

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

16 **Sec. 8.** RCW 71.24.035 and 2014 c 225 s 11 are each amended to  
17 read as follows:

18 (1) The department is designated as the state mental health  
19 authority.

20 (2) The secretary shall provide for public, client, tribal, and  
21 licensed service provider participation in developing the state  
22 mental health program, developing contracts with behavioral health  
23 organizations, and any waiver request to the federal government under  
24 medicaid.

25 (3) The secretary shall provide for participation in developing  
26 the state mental health program for children and other underserved  
27 populations, by including representatives on any committee  
28 established to provide oversight to the state mental health program.

29 (4) The secretary shall be designated as the behavioral health  
30 organization if the behavioral health organization fails to meet  
31 state minimum standards or refuses to exercise responsibilities under  
32 its contract or RCW 71.24.045, until such time as a new behavioral  
33 health organization is designated.

34 (5) The secretary shall:

35 (a) Develop a biennial state mental health program that  
36 incorporates regional biennial needs assessments and regional mental  
37 health service plans and state services for adults and children with  
38 mental illness;

1 (b) Assure that any behavioral health organization or county  
2 community mental health program provides medically necessary services  
3 to medicaid recipients consistent with the state's medicaid state  
4 plan or federal waiver authorities, and nonmedicaid services  
5 consistent with priorities established by the department;

6 (c) Develop and adopt rules establishing state minimum standards  
7 for the delivery of mental health services pursuant to RCW 71.24.037  
8 including, but not limited to:

9 (i) Licensed service providers. These rules shall permit a  
10 county-operated mental health program to be licensed as a service  
11 provider subject to compliance with applicable statutes and rules.  
12 The secretary shall provide for deeming of compliance with state  
13 minimum standards for those entities accredited by recognized  
14 behavioral health accrediting bodies recognized and having a current  
15 agreement with the department;

16 (ii) Inpatient services, an adequate network of evaluation and  
17 treatment services and facilities under chapter 71.05 RCW to ensure  
18 access to treatment, resource management services, and community  
19 support services;

20 (d) Assure that the special needs of persons who are minorities,  
21 elderly, disabled, children, low-income, and parents who are  
22 respondents in dependency cases are met within the priorities  
23 established in this section;

24 (e) Establish a standard contract or contracts, consistent with  
25 state minimum standards which shall be used in contracting with  
26 behavioral health organizations. The standard contract shall include  
27 a maximum fund balance, which shall be consistent with that required  
28 by federal regulations or waiver stipulations;

29 (f) Establish, to the extent possible, a standardized auditing  
30 procedure which is designed to assure compliance with contractual  
31 agreements authorized by this chapter and minimizes paperwork  
32 requirements of behavioral health organizations and licensed service  
33 providers. The audit procedure shall focus on the outcomes of service  
34 as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

35 (g) Develop and maintain an information system to be used by the  
36 state and behavioral health organizations that includes a tracking  
37 method which allows the department and behavioral health  
38 organizations to identify mental health clients' participation in any  
39 mental health service or public program on an immediate basis. The  
40 information system shall not include individual patient's case

1 history files. Confidentiality of client information and records  
2 shall be maintained as provided in this chapter and chapter 70.02  
3 RCW;

4 (h) License service providers who meet state minimum standards;

5 (i) Periodically monitor the compliance of behavioral health  
6 organizations and their network of licensed service providers for  
7 compliance with the contract between the department, the behavioral  
8 health organization, and federal and state rules at reasonable times  
9 and in a reasonable manner;

10 (j) Fix fees to be paid by evaluation and treatment centers to  
11 the secretary for the required inspections;

12 (k) Monitor and audit behavioral health organizations and  
13 licensed service providers as needed to assure compliance with  
14 contractual agreements authorized by this chapter;

15 (l) Adopt such rules as are necessary to implement the  
16 department's responsibilities under this chapter;

17 (m) License or certify crisis stabilization units that meet state  
18 minimum standards;

19 (n) License or certify clubhouses that meet state minimum  
20 standards; and

21 (o) License or certify triage facilities that meet state minimum  
22 standards.

23 (6) The secretary shall use available resources only for  
24 behavioral health organizations, except:

25 (a) To the extent authorized, and in accordance with any  
26 priorities or conditions specified, in the biennial appropriations  
27 act; or

28 (b) To incentivize improved performance with respect to the  
29 client outcomes established in RCW 43.20A.895, 70.320.020, and  
30 71.36.025, integration of behavioral health and medical services at  
31 the clinical level, and improved care coordination for individuals  
32 with complex care needs.

33 (7) Each behavioral health organization and licensed service  
34 provider shall file with the secretary, on request, such data,  
35 statistics, schedules, and information as the secretary reasonably  
36 requires. A behavioral health organization or licensed service  
37 provider which, without good cause, fails to furnish any data,  
38 statistics, schedules, or information as requested, or files  
39 fraudulent reports thereof, may be subject to the behavioral health

1 organization contractual remedies in RCW 43.20A.894 or may have its  
2 service provider certification or license revoked or suspended.

3 (8) The secretary may suspend, revoke, limit, or restrict a  
4 certification or license, or refuse to grant a certification or  
5 license for failure to conform to: (a) The law; (b) applicable rules  
6 and regulations; (c) applicable standards; or (d) state minimum  
7 standards.

8 (9) The superior court may restrain any behavioral health  
9 organization or service provider from operating without a contract,  
10 certification, or a license or any other violation of this section.  
11 The court may also review, pursuant to procedures contained in  
12 chapter 34.05 RCW, any denial, suspension, limitation, restriction,  
13 or revocation of certification or license, and grant other relief  
14 required to enforce the provisions of this chapter.

15 (10) Upon petition by the secretary, and after hearing held upon  
16 reasonable notice to the facility, the superior court may issue a  
17 warrant to an officer or employee of the secretary authorizing him or  
18 her to enter at reasonable times, and examine the records, books, and  
19 accounts of any behavioral health organization(~~(s-[organization])~~) or  
20 service provider refusing to consent to inspection or examination by  
21 the authority.

22 (11) Notwithstanding the existence or pursuit of any other  
23 remedy, the secretary may file an action for an injunction or other  
24 process against any person or governmental unit to restrain or  
25 prevent the establishment, conduct, or operation of a behavioral  
26 health organization or service provider without a contract,  
27 certification, or a license under this chapter.

28 (12) The standards for certification or licensure of evaluation  
29 and treatment facilities shall include standards relating to  
30 maintenance of good physical and mental health and other services to  
31 be afforded persons pursuant to this chapter and chapters 71.05 and  
32 71.34 RCW, and shall otherwise assure the effectuation of the  
33 purposes of these chapters.

34 (13) The standards for certification or licensure of crisis  
35 stabilization units shall include standards that:

36 (a) Permit location of the units at a jail facility if the unit  
37 is physically separate from the general population of the jail;

38 (b) Require administration of the unit by mental health  
39 professionals who direct the stabilization and rehabilitation  
40 efforts; and

1 (c) Provide an environment affording security appropriate with  
2 the alleged criminal behavior and necessary to protect the public  
3 safety.

4 (14) The standards for certification or licensure of a clubhouse  
5 shall at a minimum include:

6 (a) The facilities may be peer-operated and must be  
7 recovery-focused;

8 (b) Members and employees must work together;

9 (c) Members must have the opportunity to participate in all the  
10 work of the clubhouse, including administration, research, intake and  
11 orientation, outreach, hiring, training and evaluation of staff,  
12 public relations, advocacy, and evaluation of clubhouse  
13 effectiveness;

14 (d) Members and staff and ultimately the clubhouse director must  
15 be responsible for the operation of the clubhouse, central to this  
16 responsibility is the engagement of members and staff in all aspects  
17 of clubhouse operations;

18 (e) Clubhouse programs must be comprised of structured activities  
19 including but not limited to social skills training, vocational  
20 rehabilitation, employment training and job placement, and community  
21 resource development;

22 (f) Clubhouse programs must provide in-house educational programs  
23 that significantly utilize the teaching and tutoring skills of  
24 members and assist members by helping them to take advantage of adult  
25 education opportunities in the community;

26 (g) Clubhouse programs must focus on strengths, talents, and  
27 abilities of its members;

28 (h) The work-ordered day may not include medication clinics, day  
29 treatment, or other therapy programs within the clubhouse.

30 (15) The department shall distribute appropriated state and  
31 federal funds in accordance with any priorities, terms, or conditions  
32 specified in the appropriations act.

33 (16) The secretary shall assume all duties assigned to the  
34 nonparticipating behavioral health organizations under chapters 71.05  
35 and 71.34 RCW and this chapter. Such responsibilities shall include  
36 those which would have been assigned to the nonparticipating counties  
37 in regions where there are not participating behavioral health  
38 organizations.

39 The behavioral health organizations, or the secretary's  
40 assumption of all responsibilities under chapters 71.05 and 71.34 RCW

1 and this chapter, shall be included in all state and federal plans  
2 affecting the state mental health program including at least those  
3 required by this chapter, the medicaid program, and P.L. 99-660.  
4 Nothing in these plans shall be inconsistent with the intent and  
5 requirements of this chapter.

6 (17) The secretary shall:

7 (a) Disburse funds for the behavioral health organizations within  
8 sixty days of approval of the biennial contract. The department must  
9 either approve or reject the biennial contract within sixty days of  
10 receipt.

11 (b) Enter into biennial contracts with behavioral health  
12 organizations. The contracts shall be consistent with available  
13 resources. No contract shall be approved that does not include  
14 progress toward meeting the goals of this chapter by taking  
15 responsibility for: (i) Short-term commitments; (ii) residential  
16 care; and (iii) emergency response systems.

17 (c) Notify behavioral health organizations of their allocation of  
18 available resources at least sixty days prior to the start of a new  
19 biennial contract period.

20 (d) Deny all or part of the funding allocations to behavioral  
21 health organizations based solely upon formal findings of  
22 noncompliance with the terms of the behavioral health organization's  
23 contract with the department. Behavioral health organizations  
24 disputing the decision of the secretary to withhold funding  
25 allocations are limited to the remedies provided in the department's  
26 contracts with the behavioral health organizations.

27 (18) The department, in cooperation with the state congressional  
28 delegation, shall actively seek waivers of federal requirements and  
29 such modifications of federal regulations as are necessary to allow  
30 federal medicaid reimbursement for services provided by freestanding  
31 evaluation and treatment facilities certified under chapter 71.05  
32 RCW. The department shall periodically report its efforts to the  
33 appropriate committees of the senate and the house of  
34 representatives.

35 **Sec. 9.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to  
36 read as follows:

37 (1) Upon the request of a tribal authority or authorities within  
38 a regional support network the joint operating agreement or the  
39 county authority shall allow for the inclusion of the tribal

1 authority to be represented as a party to the regional support  
2 network.

3 (2) The roles and responsibilities of the county and tribal  
4 authorities shall be determined by the terms of that agreement  
5 including a determination of membership on the governing board and  
6 advisory committees, the number of tribal representatives to be party  
7 to the agreement, and the provisions of law and shall assure the  
8 provision of culturally competent services to the tribes served.

9 (3) The state mental health authority may not determine the roles  
10 and responsibilities of county authorities as to each other under  
11 regional support networks by rule, except to assure that all duties  
12 required of regional support networks are assigned and that counties  
13 and the regional support network do not duplicate functions and that  
14 a single authority has final responsibility for all available  
15 resources and performance under the regional support network's  
16 contract with the secretary.

17 (4) If a regional support network is a private entity, the  
18 department shall allow for the inclusion of the tribal authority to  
19 be represented as a party to the regional support network.

20 (5) The roles and responsibilities of the private entity and the  
21 tribal authorities shall be determined by the department, through  
22 negotiation with the tribal authority.

23 (6) Regional support networks shall submit an overall six-year  
24 operating and capital plan, timeline, and budget and submit progress  
25 reports and an updated two-year plan biennially thereafter, to assume  
26 within available resources all of the following duties:

27 (a) Administer and provide for the availability of all resource  
28 management services, residential services, and community support  
29 services.

30 (b) Administer and provide for the availability of an adequate  
31 network of evaluation and treatment services to ensure access to  
32 treatment, all investigation, transportation, court-related, and  
33 other services provided by the state or counties pursuant to chapter  
34 71.05 RCW.

35 (c) Provide within the boundaries of each regional support  
36 network evaluation and treatment services for at least ninety percent  
37 of persons detained or committed for periods up to seventeen days  
38 according to chapter 71.05 RCW. Regional support networks may  
39 contract to purchase evaluation and treatment services from other  
40 networks if they are unable to provide for appropriate resources

1 within their boundaries. Insofar as the original intent of serving  
2 persons in the community is maintained, the secretary is authorized  
3 to approve exceptions on a case-by-case basis to the requirement to  
4 provide evaluation and treatment services within the boundaries of  
5 each regional support network. Such exceptions are limited to:

6 (i) Contracts with neighboring or contiguous regions; or

7 (ii) Individuals detained or committed for periods up to  
8 seventeen days at the state hospitals at the discretion of the  
9 secretary.

10 (d) Administer and provide for the availability of all other  
11 mental health services, which shall include patient counseling, day  
12 treatment, consultation, education services, employment services as  
13 ((defined)) described in RCW 71.24.035, and mental health services to  
14 children.

15 (e) Establish standards and procedures for reviewing individual  
16 service plans and determining when that person may be discharged from  
17 resource management services.

18 (7) A regional support network may request that any state-owned  
19 land, building, facility, or other capital asset which was ever  
20 purchased, deeded, given, or placed in trust for the care of the  
21 persons with mental illness and which is within the boundaries of a  
22 regional support network be made available to support the operations  
23 of the regional support network. State agencies managing such capital  
24 assets shall give first priority to requests for their use pursuant  
25 to this chapter.

26 (8) Each regional support network shall appoint a mental health  
27 advisory board which shall review and provide comments on plans and  
28 policies developed under this chapter, provide local oversight  
29 regarding the activities of the regional support network, and work  
30 with the regional support network to resolve significant concerns  
31 regarding service delivery and outcomes. The department shall  
32 establish statewide procedures for the operation of regional advisory  
33 committees including mechanisms for advisory board feedback to the  
34 department regarding regional support network performance. The  
35 composition of the board shall be broadly representative of the  
36 demographic character of the region and shall include, but not be  
37 limited to, representatives of consumers and families, law  
38 enforcement, and where the county is not the regional support  
39 network, county elected officials. Composition and length of terms of  
40 board members may differ between regional support networks but shall



1 be included in each regional support network's contract and approved  
2 by the secretary.

3 (9) Regional support networks shall assume all duties specified  
4 in their plans and joint operating agreements through biennial  
5 contractual agreements with the secretary.

6 (10) Regional support networks may receive technical assistance  
7 from the housing trust fund and may identify and submit projects for  
8 housing and housing support services to the housing trust fund  
9 established under chapter 43.185 RCW. Projects identified or  
10 submitted under this subsection must be fully integrated with the  
11 regional support network six-year operating and capital plan,  
12 timeline, and budget required by subsection (6) of this section.

13 **Sec. 10.** RCW 71.24.300 and 2014 c 225 s 39 are each amended to  
14 read as follows:

15 (1) Upon the request of a tribal authority or authorities within  
16 a behavioral health organization the joint operating agreement or the  
17 county authority shall allow for the inclusion of the tribal  
18 authority to be represented as a party to the behavioral health  
19 organization.

20 (2) The roles and responsibilities of the county and tribal  
21 authorities shall be determined by the terms of that agreement  
22 including a determination of membership on the governing board and  
23 advisory committees, the number of tribal representatives to be party  
24 to the agreement, and the provisions of law and shall assure the  
25 provision of culturally competent services to the tribes served.

26 (3) The state mental health authority may not determine the roles  
27 and responsibilities of county authorities as to each other under  
28 behavioral health organizations by rule, except to assure that all  
29 duties required of behavioral health organizations are assigned and  
30 that counties and the behavioral health organization do not duplicate  
31 functions and that a single authority has final responsibility for  
32 all available resources and performance under the behavioral health  
33 organization's contract with the secretary.

34 (4) If a behavioral health organization is a private entity, the  
35 department shall allow for the inclusion of the tribal authority to  
36 be represented as a party to the behavioral health organization.

37 (5) The roles and responsibilities of the private entity and the  
38 tribal authorities shall be determined by the department, through  
39 negotiation with the tribal authority.

1 (6) Behavioral health organizations shall submit an overall six-  
2 year operating and capital plan, timeline, and budget and submit  
3 progress reports and an updated two-year plan biennially thereafter,  
4 to assume within available resources all of the following duties:

5 (a) Administer and provide for the availability of all resource  
6 management services, residential services, and community support  
7 services.

8 (b) Administer and provide for the availability of an adequate  
9 network of evaluation and treatment services to ensure access to  
10 treatment, all investigation, transportation, court-related, and  
11 other services provided by the state or counties pursuant to chapter  
12 71.05 RCW.

13 (c) Provide within the boundaries of each behavioral health  
14 organization evaluation and treatment services for at least ninety  
15 percent of persons detained or committed for periods up to seventeen  
16 days according to chapter 71.05 RCW. Behavioral health organizations  
17 may contract to purchase evaluation and treatment services from other  
18 organizations if they are unable to provide for appropriate resources  
19 within their boundaries. Insofar as the original intent of serving  
20 persons in the community is maintained, the secretary is authorized  
21 to approve exceptions on a case-by-case basis to the requirement to  
22 provide evaluation and treatment services within the boundaries of  
23 each behavioral health organization. Such exceptions are limited to:

24 (i) Contracts with neighboring or contiguous regions; or

25 (ii) Individuals detained or committed for periods up to  
26 seventeen days at the state hospitals at the discretion of the  
27 secretary.

28 (d) Administer and provide for the availability of all other  
29 mental health services, which shall include patient counseling, day  
30 treatment, consultation, education services, employment services as  
31 described in RCW 71.24.035, and mental health services to children.

32 (e) Establish standards and procedures for reviewing individual  
33 service plans and determining when that person may be discharged from  
34 resource management services.

35 (7) A behavioral health organization may request that any state-  
36 owned land, building, facility, or other capital asset which was ever  
37 purchased, deeded, given, or placed in trust for the care of the  
38 persons with mental illness and which is within the boundaries of a  
39 behavioral health organization be made available to support the  
40 operations of the behavioral health organization. State agencies

1 managing such capital assets shall give first priority to requests  
2 for their use pursuant to this chapter.

3 (8) Each behavioral health organization shall appoint a mental  
4 health advisory board which shall review and provide comments on  
5 plans and policies developed under this chapter, provide local  
6 oversight regarding the activities of the behavioral health  
7 organization, and work with the behavioral health organization to  
8 resolve significant concerns regarding service delivery and outcomes.  
9 The department shall establish statewide procedures for the operation  
10 of regional advisory committees including mechanisms for advisory  
11 board feedback to the department regarding behavioral health  
12 organization performance. The composition of the board shall be  
13 broadly representative of the demographic character of the region and  
14 shall include, but not be limited to, representatives of consumers  
15 and families, law enforcement, and where the county is not the  
16 behavioral health organization, county elected officials. Composition  
17 and length of terms of board members may differ between behavioral  
18 health organizations but shall be included in each behavioral health  
19 organization's contract and approved by the secretary.

20 (9) Behavioral health organizations shall assume all duties  
21 specified in their plans and joint operating agreements through  
22 biennial contractual agreements with the secretary.

23 (10) Behavioral health organizations may receive technical  
24 assistance from the housing trust fund and may identify and submit  
25 projects for housing and housing support services to the housing  
26 trust fund established under chapter 43.185 RCW. Projects identified  
27 or submitted under this subsection must be fully integrated with the  
28 behavioral health organization six-year operating and capital plan,  
29 timeline, and budget required by subsection (6) of this section.

30 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.24  
31 RCW to read as follows:

32 The department must collaborate with regional support networks or  
33 behavioral health organizations and the Washington state institute  
34 for public policy to estimate the capacity needs for evaluation and  
35 treatment services within each regional service area. Estimated  
36 capacity needs shall include consideration of the average occupancy  
37 rates needed to provide an adequate network of evaluation and  
38 treatment services to ensure access to treatment. A regional service

1 network or behavioral health organization must develop and maintain  
2 an adequate plan to provide for evaluation and treatment needs.

3 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.34  
4 RCW to read as follows:

5 (1) The department may use a single bed certification process as  
6 outlined in rule to provide additional treatment capacity for a minor  
7 suffering from a mental disorder for whom an evaluation and treatment  
8 bed is not available. The facility that is the proposed site of the  
9 single bed certification must be a facility that is willing and able  
10 to provide the person with timely and appropriate treatment either  
11 directly or by arrangement with other public or private agencies.

12 (2) A single bed certification must be specific to the minor  
13 receiving treatment.

14 (3) A designated mental health professional who submits an  
15 application for a single bed certification for treatment at a  
16 facility that is willing and able to provide timely and appropriate  
17 mental health treatment in good faith belief that the single bed  
18 certification is appropriate may presume that the single bed  
19 certification will be approved for the purpose of completing the  
20 detention process and responding to other emergency calls.

21 (4) The department may adopt rules implementing this section and  
22 continue to enforce rules it has already adopted except where  
23 inconsistent with this section.

24 **Sec. 13.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are  
25 each reenacted and amended to read as follows:

26 The definitions in this section apply throughout this chapter  
27 unless the context clearly requires otherwise.

28 (1) "Admission" or "admit" means a decision by a physician or  
29 psychiatric advanced registered nurse practitioner that a person  
30 should be examined or treated as a patient in a hospital;

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

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

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

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

6 (6) "Crisis stabilization unit" means a short-term facility or a  
7 portion of a facility licensed by the department of health and  
8 certified by the department of social and health services under RCW  
9 71.24.035, such as an evaluation and treatment facility or a  
10 hospital, which has been designed to assess, diagnose, and treat  
11 individuals experiencing an acute crisis without the use of long-term  
12 hospitalization;

13 (7) "Custody" means involuntary detention under the provisions of  
14 this chapter or chapter 10.77 RCW, uninterrupted by any period of  
15 unconditional release from commitment from a facility providing  
16 involuntary care and treatment;

17 (8) "Department" means the department of social and health  
18 services;

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

23 (10) "Designated crisis responder" means a mental health  
24 professional appointed by the county or the regional support network  
25 to perform the duties specified in this chapter;

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

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

31 (13) "Developmental disabilities professional" means a person who  
32 has specialized training and three years of experience in directly  
33 treating or working with persons with developmental disabilities and  
34 is a psychiatrist, psychologist, psychiatric advanced registered  
35 nurse practitioner, or social worker, and such other developmental  
36 disabilities professionals as may be defined by rules adopted by the  
37 secretary;

38 (14) "Developmental disability" means that condition defined in  
39 RCW 71A.10.020(~~(+3)~~) (5);

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

4 (16) "Evaluation and treatment facility" means any facility which  
5 can provide directly, or by direct arrangement with other public or  
6 private agencies, emergency evaluation and treatment, outpatient  
7 care, and timely and appropriate inpatient care to persons suffering  
8 from a mental disorder, and which is certified as such by the  
9 department. The department may certify single beds as temporary  
10 evaluation and treatment beds under section 2 of this act. A  
11 physically separate and separately operated portion of a state  
12 hospital may be designated as an evaluation and treatment facility. A  
13 facility which is part of, or operated by, the department or any  
14 federal agency will not require certification. No correctional  
15 institution or facility, or jail, shall be an evaluation and  
16 treatment facility within the meaning of this chapter;

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

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

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

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

1 (21) "Individualized service plan" means a plan prepared by a  
2 developmental disabilities professional with other professionals as a  
3 team, for a person with developmental disabilities, which shall  
4 state:

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

7 (b) The conditions and strategies necessary to achieve the  
8 purposes of habilitation;

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

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

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

14 (f) Where relevant in light of past criminal behavior and due  
15 consideration for public safety, the criteria for proposed movement  
16 to less-restrictive settings, criteria for proposed eventual  
17 discharge or release, and a projected possible date for discharge or  
18 release; and

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

21 (22) "Information related to mental health services" means all  
22 information and records compiled, obtained, or maintained in the  
23 course of providing services to either voluntary or involuntary  
24 recipients of services by a mental health service provider. This may  
25 include documents of legal proceedings under this chapter or chapter  
26 71.34 or 10.77 RCW, or somatic health care information;

27 (23) "Judicial commitment" means a commitment by a court pursuant  
28 to the provisions of this chapter;

29 (24) "Legal counsel" means attorneys and staff employed by county  
30 prosecutor offices or the state attorney general acting in their  
31 capacity as legal representatives of public mental health service  
32 providers under RCW 71.05.130;

33 (25) "Likelihood of serious harm" means:

34 (a) A substantial risk that: (i) Physical harm will be inflicted  
35 by a person upon his or her own person, as evidenced by threats or  
36 attempts to commit suicide or inflict physical harm on oneself; (ii)  
37 physical harm will be inflicted by a person upon another, as  
38 evidenced by behavior which has caused such harm or which places  
39 another person or persons in reasonable fear of sustaining such harm;  
40 or (iii) physical harm will be inflicted by a person upon the

1 property of others, as evidenced by behavior which has caused  
2 substantial loss or damage to the property of others; or

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

5 (26) "Mental disorder" means any organic, mental, or emotional  
6 impairment which has substantial adverse effects on a person's  
7 cognitive or volitional functions;

8 (27) "Mental health professional" means a psychiatrist,  
9 psychologist, psychiatric advanced registered nurse practitioner,  
10 psychiatric nurse, or social worker, and such other mental health  
11 professionals as may be defined by rules adopted by the secretary  
12 pursuant to the provisions of this chapter;

13 (28) "Mental health service provider" means a public or private  
14 agency that provides mental health services to persons with mental  
15 disorders as defined under this section and receives funding from  
16 public sources. This includes, but is not limited to, hospitals  
17 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
18 as defined in this section, community mental health service delivery  
19 systems or community mental health programs as defined in RCW  
20 71.24.025, facilities conducting competency evaluations and  
21 restoration under chapter 10.77 RCW, and correctional facilities  
22 operated by state and local governments;

23 (29) "Peace officer" means a law enforcement official of a public  
24 agency or governmental unit, and includes persons specifically given  
25 peace officer powers by any state law, local ordinance, or judicial  
26 order of appointment;

27 (30) "Private agency" means any person, partnership, corporation,  
28 or association that is not a public agency, whether or not financed  
29 in whole or in part by public funds, which constitutes an evaluation  
30 and treatment facility or private institution, or hospital, which is  
31 conducted for, or includes a department or ward conducted for, the  
32 care and treatment of persons who are mentally ill;

33 (31) "Professional person" means a mental health professional and  
34 shall also mean a physician, psychiatric advanced registered nurse  
35 practitioner, registered nurse, and such others as may be defined by  
36 rules adopted by the secretary pursuant to the provisions of this  
37 chapter;

38 (32) "Psychiatric advanced registered nurse practitioner" means a  
39 person who is licensed as an advanced registered nurse practitioner



1 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
2 practice psychiatric and mental health nursing;

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

9 (34) "Psychologist" means a person who has been licensed as a  
10 psychologist pursuant to chapter 18.83 RCW;

11 (35) "Public agency" means any evaluation and treatment facility  
12 or institution, or hospital which is conducted for, or includes a  
13 department or ward conducted for, the care and treatment of persons  
14 with mental illness, if the agency is operated directly by, federal,  
15 state, county, or municipal government, or a combination of such  
16 governments;

17 (36) "Registration records" include all the records of the  
18 department, regional support networks, treatment facilities, and  
19 other persons providing services to the department, county  
20 departments, or facilities which identify persons who are receiving  
21 or who at any time have received services for mental illness;

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

24 (38) "Resource management services" has the meaning given in  
25 chapter 71.24 RCW;

26 (39) "Secretary" means the secretary of the department of social  
27 and health services, or his or her designee;

28 (40) "Serious violent offense" has the same meaning as provided  
29 in RCW 9.94A.030;

30 (41) "Social worker" means a person with a master's or further  
31 advanced degree from a social work educational program accredited and  
32 approved as provided in RCW 18.320.010;

33 (42) "Therapeutic court personnel" means the staff of a mental  
34 health court or other therapeutic court which has jurisdiction over  
35 defendants who are dually diagnosed with mental disorders, including  
36 court personnel, probation officers, a court monitor, prosecuting  
37 attorney, or defense counsel acting within the scope of therapeutic  
38 court duties;

39 (43) "Triage facility" means a short-term facility or a portion  
40 of a facility licensed by the department of health and certified by

1 the department of social and health services under RCW 71.24.035,  
2 which is designed as a facility to assess and stabilize an individual  
3 or determine the need for involuntary commitment of an individual,  
4 and must meet department of health residential treatment facility  
5 standards. A triage facility may be structured as a voluntary or  
6 involuntary placement facility;

7 (44) "Treatment records" include registration and all other  
8 records concerning persons who are receiving or who at any time have  
9 received services for mental illness, which are maintained by the  
10 department, by regional support networks and their staffs, and by  
11 treatment facilities. Treatment records include mental health  
12 information contained in a medical bill including but not limited to  
13 mental health drugs, a mental health diagnosis, provider name, and  
14 dates of service stemming from a medical service. Treatment records  
15 do not include notes or records maintained for personal use by a  
16 person providing treatment services for the department, regional  
17 support networks, or a treatment facility if the notes or records are  
18 not available to others;

19 (45) "Violent act" means behavior that resulted in homicide,  
20 attempted suicide, nonfatal injuries, or substantial damage to  
21 property;

22 (46) "Medical clearance" means a physician or other health care  
23 provider has determined that a person is medically stable and ready  
24 for referral to the designated mental health professional.

25 **Sec. 14.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted  
26 and amended to read as follows:

27 The definitions in this section apply throughout this chapter  
28 unless the context clearly requires otherwise.

29 (1) "Admission" or "admit" means a decision by a physician or  
30 psychiatric advanced registered nurse practitioner that a person  
31 should be examined or treated as a patient in a hospital;

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

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

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

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

6 (6) "Crisis stabilization unit" means a short-term facility or a  
7 portion of a facility licensed by the department of health and  
8 certified by the department of social and health services under RCW  
9 71.24.035, such as an evaluation and treatment facility or a  
10 hospital, which has been designed to assess, diagnose, and treat  
11 individuals experiencing an acute crisis without the use of long-term  
12 hospitalization;

13 (7) "Custody" means involuntary detention under the provisions of  
14 this chapter or chapter 10.77 RCW, uninterrupted by any period of  
15 unconditional release from commitment from a facility providing  
16 involuntary care and treatment;

17 (8) "Department" means the department of social and health  
18 services;

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

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

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

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

31 (13) "Developmental disabilities professional" means a person who  
32 has specialized training and three years of experience in directly  
33 treating or working with persons with developmental disabilities and  
34 is a psychiatrist, psychologist, psychiatric advanced registered  
35 nurse practitioner, or social worker, and such other developmental  
36 disabilities professionals as may be defined by rules adopted by the  
37 secretary;

38 (14) "Developmental disability" means that condition defined in  
39 RCW 71A.10.020(~~(4)~~) (5);

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

4 (16) "Evaluation and treatment facility" means any facility which  
5 can provide directly, or by direct arrangement with other public or  
6 private agencies, emergency evaluation and treatment, outpatient  
7 care, and timely and appropriate inpatient care to persons suffering  
8 from a mental disorder, and which is certified as such by the  
9 department. The department may certify single beds as temporary  
10 evaluation and treatment beds under section 2 of this act. A  
11 physically separate and separately operated portion of a state  
12 hospital may be designated as an evaluation and treatment facility. A  
13 facility which is part of, or operated by, the department or any  
14 federal agency will not require certification. No correctional  
15 institution or facility, or jail, shall be an evaluation and  
16 treatment facility within the meaning of this chapter;

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

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

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

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

1 (21) "Individualized service plan" means a plan prepared by a  
2 developmental disabilities professional with other professionals as a  
3 team, for a person with developmental disabilities, which shall  
4 state:

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

7 (b) The conditions and strategies necessary to achieve the  
8 purposes of habilitation;

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

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

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

14 (f) Where relevant in light of past criminal behavior and due  
15 consideration for public safety, the criteria for proposed movement  
16 to less-restrictive settings, criteria for proposed eventual  
17 discharge or release, and a projected possible date for discharge or  
18 release; and

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

21 (22) "Information related to mental health services" means all  
22 information and records compiled, obtained, or maintained in the  
23 course of providing services to either voluntary or involuntary  
24 recipients of services by a mental health service provider. This may  
25 include documents of legal proceedings under this chapter or chapter  
26 71.34 or 10.77 RCW, or somatic health care information;

27 (23) "Judicial commitment" means a commitment by a court pursuant  
28 to the provisions of this chapter;

29 (24) "Legal counsel" means attorneys and staff employed by county  
30 prosecutor offices or the state attorney general acting in their  
31 capacity as legal representatives of public mental health service  
32 providers under RCW 71.05.130;

33 (25) "Likelihood of serious harm" means:

34 (a) A substantial risk that: (i) Physical harm will be inflicted  
35 by a person upon his or her own person, as evidenced by threats or  
36 attempts to commit suicide or inflict physical harm on oneself; (ii)  
37 physical harm will be inflicted by a person upon another, as  
38 evidenced by behavior which has caused such harm or which places  
39 another person or persons in reasonable fear of sustaining such harm;  
40 or (iii) physical harm will be inflicted by a person upon the

1 property of others, as evidenced by behavior which has caused  
2 substantial loss or damage to the property of others; or

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

5 (26) "Mental disorder" means any organic, mental, or emotional  
6 impairment which has substantial adverse effects on a person's  
7 cognitive or volitional functions;

8 (27) "Mental health professional" means a psychiatrist,  
9 psychologist, psychiatric advanced registered nurse practitioner,  
10 psychiatric nurse, or social worker, and such other mental health  
11 professionals as may be defined by rules adopted by the secretary  
12 pursuant to the provisions of this chapter;

13 (28) "Mental health service provider" means a public or private  
14 agency that provides mental health services to persons with mental  
15 disorders as defined under this section and receives funding from  
16 public sources. This includes, but is not limited to, hospitals  
17 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
18 as defined in this section, community mental health service delivery  
19 systems or community mental health programs as defined in RCW  
20 71.24.025, facilities conducting competency evaluations and  
21 restoration under chapter 10.77 RCW, and correctional facilities  
22 operated by state and local governments;

23 (29) "Peace officer" means a law enforcement official of a public  
24 agency or governmental unit, and includes persons specifically given  
25 peace officer powers by any state law, local ordinance, or judicial  
26 order of appointment;

27 (30) "Private agency" means any person, partnership, corporation,  
28 or association that is not a public agency, whether or not financed  
29 in whole or in part by public funds, which constitutes an evaluation  
30 and treatment facility or private institution, or hospital, which is  
31 conducted for, or includes a department or ward conducted for, the  
32 care and treatment of persons who are mentally ill;

33 (31) "Professional person" means a mental health professional and  
34 shall also mean a physician, psychiatric advanced registered nurse  
35 practitioner, registered nurse, and such others as may be defined by  
36 rules adopted by the secretary pursuant to the provisions of this  
37 chapter;

38 (32) "Psychiatric advanced registered nurse practitioner" means a  
39 person who is licensed as an advanced registered nurse practitioner

1 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
2 practice psychiatric and mental health nursing;

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

9 (34) "Psychologist" means a person who has been licensed as a  
10 psychologist pursuant to chapter 18.83 RCW;

11 (35) "Public agency" means any evaluation and treatment facility  
12 or institution, or hospital which is conducted for, or includes a  
13 department or ward conducted for, the care and treatment of persons  
14 with mental illness, if the agency is operated directly by, federal,  
15 state, county, or municipal government, or a combination of such  
16 governments;

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

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

24 (38) "Resource management services" has the meaning given in  
25 chapter 71.24 RCW;

26 (39) "Secretary" means the secretary of the department of social  
27 and health services, or his or her designee;

28 (40) "Serious violent offense" has the same meaning as provided  
29 in RCW 9.94A.030;

30 (41) "Social worker" means a person with a master's or further  
31 advanced degree from a social work educational program accredited and  
32 approved as provided in RCW 18.320.010;

33 (42) "Therapeutic court personnel" means the staff of a mental  
34 health court or other therapeutic court which has jurisdiction over  
35 defendants who are dually diagnosed with mental disorders, including  
36 court personnel, probation officers, a court monitor, prosecuting  
37 attorney, or defense counsel acting within the scope of therapeutic  
38 court duties;

39 (43) "Treatment records" include registration and all other  
40 records concerning persons who are receiving or who at any time have

1 received services for mental illness, which are maintained by the  
2 department, by behavioral health organizations and their staffs, and  
3 by treatment facilities. Treatment records include mental health  
4 information contained in a medical bill including but not limited to  
5 mental health drugs, a mental health diagnosis, provider name, and  
6 dates of service stemming from a medical service. Treatment records  
7 do not include notes or records maintained for personal use by a  
8 person providing treatment services for the department, behavioral  
9 health organizations, or a treatment facility if the notes or records  
10 are not available to others;

11 (44) "Triage facility" means a short-term facility or a portion  
12 of a facility licensed by the department of health and certified by  
13 the department of social and health services under RCW 71.24.035,  
14 which is designed as a facility to assess and stabilize an individual  
15 or determine the need for involuntary commitment of an individual,  
16 and must meet department of health residential treatment facility  
17 standards. A triage facility may be structured as a voluntary or  
18 involuntary placement facility;

19 (45) "Violent act" means behavior that resulted in homicide,  
20 attempted suicide, nonfatal injuries, or substantial damage to  
21 property;

22 (46) "Medical clearance" means a physician or other health care  
23 provider has determined that a person is medically stable and ready  
24 for referral to the designated mental health professional.

25 NEW SECTION. **Sec. 15.** (1) The Washington state institute for  
26 public policy is directed to complete a study by December 1, 2015,  
27 regarding the implementation of certain aspects of the involuntary  
28 treatment act under chapter 71.05 RCW. The study must include, but  
29 not be limited to:

30 (a) An assessment of the nonemergent detention process provided  
31 under RCW 71.05.150, which examines:

32 (i) The number of nonemergent petitions filed in each county by  
33 year;

34 (ii) The reasons for variation in the use of nonemergent  
35 detentions based on feedback from judicial officers, prosecutors,  
36 public defenders, and mental health professionals; and

37 (iii) Models in other states for handling civil commitments when  
38 imminent danger is not present.



1 (b) An analysis of less restrictive alternative orders under the  
2 involuntary treatment act including:

3 (i) Differences across counties with respect to: (A) The use of  
4 less restrictive alternatives and reasons why least restrictive  
5 alternatives may or may not be utilized in different jurisdictions;  
6 (B) monitoring practices; and (C) rates of, grounds for, and outcomes  
7 of petitions for revocation or modification;

8 (ii) A systematic review of the research literature on the  
9 effectiveness of alternatives to involuntary hospitalizations in  
10 reducing violence and rehospitalizations; and

11 (iii) Approaches used in other states to monitor and enforce  
12 least restrictive orders, including associated costs.

13 **Sec. 16.** RCW 71.05.620 and 2013 c 200 s 23 are each amended to  
14 read as follows:

15 (1) The files and records of court proceedings under this chapter  
16 and chapters 70.96A, 71.34, and 70.96B RCW shall be closed but shall  
17 be accessible to:

18 (a) The department;

19 (b) The state hospitals as defined in RCW 72.23.010;

20 (c) Any person who is the subject of a petition ((and to));

21 (d) The person's attorney((~~r~~)) or guardian ((ad litem~~r~~));

22 (e) Resource management services((~~r~~ or ~~o~~)) for that person; and

23 (f) Service providers authorized to receive such information by  
24 resource management services.

25 (2) The department shall adopt rules to implement this section.

26 NEW SECTION. **Sec. 17.** If specific funding for the purposes of  
27 section 15 of this act, referencing section 15 of this act by bill or  
28 chapter number and section number, is not provided by June 30, 2015,  
29 in the omnibus appropriations act, section 15 of this act is null and  
30 void.

31 NEW SECTION. **Sec. 18.** (1) Sections 9 and 13 of this act expire  
32 April 1, 2016.

33 (2) Section 15 of this act expires June 30, 2016.

34 NEW SECTION. **Sec. 19.** Sections 10 and 14 of this act take  
35 effect April 1, 2016.

1        NEW SECTION.    **Sec. 20.**    Sections 1 through 9 and 11 through 13 of  
2 this act are necessary for the immediate preservation of the public  
3 peace, health, or safety, or support of the state government and its  
4 existing public institutions, and take effect immediately.

Passed by the Senate April 16, 2015.

Passed by the House April 14, 2015.

Approved by the Governor May 14, 2015.

Filed in Office of Secretary of State May 14, 2015.