
SUBSTITUTE SENATE BILL 5644

State of Washington

64th Legislature

2015 Regular Session

By Senate Human Services, Mental Health & Housing (originally sponsored by Senators O'Ban, Dammeier, and Darneille)

1 AN ACT Relating to initial detention under the involuntary
2 treatment act; amending RCW 71.05.010, 71.05.050, 71.05.210,
3 71.24.035, 71.24.300, and 71.24.300; reenacting and amending RCW
4 71.05.153, 71.05.020, and 71.05.020; adding new sections to chapter
5 71.05 RCW; adding a new section to chapter 71.24 RCW; adding a new
6 section to chapter 71.34 RCW; providing an effective date; providing
7 an expiration date; 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 to
20 provide additional treatment capacity for a person suffering from a
21 mental disorder for whom an evaluation and treatment bed is not
22 available. The facility that is the proposed site of the single bed
23 certification must be a facility that is willing and able to provide
24 the person with timely and appropriate treatment either directly or
25 by arrangement with other public or private agencies. Appropriate
26 settings for single bed certifications may include, but are not
27 limited to, any of the following settings where the facility is
28 willing and able to provide timely and appropriate treatment to the
29 person:

30 (a) An evaluation and treatment facility which is already at
31 capacity;

32 (b) A hospital with a psychiatric unit;

33 (c) A psychiatric hospital;

34 (d) A hospital that is willing and able to provide timely and
35 appropriate mental health treatment or medical treatment to a person
36 with a co-occurring mental disorder and medical condition such that
37 it prevents transfer to an evaluation and treatment facility or state
38 hospital; or

39 (e) A residential treatment facility.

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

3 (3) A designated mental health professional who submits an
4 application for a single bed certification for treatment at a
5 facility which is willing and able to provide timely and appropriate
6 mental health treatment or medical treatment, or medical treatment to
7 an individual with a co-occurring mental disorder and medical
8 condition, in good faith belief that the single bed certification is
9 appropriate may presume that the single bed certification will be
10 approved for the purpose of completing the detention process and
11 responding to other emergency calls.

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

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

17 (1) A designated mental health professional shall make a report
18 to the department when he or she determines a person meets detention
19 criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and
20 there are not any beds available at an evaluation and treatment
21 facility, the person has not been provisionally accepted for
22 admission by a facility, and the person cannot be served on a single
23 bed certification or less restrictive alternative. Starting at the
24 time when the designated mental health professional determines a
25 person meets detention criteria and the investigation has been
26 completed, the designated mental health professional has twenty-four
27 hours to submit a completed report to the department.

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

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

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

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

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

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

37 (3) The department shall develop a standardized reporting form or
38 modify the current form used for single bed certifications for the
39 report required under subsection (2) of this section and may require

1 additional reporting elements as it determines are necessary or
2 supportive. The department shall also determine the method for the
3 transmission of the completed report from the designated mental
4 health professional to the department.

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

12 (5) The reports provided according to this section may not
13 display "protected health information" as that term is used in the
14 federal health insurance portability and accountability act of 1996,
15 nor information contained in "mental health treatment records" as
16 that term is used in chapter 70.02 RCW or elsewhere in state law, and
17 must otherwise be compliant with state and federal privacy laws.

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

22 (a) Not certified as an inpatient evaluation and treatment
23 facility; or

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

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

28 (1) Submission of a report as provided in section 3 of this act
29 constitutes prima facie evidence that the responsible regional
30 support network or behavioral health organization is in breach of its
31 duty under RCW 71.24.300(6)(b) and 43.20A.894(1)(d) to provide for
32 adequate network of evaluation and treatment services within its
33 regional service area.

34 (2) The department shall promptly share reports it receives under
35 section 3 of this act with the responsible regional support network
36 or behavioral health organization. The regional support network or
37 behavioral health organization receiving this notification must
38 attempt to engage the person in appropriate services for which the

1 person is eligible and report back within seven days to the
2 department.

3 (3) The department shall track and analyze reports submitted
4 under section 3 of this act. The department must initiate corrective
5 action when appropriate to ensure that each regional support network
6 or behavioral health organization has implemented an adequate plan to
7 provide evaluation and treatment services. Corrective actions may
8 include remedies under RCW 71.24.330 and 43.20A.894, including
9 requiring expenditure of reserve funds. An adequate plan may include
10 development of less restrictive alternatives to involuntary
11 commitment such as crisis triage, crisis diversion, voluntary
12 treatment, or prevention programs reasonably calculated to reduce
13 demand for evaluation and treatment under this chapter.

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

16 (1) Nothing in this chapter shall be construed to limit the right
17 of any person to apply voluntarily to any public or private agency or
18 practitioner for treatment of a mental disorder, either by direct
19 application or by referral. Any person voluntarily admitted for
20 inpatient treatment to any public or private agency shall be released
21 immediately upon his or her request. Any person voluntarily admitted
22 for inpatient treatment to any public or private agency shall orally
23 be advised of the right to immediate discharge, and further advised
24 of such rights in writing as are secured to them pursuant to this
25 chapter and their rights of access to attorneys, courts, and other
26 legal redress. Their condition and status shall be reviewed at least
27 once each one hundred eighty days for evaluation as to the need for
28 further treatment or possible discharge, at which time they shall
29 again be advised of their right to discharge upon request(~~(+PROVIDED~~
30 ~~HOWEVER, That))~~).

31 (2) If the professional staff of any public or private agency or
32 hospital regards a person voluntarily admitted who requests discharge
33 as presenting, as a result of a mental disorder, an imminent
34 likelihood of serious harm, or is gravely disabled, they may detain
35 such person for sufficient time to notify the ((~~county~~)) designated
36 mental health professional of such person's condition to enable the
37 ((~~county~~)) designated mental health professional to authorize such
38 person being further held in custody or transported to an evaluation
39 and treatment center pursuant to the provisions of this chapter,

1 which shall in ordinary circumstances be no later than the next
2 judicial day(~~(+ PROVIDED FURTHER, That)~~).

3 (3) If a person is brought to the emergency room of a public or
4 private agency or hospital for observation or treatment, the person
5 refuses voluntary admission, and the professional staff of the public
6 or private agency or hospital regard such person as presenting as a
7 result of a mental disorder an imminent likelihood of serious harm,
8 or as presenting an imminent danger because of grave disability, they
9 may detain such person for sufficient time to notify the ((county))
10 designated mental health professional of such person's condition to
11 enable the ((county)) designated mental health professional to
12 authorize such person being further held in custody or transported to
13 an evaluation treatment center pursuant to the conditions in this
14 chapter, but which time shall be no more than six hours from the time
15 the professional staff ((determine that an evaluation by)) notify the
16 ((county)) designated mental health professional ((is necessary)) of
17 the need for evaluation, not counting time periods prior to medical
18 clearance.

19 (4) Dismissal of a commitment petition is not the appropriate
20 remedy for a violation of the timeliness requirements of this section
21 based on the intent of this chapter under RCW 71.05.010 except in the
22 few cases where the facility staff or designated mental health
23 professional has totally disregarded the requirements of this
24 section.

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

27 (1) When a designated mental health professional receives
28 information alleging that a person, as the result of a mental
29 disorder, presents an imminent likelihood of serious harm, or is in
30 imminent danger because of being gravely disabled, after
31 investigation and evaluation of the specific facts alleged and of the
32 reliability and credibility of the person or persons providing the
33 information if any, the designated mental health professional may
34 take such person, or cause by oral or written order such person to be
35 taken into emergency custody in an evaluation and treatment facility
36 for not more than seventy-two hours as described in RCW 71.05.180.

37 (2) A peace officer may take or cause such person to be taken
38 into custody and immediately delivered to a triage facility, crisis
39 stabilization unit, evaluation and treatment facility, or the

1 emergency department of a local hospital under the following
2 circumstances:

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

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

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

14 (4) Within three hours (~~(of)~~) after arrival, not counting time
15 periods prior to medical clearance, the person must be examined by a
16 mental health professional. Within twelve hours of (~~arrival~~) notice
17 of the need for evaluation, not counting time periods prior to
18 medical clearance, the designated mental health professional must
19 determine whether the individual meets detention criteria. If the
20 individual is detained, the designated mental health professional
21 shall file a petition for detention or a supplemental petition as
22 appropriate and commence service on the designated attorney for the
23 detained person. If the individual is released to the community, the
24 mental health provider shall inform the peace officer of the release
25 within a reasonable period of time after the release if the peace
26 officer has specifically requested notification and provided contact
27 information to the provider.

28 (5) Dismissal of a commitment petition is not the appropriate
29 remedy for a violation of the timeliness requirements of this section
30 based on the intent of this chapter under RCW 71.05.010 except in the
31 few cases where the facility staff or designated mental health
32 professional has totally disregarded the requirements of this
33 section.

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

36 Each person involuntarily detained and accepted or admitted at an
37 evaluation and treatment facility (1) shall, within twenty-four hours
38 of his or her admission or acceptance at the facility, not counting
39 time periods prior to medical clearance, be examined and evaluated by

1 (a) a licensed physician who may be assisted by a physician assistant
2 according to chapter 18.71A RCW and a mental health professional, (b)
3 an advanced registered nurse practitioner according to chapter 18.79
4 RCW and a mental health professional, or (c) a licensed physician and
5 a psychiatric advanced registered nurse practitioner and (2) shall
6 receive such treatment and care as his or her condition requires
7 including treatment on an outpatient basis for the period that he or
8 she is detained, except that, beginning twenty-four hours prior to a
9 trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310,
10 71.05.320, 71.05.340, or 71.05.217, the individual may refuse
11 psychiatric medications, but may not refuse: (a) Any other medication
12 previously prescribed by a person licensed under Title 18 RCW; or (b)
13 emergency lifesaving treatment, and the individual shall be informed
14 at an appropriate time of his or her right of such refusal. The
15 person shall be detained up to seventy-two hours, if, in the opinion
16 of the professional person in charge of the facility, or his or her
17 professional designee, the person presents a likelihood of serious
18 harm, or is gravely disabled. A person who has been detained for
19 seventy-two hours shall no later than the end of such period be
20 released, unless referred for further care on a voluntary basis, or
21 detained pursuant to court order for further treatment as provided in
22 this chapter.

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

29 An evaluation and treatment center admitting or accepting any
30 person pursuant to this chapter whose physical condition reveals the
31 need for hospitalization shall assure that such person is transferred
32 to an appropriate hospital for evaluation or admission for treatment.
33 Notice of such fact shall be given to the court, the designated
34 attorney, and the designated mental health professional and the court
35 shall order such continuance in proceedings under this chapter as may
36 be necessary, but in no event may this continuance be more than
37 fourteen days.

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

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

3 (2) The secretary shall provide for public, client, tribal, and
4 licensed service provider participation in developing the state
5 mental health program, developing contracts with behavioral health
6 organizations, and any waiver request to the federal government under
7 medicaid.

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

12 (4) The secretary shall be designated as the behavioral health
13 organization if the behavioral health organization fails to meet
14 state minimum standards or refuses to exercise responsibilities under
15 its contract or RCW 71.24.045, until such time as a new behavioral
16 health organization is designated.

17 (5) The secretary shall:

18 (a) Develop a biennial state mental health program that
19 incorporates regional biennial needs assessments and regional mental
20 health service plans and state services for adults and children with
21 mental illness;

22 (b) Assure that any behavioral health organization or county
23 community mental health program provides medically necessary services
24 to medicaid recipients consistent with the state's medicaid state
25 plan or federal waiver authorities, and nonmedicaid services
26 consistent with priorities established by the department;

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

30 (i) Licensed service providers. These rules shall permit a
31 county-operated mental health program to be licensed as a service
32 provider subject to compliance with applicable statutes and rules.
33 The secretary shall provide for deeming of compliance with state
34 minimum standards for those entities accredited by recognized
35 behavioral health accrediting bodies recognized and having a current
36 agreement with the department;

37 (ii) Inpatient services, an adequate network of evaluation and
38 treatment services and facilities under chapter 71.05 RCW to ensure
39 access to treatment, resource management services, and community
40 support services;

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

5 (e) Establish a standard contract or contracts, consistent with
6 state minimum standards which shall be used in contracting with
7 behavioral health organizations. The standard contract shall include
8 a maximum fund balance, which shall be consistent with that required
9 by federal regulations or waiver stipulations;

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

16 (g) Develop and maintain an information system to be used by the
17 state and behavioral health organizations that includes a tracking
18 method which allows the department and behavioral health
19 organizations to identify mental health clients' participation in any
20 mental health service or public program on an immediate basis. The
21 information system shall not include individual patient's case
22 history files. Confidentiality of client information and records
23 shall be maintained as provided in this chapter and chapter 70.02
24 RCW;

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

26 (i) Periodically monitor the compliance of behavioral health
27 organizations and their network of licensed service providers for
28 compliance with the contract between the department, the behavioral
29 health organization, and federal and state rules at reasonable times
30 and in a reasonable manner;

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

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

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

38 (m) License or certify crisis stabilization units that meet state
39 minimum standards;

1 (n) License or certify clubhouses that meet state minimum
2 standards; and

3 (o) License or certify triage facilities that meet state minimum
4 standards.

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

7 (a) To the extent authorized, and in accordance with any
8 priorities or conditions specified, in the biennial appropriations
9 act; or

10 (b) To incentivize improved performance with respect to the
11 client outcomes established in RCW 43.20A.895, 70.320.020, and
12 71.36.025, integration of behavioral health and medical services at
13 the clinical level, and improved care coordination for individuals
14 with complex care needs.

15 (7) Each behavioral health organization and licensed service
16 provider shall file with the secretary, on request, such data,
17 statistics, schedules, and information as the secretary reasonably
18 requires. A behavioral health organization or licensed service
19 provider which, without good cause, fails to furnish any data,
20 statistics, schedules, or information as requested, or files
21 fraudulent reports thereof, may be subject to the behavioral health
22 organization contractual remedies in RCW 43.20A.894 or may have its
23 service provider certification or license revoked or suspended.

24 (8) The secretary may suspend, revoke, limit, or restrict a
25 certification or license, or refuse to grant a certification or
26 license for failure to conform to: (a) The law; (b) applicable rules
27 and regulations; (c) applicable standards; or (d) state minimum
28 standards.

29 (9) The superior court may restrain any behavioral health
30 organization or service provider from operating without a contract,
31 certification, or a license or any other violation of this section.
32 The court may also review, pursuant to procedures contained in
33 chapter 34.05 RCW, any denial, suspension, limitation, restriction,
34 or revocation of certification or license, and grant other relief
35 required to enforce the provisions of this chapter.

36 (10) Upon petition by the secretary, and after hearing held upon
37 reasonable notice to the facility, the superior court may issue a
38 warrant to an officer or employee of the secretary authorizing him or
39 her to enter at reasonable times, and examine the records, books, and
40 accounts of any behavioral health organization(~~s~~[~~organization~~]) or

1 service provider refusing to consent to inspection or examination by
2 the authority.

3 (11) Notwithstanding the existence or pursuit of any other
4 remedy, the secretary may file an action for an injunction or other
5 process against any person or governmental unit to restrain or
6 prevent the establishment, conduct, or operation of a behavioral
7 health organization or service provider without a contract,
8 certification, or a license under this chapter.

9 (12) The standards for certification or licensure of evaluation
10 and treatment facilities shall include standards relating to
11 maintenance of good physical and mental health and other services to
12 be afforded persons pursuant to this chapter and chapters 71.05 and
13 71.34 RCW, and shall otherwise assure the effectuation of the
14 purposes of these chapters.

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

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

19 (b) Require administration of the unit by mental health
20 professionals who direct the stabilization and rehabilitation
21 efforts; and

22 (c) Provide an environment affording security appropriate with
23 the alleged criminal behavior and necessary to protect the public
24 safety.

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

27 (a) The facilities may be peer-operated and must be
28 recovery-focused;

29 (b) Members and employees must work together;

30 (c) Members must have the opportunity to participate in all the
31 work of the clubhouse, including administration, research, intake and
32 orientation, outreach, hiring, training and evaluation of staff,
33 public relations, advocacy, and evaluation of clubhouse
34 effectiveness;

35 (d) Members and staff and ultimately the clubhouse director must
36 be responsible for the operation of the clubhouse, central to this
37 responsibility is the engagement of members and staff in all aspects
38 of clubhouse operations;

39 (e) Clubhouse programs must be comprised of structured activities
40 including but not limited to social skills training, vocational

1 rehabilitation, employment training and job placement, and community
2 resource development;

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

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

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

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

14 (16) The secretary shall assume all duties assigned to the
15 nonparticipating behavioral health organizations under chapters 71.05
16 and 71.34 RCW and this chapter. Such responsibilities shall include
17 those which would have been assigned to the nonparticipating counties
18 in regions where there are not participating behavioral health
19 organizations.

20 The behavioral health organizations, or the secretary's
21 assumption of all responsibilities under chapters 71.05 and 71.34 RCW
22 and this chapter, shall be included in all state and federal plans
23 affecting the state mental health program including at least those
24 required by this chapter, the medicaid program, and P.L. 99-660.
25 Nothing in these plans shall be inconsistent with the intent and
26 requirements of this chapter.

27 (17) The secretary shall:

28 (a) Disburse funds for the behavioral health organizations within
29 sixty days of approval of the biennial contract. The department must
30 either approve or reject the biennial contract within sixty days of
31 receipt.

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

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

1 (d) Deny all or part of the funding allocations to behavioral
2 health organizations based solely upon formal findings of
3 noncompliance with the terms of the behavioral health organization's
4 contract with the department. Behavioral health organizations
5 disputing the decision of the secretary to withhold funding
6 allocations are limited to the remedies provided in the department's
7 contracts with the behavioral health organizations.

8 (18) The department, in cooperation with the state congressional
9 delegation, shall actively seek waivers of federal requirements and
10 such modifications of federal regulations as are necessary to allow
11 federal medicaid reimbursement for services provided by freestanding
12 evaluation and treatment facilities certified under chapter 71.05
13 RCW. The department shall periodically report its efforts to the
14 appropriate committees of the senate and the house of
15 representatives.

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

18 (1) Upon the request of a tribal authority or authorities within
19 a regional support network the joint operating agreement or the
20 county authority shall allow for the inclusion of the tribal
21 authority to be represented as a party to the regional support
22 network.

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

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

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

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

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

8 (a) Administer and provide for the availability of all resource
9 management services, residential services, and community support
10 services.

11 (b) Administer and provide for the availability of an adequate
12 network of evaluation and treatment services to ensure access to
13 treatment, all investigation, transportation, court-related, and
14 other services provided by the state or counties pursuant to chapter
15 71.05 RCW.

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

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

28 (ii) Individuals detained or committed for periods up to
29 seventeen days at the state hospitals at the discretion of the
30 secretary.

31 (d) Administer and provide for the availability of all other
32 mental health services, which shall include patient counseling, day
33 treatment, consultation, education services, employment services as
34 (~~defined~~) described in RCW 71.24.035, and mental health services to
35 children.

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

39 (7) A regional support network may request that any state-owned
40 land, building, facility, or other capital asset which was ever

1 purchased, deeded, given, or placed in trust for the care of the
2 persons with mental illness and which is within the boundaries of a
3 regional support network be made available to support the operations
4 of the regional support network. State agencies managing such capital
5 assets shall give first priority to requests for their use pursuant
6 to this chapter.

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

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

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

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

36 (1) Upon the request of a tribal authority or authorities within
37 a behavioral health organization the joint operating agreement or the
38 county authority shall allow for the inclusion of the tribal

1 authority to be represented as a party to the behavioral health
2 organization.

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 behavioral health organizations by rule, except to assure that all
12 duties required of behavioral health organizations are assigned and
13 that counties and the behavioral health organization do not duplicate
14 functions and that a single authority has final responsibility for
15 all available resources and performance under the behavioral health
16 organization's contract with the secretary.

17 (4) If a behavioral health organization 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 behavioral health organization.

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) Behavioral health organizations shall submit an overall six-
24 year operating and capital plan, timeline, and budget and submit
25 progress reports and an updated two-year plan biennially thereafter,
26 to assume 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 behavioral health
36 organization evaluation and treatment services for at least ninety
37 percent of persons detained or committed for periods up to seventeen
38 days according to chapter 71.05 RCW. Behavioral health organizations
39 may contract to purchase evaluation and treatment services from other
40 organizations 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 behavioral health organization. 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 described in RCW 71.24.035, and mental health services to children.

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

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

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

1 health organizations but shall be included in each behavioral health
2 organization's contract and approved by the secretary.

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

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

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

15 The department must collaborate with regional support networks or
16 behavioral health organizations and the Washington state institute
17 for public policy to estimate the capacity needs for evaluation and
18 treatment services within each regional service area. Estimated
19 capacity needs shall include consideration of the average occupancy
20 rates needed to provide an adequate network of evaluation and
21 treatment services to ensure access to treatment. A regional service
22 network or behavioral health organization must develop and maintain
23 an adequate plan to provide for evaluation and treatment needs.

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

26 (1) The department may use a single bed certification process to
27 provide additional treatment capacity for a minor suffering from a
28 mental disorder for whom an evaluation and treatment bed is not
29 available. The facility that is the proposed site of the single bed
30 certification must be a facility that is willing and able to provide
31 the person with timely and appropriate treatment either directly or
32 by arrangement with other public or private agencies. Appropriate
33 settings for single bed certifications may include, but are not
34 limited to, any of the following settings where the facility is
35 willing and able to provide timely and appropriate treatment to the
36 person:

37 (a) An evaluation and treatment facility which is already at
38 capacity;

1 (b) A hospital with a psychiatric unit;

2 (c) A psychiatric hospital;

3 (d) A hospital that is willing and able to provide timely and
4 appropriate mental health treatment or medical treatment to a minor
5 with a co-occurring mental disorder and medical condition such that
6 it prevents transfer to an evaluation and treatment facility or state
7 hospital; or

8 (e) A residential treatment facility.

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

11 (3) A designated mental health professional who submits an
12 application for a single bed certification for treatment at a
13 facility which is willing and able to provide timely and appropriate
14 mental health treatment or medical treatment, or medical treatment to
15 an individual with a co-occurring mental disorder and medical
16 condition, in good faith belief that the single bed certification is
17 appropriate may presume that the single bed certification will be
18 approved for the purpose of completing the detention process and
19 responding to other emergency calls.

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

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

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

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

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

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

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

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

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

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

14 (8) "Department" means the department of social and health
15 services;

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

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

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

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

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

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

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

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

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

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

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

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

37 (21) "Individualized service plan" means a plan prepared by a
38 developmental disabilities professional with other professionals as a
39 team, for a person with developmental disabilities, which shall
40 state:

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

3 (b) The conditions and strategies necessary to achieve the
4 purposes of habilitation;

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

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

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

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

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

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

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

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

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

30 (a) A substantial risk that: (i) Physical harm will be inflicted
31 by a person upon his or her own person, as evidenced by threats or
32 attempts to commit suicide or inflict physical harm on oneself; (ii)
33 physical harm will be inflicted by a person upon another, as
34 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 (iii) physical harm will be inflicted by a person upon the
37 property of others, as evidenced by behavior which has caused
38 substantial loss or damage to the property of others; or

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

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

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

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

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

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

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

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

38 (33) "Psychiatrist" means a person having a license as a
39 physician and surgeon in this state who has in addition completed
40 three years of graduate training in psychiatry in a program approved

1 by the American medical association or the American osteopathic
2 association and is certified or eligible to be certified by the
3 American board of psychiatry and neurology;

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

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

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

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

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

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

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

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

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

34 (43) "Triage facility" means a short-term facility or a portion
35 of a facility licensed by the department of health and certified by
36 the department of social and health services under RCW 71.24.035,
37 which is designed as a facility to assess and stabilize an individual
38 or determine the need for involuntary commitment of an individual,
39 and must meet department of health residential treatment facility

1 standards. A triage facility may be structured as a voluntary or
2 involuntary placement facility;

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

15 (45) "Violent act" means behavior that resulted in homicide,
16 attempted suicide, nonfatal injuries, or substantial damage to
17 property;

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

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

23 The definitions in this section apply throughout this chapter
24 unless the context clearly requires otherwise.

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

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

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

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

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

1 (6) "Crisis stabilization unit" means a short-term facility or a
2 portion of a facility licensed by the department of health and
3 certified by the department of social and health services under RCW
4 71.24.035, such as an evaluation and treatment facility or a
5 hospital, which has been designed to assess, diagnose, and treat
6 individuals experiencing an acute crisis without the use of long-term
7 hospitalization;

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

12 (8) "Department" means the department of social and health
13 services;

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

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

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

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

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

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

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

38 (16) "Evaluation and treatment facility" means any facility which
39 can provide directly, or by direct arrangement with other public or
40 private agencies, emergency evaluation and treatment, outpatient

1 care, and timely and appropriate inpatient care to persons suffering
2 from a mental disorder, and which is certified as such by the
3 department. The department may certify single beds as temporary
4 evaluation and treatment beds under section 2 of this act. A
5 physically separate and separately operated portion of a state
6 hospital may be designated as an evaluation and treatment facility. A
7 facility which is part of, or operated by, the department or any
8 federal agency will not require certification. No correctional
9 institution or facility, or jail, shall be an evaluation and
10 treatment facility within the meaning of this chapter;

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

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

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

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

34 (21) "Individualized service plan" means a plan prepared by a
35 developmental disabilities professional with other professionals as a
36 team, for a person with developmental disabilities, which shall
37 state:

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

1 (b) The conditions and strategies necessary to achieve the
2 purposes of habilitation;

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

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

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

8 (f) Where relevant in light of past criminal behavior and due
9 consideration for public safety, the criteria for proposed movement
10 to less-restrictive settings, criteria for proposed eventual
11 discharge or release, and a projected possible date for discharge or
12 release; and

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

15 (22) "Information related to mental health services" means all
16 information and records compiled, obtained, or maintained in the
17 course of providing services to either voluntary or involuntary
18 recipients of services by a mental health service provider. This may
19 include documents of legal proceedings under this chapter or chapter
20 71.34 or 10.77 RCW, or somatic health care information;

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

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

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

28 (a) A substantial risk that: (i) Physical harm will be inflicted
29 by a person upon his or her own person, as evidenced by threats or
30 attempts to commit suicide or inflict physical harm on oneself; (ii)
31 physical harm will be inflicted by a person upon another, as
32 evidenced by behavior which has caused such harm or which places
33 another person or persons in reasonable fear of sustaining such harm;
34 or (iii) physical harm will be inflicted by a person upon the
35 property of others, as evidenced by behavior which has caused
36 substantial loss or damage to the property of others; or

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

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

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

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

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

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

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

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

38 (33) "Psychiatrist" means a person having a license as a
39 physician and surgeon in this state who has in addition completed
40 three years of graduate training in psychiatry in a program approved

1 by the American medical association or the American osteopathic
2 association and is certified or eligible to be certified by the
3 American board of psychiatry and neurology;

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

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

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

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

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

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

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

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

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

34 (43) "Treatment records" include registration and all other
35 records concerning persons who are receiving or who at any time have
36 received services for mental illness, which are maintained by the
37 department, by behavioral health organizations and their staffs, and
38 by treatment facilities. Treatment records include mental health
39 information contained in a medical bill including but not limited to
40 mental health drugs, a mental health diagnosis, provider name, and

1 dates of service stemming from a medical service. Treatment records
2 do not include notes or records maintained for personal use by a
3 person providing treatment services for the department, behavioral
4 health organizations, or a treatment facility if the notes or records
5 are not available to others;

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

14 (45) "Violent act" means behavior that resulted in homicide,
15 attempted suicide, nonfatal injuries, or substantial damage to
16 property;

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

20 NEW SECTION. Sec. 15. Sections 9 and 13 of this act expire
21 April 1, 2016.

22 NEW SECTION. Sec. 16. Except for sections 10 and 14 of this
23 act, which take effect April 1, 2016, this act is necessary for the
24 immediate preservation of the public peace, health, or safety, or
25 support of the state government and its existing public institutions,
26 and takes effect immediately.

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