

SSB 6665 - S AMD 79

By Senators Hargrove, Brown, Regala, Stevens, and Carrell

ADOPTED 02/15/2008

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

3 "Sec. 1. RCW 70.96A.800 and 2005 c 504 s 220 are each amended to  
4 read as follows:

5 (1) The secretary shall select and contract with counties to  
6 provide intensive case management for chemically dependent persons with  
7 histories of high utilization of crisis services at two sites. In  
8 selecting the two sites, the secretary shall endeavor to site one in an  
9 urban county, and one in a rural county; and to site them in counties  
10 other than those selected pursuant to RCW 70.96B.020, to the extent  
11 necessary to facilitate evaluation of pilot project results. Within  
12 funds provided for this specific purpose, the secretary may contract  
13 with additional counties to provide intensive case management.

14 (2) The contracted sites shall implement the pilot programs by  
15 providing intensive case management to persons with a primary chemical  
16 dependency diagnosis or dual primary chemical dependency and mental  
17 health diagnoses, through the employment of chemical dependency case  
18 managers. The chemical dependency case managers shall:

19 (a) Be trained in and use the integrated, comprehensive screening  
20 and assessment process adopted under RCW 70.96C.010;

21 (b) Reduce the use of crisis medical, chemical dependency and  
22 mental health services, including but not limited to, emergency room  
23 admissions, hospitalizations, detoxification programs, inpatient  
24 psychiatric admissions, involuntary treatment petitions, emergency  
25 medical services, and ambulance services;

26 (c) Reduce the use of emergency first responder services including  
27 police, fire, emergency medical, and ambulance services;

28 (d) Reduce the number of criminal justice interventions including  
29 arrests, violations of conditions of supervision, bookings, jail days,

1 prison sanction day for violations, court appearances, and prosecutor  
2 and defense costs;

3 (e) Where appropriate and available, work with therapeutic courts  
4 including drug courts and mental health courts to maximize the outcomes  
5 for the individual and reduce the likelihood of reoffense;

6 (f) Coordinate with local offices of the economic services  
7 administration to assist the person in accessing and remaining enrolled  
8 in those programs to which the person may be entitled;

9 (g) Where appropriate and available, coordinate with primary care  
10 and other programs operated through the federal government including  
11 federally qualified health centers, Indian health programs, and  
12 veterans' health programs for which the person is eligible to reduce  
13 duplication of services and conflicts in case approach;

14 (h) Where appropriate, advocate for the client's needs to assist  
15 the person in achieving and maintaining stability and progress toward  
16 recovery;

17 (i) Document the numbers of persons with co-occurring mental and  
18 substance abuse disorders and the point of determination of the co-  
19 occurring disorder by quadrant of intensity of need; and

20 (j) Where a program participant is under supervision by the  
21 department of corrections, collaborate with the department of  
22 corrections to maximize treatment outcomes and reduce the likelihood of  
23 reoffense.

24 (3) The pilot programs established by this section shall begin  
25 providing services by March 1, 2006.

26 (4) This section expires June 30, (~~2008~~) 2009.

27 **Sec. 2.** RCW 70.96B.800 and 2005 c 504 s 217 are each amended to  
28 read as follows:

29 (1) The Washington state institute for public policy shall evaluate  
30 the pilot programs and make (~~(a)~~) preliminary reports to appropriate  
31 committees of the legislature by December 1, 2007, and June 30, 2008,  
32 and a final report by (~~(September 30, 2008)~~) June 30, 2010.

33 (2) The evaluation of the pilot programs shall include:

34 (a) Whether the designated crisis responder pilot program:

35 (i) Has increased efficiency of evaluation and treatment of persons  
36 involuntarily detained for seventy-two hours;

37 (ii) Is cost-effective;

1 (iii) Results in better outcomes for persons involuntarily  
2 detained;

3 (iv) Increased the effectiveness of the crisis response system in  
4 the pilot catchment areas;

5 (b) The effectiveness of providing a single chapter in the Revised  
6 Code of Washington to address initial detention of persons with mental  
7 disorders or chemical dependency, in crisis response situations and the  
8 likelihood of effectiveness of providing a single, comprehensive  
9 involuntary treatment act.

10 (3) The reports shall consider the impact of the pilot programs on  
11 the existing mental health system and on the persons served by the  
12 system.

13 **Sec. 3.** RCW 70.96B.010 and 2005 c 504 s 202 are each amended to  
14 read as follows:

15 The definitions in this section apply throughout this chapter  
16 unless the context clearly requires otherwise.

17 (1) "Admission" or "admit" means a decision by a physician that a  
18 person should be examined or treated as a patient in a hospital, an  
19 evaluation and treatment facility, or other inpatient facility, or a  
20 decision by a professional person in charge or his or her designee that  
21 a person should be detained as a patient for evaluation and treatment  
22 in a secure detoxification facility or other certified chemical  
23 dependency provider.

24 (2) "Antipsychotic medications" means that class of drugs primarily  
25 used to treat serious manifestations of mental illness associated with  
26 thought disorders, which includes but is not limited to atypical  
27 antipsychotic medications.

28 (3) "Approved treatment program" means a discrete program of  
29 chemical dependency treatment provided by a treatment program certified  
30 by the department as meeting standards adopted under chapter 70.96A  
31 RCW.

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

35 (5) "Chemical dependency" means:

36 (a) Alcoholism;

37 (b) Drug addiction; or

1 (c) Dependence on alcohol and one or more other psychoactive  
2 chemicals, as the context requires.

3 (6) "Chemical dependency professional" means a person certified as  
4 a chemical dependency professional by the department of health under  
5 chapter 18.205 RCW.

6 (7) "Commitment" means the determination by a court that a person  
7 should be detained for a period of either evaluation or treatment, or  
8 both, in an inpatient or a less restrictive setting.

9 (8) "Conditional release" means a revocable modification of a  
10 commitment that may be revoked upon violation of any of its terms.

11 (9) "Custody" means involuntary detention under either chapter  
12 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of  
13 unconditional release from commitment from a facility providing  
14 involuntary care and treatment.

15 (10) "Department" means the department of social and health  
16 services.

17 (11) "Designated chemical dependency specialist" or "specialist"  
18 means a person designated by the county alcoholism and other drug  
19 addiction program coordinator designated under RCW 70.96A.310 to  
20 perform the commitment duties described in RCW 70.96A.140 and this  
21 chapter, and qualified to do so by meeting standards adopted by the  
22 department.

23 (12) "Designated crisis responder" means a person designated by the  
24 county or regional support network to perform the duties specified in  
25 this chapter.

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

29 (14) "Detention" or "detain" means the lawful confinement of a  
30 person under this chapter, or chapter 70.96A or 71.05 RCW.

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

37 (16) "Developmental disability" means that condition defined in RCW  
38 71A.10.020.

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

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

15 (19) "Facility" means either an evaluation and treatment facility  
16 or a secure detoxification facility.

17 (20) "Gravely disabled" means a condition in which a person, as a  
18 result of a mental disorder, or as a result of the use of alcohol or  
19 other psychoactive chemicals:

20 (a) Is in danger of serious physical harm resulting from a failure  
21 to provide for his or her essential human needs of health or safety; or

22 (b) Manifests severe deterioration in routine functioning evidenced  
23 by repeated and escalating loss of cognitive or volitional control over  
24 his or her actions and is not receiving such care as is essential for  
25 his or her health or safety.

26 (21) "History of one or more violent acts" refers to the period of  
27 time ten years before the filing of a petition under this chapter, or  
28 chapter 70.96A or 71.05 RCW, excluding any time spent, but not any  
29 violent acts committed, in a mental health facility or a long-term  
30 alcoholism or drug treatment facility, or in confinement as a result of  
31 a criminal conviction.

32 (22) "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 (23) "Intoxicated person" means a person whose mental or physical  
35 functioning is substantially impaired as a result of the use of alcohol  
36 or other psychoactive chemicals.

37 ((+23)) (24) "Judicial commitment" means a commitment by a court  
38 under this chapter.



1 department or ward conducted for, the care and treatment of persons who  
2 are mentally ill and/or chemically dependent.

3 ~~((31))~~ (32) "Professional person" means a mental health  
4 professional or chemical dependency professional and shall also mean a  
5 physician, registered nurse, and such others as may be defined by rules  
6 adopted by the secretary pursuant to the provisions of this chapter.

7 ~~((32))~~ (33) "Psychiatrist" means a person having a license as a  
8 physician and surgeon in this state who has in addition completed three  
9 years of graduate training in psychiatry in a program approved by the  
10 American medical association or the American osteopathic association  
11 and is certified or eligible to be certified by the American board of  
12 psychiatry and neurology.

13 ~~((33))~~ (34) "Psychologist" means a person who has been licensed  
14 as a psychologist under chapter 18.83 RCW.

15 ~~((34))~~ (35) "Public agency" means any evaluation and treatment  
16 facility or institution, or hospital, or approved treatment program  
17 that is conducted for, or includes a department or ward conducted for,  
18 the care and treatment of persons who are mentally ill and/or  
19 chemically dependent, if the agency is operated directly by federal,  
20 state, county, or municipal government, or a combination of such  
21 governments.

22 ~~((35))~~ (36) "Registration records" means all the records of the  
23 department, regional support networks, treatment facilities, and other  
24 persons providing services to the department, county departments, or  
25 facilities which identify persons who are receiving or who at any time  
26 have received services for mental illness.

27 ~~((36))~~ (37) "Release" means legal termination of the commitment  
28 under chapter 70.96A or 71.05 RCW or this chapter.

29 ~~((37))~~ (38) "Secretary" means the secretary of the department or  
30 the secretary's designee.

31 ~~((38))~~ (39) "Secure detoxification facility" means a facility  
32 operated by either a public or private agency or by the program of an  
33 agency that serves the purpose of providing evaluation and assessment,  
34 and acute and/or subacute detoxification services for intoxicated  
35 persons and includes security measures sufficient to protect the  
36 patients, staff, and community.

37 ~~((39))~~ (40) "Social worker" means a person with a master's or

1 further advanced degree from an accredited school of social work or a  
2 degree deemed equivalent under rules adopted by the secretary.

3 ~~((40))~~ (41) "Treatment records" means registration records and  
4 all other records concerning persons who are receiving or who at any  
5 time have received services for mental illness, which are maintained by  
6 the department, by regional support networks and their staffs, and by  
7 treatment facilities. Treatment records do not include notes or  
8 records maintained for personal use by a person providing treatment  
9 services for the department, regional support networks, or a treatment  
10 facility if the notes or records are not available to others.

11 ~~((41))~~ (42) "Violent act" means behavior that resulted in  
12 homicide, attempted suicide, nonfatal injuries, or substantial damage  
13 to property.

14 **Sec. 4.** RCW 70.96B.020 and 2005 c 504 s 203 are each amended to  
15 read as follows:

16 (1) The secretary, after consulting with the Washington state  
17 association of counties, shall select and contract with regional  
18 support networks or counties to provide two integrated crisis response  
19 and involuntary treatment pilot programs for adults and shall allocate  
20 resources for both integrated services and secure detoxification  
21 services in the pilot areas. In selecting the two regional support  
22 networks or counties, the secretary shall endeavor to site one in an  
23 urban and one in a rural regional support network or county; and to  
24 site them in counties other than those selected pursuant to RCW  
25 70.96A.800, to the extent necessary to facilitate evaluation of pilot  
26 project results. Within funds provided for this specific purpose, the  
27 secretary may contract with additional regional support networks or  
28 counties to provide integrated crisis response and involuntary  
29 treatment pilot programs to adults.

30 (2) The regional support networks or counties shall implement the  
31 pilot programs by providing integrated crisis response and involuntary  
32 treatment to persons with a chemical dependency, a mental disorder, or  
33 both, consistent with this chapter. The pilot programs shall:

34 (a) Combine the crisis responder functions of a designated mental  
35 health professional under chapter 71.05 RCW and a designated chemical  
36 dependency specialist under chapter 70.96A RCW by establishing a new



1 designated crisis responder who is authorized to conduct investigations  
2 and detain persons up to seventy-two hours to the proper facility;

3 (b) Provide training to the crisis responders as required by the  
4 department;

5 (c) Provide sufficient staff and resources to ensure availability  
6 of an adequate number of crisis responders twenty-four hours a day,  
7 seven days a week;

8 (d) Provide the administrative and court-related staff, resources,  
9 and processes necessary to facilitate the legal requirements of the  
10 initial detention and the commitment hearings for persons with a  
11 chemical dependency;

12 (e) Participate in the evaluation and report to assess the outcomes  
13 of the pilot programs including providing data and information as  
14 requested;

15 (f) Provide the other services necessary to the implementation of  
16 the pilot programs, consistent with this chapter as determined by the  
17 secretary in contract; and

18 (g) Collaborate with the department of corrections where persons  
19 detained or committed are also subject to supervision by the department  
20 of corrections.

21 (3) The pilot programs established by this section shall begin  
22 providing services by March 1, 2006.

23 **Sec. 5.** RCW 70.96B.050 and 2007 c 120 s 1 are each amended to read  
24 as follows:

25 (1) When a designated crisis responder receives information  
26 alleging that a person, as a result of a mental disorder, chemical  
27 dependency disorder, or both, presents a likelihood of serious harm or  
28 is gravely disabled, the designated crisis responder may, after  
29 investigation and evaluation of the specific facts alleged and of the  
30 reliability and credibility of any person providing information to  
31 initiate detention, if satisfied that the allegations are true and that  
32 the person will not voluntarily seek appropriate treatment, file a  
33 petition for initial detention. Before filing the petition, the  
34 designated crisis responder must personally interview the person,  
35 unless the person refuses an interview, and determine whether the  
36 person will voluntarily receive appropriate evaluation and treatment at

1 either an evaluation and treatment facility, a detoxification facility,  
2 or other certified chemical dependency provider.

3 (2)(a) An order to detain to an evaluation and treatment facility,  
4 a detoxification facility, or other certified chemical dependency  
5 provider for not more than a seventy-two hour evaluation and treatment  
6 period may be issued by a judge upon request of a designated crisis  
7 responder: (i) Whenever it appears to the satisfaction of a judge of  
8 the superior court, district court, or other court permitted by court  
9 rule, that there is probable cause to support the petition, and (ii)  
10 that the person has refused or failed to accept appropriate evaluation  
11 and treatment voluntarily.

12 (b) The petition for initial detention, signed under penalty of  
13 perjury or sworn telephonic testimony, may be considered by the court  
14 in determining whether there are sufficient grounds for issuing the  
15 order.

16 (c) The order shall designate retained counsel or, if counsel is  
17 appointed from a list provided by the court, the name, business  
18 address, and telephone number of the attorney appointed to represent  
19 the person.

20 (3) The designated crisis responder shall then serve or cause to be  
21 served on such person, his or her guardian, and conservator, if any, a  
22 copy of the order to appear, together with a notice of rights and a  
23 petition for initial detention. After service on the person, the  
24 designated crisis responder shall file the return of service in court  
25 and provide copies of all papers in the court file to the evaluation  
26 and treatment facility or secure detoxification facility and the  
27 designated attorney. The designated crisis responder shall notify the  
28 court and the prosecuting attorney that a probable cause hearing will  
29 be held within seventy-two hours of the date and time of outpatient  
30 evaluation or admission to the evaluation and treatment facility,  
31 secure detoxification facility, or other certified chemical dependency  
32 provider. If requested by the detained person or his or her attorney,  
33 the hearing may be postponed for a period not to exceed forty-eight  
34 hours. The court may be continued subject to the petitioner's showing  
35 of good cause for a period not to exceed twenty-four hours. The person  
36 may be accompanied by one or more of his or her relatives, friends, an  
37 attorney, a personal physician, or other professional or religious  
38 advisor to the place of evaluation. An attorney accompanying the

1 person to the place of evaluation shall be permitted to be present  
2 during the admission evaluation. Any other person accompanying the  
3 person may be present during the admission evaluation. The facility  
4 may exclude the person if his or her presence would present a safety  
5 risk, delay the proceedings, or otherwise interfere with the  
6 evaluation.

7 (4) The designated crisis responder may notify a peace officer to  
8 take the person or cause the person to be taken into custody and placed  
9 in an evaluation and treatment facility, a secure detoxification  
10 facility, or other certified chemical dependency provider. At the time  
11 the person is taken into custody there shall commence to be served on  
12 the person, his or her guardian, and conservator, if any, a copy of the  
13 original order together with a notice of detention, a notice of rights,  
14 and a petition for initial detention.

15 **Sec. 6.** RCW 70.96B.100 and 2005 c 504 s 211 are each amended to  
16 read as follows:

17 ~~((If a person is detained for additional treatment beyond fourteen  
18 days under RCW 70.96B.090, the professional staff of the agency or  
19 facility may petition for additional treatment under RCW 70.96A.140.))~~

20 (1) A person detained for fourteen days of involuntary chemical  
21 dependency treatment under RCW 70.96B.090 shall be released from  
22 involuntary treatment at the expiration of the period of commitment  
23 unless the professional staff of the agency or facility files a  
24 petition for additional period of involuntary treatment under RCW  
25 70.96A.140, or files a petition for sixty days less restrictive  
26 treatment under this section.

27 (2) A petition for less restrictive treatment must be filed at  
28 least three days before expiration of the fourteen-day period of  
29 intensive treatment, and comport with the rules contained in RCW  
30 70.96B.090(2). The petition shall state facts that support the finding  
31 that the person, as a result of a chemical dependency, presents a  
32 likelihood of serious harm or is gravely disabled, and that continued  
33 treatment pursuant to a less restrictive order is in the best interest  
34 of the person or others. At the time of filing such a petition, the  
35 clerk shall set a time for the person to come before the court on the  
36 next judicial day after the day of filing unless such appearance is  
37 waived by the person's attorney.

1       (3) At the time set for appearance the detained person must be  
2 brought before the court, unless such appearance has been waived and  
3 the court shall advise him or her of his or her right to be represented  
4 by an attorney. If the detained person is not represented by an  
5 attorney, or is indigent or is unwilling to retain an attorney, the  
6 court shall immediately appoint an attorney to represent him or her.  
7 The court shall, if requested, appoint a reasonably available licensed  
8 physician, psychologist, or psychiatrist, designated by the detained  
9 person to examine and testify on behalf of the detained person.

10       (4) The court shall conduct a hearing on the petition for sixty  
11 days less restrictive treatment on or before the last day of the  
12 confinement period. The burden of proof shall be by clear, cogent, and  
13 convincing evidence and shall be upon the petitioner. The person shall  
14 be present at such proceeding, which shall in all respects accord with  
15 the constitutional guarantees of due process of law and the rules of  
16 evidence pursuant to RCW 71.05.360 (8) and (9). Involuntary treatment  
17 shall continue while a petition for less restrictive treatment is  
18 pending under this section.

19       (5) The court may impose a sixty-day less restrictive order if the  
20 evidence shows that the person, as a result of a chemical dependency,  
21 presents a likelihood of serious harm or is gravely disabled, and that  
22 continued treatment pursuant to a less restrictive order is in the best  
23 interest of the person or others. The less restrictive order may  
24 impose treatment conditions and other conditions which are in the best  
25 interest of the patient and others. A copy of the less restrictive  
26 order shall be given to the patient, the designated crisis responder,  
27 and any program designated to provide less restrictive treatment. A  
28 program designated to provide less restrictive treatment and willing to  
29 supervise the conditions of the less restrictive order may modify the  
30 conditions for continued release when the modification is in the best  
31 interests of the patient, but must notify the designated crisis  
32 responder and the court of such modification.

33       (6) If an outpatient treatment program approved by the court and  
34 willing to supervise the conditions of the less restrictive order or  
35 the designated crisis responder determines that the respondent is  
36 failing to adhere to the terms of the less restrictive order, or that  
37 substantial deterioration in the patient's functioning has occurred,  
38 then the designated crisis responder shall notify the court of original

1 commitment and request a hearing to be held no less than two and no  
2 more than seven days after the date of the request to determine whether  
3 or not the person should be returned to more restrictive care. The  
4 designated crisis responder may cause the person to be immediately  
5 taken into custody of the secure detox pending the hearing if the  
6 alleged noncompliance causes an imminent risk to the safety of the  
7 person. The designated crisis responder shall file a petition with the  
8 court stating the facts substantiating the need for the hearing along  
9 with the treatment recommendations. The patient shall have the same  
10 rights with respect to notice, hearing, and counsel as for the original  
11 involuntary treatment proceedings. The issues to be determined at the  
12 hearing are whether the conditionally released patient did or did not  
13 adhere to the terms and conditions of his or her release to less  
14 restrictive care or that substantial deterioration of the patient's  
15 functioning has occurred and whether the condition of release should be  
16 modified or the person should be returned to a more restrictive  
17 setting. The hearing may be waived by the patient and his or her  
18 counsel and his or her guardian or conservator, if any, but may not be  
19 waived unless all such persons agree to the waiver. If court finds in  
20 favor of the petitioner, or the person waives a hearing, the court may  
21 order the person to be committed to secure detox for fourteen days of  
22 involuntary chemical dependency treatment, or may order the patient to  
23 be returned to less restrictive treatment on the same or modified  
24 conditions.

25 NEW SECTION. Sec. 7. A new section is added to chapter 70.96B RCW  
26 to read as follows:

27 (1) A person committed for fourteen days of involuntary chemical  
28 dependency treatment under this chapter has a right to refuse  
29 antipsychotic medication unless it is determined that the failure to  
30 medicate may result in a likelihood of serious harm or substantial  
31 deterioration and there is no less intrusive course of treatment than  
32 medication in the best interest of that person.

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

35 (a) An attempt to obtain the informed consent of the person prior  
36 to administration of antipsychotic medication;

1 (b) For short-term treatment up to fourteen days, the right to  
2 refuse antipsychotic medications unless there is an additional  
3 concurring medical opinion approving medication;

4 (c) Administration of antipsychotic medication in an emergency and  
5 review of this decision within twenty-four hours. An emergency exists  
6 if the person presents an imminent likelihood of serious harm, and  
7 medically acceptable alternatives to administration of antipsychotic  
8 medications are not available or are unlikely to be successful; and in  
9 the opinion of the physician, the person's condition constitutes an  
10 emergency requiring the treatment be instituted prior to obtaining a  
11 second medical opinion;

12 (d) Documentation in the medical record of the physician's attempt  
13 to obtain informed consent and the reasons why antipsychotic medication  
14 is being administered over the person's objection or lack of consent.

15 (3) A person committed pursuant to this chapter may refuse  
16 psychiatric medication twenty-four hours before a court hearing as  
17 provided in RCW 71.05.210.

18 **Sec. 8.** RCW 70.96B.900 and 2005 c 504 s 219 are each amended to  
19 read as follows:

20 Sections 202 through 216 (~~(of this act)~~), chapter 504, Laws of 2005  
21 expire ((July 1, 2008)) June 30, 2009.

22 NEW SECTION. ` **9.** Sections 3 through 7 of this act expire June  
23 30, 2009.

24 **Sec. 10.** 2007 c 120 s 4 (uncodified) is amended to read as  
25 follows:

26 Sections 1 and 2 (~~(of this act)~~), chapter 120, Laws of 2007 expire  
27 ((July 1, 2008)) June 30, 2009."

**SSB 6665** - S AMD

By Senators Hargrove, Brown, Regala, Stevens, and Carrell

**ADOPTED 02/15/2008**

1        On page 1, line 2 of the title, after "programs;" strike the  
2 remainder of the title and insert "amending RCW 70.96A.800, 70.96B.800,  
3 70.96B.010, 70.96B.020, 70.96B.050, 70.96B.100, and 70.96B.900;  
4 amending 2007 c 120 s 4 (uncodified); adding a new section to chapter  
5 70.96B RCW; and providing expiration dates."

EFFECT:     The secretary may contract with additional counties or  
RSNs to provide integrated crisis management and integrated crisis  
response pilots, within funds provided for that specific purpose.

--- END ---