
SUBSTITUTE HOUSE BILL 1713

State of Washington 64th Legislature 2015 Regular Session

By House Judiciary (originally sponsored by Representatives Cody, Harris, Jenkins, Moeller, Tharinger, Appleton, Ortiz-Self, and Pollet)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to integrating the treatment systems for mental
2 health and chemical dependency; amending RCW 70.96A.020, 70.96A.140,
3 70.96A.145, 71.05.025, 71.05.026, 71.05.050, 71.05.120, 71.05.132,
4 71.05.150, 71.05.154, 71.05.156, 71.05.157, 71.05.160, 71.05.170,
5 71.05.180, 71.05.190, 71.05.195, 71.05.210, 71.05.212, 71.05.214,
6 71.05.215, 71.05.220, 71.05.230, 71.05.235, 71.05.240, 71.05.280,
7 71.05.290, 71.05.300, 71.05.320, 71.05.325, 71.05.340, 71.05.360,
8 71.05.380, 71.05.435, 71.05.530, 71.05.560, 71.05.700, 71.05.705,
9 71.34.020, 71.34.305, 71.34.375, 71.34.385, 71.34.400, 71.34.410,
10 71.34.500, 71.34.520, 71.34.600, 71.34.630, 71.34.650, 71.34.660,
11 71.34.700, 71.34.710, 71.34.720, 71.34.740, 71.34.750, 71.34.760,
12 71.34.780, 9.41.040, 9.41.047, 9.41.075, 9.41.097, 4.24.558,
13 5.60.060, 9.41.280, 9.95.143, 10.77.010, 10.77.025, 10.77.027,
14 10.77.060, 10.77.084, 10.77.088, 11.92.190, 13.32A.044, 18.83.110,
15 43.20A.025, 70.48.475, 70.97.010, 71.05.620, 71.05.660, 71.24.045,
16 71.24.330, 71.32.080, 71.32.140, 71.32.150, 72.09.315, 72.09.370,
17 74.13.033, and 74.50.070; reenacting and amending RCW 70.96A.020,
18 71.05.020, 71.05.153, 71.34.730, 10.77.065, 70.02.010, 70.02.230, and
19 71.24.025; adding new sections to chapter 71.05 RCW; creating a new
20 section; repealing RCW 70.96A.095, 70.96A.096, 70.96A.097,
21 70.96A.110, 70.96A.120, 70.96A.140, 70.96A.141, 70.96A.142,
22 70.96A.145, 70.96A.148, 70.96A.155, 70.96A.157, 70.96A.160,
23 70.96A.180, 70.96A.230, 70.96A.235, 70.96A.240, 70.96A.245,

1 70.96A.250, 70.96A.255, 70.96A.260, 70.96A.265, 70.96B.010,
2 70.96B.020, 70.96B.030, 70.96B.040, 70.96B.045, 70.96B.050,
3 70.96B.060, 70.96B.070, 70.96B.080, 70.96B.090, 70.96B.100,
4 70.96B.110, 70.96B.120, 70.96B.130, 70.96B.140, 70.96B.150,
5 70.96B.800, and 71.05.032; providing effective dates; and providing
6 expiration dates.

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

8 **PART I**
9 **CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT PROVISIONS**

10 **Sec. 101.** RCW 70.96A.020 and 2001 c 13 s 1 are each amended to
11 read as follows:

12 For the purposes of this chapter the following words and phrases
13 shall have the following meanings unless the context clearly requires
14 otherwise:

15 (1) "Alcoholic" means a person who suffers from the disease of
16 alcoholism.

17 (2) "Alcoholism" means a disease, characterized by a dependency
18 on alcoholic beverages, loss of control over the amount and
19 circumstances of use, symptoms of tolerance, physiological or
20 psychological withdrawal, or both, if use is reduced or discontinued,
21 and impairment of health or disruption of social or economic
22 functioning.

23 (3) "Approved treatment program" means a discrete program of
24 chemical dependency treatment provided by a treatment program
25 certified by the department of social and health services as meeting
26 standards adopted under this chapter.

27 (4) "Chemical dependency" means:

28 (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol
29 and one or more other psychoactive chemicals, as the context
30 requires.

31 (5) "Chemical dependency program" means expenditures and
32 activities of the department designed and conducted to prevent or
33 treat alcoholism and other drug addiction, including reasonable
34 administration and overhead.

35 (6) "Department" means the department of social and health
36 services.

1 (7) "Designated chemical dependency specialist" or "specialist"
2 means a person designated by the county alcoholism and other drug
3 addiction program coordinator designated under RCW 70.96A.310 to
4 perform the commitment duties described in RCW 70.96A.140 and
5 qualified to do so by meeting standards adopted by the department.

6 (8) "Director" means the person administering the chemical
7 dependency program within the department.

8 (9) "Drug addict" means a person who suffers from the disease of
9 drug addiction.

10 (10) "Drug addiction" means a disease characterized by a
11 dependency on psychoactive chemicals, loss of control over the amount
12 and circumstances of use, symptoms of tolerance, physiological or
13 psychological withdrawal, or both, if use is reduced or discontinued,
14 and impairment of health or disruption of social or economic
15 functioning.

16 (11) "Emergency service patrol" means a patrol established under
17 RCW 70.96A.170.

18 (12) "Gravely disabled by alcohol or other psychoactive
19 chemicals" or "gravely disabled" means that a person, as a result of
20 the use of alcohol or other psychoactive chemicals: (a) Is in danger
21 of serious physical harm resulting from a failure to provide for his
22 or her essential human needs of health or safety; or (b) manifests
23 severe deterioration in routine functioning evidenced by a repeated
24 and escalating loss of cognition or volitional control over his or
25 her actions and is not receiving care as essential for his or her
26 health or safety.

27 (13) "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 a long-term alcoholism or
31 drug treatment facility, or in confinement.

32 (14) "Incapacitated by alcohol or other psychoactive chemicals"
33 means that a person, as a result of the use of alcohol or other
34 psychoactive chemicals, is gravely disabled or presents a likelihood
35 of serious harm to himself or herself, to any other person, or to
36 property.

37 (15) "Incompetent person" means a person who has been adjudged
38 incompetent by the superior court.

1 (16) "Intoxicated person" means a person whose mental or physical
2 functioning is substantially impaired as a result of the use of
3 alcohol or other psychoactive chemicals.

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

7 (18) "Likelihood of serious harm" means:

8 (a) A substantial risk that: (i) Physical harm will be inflicted
9 by an individual upon his or her own person, as evidenced by threats
10 or attempts to commit suicide or inflict physical harm on one's self;
11 (ii) physical harm will be inflicted by an individual upon another,
12 as evidenced by behavior that has caused the harm or that places
13 another person or persons in reasonable fear of sustaining the harm;
14 or (iii) physical harm will be inflicted by an individual upon the
15 property of others, as evidenced by behavior that has caused
16 substantial loss or damage to the property of others; or

17 (b) The individual has threatened the physical safety of another
18 and has a history of one or more violent acts.

19 (19) "Medical necessity" for inpatient care of a minor means a
20 requested certified inpatient service that is reasonably calculated
21 to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b)
22 prevent the worsening of chemical dependency conditions that endanger
23 life or cause suffering and pain, or result in illness or infirmity
24 or threaten to cause or aggravate a handicap, or cause physical
25 deformity or malfunction, and there is no adequate less restrictive
26 alternative available.

27 (20) "Minor" means a person less than eighteen years of age.

28 (21) "Parent" means the parent or parents who have the legal
29 right to custody of the child. Parent includes custodian or guardian.

30 (22) "Peace officer" means a law enforcement official of a public
31 agency or governmental unit, and includes persons specifically given
32 peace officer powers by any state law, local ordinance, or judicial
33 order of appointment.

34 (23) "Person" means an individual, including a minor.

35 (24) "Professional person in charge" or "professional person"
36 means a physician or chemical dependency counselor as defined in rule
37 by the department, who is empowered by a certified treatment program
38 with authority to make assessment, admission, continuing care, and
39 discharge decisions on behalf of the certified program.

1 (25) "Secretary" means the secretary of the department of social
2 and health services.

3 (26) "Treatment" means the broad range of emergency,
4 detoxification, residential, and outpatient services and care,
5 including diagnostic evaluation, chemical dependency education and
6 counseling, medical, psychiatric, psychological, and social service
7 care, vocational rehabilitation and career counseling, which may be
8 extended to alcoholics and other drug addicts and their families,
9 persons incapacitated by alcohol or other psychoactive chemicals, and
10 intoxicated persons.

11 (27) "Treatment program" means an organization, institution, or
12 corporation, public or private, engaged in the care, treatment, or
13 rehabilitation of alcoholics or other drug addicts.

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

17 **Sec. 102.** RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted
18 and amended to read as follows:

19 For the purposes of this chapter the following words and phrases
20 shall have the following meanings unless the context clearly requires
21 otherwise:

22 (1) "Alcoholism" means a disease, characterized by a dependency
23 on alcoholic beverages, loss of control over the amount and
24 circumstances of use, symptoms of tolerance, physiological or
25 psychological withdrawal, or both, if use is reduced or discontinued,
26 and impairment of health or disruption of social or economic
27 functioning.

28 (2) "Approved treatment program" means a program for persons with
29 a substance use disorder provided by a treatment program certified by
30 the department of social and health services as meeting standards
31 adopted under this chapter.

32 (3) "Behavioral health organization" means a county authority or
33 group of county authorities or other entity recognized by the
34 secretary in contract in a defined regional service area.

35 (4) "Behavioral health services" means mental health services as
36 described in chapters 71.24 and 71.36 RCW and chemical dependency
37 treatment services as described in this chapter.

1 (5) "Chemical dependency" means: (a) Alcoholism; (b) drug
2 addiction; or (c) dependence on alcohol and one or more other
3 psychoactive chemicals, as the context requires.

4 (6) "Chemical dependency program" means expenditures and
5 activities of the department designed and conducted to prevent or
6 treat alcoholism and other drug addiction, including reasonable
7 administration and overhead.

8 (7) "Department" means the department of social and health
9 services.

10 (8) "Designated chemical dependency specialist" or "specialist"
11 means a person designated by the behavioral health organization or by
12 the county alcoholism and other drug addiction program coordinator
13 designated under RCW 70.96A.310 to perform the commitment duties
14 described in RCW 70.96A.140 and qualified to do so by meeting
15 standards adopted by the department.

16 (9) "Director" means the person administering the substance use
17 disorder program within the department.

18 (10) "Drug addiction" means a disease characterized by a
19 dependency on psychoactive chemicals, loss of control over the amount
20 and circumstances of use, symptoms of tolerance, physiological or
21 psychological withdrawal, or both, if use is reduced or discontinued,
22 and impairment of health or disruption of social or economic
23 functioning.

24 (11) "Emergency service patrol" means a patrol established under
25 RCW 70.96A.170.

26 (12) "Gravely disabled by alcohol or other psychoactive
27 chemicals" or "gravely disabled" means that a person, as a result of
28 the use of alcohol or other psychoactive chemicals: (a) Is in danger
29 of serious physical harm resulting from a failure to provide for his
30 or her essential human needs of health or safety; or (b) manifests
31 severe deterioration in routine functioning evidenced by a repeated
32 and escalating loss of cognition or volitional control over his or
33 her actions and is not receiving care as essential for his or her
34 health or safety.

35 (13) "History of one or more violent acts" refers to the period
36 of time ten years prior to the filing of a petition under this
37 chapter, excluding any time spent, but not any violent acts
38 committed, in a mental health facility, or a long-term alcoholism or
39 drug treatment facility, or in confinement.

1 (14) "Incapacitated by alcohol or other psychoactive chemicals"
2 means that a person, as a result of the use of alcohol or other
3 psychoactive chemicals, is gravely disabled or presents a likelihood
4 of serious harm to himself or herself, to any other person, or to
5 property.

6 (15) "Incompetent person" means a person who has been adjudged
7 incompetent by the superior court.

8 (16) "Intoxicated person" means a person whose mental or physical
9 functioning is substantially impaired as a result of the use of
10 alcohol or other psychoactive chemicals.

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

14 (18) "Likelihood of serious harm" means:

15 (a) A substantial risk that: (i) Physical harm will be inflicted
16 by an individual upon his or her own person, as evidenced by threats
17 or attempts to commit suicide or inflict physical harm on one's self;
18 (ii) physical harm will be inflicted by an individual upon another,
19 as evidenced by behavior that has caused the harm or that places
20 another person or persons in reasonable fear of sustaining the harm;
21 or (iii) physical harm will be inflicted by an individual upon the
22 property of others, as evidenced by behavior that has caused
23 substantial loss or damage to the property of others; or

24 (b) The individual has threatened the physical safety of another
25 and has a history of one or more violent acts.

26 (19) "Medical necessity" for inpatient care of a minor means a
27 requested certified inpatient service that is reasonably calculated
28 to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b)
29 prevent the progression of substance use disorders that endanger life
30 or cause suffering and pain, or result in illness or infirmity or
31 threaten to cause or aggravate a handicap, or cause physical
32 deformity or malfunction, and there is no adequate less restrictive
33 alternative available.

34 (20) "Minor" means a person less than eighteen years of age.

35 (21) "Parent" means the parent or parents who have the legal
36 right to custody of the child. Parent includes custodian or guardian.

37 (22) "Peace officer" means a law enforcement official of a public
38 agency or governmental unit, and includes persons specifically given
39 peace officer powers by any state law, local ordinance, or judicial
40 order of appointment.

- 1 (23) "Person" means an individual, including a minor.
- 2 (24) "Professional person in charge" or "professional person"
3 means a physician or chemical dependency counselor as defined in rule
4 by the department, who is empowered by a certified treatment program
5 with authority to make assessment, admission, continuing care, and
6 discharge decisions on behalf of the certified program.
- 7 (25) "Secretary" means the secretary of the department of social
8 and health services.
- 9 (26) "Substance use disorder" means a cluster of cognitive,
10 behavioral, and physiological symptoms indicating that an individual
11 continues using the substance despite significant substance-related
12 problems. The diagnosis of a substance use disorder is based on a
13 pathological pattern of behaviors related to the use of the
14 substances.
- 15 (27) "Treatment" means the broad range of emergency, withdrawal
16 management, residential, and outpatient services and care, including
17 diagnostic evaluation, chemical dependency education and counseling,
18 medical, psychiatric, psychological, and social service care,
19 vocational rehabilitation and career counseling, which may be
20 extended to persons with substance use disorders and their families,
21 persons incapacitated by alcohol or other psychoactive chemicals, and
22 intoxicated persons.
- 23 (28) "Treatment program" means an organization, institution, or
24 corporation, public or private, engaged in the care, treatment, or
25 rehabilitation of persons with substance use ((disorder[s]))
26 disorders.
- 27 (29) "Violent act" means behavior that resulted in homicide,
28 attempted suicide, nonfatal injuries, or substantial damage to
29 property.
- 30 (30) "Commitment" means the determination by a court that a
31 person should be detained for a period of either evaluation or
32 treatment, or both, in an inpatient or a less restrictive setting.
- 33 (31) "Mental health professional" means a psychiatrist,
34 psychologist, psychiatric advanced registered nurse practitioner,
35 psychiatric nurse, or social worker, and such other mental health
36 professionals as may be defined by rules adopted by the secretary
37 pursuant to the provisions of chapter 71.05 RCW.
- 38 (32) "Physician assistant" means a person who is licensed as a
39 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is

1 working with a licensed mental health physician as indicated by their
2 delegation agreement.

3 (33) "Psychiatric advanced registered nurse practitioner" means a
4 person who is licensed as an advanced registered nurse practitioner
5 pursuant to chapter 18.79 RCW; and who is board certified in advanced
6 practice psychiatric and mental health nursing.

7 **Sec. 103.** RCW 70.96A.140 and 2001 c 13 s 3 are each amended to
8 read as follows:

9 (1)(a) When a designated chemical dependency specialist receives
10 information alleging that a person presents a likelihood of serious
11 harm or is gravely disabled as a result of chemical dependency, the
12 designated chemical dependency specialist, after investigation and
13 evaluation of the specific facts alleged and of the reliability and
14 credibility of the information, may file a petition for commitment of
15 such person with the superior court, district court, or in another
16 court permitted by court rule.

17 If a petition for commitment is not filed in the case of a minor,
18 the parent, guardian, or custodian who has custody of the minor may
19 seek review of that decision made by the designated chemical
20 dependency specialist in superior or district court. The parent,
21 guardian, or custodian shall file notice with the court and provide a
22 copy of the designated chemical dependency specialist's report.

23 If the designated chemical dependency specialist finds that the
24 initial needs of such person would be better served by placement
25 within the mental health system, the person shall be referred to
26 either a ((county)) designated mental health professional or an
27 evaluation and treatment facility as defined in RCW 71.05.020 or
28 71.34.020.

29 (b) If placement in a chemical dependency program is available
30 and deemed appropriate, the petition shall allege that: The person is
31 chemically dependent and presents a likelihood of serious harm or is
32 gravely disabled by alcohol or drug addiction, or that the person has
33 twice before in the preceding twelve months been admitted for
34 detoxification, sobering services, or chemical dependency treatment
35 pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of a more
36 sustained treatment program, or that the person is chemically
37 dependent and has threatened, attempted, or inflicted physical harm
38 on another and is likely to inflict physical harm on another unless
39 committed. A refusal to undergo treatment, by itself, does not

1 constitute evidence of lack of judgment as to the need for treatment.
2 (~~The petition shall be accompanied by a certificate of a licensed
3 physician who has examined the person within five days before
4 submission of the petition, unless the person whose commitment is
5 sought has refused to submit to a medical examination, in which case
6 the fact of refusal shall be alleged in the petition. The certificate
7 shall set forth the licensed physician's findings in support of the
8 allegations of the petition. A physician employed by the petitioning
9 program or the department is eligible to be the certifying
10 physician.~~)

11 (c) If involuntary detention is sought, the petition must state
12 facts that support a finding of the grounds identified in (b) of this
13 subsection and that there are no less restrictive alternatives to
14 detention in the best interest of such person or others. The petition
15 must state specifically that less restrictive alternative treatment
16 was considered and specify why treatment less restrictive than
17 detention is not appropriate. If an involuntary less restrictive
18 alternative is sought, the petition must state facts that support a
19 finding of the grounds for commitment identified in (b) of this
20 subsection and set forth the proposed less restrictive alternative.

21 (d)(i) The petition must be signed by:

22 (A) Two licensed physicians;

23 (B) One licensed physician and a mental health professional;

24 (C) Two psychiatric advanced registered nurse practitioners;

25 (D) Two physician assistants;

26 (E) One mental health professional and either a psychiatric
27 advanced registered nurse practitioner or a physician assistant; or

28 (F) One licensed physician and either a psychiatric advanced
29 registered nurse practitioner or physician assistant.

30 (ii) The persons signing the petition must have examined the
31 person.

32 (2) Upon filing the petition, the court shall fix a date for a
33 hearing no less than two and no more than seven days after the date
34 the petition was filed unless the person petitioned against is
35 presently being detained in a program, pursuant to RCW 70.96A.120,
36 71.05.210, or ~~((71.34.050))~~ 71.34.710, in which case the hearing
37 shall be held within seventy-two hours of the filing of the petition:
38 PROVIDED, HOWEVER, That the above specified seventy-two hours shall
39 be computed by excluding Saturdays, Sundays, and holidays: PROVIDED
40 FURTHER, That, the court may, upon motion of the person whose

1 commitment is sought, or upon motion of petitioner with written
2 permission of the person whose commitment is sought, or his or her
3 counsel and, upon good cause shown, extend the date for the hearing.
4 A copy of the petition and of the notice of the hearing, including
5 the date fixed by the court, shall be served by the designated
6 chemical dependency specialist on the person whose commitment is
7 sought, his or her next of kin, a parent or his or her legal guardian
8 if he or she is a minor, and any other person the court believes
9 advisable. A copy of the petition and certificate shall be delivered
10 to each person notified.

11 (3) At the hearing the court shall hear all relevant
12 testimony((τ)) including, if possible, the testimony, which may be
13 telephonic, of at least one licensed physician, psychiatric advanced
14 registered nurse practitioner, physician assistant, or mental health
15 professional who has examined the person whose commitment is sought.
16 Communications otherwise deemed privileged under the laws of this
17 state are deemed to be waived in proceedings under this chapter when
18 a court of competent jurisdiction in its discretion determines that
19 the waiver is necessary to protect either the detained person or the
20 public. The waiver of a privilege under this section is limited to
21 records or testimony relevant to evaluation of the detained person
22 for purposes of a proceeding under this chapter. Upon motion by the
23 detained person, or on its own motion, the court shall examine a
24 record or testimony sought by a petitioner to determine whether it is
25 within the scope of the waiver.

26 The record maker shall not be required to testify in order to
27 introduce medical, nursing, or psychological records of detained
28 persons so long as the requirements of RCW 5.45.020 are met, except
29 that portions of the record that contain opinions as to whether the
30 detained person is chemically dependent shall be deleted from the
31 records unless the person offering the opinions is available for
32 cross-examination. The person shall be present unless the court
33 believes that his or her presence is likely to be injurious to him or
34 her; in this event the court may deem it appropriate to appoint a
35 guardian ad litem to represent him or her throughout the proceeding.
36 If deemed advisable, the court may examine the person out of
37 courtroom. If the person has refused to be examined by a licensed
38 physician, psychiatric advanced registered nurse practitioner,
39 physician assistant, or mental health professional, he or she shall
40 be given an opportunity to be examined by a court appointed licensed

1 physician, psychiatric advanced registered nurse practitioner,
2 physician assistant, or other professional person qualified to
3 provide such services. If he or she refuses and there is sufficient
4 evidence to believe that the allegations of the petition are true, or
5 if the court believes that more medical evidence is necessary, the
6 court may make a temporary order committing him or her to the
7 department for a period of not more than five days for purposes of a
8 diagnostic examination.

9 (4)(a) If after hearing all relevant evidence, including the
10 results of any diagnostic examination, the court finds that grounds
11 for involuntary commitment have been established by ~~((clear, cogent,~~
12 ~~and convincing proof))~~ a preponderance of the evidence and, after
13 considering less restrictive alternatives to involuntary detention
14 and treatment, finds that no such alternatives are in the best
15 interest of the person or others, it shall make an order of
16 commitment to an approved treatment program. It shall not order
17 commitment of a person unless it determines that an approved
18 treatment program is available and able to provide adequate and
19 appropriate treatment for him or her.

20 (b) If the court finds that the grounds for commitment have been
21 established by a preponderance of the evidence, but that treatment in
22 a less restrictive setting than detention is in the best interest of
23 such person or others, the court shall order an appropriate less
24 restrictive course of treatment. The less restrictive order may
25 impose treatment conditions and other conditions that are in the best
26 interest of the respondent and others. A copy of the less restrictive
27 order must be given to the respondent, the designated chemical
28 dependency specialist, and any program designated to provide less
29 restrictive treatment. If the program designated to provide the less
30 restrictive treatment is other than the program providing the initial
31 involuntary treatment, the program so designated must agree in
32 writing to assume such responsibility. The court may not order
33 commitment of a person to a less restrictive course of treatment
34 unless it determines that an approved treatment program is available
35 and able to provide adequate and appropriate treatment for him or
36 her.

37 (5) A person committed to inpatient treatment under this section
38 shall remain in the program for treatment for a period of ~~((sixty))~~
39 fourteen days unless sooner discharged. A person committed to a less
40 restrictive course of treatment under this section shall remain in

1 the program of treatment for a period of ninety days unless sooner
2 discharged. At the end of the (~~sixty~~) fourteen-day period, or
3 ninety-day period in the case of a less restrictive alternative to
4 inpatient treatment, he or she shall be discharged automatically
5 unless the program or the designated chemical dependency specialist,
6 before expiration of the period, files a petition for his or her
7 recommitment upon the grounds set forth in subsection (1) of this
8 section for a further period of ninety days of inpatient treatment or
9 ninety days of less restrictive alternative treatment unless sooner
10 discharged. The petition for ninety-day inpatient or less restrictive
11 alternative treatment must be filed with the clerk of the court at
12 least three days before expiration of the fourteen-day period of
13 intensive treatment.

14 If a petition for recommitment is not filed in the case of a
15 minor, the parent, guardian, or custodian who has custody of the
16 minor may seek review of that decision made by the designated
17 chemical dependency specialist in superior or district court. The
18 parent, guardian, or custodian shall file notice with the court and
19 provide a copy of the treatment progress report.

20 If a person has been committed because he or she is chemically
21 dependent and likely to inflict physical harm on another, the program
22 or designated chemical dependency specialist shall apply for
23 recommitment if after examination it is determined that the
24 likelihood still exists.

25 (6) Upon the filing of a petition for recommitment under
26 subsection (5) of this section, the court shall fix a date for
27 hearing no less than two and no more than seven days after the date
28 the petition was filed: PROVIDED, That, the court may, upon motion of
29 the person whose commitment is sought and upon good cause shown,
30 extend the date for the hearing. A copy of the petition and of the
31 notice of hearing, including the date fixed by the court, shall be
32 served by the treatment program on the person whose commitment is
33 sought, his or her next of kin, the original petitioner under
34 subsection (1) of this section if different from the petitioner for
35 recommitment, one of his or her parents or his or her legal guardian
36 if he or she is a minor, and his or her attorney and any other person
37 the court believes advisable. At the hearing the court shall proceed
38 as provided in subsections (3) and (4) of this section, except that
39 the burden of proof upon a hearing for recommitment must be proof by
40 clear, cogent, and convincing evidence.

1 (7) The approved treatment program shall provide for adequate and
2 appropriate treatment of a person committed to its custody on an
3 inpatient or outpatient basis. A person committed under this section
4 may be transferred from one approved public treatment program to
5 another if transfer is medically advisable.

6 (8) A person committed to (~~the custody of~~) a program for
7 treatment shall be discharged at any time before the end of the
8 period for which he or she has been committed and he or she shall be
9 discharged by order of the court if either of the following
10 conditions are met:

11 (a) In case of a chemically dependent person committed on the
12 grounds of likelihood of infliction of physical harm upon himself,
13 herself, or another, the likelihood no longer exists; or further
14 treatment will not be likely to bring about significant improvement
15 in the person's condition, or treatment is no longer adequate or
16 appropriate.

17 (b) In case of a chemically dependent person committed on the
18 grounds of the need of treatment and incapacity, that the incapacity
19 no longer exists.

20 (9) The court shall inform the person whose commitment or
21 recommitment is sought of his or her right to contest the
22 application, be represented by counsel at every stage of any
23 proceedings relating to his or her commitment and recommitment, and
24 have counsel appointed by the court or provided by the court, if he
25 or she wants the assistance of counsel and is unable to obtain
26 counsel. If the court believes that the person needs the assistance
27 of counsel, the court shall require, by appointment if necessary,
28 counsel for him or her regardless of his or her wishes. The person
29 shall, if he or she is financially able, bear the costs of such legal
30 service; otherwise such legal service shall be at public expense. The
31 person whose commitment or recommitment is sought shall be informed
32 of his or her right to be examined by ((a)) his or her choice of
33 licensed physician ((of his or her choice)), psychiatric advanced
34 registered nurse practitioner, physician assistant, or other
35 professional person to conduct an examination and testify on behalf
36 of the person. If the person is unable to obtain a licensed physician
37 and requests examination by a physician, the court shall employ a
38 licensed physician.

1 (10) A person committed under this chapter may at any time seek
2 to be discharged from commitment by writ of habeas corpus in a court
3 of competent jurisdiction.

4 (11) The venue for proceedings under this section is the county
5 in which person to be committed resides or is present.

6 (12) When in the opinion of the professional person in charge of
7 the program providing involuntary inpatient treatment under this
8 chapter, the committed patient can be appropriately served by less
9 restrictive treatment before expiration of the period of commitment,
10 then the less restrictive care may be required as a condition for
11 early release for a period which, when added to the initial treatment
12 period, does not exceed the period of commitment. If the program
13 designated to provide the less restrictive treatment is other than
14 the program providing the initial involuntary treatment, the program
15 so designated must agree in writing to assume such responsibility. A
16 copy of the conditions for early release shall be given to the
17 patient, the designated chemical dependency specialist of original
18 commitment, and the court of original commitment. The program
19 designated to provide less restrictive care may modify the conditions
20 for continued release when the modifications are in the best
21 interests of the patient. If the program providing less restrictive
22 care and the designated chemical dependency specialist determine that
23 a conditionally released patient is failing to adhere to the terms
24 and conditions of his or her release, or that substantial
25 deterioration in the patient's functioning has occurred, then the
26 designated chemical dependency specialist shall notify the court of
27 original commitment and request a hearing to be held no less than two
28 and no more than seven days after the date of the request to
29 determine whether or not the person should be returned to more
30 restrictive care. The designated chemical dependency specialist shall
31 file a petition with the court stating the facts substantiating the
32 need for the hearing along with the treatment recommendations. The
33 patient shall have the same rights with respect to notice, hearing,
34 and counsel as for the original involuntary treatment proceedings.
35 The issues to be determined at the hearing are whether the
36 conditionally released patient did or did not adhere to the terms and
37 conditions of his or her release to less restrictive care or that
38 substantial deterioration of the patient's functioning has occurred
39 and whether the conditions of release should be modified or the
40 person should be returned to a more restrictive program. The hearing

1 may be waived by the patient and his or her counsel and his or her
2 guardian or conservator, if any, but may not be waived unless all
3 such persons agree to the waiver. Upon waiver, the person may be
4 returned for involuntary treatment or continued on conditional
5 release on the same or modified conditions. The grounds and
6 procedures for revocation of less restrictive alternative treatment
7 ordered by the court must be the same as those set forth in this
8 section for less restrictive care arranged by an approved treatment
9 program as a condition for early release.

10 **Sec. 104.** RCW 70.96A.145 and 1993 c 137 s 1 are each amended to
11 read as follows:

12 The prosecuting attorney of the county in which such action is
13 taken (~~may, at the discretion of the prosecuting attorney,~~) shall
14 represent the designated chemical dependency specialist or treatment
15 program in judicial proceedings under RCW 70.96A.140 for the
16 involuntary commitment or recommitment of an individual, including
17 any judicial proceeding where the individual sought to be committed
18 or recommitted challenges the action.

19 **PART II**
20 **INTEGRATED SYSTEM**

21 NEW SECTION. **Sec. 201.** A new section is added to chapter 71.05
22 RCW to read as follows:

23 (1) By April 1, 2017, the department, by rule, must combine the
24 functions of a designated mental health professional and designated
25 chemical dependency specialist by establishing a designated crisis
26 responder who is authorized to conduct investigations, detain persons
27 up to seventy-two hours to the proper facility, and carry out the
28 other functions identified in this chapter and chapter 71.34 RCW. The
29 behavioral health organizations shall provide training to the
30 designated crisis responders as required by the department.

31 (2)(a) To qualify as a designated crisis responder, a person must
32 have received chemical dependency training as determined by the
33 department and be a:

34 (i) Psychiatrist, psychologist, psychiatric advanced registered
35 nurse practitioner, or social worker;

36 (ii) Person with a master's degree or further advanced degree in
37 counseling or one of the social sciences from an accredited college

1 or university and who have, in addition, at least two years of
2 experience in direct treatment of persons with mental illness or
3 emotional disturbance, such experience gained under the direction of
4 a mental health professional;

5 (iii) Person who meets the waiver criteria of RCW 71.24.260,
6 which waiver was granted before 1986;

7 (iv) Person who had an approved waiver to perform the duties of a
8 mental health professional that was requested by the regional support
9 network and granted by the department before July 1, 2001; or

10 (v) Person who has been granted an exception of the minimum
11 requirements of a mental health professional by the department
12 consistent with rules adopted by the secretary.

13 (b) Training must include chemical dependency training specific
14 to the duties of a designated crisis responder, including diagnosis
15 of substance abuse and dependence and assessment of risk associated
16 with substance use.

17 (3) The department must develop a transition process for any
18 person who has been designated as a designated mental health
19 professional or a designated chemical dependency specialist before
20 April 1, 2017, to be converted to a designated crisis responder. The
21 behavioral health organizations shall provide training, as required
22 by the department, to persons converting to designated crisis
23 responders, which must include both mental health and chemical
24 dependency training applicable to the designated crisis responder
25 role.

26 NEW SECTION. **Sec. 202.** A new section is added to chapter 71.05
27 RCW to read as follows:

28 (1) The Washington state institute for public policy shall
29 evaluate the effect of the integration of the involuntary treatment
30 systems for substance use disorder and mental health and make
31 preliminary reports to appropriate committees of the legislature by
32 December 1, 2019, and June 30, 2020, and a final report by June 30,
33 2022.

34 (2) The evaluation must include an assessment of whether the
35 integrated system:

36 (a) Has increased efficiency of evaluation and treatment of
37 persons involuntarily detained for substance use disorder;

38 (b) Is cost-effective, including impacts on health care, housing,
39 employment, and criminal justice costs;

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

3 (d) Increases the effectiveness of the crisis response system
4 statewide;

5 (e) Has an impact on commitments based upon mental disorders;

6 (f) Has been sufficiently resourced with enough involuntary
7 treatment beds, less restrictive alternative treatment options, and
8 state funds to provide timely and appropriate treatment for all
9 individuals interacting with the integrated involuntary treatment
10 system; and

11 (g) Has diverted from the mental health involuntary treatment
12 system a significant number of individuals whose risk results from
13 substance abuse, including an estimate of the net savings from
14 serving these clients into the appropriate substance abuse treatment
15 system.

16 (3) This section expires August 1, 2022.

17 **Sec. 203.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted
18 and amended to read as follows:

19 The definitions in this section apply throughout this chapter
20 unless the context clearly requires otherwise.

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

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

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

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

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

36 (6) "Crisis stabilization unit" means a short-term facility or a
37 portion of a facility licensed by the department of health and
38 certified by the department of social and health services under RCW
39 71.24.035, such as an evaluation and treatment facility or a

1 hospital, which has been designed to assess, diagnose, and treat
2 individuals experiencing an acute crisis without the use of long-term
3 hospitalization;

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

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

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

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

17 ~~((11) "Designated mental health professional" means a mental~~
18 ~~health professional designated by the county or other authority~~
19 ~~authorized in rule to perform the duties specified in this chapter;~~

20 ~~(12))~~ (10) "Detention" or "detain" means the lawful confinement
21 of a person, under the provisions of this chapter;

22 ~~((13))~~ (11) "Developmental disabilities professional" means a
23 person who has specialized training and three years of experience in
24 directly treating or working with persons with developmental
25 disabilities and is a psychiatrist, psychologist, psychiatric
26 advanced registered nurse practitioner, or social worker, and such
27 other developmental disabilities professionals as may be defined by
28 rules adopted by the secretary;

29 ~~((14))~~ (12) "Developmental disability" means that condition
30 defined in RCW 71A.10.020~~((4))~~ (5);

31 ~~((15))~~ (13) "Discharge" means the termination of hospital
32 medical authority. The commitment may remain in place, be terminated,
33 or be amended by court order;

34 ~~((16))~~ (14) "Evaluation and treatment facility" means any
35 facility which can provide directly, or by direct arrangement with
36 other public or private agencies, emergency evaluation and treatment,
37 outpatient care, and timely and appropriate inpatient care to persons
38 suffering from a mental disorder, and which is certified as such by
39 the department. A physically separate and separately operated portion
40 of a state hospital may be designated as an evaluation and treatment

1 facility. A facility which is part of, or operated by, the department
2 or any federal agency will not require certification. No correctional
3 institution or facility, or jail, shall be an evaluation and
4 treatment facility within the meaning of this chapter;

5 ~~((17))~~ (15) "Gravely disabled" means a condition in which a
6 person, as a result of a mental disorder, or as a result of the use
7 of alcohol or other psychoactive chemicals: (a) Is in danger of
8 serious physical harm resulting from a failure to provide for his or
9 her essential human needs of health or safety; or (b) manifests
10 severe deterioration in routine functioning evidenced by repeated and
11 escalating loss of cognitive or volitional control over his or her
12 actions and is not receiving such care as is essential for his or her
13 health or safety;

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

22 ~~((19))~~ (17) "History of one or more violent acts" refers to the
23 period of time ten years prior to the filing of a petition under this
24 chapter, excluding any time spent, but not any violent acts
25 committed, in a mental health facility, a long-term alcoholism or
26 drug treatment facility, or in confinement as a result of a criminal
27 conviction;

28 ~~((20))~~ (18) "Imminent" means the state or condition of being
29 likely to occur at any moment or near at hand, rather than distant or
30 remote;

31 ~~((21))~~ (19) "Individualized service plan" means a plan prepared
32 by a developmental disabilities professional with other professionals
33 as a team, for a person with developmental disabilities, which shall
34 state:

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

37 (b) The conditions and strategies necessary to achieve the
38 purposes of habilitation;

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

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

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

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

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

11 ~~((+22+))~~ (20) "Information related to mental health services"
12 means all information and records compiled, obtained, or maintained
13 in the course of providing services to either voluntary or
14 involuntary recipients of services by a mental health service
15 provider. This may include documents of legal proceedings under this
16 chapter or chapter 71.34 or 10.77 RCW, or somatic health care
17 information;

18 ~~((+23+))~~ (21) "Judicial commitment" means a commitment by a court
19 pursuant to the provisions of this chapter;

20 ~~((+24+))~~ (22) "Legal counsel" means attorneys and staff employed
21 by county prosecutor offices or the state attorney general acting in
22 their capacity as legal representatives of public mental health and
23 substance use disorder service providers under RCW 71.05.130;

24 ~~((+25+))~~ (23) "Likelihood of serious harm" means:

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

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

36 ~~((+26+))~~ (24) "Mental disorder" means any organic, mental, or
37 emotional impairment which has substantial adverse effects on a
38 person's cognitive or volitional functions;

39 ~~((+27+))~~ (25) "Mental health professional" means a psychiatrist,
40 psychologist, psychiatric advanced registered nurse practitioner,

1 psychiatric nurse, or social worker, and such other mental health
2 professionals as may be defined by rules adopted by the secretary
3 pursuant to the provisions of this chapter;

4 ~~((+28))~~ (26) "Mental health service provider" means a public or
5 private agency that provides mental health services to persons with
6 mental disorders or substance use disorder as defined under this
7 section and receives funding from public sources. This includes, but
8 is not limited to, hospitals licensed under chapter 70.41 RCW,
9 evaluation and treatment facilities as defined in this section,
10 community mental health service delivery systems or community mental
11 health programs as defined in RCW 71.24.025, facilities conducting
12 competency evaluations and restoration under chapter 10.77 RCW,
13 approved substance use disorder treatment programs as defined in this
14 section, secure detoxification facilities as defined in this section,
15 and correctional facilities operated by state and local governments;

16 ~~((+29))~~ (27) "Peace officer" means a law enforcement official of
17 a public agency or governmental unit, and includes persons
18 specifically given peace officer powers by any state law, local
19 ordinance, or judicial order of appointment;

20 ~~((+30))~~ (28) "Private agency" means any person, partnership,
21 corporation, or association that is not a public agency, whether or
22 not financed in whole or in part by public funds, which constitutes
23 an evaluation and treatment facility or private institution, or
24 hospital, or approved substance use disorder treatment program, which
25 is conducted for, or includes a department or ward conducted for, the
26 care and treatment of persons ~~((who are mentally ill))~~ with mental
27 illness, substance use disorder, or both mental illness and substance
28 use disorder;

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

34 ~~((+32))~~ (30) "Psychiatric advanced registered nurse
35 practitioner" means a person who is licensed as an advanced
36 registered nurse practitioner pursuant to chapter 18.79 RCW; and who
37 is board certified in advanced practice psychiatric and mental health
38 nursing;

39 ~~((+33))~~ (31) "Psychiatrist" means a person having a license as a
40 physician and surgeon in this state who has in addition completed

1 three years of graduate training in psychiatry in a program approved
2 by the American medical association or the American osteopathic
3 association and is certified or eligible to be certified by the
4 American board of psychiatry and neurology;

5 ~~((34))~~ (32) "Psychologist" means a person who has been licensed
6 as a psychologist pursuant to chapter 18.83 RCW;

7 ~~((35))~~ (33) "Public agency" means any evaluation and treatment
8 facility or institution, secure detoxification facility, approved
9 substance use disorder treatment program, or hospital which is
10 conducted for, or includes a department or ward conducted for, the
11 care and treatment of persons with mental illness, substance use
12 disorder, or both mental illness and substance use disorder, if the
13 agency is operated directly by~~((7))~~ federal, state, county, or
14 municipal government, or a combination of such governments;

15 ~~((36))~~ (34) "Registration records" include all the records of
16 the department, behavioral health organizations, treatment
17 facilities, and other persons providing services to the department,
18 county departments, or facilities which identify persons who are
19 receiving or who at any time have received services for mental
20 illness or substance use disorder;

21 ~~((37))~~ (35) "Release" means legal termination of the commitment
22 under the provisions of this chapter;

23 ~~((38))~~ (36) "Resource management services" has the meaning
24 given in chapter 71.24 RCW;

25 ~~((39))~~ (37) "Secretary" means the secretary of the department
26 of social and health services, or his or her designee;

27 ~~((40))~~ (38) "Serious violent offense" has the same meaning as
28 provided in RCW 9.94A.030;

29 ~~((41))~~ (39) "Social worker" means a person with a master's or
30 further advanced degree from a social work educational program
31 accredited and approved as provided in RCW 18.320.010;

32 ~~((42))~~ (40) "Therapeutic court personnel" means the staff of a
33 mental health court or other therapeutic court which has jurisdiction
34 over defendants who are dually diagnosed with mental disorders,
35 including court personnel, probation officers, a court monitor,
36 prosecuting attorney, or defense counsel acting within the scope of
37 therapeutic court duties;

38 ~~((43))~~ (41) "Treatment records" include registration and all
39 other records concerning persons who are receiving or who at any time
40 have received services for mental illness, which are maintained by

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

10 ~~((44))~~ (42) "Triage facility" means a short-term facility or a
11 portion of a facility licensed by the department of health and
12 certified by the department of social and health services under RCW
13 71.24.035, which is designed as a facility to assess and stabilize an
14 individual or determine the need for involuntary commitment of an
15 individual, and must meet department of health residential treatment
16 facility standards. A triage facility may be structured as a
17 voluntary or involuntary placement facility;

18 ~~((45))~~ (43) "Violent act" means behavior that resulted in
19 homicide, attempted suicide, nonfatal injuries, or substantial damage
20 to property;

21 (44) "Alcoholism" means a disease, characterized by a dependency
22 on alcoholic beverages, loss of control over the amount and
23 circumstances of use, symptoms of tolerance, physiological or
24 psychological withdrawal, or both, if use is reduced or discontinued,
25 and impairment of health or disruption of social or economic
26 functioning;

27 (45) "Approved substance use disorder treatment program" means a
28 program for persons with a substance use disorder provided by a
29 treatment program certified by the department as meeting standards
30 adopted under chapter 70.96A RCW;

31 (46) "Chemical dependency" means:

32 (a) Alcoholism;

33 (b) Drug addiction; or

34 (c) Dependence on alcohol and one or more psychoactive chemicals,
35 as the context requires;

36 (47) "Chemical dependency professional" means a person certified
37 as a chemical dependency professional by the department of health
38 under chapter 18.205 RCW;

39 (48) "Drug addiction" means a disease, characterized by a
40 dependency on psychoactive chemicals, loss of control over the amount

1 and circumstances of use, symptoms of tolerance, physiological or
2 psychological withdrawal, or both, if use is reduced or discontinued,
3 and impairment of health or disruption of social or economic
4 functioning;

5 (49) "Intoxicated person" means a person whose mental or physical
6 functioning is substantially impaired as a result of the use of
7 alcohol or other psychoactive chemicals;

8 (50) "Licensed physician" means a person licensed to practice
9 medicine or osteopathic medicine and surgery in the state of
10 Washington;

11 (51) "Secure detoxification facility" means a facility operated
12 by either a public or private agency or by the program of an agency
13 that:

14 (a) Provides for intoxicated persons:

15 (i) Evaluation and assessment, provided by certified chemical
16 dependency professionals;

17 (ii) Acute or subacute detoxification services; and

18 (iii) Discharge assistance provided by certified chemical
19 dependency professionals, including facilitating transitions to
20 appropriate voluntary or involuntary inpatient services or to less
21 restrictive alternatives as appropriate for the individual;

22 (b) Includes security measures sufficient to protect the
23 patients, staff, and community; and

24 (c) Is certified as such by the department;

25 (52) "Substance use disorder" means a cluster of cognitive,
26 behavioral, and physiological symptoms indicating that an individual
27 continues using the substance despite significant substance-related
28 problems. The diagnosis of a substance use disorder is based on a
29 pathological pattern of behaviors related to the use of the
30 substances.

31 **Sec. 204.** RCW 71.05.025 and 2014 c 225 s 80 are each amended to
32 read as follows:

33 The legislature intends that the procedures and services
34 authorized in this chapter be integrated with those in chapter 71.24
35 RCW to the maximum extent necessary to assure a continuum of care to
36 persons with mental illness or who have mental disorders or substance
37 use disorder, as defined in either or both this chapter and chapter
38 71.24 RCW. To this end, behavioral health organizations established
39 in accordance with chapter 71.24 RCW shall institute procedures which

1 require timely consultation with resource management services by
2 designated (~~mental health professionals and~~) crisis responders,
3 evaluation and treatment facilities, secure detoxification
4 facilities, and approved substance use disorder treatment programs to
5 assure that determinations to admit, detain, commit, treat,
6 discharge, or release persons with mental disorders or substance use
7 disorder under this chapter are made only after appropriate
8 information regarding such person's treatment history and current
9 treatment plan has been sought from resource management services.

10 **Sec. 205.** RCW 71.05.026 and 2014 c 225 s 81 are each amended to
11 read as follows:

12 (1) Except for monetary damage claims which have been reduced to
13 final judgment by a superior court, this section applies to all
14 claims against the state, state agencies, state officials, or state
15 employees that exist on or arise after March 29, 2006.

16 (2) Except as expressly provided in contracts entered into
17 between the department and the behavioral health organizations after
18 March 29, 2006, the entities identified in subsection (3) of this
19 section shall have no claim for declaratory relief, injunctive
20 relief, judicial review under chapter 34.05 RCW, or civil liability
21 against the state or state agencies for actions or inactions
22 performed pursuant to the administration of this chapter with regard
23 to the following: (a) The allocation or payment of federal or state
24 funds; (b) the use or allocation of state hospital beds; or (c)
25 financial responsibility for the provision of inpatient mental health
26 care or inpatient substance use disorder treatment.

27 (3) This section applies to counties, behavioral health
28 organizations, and entities which contract to provide behavioral
29 health organization services and their subcontractors, agents, or
30 employees.

31 **Sec. 206.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to
32 read as follows:

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

1 person voluntarily admitted for inpatient treatment to any public or
2 private agency shall orally be advised of the right to immediate
3 discharge, and further advised of such rights in writing as are
4 secured to them pursuant to this chapter and their rights of access
5 to attorneys, courts, and other legal redress. Their condition and
6 status shall be reviewed at least once each one hundred eighty days
7 for evaluation as to the need for further treatment or possible
8 discharge, at which time they shall again be advised of their right
9 to discharge upon request: PROVIDED HOWEVER, That if the professional
10 staff of any public or private agency or hospital regards a person
11 voluntarily admitted who requests discharge as presenting, as a
12 result of a mental disorder or substance use disorder, an imminent
13 likelihood of serious harm, or is gravely disabled, they may detain
14 such person for sufficient time to notify the ((~~county~~)) designated
15 ((~~mental health professional~~)) crisis responder of such person's
16 condition to enable the ((~~county~~)) designated ((~~mental health~~
17 ~~professional~~)) crisis responder to authorize such person being
18 further held in custody or transported to an evaluation and treatment
19 center, secure detoxification facility, or approved substance use
20 disorder treatment program pursuant to the provisions of this
21 chapter, which shall in ordinary circumstances be no later than the
22 next judicial day: PROVIDED FURTHER, That if a person is brought to
23 the emergency room of a public or private agency or hospital for
24 observation or treatment, the person refuses voluntary admission, and
25 the professional staff of the public or private agency or hospital
26 regard such person as presenting as a result of a mental disorder or
27 substance use disorder an imminent likelihood of serious harm, or as
28 presenting an imminent danger because of grave disability, they may
29 detain such person for sufficient time to notify the ((~~county~~))
30 designated ((~~mental health professional~~)) crisis responder of such
31 person's condition to enable the ((~~county~~)) designated ((~~mental~~
32 ~~health professional~~)) crisis responder to authorize such person being
33 further held in custody or transported to an evaluation treatment
34 center, secure detoxification facility, or approved substance use
35 disorder treatment program pursuant to the conditions in this
36 chapter, but which time shall be no more than six hours from the time
37 the professional staff determine that an evaluation by the ((~~county~~))
38 designated ((~~mental health professional~~)) crisis responder is
39 necessary.

1 **Sec. 207.** RCW 71.05.120 and 2000 c 94 s 4 are each amended to
2 read as follows:

3 (1) No officer of a public or private agency, nor the
4 superintendent, professional person in charge, his or her
5 professional designee, or attending staff of any such agency, nor any
6 public official performing functions necessary to the administration
7 of this chapter, nor peace officer responsible for detaining a person
8 pursuant to this chapter, nor any ((~~county~~)) designated ((~~mental~~
9 ~~health professional~~)) crisis responder, nor the state, a unit of
10 local government, ((~~or~~)) an evaluation and treatment facility, a
11 secure detoxification facility, or an approved substance use disorder
12 treatment program shall be civilly or criminally liable for
13 performing duties pursuant to this chapter with regard to the
14 decision of whether to admit, discharge, release, administer
15 antipsychotic medications, or detain a person for evaluation and
16 treatment: PROVIDED, That such duties were performed in good faith
17 and without gross negligence.

18 (2) This section does not relieve a person from giving the
19 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the
20 duty to warn or to take reasonable precautions to provide protection
21 from violent behavior where the patient has communicated an actual
22 threat of physical violence against a reasonably identifiable victim
23 or victims. The duty to warn or to take reasonable precautions to
24 provide protection from violent behavior is discharged if reasonable
25 efforts are made to communicate the threat to the victim or victims
26 and to law enforcement personnel.

27 **Sec. 208.** RCW 71.05.132 and 2004 c 166 s 12 are each amended to
28 read as follows:

29 When any court orders a person to receive treatment under this
30 chapter, the order shall include a statement that if the person is,
31 or becomes, subject to supervision by the department of corrections,
32 the person must notify the treatment provider and the person's mental
33 health treatment information and substance use disorder treatment
34 information must be shared with the department of corrections for the
35 duration of the offender's incarceration and supervision, under RCW
36 71.05.445. Upon a petition by a person who does not have a history of
37 one or more violent acts, the court may, for good cause, find that
38 public safety would not be enhanced by the sharing of this person's
39 information.

1 **Sec. 209.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to
2 read as follows:

3 (1) When a designated (~~mental health professional~~) crisis
4 responder receives information alleging that a person, as a result of
5 a mental disorder, substance use disorder, or both: (i) Presents a
6 likelihood of serious harm; or (ii) is gravely disabled; the
7 designated (~~mental health professional~~) crisis responder may, after
8 investigation and evaluation of the specific facts alleged and of the
9 reliability and credibility of any person providing information to
10 initiate detention, if satisfied that the allegations are true and
11 that the person will not voluntarily seek appropriate treatment, file
12 a petition for initial detention. Before filing the petition, the
13 designated (~~mental health professional~~) crisis responder must
14 personally interview the person, unless the person refuses an
15 interview, and determine whether the person will voluntarily receive
16 appropriate evaluation and treatment at an evaluation and treatment
17 facility, crisis stabilization unit, (~~or~~) triage facility, or
18 approved substance use disorder treatment program.

19 (2)(a) An order to detain to a designated evaluation and
20 treatment facility, secure detoxification facility, or approved
21 substance use disorder treatment program for not more than a seventy-
22 two-hour evaluation and treatment period may be issued by a judge of
23 the superior court upon request of a designated (~~mental health~~
24 ~~professional~~) crisis responder, whenever it appears to the
25 satisfaction of a judge of the superior court:

26 (i) That there is probable cause to support the petition; and

27 (ii) That the person has refused or failed to accept appropriate
28 evaluation and treatment voluntarily.

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

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

37 (3) The designated (~~mental health professional~~) crisis
38 responder shall then serve or cause to be served on such person, his
39 or her guardian, and conservator, if any, a copy of the order
40 together with a notice of rights, and a petition for initial

1 detention. After service on such person the designated (~~mental~~
2 ~~health professional~~) crisis responder shall file the return of
3 service in court and provide copies of all papers in the court file
4 to the evaluation and treatment facility, secure detoxification
5 facility, or approved substance use disorder treatment program and
6 the designated attorney. The designated (~~mental—health~~
7 ~~professional~~) crisis responder shall notify the court and the
8 prosecuting attorney that a probable cause hearing will be held
9 within seventy-two hours of the date and time of outpatient
10 evaluation or admission to the evaluation and treatment facility or
11 secure detoxification facility. The person shall be permitted to be
12 accompanied by one or more of his or her relatives, friends, an
13 attorney, a personal physician, or other professional or religious
14 advisor to the place of evaluation. An attorney accompanying the
15 person to the place of evaluation shall be permitted to be present
16 during the admission evaluation. Any other individual accompanying
17 the person may be present during the admission evaluation. The
18 facility may exclude the individual if his or her presence would
19 present a safety risk, delay the proceedings, or otherwise interfere
20 with the evaluation.

21 (4) The designated (~~mental—health—professional~~) crisis
22 responder may notify a peace officer to take such person or cause
23 such person to be taken into custody and placed in an evaluation and
24 treatment facility, secure detoxification facility, or approved
25 substance use disorder treatment program. At the time such person is
26 taken into custody there shall commence to be served on such person,
27 his or her guardian, and conservator, if any, a copy of the original
28 order together with a notice of rights and a petition for initial
29 detention.

30 **Sec. 210.** RCW 71.05.153 and 2011 c 305 s 8 and 2011 c 148 s 2
31 are each reenacted and amended to read as follows:

32 (1) When a designated (~~mental—health—professional~~) crisis
33 responder receives information alleging that a person, as the result
34 of a mental disorder, presents an imminent likelihood of serious
35 harm, or is in imminent danger because of being gravely disabled,
36 after investigation and evaluation of the specific facts alleged and
37 of the reliability and credibility of the person or persons providing
38 the information if any, the designated (~~mental—health—professional~~)
39 crisis responder may take such person, or cause by oral or written

1 order such person to be taken into emergency custody in an evaluation
2 and treatment facility for not more than seventy-two hours as
3 described in RCW 71.05.180.

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

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

21 (a) Pursuant to subsection (1) or (2) of this section; or

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

26 ~~((+3))~~ (4) Persons delivered to a crisis stabilization unit,
27 evaluation and treatment facility, emergency department of a local
28 hospital, ~~((or))~~ triage facility that has elected to operate as an
29 involuntary facility, secure detoxification facility, or approved
30 substance use disorder treatment program by peace officers pursuant
31 to subsection ~~((+2))~~ (3) of this section may be held by the facility
32 for a period of up to twelve hours.

33 ~~((+4))~~ (5) Within three hours of arrival, the person must be
34 examined by a mental health professional. Within twelve hours of
35 arrival, the designated ~~((mental health professional))~~ crisis
36 responder must determine whether the individual meets detention
37 criteria. If the individual is detained, the designated ~~((mental~~
38 ~~health professional))~~ crisis responder shall file a petition for
39 detention or a supplemental petition as appropriate and commence
40 service on the designated attorney for the detained person. If the

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

6 **Sec. 211.** RCW 71.05.154 and 2013 c 334 s 1 are each amended to
7 read as follows:

8 A designated (~~mental health professional~~) crisis responder
9 conducting an evaluation of a person under RCW 71.05.150 or 71.05.153
10 must consult with any examining emergency room physician regarding
11 the physician's observations and opinions relating to the person's
12 condition, and whether, in the view of the physician, detention is
13 appropriate. The designated (~~mental health professional~~) crisis
14 responder shall take serious consideration of observations and
15 opinions by examining emergency room physicians in determining
16 whether detention under this chapter is appropriate. The designated
17 (~~mental health professional~~) crisis responder must document the
18 consultation with an examining emergency room physician, including
19 the physician's observations or opinions regarding whether detention
20 of the person is appropriate.

21 **Sec. 212.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to
22 read as follows:

23 A designated (~~mental health professional~~) crisis responder who
24 conducts an evaluation for imminent likelihood of serious harm or
25 imminent danger because of being gravely disabled under RCW 71.05.153
26 must also evaluate the person under RCW 71.05.150 for likelihood of
27 serious harm or grave disability that does not meet the imminent
28 standard for emergency detention.

29 **Sec. 213.** RCW 71.05.157 and 2007 c 375 s 9 are each amended to
30 read as follows:

31 (1) When a designated (~~mental health professional~~) crisis
32 responder is notified by a jail that a defendant or offender who was
33 subject to a discharge review under RCW 71.05.232 is to be released
34 to the community, the designated (~~mental health professional~~)
35 crisis responder shall evaluate the person within seventy-two hours
36 of release.

1 (2) When an offender is under court-ordered treatment in the
2 community and the supervision of the department of corrections, and
3 the treatment provider becomes aware that the person is in violation
4 of the terms of the court order, the treatment provider shall notify
5 the designated (~~mental health professional~~) crisis responder and
6 the department of corrections of the violation and request an
7 evaluation for purposes of revocation of the less restrictive
8 alternative.

9 (3) When a designated (~~mental health professional~~) crisis
10 responder becomes aware that an offender who is under court-ordered
11 treatment in the community and the supervision of the department of
12 corrections is in violation of a treatment order or a condition of
13 supervision that relates to public safety, or the designated (~~mental~~
14 ~~health professional~~) crisis responder detains a person under this
15 chapter, the designated (~~mental health professional~~) crisis
16 responder shall notify the person's treatment provider and the
17 department of corrections.

18 (4) When an offender who is confined in a state correctional
19 facility or is under supervision of the department of corrections in
20 the community is subject to a petition for involuntary treatment
21 under this chapter, the petitioner shall notify the department of
22 corrections and the department of corrections shall provide
23 documentation of its risk assessment or other concerns to the
24 petitioner and the court if the department of corrections classified
25 the offender as a high risk or high needs offender.

26 (5) Nothing in this section creates a duty on any treatment
27 provider or designated (~~mental health professional~~) crisis
28 responder to provide offender supervision.

29 (6) No jail or state correctional facility may be considered a
30 less restrictive alternative to an evaluation and treatment facility,
31 secure detoxification facility, or approved substance use disorder
32 treatment program.

33 **Sec. 214.** RCW 71.05.160 and 2007 c 375 s 13 are each amended to
34 read as follows:

35 Any facility receiving a person pursuant to RCW 71.05.150 or
36 71.05.153 shall require the designated (~~mental health professional~~)
37 crisis responder to prepare a petition for initial detention stating
38 the circumstances under which the person's condition was made known
39 and stating that there is evidence, as a result of his or her

1 personal observation or investigation, that the actions of the person
2 for which application is made constitute a likelihood of serious
3 harm, or that he or she is gravely disabled, and stating the specific
4 facts known to him or her as a result of his or her personal
5 observation or investigation, upon which he or she bases the belief
6 that such person should be detained for the purposes and under the
7 authority of this chapter.

8 If a person is involuntarily placed in an evaluation and
9 treatment facility, secure detoxification facility, or approved
10 substance use disorder treatment program pursuant to RCW 71.05.150 or
11 71.05.153, on the next judicial day following the initial detention,
12 the designated (~~mental health professional~~) crisis responder shall
13 file with the court and serve the designated attorney of the detained
14 person the petition or supplemental petition for initial detention,
15 proof of service of notice, and a copy of a notice of emergency
16 detention.

17 **Sec. 215.** RCW 71.05.170 and 2000 c 94 s 5 are each amended to
18 read as follows:

19 Whenever the (~~county~~) designated (~~mental health professional~~)
20 crisis responder petitions for detention of a person whose actions
21 constitute a likelihood of serious harm, or who is gravely disabled,
22 the facility providing seventy-two hour evaluation and treatment must
23 immediately accept on a provisional basis the petition and the
24 person. The facility shall then evaluate the person's condition and
25 admit, detain, transfer, or discharge such person in accordance with
26 RCW 71.05.210. The facility shall notify in writing the court and the
27 (~~county~~) designated (~~mental health professional~~) crisis responder
28 of the date and time of the initial detention of each person
29 involuntarily detained in order that a probable cause hearing shall
30 be held no later than seventy-two hours after detention.

31 The duty of a state hospital to accept persons for evaluation and
32 treatment under this section shall be limited by chapter 71.24 RCW.

33 **Sec. 216.** RCW 71.05.180 and 1997 c 112 s 12 are each amended to
34 read as follows:

35 If the evaluation and treatment facility, secure detoxification
36 facility, or approved substance use disorder treatment program admits
37 the person, it may detain him or her for evaluation and treatment for
38 a period not to exceed seventy-two hours from the time of acceptance

1 as set forth in RCW 71.05.170. The computation of such seventy-two
2 hour period shall exclude Saturdays, Sundays and holidays.

3 **Sec. 217.** RCW 71.05.190 and 2011 c 305 s 3 are each amended to
4 read as follows:

5 If the person is not approved for admission by a facility
6 providing seventy-two hour evaluation and treatment, and the
7 individual has not been arrested, the facility shall furnish
8 transportation, if not otherwise available, for the person to his or
9 her place of residence or other appropriate place. If the individual
10 has been arrested, the evaluation and treatment facility, secure
11 detoxification facility, or approved substance use disorder treatment
12 program shall detain the individual for not more than eight hours at
13 the request of the peace officer. The facility shall make reasonable
14 attempts to contact the requesting peace officer during this time to
15 inform the peace officer that the person is not approved for
16 admission in order to enable a peace officer to return to the
17 facility and take the individual back into custody.

18 **Sec. 218.** RCW 71.05.195 and 2010 c 208 s 1 are each amended to
19 read as follows:

20 (1) A civil commitment may be initiated under the procedures
21 described in RCW 71.05.150 or 71.05.153 for a person who has been
22 found not guilty by reason of insanity in a state other than
23 Washington and who has fled from detention, commitment, or
24 conditional release in that state, on the basis of a request by the
25 state in which the person was found not guilty by reason of insanity
26 for the person to be detained and transferred back to the custody or
27 care of the requesting state. A finding of likelihood of serious harm
28 or grave disability is not required for a commitment under this
29 section. The detention may occur at either an evaluation and
30 treatment facility or a state hospital. The petition for seventy-two
31 hour detention filed by the designated (~~mental health professional~~)
32 crisis responder must be accompanied by the following documents:

33 (a) A copy of an order for detention, commitment, or conditional
34 release of the person in a state other than Washington on the basis
35 of a judgment of not guilty by reason of insanity;

36 (b) A warrant issued by a magistrate in the state in which the
37 person was found not guilty by reason of insanity indicating that the
38 person has fled from detention, commitment, or conditional release in

1 that state and authorizing the detention of the person within the
2 state in which the person was found not guilty by reason of insanity;

3 (c) A statement from the executive authority of the state in
4 which the person was found not guilty by reason of insanity
5 requesting that the person be returned to the requesting state and
6 agreeing to facilitate the transfer of the person to the requesting
7 state.

8 (2) The person shall be entitled to a probable cause hearing
9 within the time limits applicable to other detentions under this
10 chapter and shall be afforded the rights described in this chapter
11 including the right to counsel. At the probable cause hearing, the
12 court shall determine the identity of the person and whether the
13 other requirements of this section are met. If the court so finds,
14 the court may order continued detention in a treatment facility for
15 up to thirty days for the purpose of the transfer of the person to
16 the custody or care of the requesting state. The court may order a
17 less restrictive alternative to detention only under conditions which
18 ensure the person's safe transfer to the custody or care of the
19 requesting state within thirty days without undue risk to the safety
20 of the person or others.

21 (3) For the purposes of this section, "not guilty by reason of
22 insanity" shall be construed to include any provision of law which is
23 generally equivalent to a finding of criminal insanity within the
24 state of Washington; and "state" shall be construed to mean any
25 state, district, or territory of the United States.

26 **Sec. 219.** RCW 71.05.210 and 2009 c 217 s 1 are each amended to
27 read as follows:

28 Each person involuntarily detained and accepted or admitted at an
29 evaluation and treatment facility, secure detoxification facility, or
30 approved substance use disorder treatment program (1) shall, within
31 twenty-four hours of his or her admission or acceptance at the
32 facility, be examined and evaluated by (a) a licensed physician who
33 may be assisted by a physician assistant according to chapter 18.71A
34 RCW and a mental health professional, (b) an advanced registered
35 nurse practitioner according to chapter 18.79 RCW and a mental health
36 professional, or (c) a licensed physician and a psychiatric advanced
37 registered nurse practitioner and (2) shall receive such treatment
38 and care as his or her condition requires including treatment on an
39 outpatient basis for the period that he or she is detained, except

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

16 If, after examination and evaluation, the mental health
17 professional and licensed physician or psychiatric advanced
18 registered nurse practitioner determine that the initial needs of the
19 person, if detained to an evaluation and treatment facility, would be
20 better served by placement in a (~~chemical dependency~~) substance use
21 disorder treatment facility, or, if detained to a secure
22 detoxification facility or approved substance use disorder treatment
23 program, would be better served in an evaluation and treatment
24 facility then the person shall be referred to (~~an approved treatment~~
25 ~~program defined under RCW 70.96A.020~~) the more appropriate
26 placement.

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

38 **Sec. 220.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to
39 read as follows:

1 (1) Whenever a designated (~~mental health professional~~) crisis
2 responder or professional person is conducting an evaluation under
3 this chapter, consideration shall include all reasonably available
4 information from credible witnesses and records regarding:

5 (a) Prior recommendations for evaluation of the need for civil
6 commitments when the recommendation is made pursuant to an evaluation
7 conducted under chapter 10.77 RCW;

8 (b) Historical behavior, including history of one or more violent
9 acts;

10 (c) Prior determinations of incompetency or insanity under
11 chapter 10.77 RCW; and

12 (d) Prior commitments under this chapter.

13 (2) Credible witnesses may include family members, landlords,
14 neighbors, or others with significant contact and history of
15 involvement with the person. If the designated (~~mental health~~
16 ~~professional~~) crisis responder relies upon information from a
17 credible witness in reaching his or her decision to detain the
18 individual, then he or she must provide contact information for any
19 such witness to the prosecutor. The designated (~~mental health~~
20 ~~professional~~) crisis responder or prosecutor shall provide notice of
21 the date, time, and location of the probable cause hearing to such a
22 witness.

23 (3) Symptoms and behavior of the respondent which standing alone
24 would not justify civil commitment may support a finding of grave
25 disability or likelihood of serious harm when:

26 (a) Such symptoms or behavior are closely associated with
27 symptoms or behavior which preceded and led to a past incident of
28 involuntary hospitalization, severe deterioration, or one or more
29 violent acts;

30 (b) These symptoms or behavior represent a marked and concerning
31 change in the baseline behavior of the respondent; and

32 (c) Without treatment, the continued deterioration of the
33 respondent is probable.

34 (4) When conducting an evaluation for offenders identified under
35 RCW 72.09.370, the designated (~~mental health professional~~) crisis
36 responder or professional person shall consider an offender's history
37 of judicially required or administratively ordered antipsychotic
38 medication while in confinement.

1 **Sec. 221.** RCW 71.05.214 and 1998 c 297 s 26 are each amended to
2 read as follows:

3 The department shall develop statewide protocols to be utilized
4 by professional persons and (~~county~~) designated (~~mental health~~
5 ~~professionals~~) crisis responders in administration of this chapter
6 and chapter 10.77 RCW. The protocols shall be updated at least every
7 three years. The protocols shall provide uniform development and
8 application of criteria in evaluation and commitment recommendations,
9 of persons who have, or are alleged to have, mental disorders or
10 substance use disorder and are subject to this chapter.

11 The initial protocols shall be developed not later than September
12 1, 1999. The department shall develop and update the protocols in
13 consultation with representatives of (~~county~~) designated (~~mental~~
14 ~~health professionals~~) crisis responders, local government, law
15 enforcement, county and city prosecutors, public defenders, and
16 groups concerned with mental illness and substance use disorder. The
17 protocols shall be submitted to the governor and legislature upon
18 adoption by the department.

19 **Sec. 222.** RCW 71.05.215 and 2008 c 156 s 2 are each amended to
20 read as follows:

21 (1) A person found to be gravely disabled or presents a
22 likelihood of serious harm as a result of a mental disorder or
23 substance use disorder has a right to refuse antipsychotic medication
24 unless it is determined that the failure to medicate may result in a
25 likelihood of serious harm or substantial deterioration or
26 substantially prolong the length of involuntary commitment and there
27 is no less intrusive course of treatment than medication in the best
28 interest of that person.

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

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

33 (b) For short-term treatment up to thirty days, the right to
34 refuse antipsychotic medications unless there is an additional
35 concurring medical opinion approving medication by a psychiatrist,
36 psychiatric advanced registered nurse practitioner, or physician in
37 consultation with a mental health professional with prescriptive
38 authority.

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

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

14 (e) Documentation in the medical record of the attempt by the
15 physician or psychiatric advanced registered nurse practitioner to
16 obtain informed consent and the reasons why antipsychotic medication
17 is being administered over the person's objection or lack of consent.

18 **Sec. 223.** RCW 71.05.220 and 1997 c 112 s 17 are each amended to
19 read as follows:

20 At the time a person is involuntarily admitted to an evaluation
21 and treatment facility, secure detoxification facility, or approved
22 substance use disorder treatment program, the professional person in
23 charge or his or her designee shall take reasonable precautions to
24 inventory and safeguard the personal property of the person detained.
25 A copy of the inventory, signed by the staff member making it, shall
26 be given to the person detained and shall, in addition, be open to
27 inspection to any responsible relative, subject to limitations, if
28 any, specifically imposed by the detained person. For purposes of
29 this section, "responsible relative" includes the guardian,
30 conservator, attorney, spouse, parent, adult child, or adult brother
31 or sister of the person. The facility shall not disclose the contents
32 of the inventory to any other person without the consent of the
33 patient or order of the court.

34 **Sec. 224.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to
35 read as follows:

36 A person detained for seventy-two hour evaluation and treatment
37 may be detained for not more than fourteen additional days of
38 involuntary intensive treatment or ninety additional days of a less

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

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

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

12 (3) The facility providing intensive treatment is certified to
13 provide such treatment by the department; and

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

- 19 (a) Two physicians;
- 20 (b) One physician and a mental health professional;
- 21 (c) Two psychiatric advanced registered nurse practitioners;
- 22 (d) Two physician assistants;
- 23 (e) One mental health professional and either a psychiatric
24 advanced registered nurse practitioner (~~and a mental health~~
25 ~~professional~~) or a physician assistant; or

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

1 harm, or is gravely disabled and shall set forth the less restrictive
2 alternative proposed by the facility; and

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

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

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

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

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

21 **Sec. 225.** RCW 71.05.235 and 2008 c 213 s 5 are each amended to
22 read as follows:

23 (1) If an individual is referred to a designated (~~mental health~~
24 ~~professional~~) crisis responder under RCW 10.77.088(1)(b)(i), the
25 designated (~~mental health professional~~) crisis responder shall
26 examine the individual within forty-eight hours. If the designated
27 (~~mental health professional~~) crisis responder determines it is not
28 appropriate to detain the individual or petition for a ninety-day
29 less restrictive alternative under RCW 71.05.230(4), that decision
30 shall be immediately presented to the superior court for hearing. The
31 court shall hold a hearing to consider the decision of the designated
32 (~~mental health professional~~) crisis responder not later than the
33 next judicial day. At the hearing the superior court shall review the
34 determination of the designated (~~mental health professional~~) crisis
35 responder and determine whether an order should be entered requiring
36 the person to be evaluated at an evaluation and treatment facility.
37 No person referred to an evaluation and treatment facility may be
38 held at the facility longer than seventy-two hours.

1 (2) If an individual is placed in an evaluation and treatment
2 facility under RCW 10.77.088(1)(b)(ii), a professional person shall
3 evaluate the individual for purposes of determining whether to file a
4 ninety-day inpatient or outpatient petition under chapter 71.05 RCW.
5 Before expiration of the seventy-two hour evaluation period
6 authorized under RCW 10.77.088(1)(b)(ii), the professional person
7 shall file a petition or, if the recommendation of the professional
8 person is to release the individual, present his or her
9 recommendation to the superior court of the county in which the
10 criminal charge was dismissed. The superior court shall review the
11 recommendation not later than forty-eight hours, excluding Saturdays,
12 Sundays, and holidays, after the recommendation is presented. If the
13 court rejects the recommendation to unconditionally release the
14 individual, the court may order the individual detained at a
15 designated evaluation and treatment facility for not more than a
16 seventy-two hour evaluation and treatment period and direct the
17 individual to appear at a surety hearing before that court within
18 seventy-two hours, or the court may release the individual but direct
19 the individual to appear at a surety hearing set before that court
20 within eleven days, at which time the prosecutor may file a petition
21 under this chapter for ninety-day inpatient or outpatient treatment.
22 If a petition is filed by the prosecutor, the court may order that
23 the person named in the petition be detained at the evaluation and
24 treatment facility that performed the evaluation under this
25 subsection or order the respondent to be in outpatient treatment. If
26 a petition is filed but the individual fails to appear in court for
27 the surety hearing, the court shall order that a mental health
28 professional or peace officer shall take such person or cause such
29 person to be taken into custody and placed in an evaluation and
30 treatment facility to be brought before the court the next judicial
31 day after detention. Upon the individual's first appearance in court
32 after a petition has been filed, proceedings under RCW 71.05.310 and
33 71.05.320 shall commence. For an individual subject to this
34 subsection, the prosecutor or professional person may directly file a
35 petition for ninety-day inpatient or outpatient treatment and no
36 petition for initial detention or fourteen-day detention is required
37 before such a petition may be filed.

38 The court shall conduct the hearing on the petition filed under
39 this subsection within five judicial days of the date the petition is
40 filed. The court may continue the hearing upon the written request of

1 the person named in the petition or the person's attorney, for good
2 cause shown, which continuance shall not exceed five additional
3 judicial days. If the person named in the petition requests a jury
4 trial, the trial shall commence within ten judicial days of the date
5 of the filing of the petition. The burden of proof shall be by clear,
6 cogent, and convincing evidence and shall be upon the petitioner. The
7 person shall be present at such proceeding, which shall in all
8 respects accord with the constitutional guarantees of due process of
9 law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).

10 During the proceeding the person named in the petition shall
11 continue to be detained and treated until released by order of the
12 court. If no order has been made within thirty days after the filing
13 of the petition, not including any extensions of time requested by
14 the detained person or his or her attorney, the detained person shall
15 be released.

16 (3) If a designated (~~(mental health professional)~~) crisis
17 responder or the professional person and prosecuting attorney for the
18 county in which the criminal charge was dismissed or attorney
19 general, as appropriate, stipulate that the individual does not
20 present a likelihood of serious harm or is not gravely disabled, the
21 hearing under this section is not required and the individual, if in
22 custody, shall be released.

23 (4) The individual shall have the rights specified in RCW
24 71.05.360 (8) and (9).

25 **Sec. 226.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to
26 read as follows:

27 (1) If a petition is filed for fourteen day involuntary treatment
28 or ninety days of less restrictive alternative treatment, the court
29 shall hold a probable cause hearing within seventy-two hours of the
30 initial detention of such person as determined in RCW 71.05.180. If
31 requested by the detained person or his or her attorney, the hearing
32 may be postponed for a period not to exceed forty-eight hours. The
33 hearing may also be continued subject to the conditions set forth in
34 RCW 71.05.210 or subject to the petitioner's showing of good cause
35 for a period not to exceed twenty-four hours.

36 (2) The court at the time of the probable cause hearing and
37 before an order of commitment is entered shall inform the person both
38 orally and in writing that the failure to make a good faith effort to
39 seek voluntary treatment as provided in RCW 71.05.230 will result in

1 the loss of his or her firearm rights if the person is subsequently
2 detained for involuntary treatment under this section.

3 (3)(a) At the conclusion of the probable cause hearing, if the
4 court finds by a preponderance of the evidence that such person, as
5 the result of mental disorder or substance use disorder, presents a
6 likelihood of serious harm, or is gravely disabled, and, after
7 considering less restrictive alternatives to involuntary detention
8 and treatment, finds that no such alternatives are in the best
9 interests of such person or others, the court shall order that such
10 person be detained for involuntary treatment not to exceed fourteen
11 days in a facility certified to provide treatment by the department.
12 Commitment for up to fourteen days based on substance use disorder
13 may be to either a secure detoxification facility or an approved
14 substance use disorder treatment program.

15 (b) If the court finds that such person, as the result of a
16 mental disorder or substance use disorder, presents a likelihood of
17 serious harm, or is gravely disabled, but that treatment in a less
18 restrictive setting than detention is in the best interest of such
19 person or others, the court shall order an appropriate less
20 restrictive course of treatment for not to exceed ninety days.

21 (4) The court shall specifically state to such person and give
22 such person notice in writing that if involuntary treatment beyond
23 the fourteen day period or beyond the ninety days of less restrictive
24 treatment is to be sought, such person will have the right to a full
25 hearing or jury trial as required by RCW 71.05.310. The court shall
26 also state to the person and provide written notice that the person
27 is barred from the possession of firearms and that the prohibition
28 remains in effect until a court restores his or her right to possess
29 a firearm under RCW 9.41.047.

30 **Sec. 227.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to
31 read as follows:

32 At the expiration of the fourteen-day period of intensive
33 treatment, a person may be confined for further treatment pursuant to
34 RCW 71.05.320 if:

35 (1) Such person after having been taken into custody for
36 evaluation and treatment has threatened, attempted, or inflicted: (a)
37 Physical harm upon the person of another or himself or herself, or
38 substantial damage upon the property of another, and (b) as a result

1 of mental disorder or substance use disorder presents a likelihood of
2 serious harm; or

3 (2) Such person was taken into custody as a result of conduct in
4 which he or she attempted or inflicted physical harm upon the person
5 of another or himself or herself, or substantial damage upon the
6 property of others, and continues to present, as a result of mental
7 disorder or substance use disorder, a likelihood of serious harm; or

8 (3) Such person has been determined to be incompetent and
9 criminal charges have been dismissed pursuant to RCW 10.77.086(4),
10 and has committed acts constituting a felony, and as a result of a
11 mental disorder, presents a substantial likelihood of repeating
12 similar acts.

13 (a) In any proceeding pursuant to this subsection it shall not be
14 necessary to show intent, willfulness, or state of mind as an element
15 of the crime;

16 (b) For any person subject to commitment under this subsection
17 where the charge underlying the finding of incompetence is for a
18 felony classified as violent under RCW 9.94A.030, the court shall
19 determine whether the acts the person committed constitute a violent
20 offense under RCW 9.94A.030; or

21 (4) Such person is gravely disabled.

22 **Sec. 228.** RCW 71.05.290 and 2009 c 217 s 3 are each amended to
23 read as follows:

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

31 (2) The petition shall summarize the facts which support the need
32 for further confinement and shall be supported by affidavits signed
33 by:

34 (a) Two examining physicians;

35 (b) One examining physician and an examining mental health
36 professional;

37 (c) Two examining psychiatric advanced registered nurse
38 practitioners;

39 (d) Two examining physician assistants;

1 (e) One examining mental health professional and either an
2 examining psychiatric advanced registered nurse practitioner ((and a
3 mental health professional)) or an examining physician assistant; or

4 ~~((e) An))~~ (f) One examining physician and either an examining
5 psychiatric advanced registered nurse practitioner or an examining
6 physician assistant. The affidavits shall describe in detail the
7 behavior of the detained person which supports the petition and shall
8 explain what, if any, less restrictive treatments which are
9 alternatives to detention are available to such person, and shall
10 state the willingness of the affiant to testify to such facts in
11 subsequent judicial proceedings under this chapter.

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

19 **Sec. 229.** RCW 71.05.300 and 2014 c 225 s 84 are each amended to
20 read as follows:

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

36 (2) At the time set for appearance the detained person shall be
37 brought before the court, unless such appearance has been waived and
38 the court shall advise him or her of his or her right to be
39 represented by an attorney, his or her right to a jury trial, and his

1 or her loss of firearm rights if involuntarily committed. If the
2 detained person is not represented by an attorney, or is indigent or
3 is unwilling to retain an attorney, the court shall immediately
4 appoint an attorney to represent him or her. The court shall, if
5 requested, appoint a reasonably available licensed physician,
6 psychiatric advanced registered nurse practitioner, physician
7 assistant, psychologist, or psychiatrist, designated by the detained
8 person to examine and testify on behalf of the detained person.

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

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

18 **Sec. 230.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to
19 read as follows:

20 (1) If the court or jury finds that grounds set forth in RCW
21 71.05.280 have been proven and that the best interests of the person
22 or others will not be served by a less restrictive treatment which is
23 an alternative to detention, the court shall remand him or her to the
24 custody of the department or to a facility certified for ninety day
25 treatment by the department for a further period of intensive
26 treatment not to exceed ninety days from the date of judgment. If the
27 order for inpatient treatment is based on substance use disorder,
28 treatment must take place at an approved substance use disorder
29 treatment program. If the grounds set forth in RCW 71.05.280(3) are
30 the basis of commitment, then the period of treatment may be up to
31 but not exceed one hundred eighty days from the date of judgment in a
32 facility certified for one hundred eighty day treatment by the
33 department.

34 (2) If the court or jury finds that grounds set forth in RCW
35 71.05.280 have been proven, but finds that treatment less restrictive
36 than detention will be in the best interest of the person or others,
37 then the court shall remand him or her to the custody of the
38 department or to a facility certified for ninety day treatment by the
39 department or to a less restrictive alternative for a further period

1 of less restrictive treatment not to exceed ninety days from the date
2 of judgment. If the order for less restrictive treatment is based on
3 substance use disorder, treatment must be provided by an approved
4 substance use disorder treatment program. If the grounds set forth in
5 RCW 71.05.280(3) are the basis of commitment, then the period of
6 treatment may be up to but not exceed one hundred eighty days from
7 the date of judgment.

8 (3) The person shall be released from involuntary treatment at
9 the expiration of the period of commitment imposed under subsection
10 (1) or (2) of this section unless the superintendent or professional
11 person in charge of the facility in which he or she is confined, or
12 in the event of a less restrictive alternative, the designated
13 (~~mental health professional~~) crisis responder, files a new petition
14 for involuntary treatment on the grounds that the committed person:

15 (a) During the current period of court ordered treatment: (i) Has
16 threatened, attempted, or inflicted physical harm upon the person of
17 another, or substantial damage upon the property of another, and (ii)
18 as a result of mental disorder, substance use disorder, or
19 developmental disability presents a likelihood of serious harm; or

20 (b) Was taken into custody as a result of conduct in which he or
21 she attempted or inflicted serious physical harm upon the person of
22 another, and continues to present, as a result of mental disorder,
23 substance use disorder, or developmental disability a likelihood of
24 serious harm; or

25 (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result
26 of mental disorder or developmental disability continues to present a
27 substantial likelihood of repeating acts similar to the charged
28 criminal behavior, when considering the person's life history,
29 progress in treatment, and the public safety.

30 (ii) In cases under this subsection where the court has made an
31 affirmative special finding under RCW 71.05.280(3)(b), the commitment
32 shall continue for up to an additional one hundred eighty day period
33 whenever the petition presents prima facie evidence that the person
34 continues to suffer from a mental disorder or developmental
35 disability that results in a substantial likelihood of committing
36 acts similar to the charged criminal behavior, unless the person
37 presents proof through an admissible expert opinion that the person's
38 condition has so changed such that the mental disorder or
39 developmental disability no longer presents a substantial likelihood
40 of the person committing acts similar to the charged criminal

1 behavior. The initial or additional commitment period may include
2 transfer to a specialized program of intensive support and treatment,
3 which may be initiated prior to or after discharge from the state
4 hospital; or

5 (d) Continues to be gravely disabled.

6 If the conduct required to be proven in (b) and (c) of this
7 subsection was found by a judge or jury in a prior trial under this
8 chapter, it shall not be necessary to prove such conduct again.

9 (4) For a person committed under subsection (2) of this section
10 who has been remanded to a period of less restrictive treatment, in
11 addition to the grounds specified in subsection (3) of this section,
12 the designated (~~mental health professional~~) crisis responder may
13 file a new petition for continued less restrictive treatment if:

14 (a) The person was previously committed by a court to detention
15 for involuntary mental health treatment or involuntary substance use
16 disorder treatment during the thirty-six months that preceded the
17 person's initial detention date during the current involuntary
18 commitment cycle, excluding any time spent in a mental health
19 facility, in long-term alcoholism or drug treatment facility, or in
20 confinement as a result of a criminal conviction;

21 (b) In view of the person's treatment history or current
22 behavior, the person is unlikely to voluntarily participate in
23 outpatient treatment without an order for less restrictive treatment;
24 and

25 (c) Outpatient treatment that would be provided under a less
26 restrictive treatment order is necessary to prevent a relapse,
27 decompensation, or deterioration that is likely to result in the
28 person presenting a likelihood of serious harm or the person becoming
29 gravely disabled within a reasonably short period of time.

30 (5) A new petition for involuntary treatment filed under
31 subsection (3) or (4) of this section shall be filed and heard in the
32 superior court of the county of the facility which is filing the new
33 petition for involuntary treatment unless good cause is shown for a
34 change of venue. The cost of the proceedings shall be borne by the
35 state.

36 (6) The hearing shall be held as provided in RCW 71.05.310, and
37 if the court or jury finds that the grounds for additional
38 confinement as set forth in this section are present, the court may
39 order the committed person returned for an additional period of
40 treatment not to exceed one hundred eighty days from the date of

1 judgment. At the end of the one hundred eighty day period of
2 commitment, the committed person shall be released unless a petition
3 for another one hundred eighty day period of continued treatment is
4 filed and heard in the same manner as provided in this section.
5 Successive one hundred eighty day commitments are permissible on the
6 same grounds and pursuant to the same procedures as the original one
7 hundred eighty day commitment. However, a commitment is not
8 permissible under subsection (4) of this section if thirty-six months
9 have passed since the last date of discharge from detention for
10 inpatient treatment that preceded the current less restrictive
11 alternative order, nor shall a commitment under subsection (4) of
12 this section be permissible if the likelihood of serious harm in
13 subsection (4)(c) of this section is based solely on harm to the
14 property of others.

15 (7) No person committed as provided in this section may be
16 detained unless a valid order of commitment is in effect. No order of
17 commitment can exceed one hundred eighty days in length.

18 **Sec. 231.** RCW 71.05.325 and 2000 c 94 s 7 are each amended to
19 read as follows:

20 (1) Before a person committed under grounds set forth in RCW
21 71.05.280(3) is released because a new petition for involuntary
22 treatment has not been filed under RCW 71.05.320(~~((+2))~~) (3), the
23 superintendent, professional person, or designated (~~((mental health~~
24 ~~professional))~~) crisis responder responsible for the decision whether
25 to file a new petition shall in writing notify the prosecuting
26 attorney of the county in which the criminal charges against the
27 committed person were dismissed, of the decision not to file a new
28 petition for involuntary treatment. Notice shall be provided at least
29 forty-five days before the period of commitment expires.

30 (2)(a) Before a person committed under grounds set forth in RCW
31 71.05.280(3) is permitted temporarily to leave a treatment facility
32 pursuant to RCW 71.05.270 for any period of time without constant
33 accompaniment by facility staff, the superintendent, professional
34 person in charge of a treatment facility, or his or her professional
35 designee shall in writing notify the prosecuting attorney of any
36 county of the person's destination and the prosecuting attorney of
37 the county in which the criminal charges against the committed person
38 were dismissed. The notice shall be provided at least forty-five days

1 before the anticipated leave and shall describe the conditions under
2 which the leave is to occur.

3 (b) The provisions of RCW 71.05.330(2) apply to proposed leaves,
4 and either or both prosecuting attorneys receiving notice under this
5 subsection may petition the court under RCW 71.05.330(2).

6 (3) Nothing in this section shall be construed to authorize
7 detention of a person unless a valid order of commitment is in
8 effect.

9 (4) The existence of the notice requirements in this section will
10 not require any extension of the leave date in the event the leave
11 plan changes after notification.

12 (5) The notice requirements contained in this section shall not
13 apply to emergency medical transfers.

14 (6) The notice provisions of this section are in addition to
15 those provided in RCW 71.05.425.

16 **Sec. 232.** RCW 71.05.340 and 2009 c 322 s 1 are each amended to
17 read as follows:

18 (1)(a) When, in the opinion of the superintendent or the
19 professional person in charge of the hospital or facility providing
20 involuntary treatment, the committed person can be appropriately
21 served by outpatient treatment prior to or at the expiration of the
22 period of commitment, then such outpatient care may be required as a
23 term of conditional release for a period which, when added to the
24 inpatient treatment period, shall not exceed the period of
25 commitment. If the hospital or facility designated to provide
26 outpatient treatment is other than the facility providing involuntary
27 treatment, the outpatient facility so designated must agree in
28 writing to assume such responsibility. A copy of the terms of
29 conditional release shall be given to the patient, the designated
30 (~~mental health professional~~) crisis responder in the county in
31 which the patient is to receive outpatient treatment, and to the
32 court of original commitment.

33 (b) Before a person committed under grounds set forth in RCW
34 71.05.280(3) or 71.05.320(3)(c) is conditionally released under (a)
35 of this subsection, the superintendent or professional person in
36 charge of the hospital or facility providing involuntary treatment
37 shall in writing notify the prosecuting attorney of the county in
38 which the criminal charges against the committed person were
39 dismissed, of the decision to conditionally release the person.

1 Notice and a copy of the terms of conditional release shall be
2 provided at least thirty days before the person is released from
3 inpatient care. Within twenty days after receiving notice, the
4 prosecuting attorney may petition the court in the county that issued
5 the commitment order to hold a hearing to determine whether the
6 person may be conditionally released and the terms of the conditional
7 release. The prosecuting attorney shall provide a copy of the
8 petition to the superintendent or professional person in charge of
9 the hospital or facility providing involuntary treatment, the
10 attorney, if any, and guardian or conservator of the committed
11 person, and the court of original commitment. If the county in which
12 the committed person is to receive outpatient treatment is the same
13 county in which the criminal charges against the committed person
14 were dismissed, then the court shall, upon the motion of the
15 prosecuting attorney, transfer the proceeding to the court in that
16 county. The court shall conduct a hearing on the petition within ten
17 days of the filing of the petition. The committed person shall have
18 the same rights with respect to notice, hearing, and counsel as for
19 an involuntary treatment proceeding, except as set forth in this
20 subsection and except that there shall be no right to jury trial. The
21 issue to be determined at the hearing is whether or not the person
22 may be conditionally released without substantial danger to other
23 persons, or substantial likelihood of committing criminal acts
24 jeopardizing public safety or security. If the court disapproves of
25 the conditional release, it may do so only on the basis of
26 substantial evidence. Pursuant to the determination of the court upon
27 the hearing, the conditional release of the person shall be approved
28 by the court on the same or modified conditions or the person shall
29 be returned for involuntary treatment on an inpatient basis subject
30 to release at the end of the period for which he or she was
31 committed, or otherwise in accordance with the provisions of this
32 chapter.

33 (2) The hospital or facility designated to provide outpatient
34 care or the secretary may modify the conditions for continued release
35 when such modification is in the best interest of the person.
36 Notification of such changes shall be sent to all persons receiving a
37 copy of the original conditions.

38 (3)(a) If the hospital or facility designated to provide
39 outpatient care, the designated (~~(mental health professional)~~) crisis
40 responder, or the secretary determines that:

1 (i) A conditionally released person is failing to adhere to the
2 terms and conditions of his or her release;

3 (ii) Substantial deterioration in a conditionally released
4 person's functioning has occurred;

5 (iii) There is evidence of substantial decompensation with a
6 reasonable probability that the decompensation can be reversed by
7 further inpatient treatment; or

8 (iv) The person poses a likelihood of serious harm.

9 Upon notification by the hospital or facility designated to
10 provide outpatient care, or on his or her own motion, the designated
11 (~~mental health professional~~) crisis responder or the secretary may
12 order that the conditionally released person be apprehended and taken
13 into custody and temporarily detained in an evaluation and treatment
14 facility in or near the county in which he or she is receiving
15 outpatient treatment.

16 (b) The hospital or facility designated to provide outpatient
17 treatment shall notify the secretary or designated (~~mental health~~
18 ~~professional~~) crisis responder when a conditionally released person
19 fails to adhere to terms and conditions of his or her conditional
20 release or experiences substantial deterioration in his or her
21 condition and, as a result, presents an increased likelihood of
22 serious harm. The designated (~~mental health professional~~) crisis
23 responder or secretary shall order the person apprehended and
24 temporarily detained in an evaluation and treatment facility, secure
25 detoxification facility, or approved substance use disorder treatment
26 program in or near the county in which he or she is receiving
27 outpatient treatment.

28 (c) A person detained under this subsection (3) shall be held
29 until such time, not exceeding five days, as a hearing can be
30 scheduled to determine whether or not the person should be returned
31 to the hospital or facility from which he or she had been
32 conditionally released. The designated (~~mental health professional~~)
33 crisis responder or the secretary may modify or rescind such order at
34 any time prior to commencement of the court hearing.

35 (d) The court that originally ordered commitment shall be
36 notified within two judicial days of a person's detention under the
37 provisions of this section, and the designated (~~mental health~~
38 ~~professional~~) crisis responder or the secretary shall file his or
39 her petition and order of apprehension and detention with the court
40 that originally ordered commitment or with the court in the county in

1 which the person is detained and serve them upon the person detained.
2 His or her attorney, if any, and his or her guardian or conservator,
3 if any, shall receive a copy of such papers as soon as possible. Such
4 person shall have the same rights with respect to notice, hearing,
5 and counsel as for an involuntary treatment proceeding, except as
6 specifically set forth in this section and except that there shall be
7 no right to jury trial. The venue for proceedings regarding a
8 petition for modification or revocation of an order for conditional
9 release shall be in the county in which the petition was filed. The
10 issues to be determined shall be: (i) Whether the conditionally
11 released person did or did not adhere to the terms and conditions of
12 his or her conditional release; (ii) that substantial deterioration
13 in the person's functioning has occurred; (iii) there is evidence of
14 substantial decompensation with a reasonable probability that the
15 decompensation can be reversed by further inpatient treatment; or
16 (iv) there is a likelihood of serious harm; and, if any of the
17 conditions listed in this subsection (3)(d) have occurred, whether
18 the terms of conditional release should be modified or the person
19 should be returned to the facility.

20 (e) Pursuant to the determination of the court upon such hearing,
21 the conditionally released person shall either continue to be
22 conditionally released on the same or modified conditions or shall be
23 returned for involuntary treatment on an inpatient basis subject to
24 release at the end of the period for which he or she was committed
25 for involuntary treatment, or otherwise in accordance with the
26 provisions of this chapter. Such hearing may be waived by the person
27 and his or her counsel and his or her guardian or conservator, if
28 any, but shall not be waivable unless all such persons agree to
29 waive, and upon such waiver the person may be returned for
30 involuntary treatment or continued on conditional release on the same
31 or modified conditions.

32 (4) The proceedings set forth in subsection (3) of this section
33 may be initiated by the designated (~~mental health professional~~)
34 crisis responder or the secretary on the same basis set forth therein
35 without requiring or ordering the apprehension and detention of the
36 conditionally released person, in which case the court hearing shall
37 take place in not less than five days from the date of service of the
38 petition upon the conditionally released person. The petition may be
39 filed in the court that originally ordered commitment or with the
40 court in the county in which the person is present. The venue for the

1 proceedings regarding the petition for modification or revocation of
2 an order for conditional release shall be in the county in which the
3 petition was filed.

4 Upon expiration of the period of commitment, or when the person
5 is released from outpatient care, notice in writing to the court
6 which committed the person for treatment shall be provided.

7 (5) The grounds and procedures for revocation of less restrictive
8 alternative treatment shall be the same as those set forth in this
9 section for conditional releases.

10 (6) In the event of a revocation of a conditional release, the
11 subsequent treatment period may be for no longer than the actual
12 period authorized in the original court order.

13 **Sec. 233.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to
14 read as follows:

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

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

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

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

35 (3) The provisions of this chapter shall not be construed to deny
36 to any person treatment by spiritual means through prayer in
37 accordance with the tenets and practices of a church or religious
38 denomination.

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

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

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

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

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

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

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

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

1 treatment facility, secure detoxification facility, or approved
2 substance use disorder treatment program the personnel of the
3 ((~~evaluation and treatment~~)) facility or the designated ((~~mental~~
4 ~~health professional~~)) crisis responder shall serve on such person a
5 copy of the petition for initial detention and the name, business
6 address, and phone number of the designated attorney and shall
7 forthwith commence service of a copy of the petition for initial
8 detention on the designated attorney.

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

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

15 (a) To present evidence on his or her behalf;

16 (b) To cross-examine witnesses who testify against him or her;

17 (c) To be proceeded against by the rules of evidence;

18 (d) To remain silent;

19 (e) To view and copy all petitions and reports in the court file.

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

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

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

1 (10) Insofar as danger to the person or others is not created,
2 each person involuntarily detained, treated in a less restrictive
3 alternative course of treatment, or committed for treatment and
4 evaluation pursuant to this chapter shall have, in addition to other
5 rights not specifically withheld by law, the following rights:

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

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

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

13 (d) To have visitors at reasonable times;

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

17 (f) To have ready access to letter writing materials, including
18 stamps, and to send and receive uncensored correspondence through the
19 mails;

20 (g) To discuss treatment plans and decisions with professional
21 persons;

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

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

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

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

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

1 (12) A person challenging his or her detention or his or her
2 attorney shall have the right to designate and have the court appoint
3 a reasonably available independent physician, psychiatric advanced
4 registered nurse practitioner, physician assistant, or licensed
5 mental health professional to examine the person detained, the
6 results of which examination may be used in the proceeding. The
7 person shall, if he or she is financially able, bear the cost of such
8 expert examination, otherwise such expert examination shall be at
9 public expense.

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

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

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

20 **Sec. 234.** RCW 71.05.380 and 1973 1st ex.s. c 142 s 43 are each
21 amended to read as follows:

22 All persons voluntarily entering or remaining in any facility,
23 institution, or hospital providing evaluation and treatment for
24 mental disorder or substance use disorder shall have no less than all
25 rights secured to involuntarily detained persons by RCW 71.05.360 and
26 ~~((71.05.370))~~ 71.05.217.

27 **Sec. 235.** RCW 71.05.435 and 2010 c 280 s 4 are each amended to
28 read as follows:

29 (1) Whenever a person who is the subject of an involuntary
30 commitment order under this chapter is discharged from an evaluation
31 and treatment facility ~~((or))~~, state hospital, ~~((the evaluation and
32 treatment facility or state hospital shall provide notice of the
33 person's discharge to the designated mental health professional))~~
34 secure detoxification facility, or approved substance use disorder
35 treatment program providing involuntary treatment services, the
36 entity discharging the person shall provide notice of the person's
37 discharge to the designated crisis responder office responsible for
38 the initial commitment and the designated ~~((mental health~~

1 ~~professional~~) crisis responder office that serves the county in
2 which the person is expected to reside. The ~~((evaluation and~~
3 ~~treatment facility or state hospital))~~ entity discharging the person
4 must also provide these offices with a copy of any less restrictive
5 order or conditional release order entered in conjunction with the
6 discharge of the person, unless the ~~((evaluation and treatment~~
7 ~~facility or state hospital))~~ entity discharging the person has
8 entered into a memorandum of understanding obligating another entity
9 to provide these documents.

10 (2) The notice and documents referred to in subsection (1) of
11 this section shall be provided as soon as possible and no later than
12 one business day following the discharge of the person. Notice is not
13 required under this section if the discharge is for the purpose of
14 transferring the person for continued detention and treatment under
15 this chapter at another treatment facility.

16 (3) The department shall maintain and make available an updated
17 list of contact information for designated ~~((mental health~~
18 ~~professional~~) crisis responder offices around the state.

19 **Sec. 236.** RCW 71.05.530 and 1998 c 297 s 23 are each amended to
20 read as follows:

21 Evaluation and treatment facilities and secure detoxification
22 facilities authorized pursuant to this chapter may be part of the
23 comprehensive community mental health services program conducted in
24 counties pursuant to chapter 71.24 RCW, and may receive funding
25 pursuant to the provisions thereof.

26 **Sec. 237.** RCW 71.05.560 and 1998 c 297 s 24 are each amended to
27 read as follows:

28 The department shall adopt such rules as may be necessary to
29 effectuate the intent and purposes of this chapter, which shall
30 include but not be limited to evaluation of the quality of the
31 program and facilities operating pursuant to this chapter, evaluation
32 of the effectiveness and cost effectiveness of such programs and
33 facilities, and procedures and standards for certification and other
34 action relevant to evaluation and treatment facilities, secure
35 detoxification facilities, and approved substance use disorder
36 treatment programs.

1 **Sec. 238.** RCW 71.05.700 and 2007 c 360 s 2 are each amended to
2 read as follows:

3 No designated (~~mental health professional~~) crisis responder or
4 crisis intervention worker shall be required to respond to a private
5 home or other private location to stabilize or treat a person in
6 crisis, or to evaluate a person for potential detention under the
7 state's involuntary treatment act, unless a second trained
8 individual, determined by the clinical team supervisor, on-call
9 supervisor, or individual professional acting alone based on a risk
10 assessment for potential violence, accompanies them. The second
11 individual may be a law enforcement officer, a mental health
12 professional, a mental health paraprofessional who has received
13 training under RCW 71.05.715, or other first responder, such as fire
14 or ambulance personnel. No retaliation may be taken against a worker
15 who, following consultation with the clinical team, refuses to go on
16 a home visit alone.

17 **Sec. 239.** RCW 71.05.705 and 2007 c 360 s 3 are each amended to
18 read as follows:

19 Each provider of designated (~~mental health professional~~) crisis
20 responder or crisis outreach services shall maintain a written policy
21 that, at a minimum, describes the organization's plan for training,
22 staff backup, information sharing, and communication for crisis
23 outreach staff who respond to private homes or nonpublic settings.

24 **Sec. 240.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to
25 read as follows:

26 Unless the context clearly requires otherwise, the definitions in
27 this section apply throughout this chapter.

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

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

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

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

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

8 (4) "Department" means the department of social and health
9 services.

10 (5) (~~"Designated mental health professional" means a mental~~
11 ~~health professional designated by one or more counties to perform the~~
12 ~~functions of a designated mental health professional described in~~
13 ~~this chapter.~~

14 ~~(6))~~ "Evaluation and treatment facility" means a public or
15 private facility or unit that is certified by the department to
16 provide emergency, inpatient, residential, or outpatient mental
17 health evaluation and treatment services for minors. A physically
18 separate and separately-operated portion of a state hospital may be
19 designated as an evaluation and treatment facility for minors. A
20 facility which is part of or operated by the department or federal
21 agency does not require certification. No correctional institution or
22 facility, juvenile court detention facility, or jail may be an
23 evaluation and treatment facility within the meaning of this chapter.

24 ~~((7))~~ (6) "Evaluation and treatment program" means the total
25 system of services and facilities coordinated and approved by a
26 county or combination of counties for the evaluation and treatment of
27 minors under this chapter.

28 ~~((8))~~ (7) "Gravely disabled minor" means a minor who, as a
29 result of a mental disorder, or as a result of the use of alcohol or
30 other psychoactive chemicals, is in danger of serious physical harm
31 resulting from a failure to provide for his or her essential human
32 needs of health or safety, or manifests severe deterioration in
33 routine functioning evidenced by repeated and escalating loss of
34 cognitive or volitional control over his or her actions and is not
35 receiving such care as is essential for his or her health or safety.

36 ~~((9))~~ (8) "Inpatient treatment" means twenty-four-hour-per-day
37 mental health care provided within a general hospital, psychiatric
38 hospital, ~~((or))~~ residential treatment facility certified by the
39 department as an evaluation and treatment facility for minors, secure

1 detoxification facility for minors, or approved substance use
2 disorder treatment program for minors.

3 ((+10)) (9) "Less restrictive alternative" or "less restrictive
4 setting" means outpatient treatment provided to a minor who is not
5 residing in a facility providing inpatient treatment as defined in
6 this chapter.

7 ((+11)) (10) "Likelihood of serious harm" means either: (a) A
8 substantial risk that physical harm will be inflicted by an
9 individual upon his or her own person, as evidenced by threats or
10 attempts to commit suicide or inflict physical harm on oneself; (b) a
11 substantial risk that physical harm will be inflicted by an
12 individual upon another, as evidenced by behavior which has caused
13 such harm or which places another person or persons in reasonable
14 fear of sustaining such harm; or (c) a substantial risk that physical
15 harm will be inflicted by an individual upon the property of others,
16 as evidenced by behavior which has caused substantial loss or damage
17 to the property of others.

18 ((+12)) (11) "Medical necessity" for inpatient care means a
19 requested service which is reasonably calculated to: (a) Diagnose,
20 correct, cure, or alleviate a mental disorder or substance use
21 disorder; or (b) prevent the ~~((worsening of mental conditions))~~
22 progression of substance use disorder that endanger life or cause
23 suffering and pain, or result in illness or infirmity or threaten to
24 cause or aggravate a handicap, or cause physical deformity or
25 malfunction, and there is no adequate less restrictive alternative
26 available.

27 ((+13)) (12) "Mental disorder" means any organic, mental, or
28 emotional impairment that has substantial adverse effects on an
29 individual's cognitive or volitional functions. The presence of
30 alcohol abuse, drug abuse, juvenile criminal history, antisocial
31 behavior, or intellectual disabilities alone is insufficient to
32 justify a finding of "mental disorder" within the meaning of this
33 section.

34 ((+14)) (13) "Mental health professional" means a psychiatrist,
35 psychologist, psychiatric nurse, or social worker, and such other
36 mental health professionals as may be defined by rules adopted by the
37 secretary under this chapter.

38 ((+15)) (14) "Minor" means any person under the age of eighteen
39 years.

1 ~~((16))~~ (15) "Outpatient treatment" means any of the
2 nonresidential services mandated under chapter 71.24 RCW and provided
3 by licensed services providers as identified by RCW 71.24.025.

4 ~~((17))~~ (16) "Parent" means:

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

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

10 ~~((18))~~ (17) "Professional person in charge" or "professional
11 person" means a physician ~~((or))~~, other mental health professional,
12 or other person empowered by an evaluation and treatment facility,
13 secure detoxification facility, or approved substance use disorder
14 treatment program with authority to make admission and discharge
15 decisions on behalf of that facility.

16 ~~((19))~~ (18) "Psychiatric nurse" means a registered nurse who
17 has a bachelor's degree from an accredited college or university, and
18 who has had, in addition, at least two years' experience in the
19 direct treatment of persons who have a mental illness or who are
20 emotionally disturbed, such experience gained under the supervision
21 of a mental health professional. "Psychiatric nurse" shall also mean
22 any other registered nurse who has three years of such experience.

23 ~~((20))~~ (19) "Psychiatrist" means a person having a license as a
24 physician in this state who has completed residency training in
25 psychiatry in a program approved by the American Medical Association
26 or the American Osteopathic Association, and is board eligible or
27 board certified in psychiatry.

28 ~~((21))~~ (20) "Psychologist" means a person licensed as a
29 psychologist under chapter 18.83 RCW.

30 ~~((22))~~ (21) "Responsible other" means the minor, the minor's
31 parent or estate, or any other person legally responsible for support
32 of the minor.

33 ~~((23))~~ (22) "Secretary" means the secretary of the department
34 or secretary's designee.

35 ~~((24))~~ (23) "Social worker" means a person with a master's or
36 further advanced degree from a social work educational program
37 accredited and approved as provided in RCW 18.320.010.

38 ~~((25))~~ (24) "Start of initial detention" means the time of
39 arrival of the minor at the first evaluation and treatment facility,
40 secure detoxification facility, or approved substance use disorder

1 treatment program offering inpatient treatment if the minor is being
2 involuntarily detained at the time. With regard to voluntary
3 patients, "start of initial detention" means the time at which the
4 minor gives notice of intent to leave under the provisions of this
5 chapter.

6 (25) "Alcoholism" means a disease, characterized by a dependency
7 on alcoholic beverages, loss of control over the amount and
8 circumstances of use, symptoms of tolerance, physiological or
9 psychological withdrawal, or both, if use is reduced or discontinued,
10 and impairment of health or disruption of social or economic
11 functioning.

12 (26) "Approved substance use disorder treatment program" means a
13 program for minors with substance use disorder provided by a
14 treatment program certified by the department as meeting standards
15 adopted under chapter 70.96A RCW.

16 (27) "Chemical dependency" means:

17 (a) Alcoholism;

18 (b) Drug addiction; or

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

21 (28) "Chemical dependency professional" means a person certified
22 as a chemical dependency professional by the department of health
23 under chapter 18.205 RCW.

24 (29) "Designated crisis responder" means a person designated by a
25 behavioral health organization to perform the duties specified in
26 this chapter.

27 (30) "Drug addiction" means a disease, characterized by a
28 dependency on psychoactive chemicals, loss of control over the amount
29 and circumstances of use, symptoms of tolerance, physiological or
30 psychological withdrawal, or both, if use is reduced or discontinued,
31 and impairment of health or disruption of social or economic
32 functioning.

33 (31) "Intoxicated minor" means a minor whose mental or physical
34 functioning is substantially impaired as a result of the use of
35 alcohol or other psychoactive chemicals.

36 (32) "Physician assistant" means a person who is licensed as a
37 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is
38 working with a licensed mental health physician as indicated by their
39 delegation agreement.

1 (33) "Private agency" means any person, partnership, corporation,
2 or association that is not a public agency, whether or not financed
3 in whole or in part by public funds, that constitutes an evaluation
4 and treatment facility or private institution, or hospital, or
5 approved substance use disorder treatment program, that is conducted
6 for, or includes a department or ward conducted for, the care and
7 treatment of persons with mental illness, substance use disorder, or
8 both mental illness and substance use disorder.

9 (34) "Public agency" means any evaluation and treatment facility
10 or institution, or hospital, or approved substance use disorder
11 treatment program that is conducted for, or includes a department or
12 ward conducted for, the care and treatment of persons with mental
13 illness, substance use disorder, or both mental illness and substance
14 use disorder if the agency is operated directly by federal, state,
15 county, or municipal government, or a combination of such
16 governments.

17 (35) "Secure detoxification facility" means a facility operated
18 by either a public or private agency or by the program of an agency
19 that:

20 (a) Provides for intoxicated minors:

21 (i) Evaluation and assessment, provided by certified chemical
22 dependency professionals;

23 (ii) Acute or subacute detoxification services; and

24 (iii) Discharge assistance provided by certified chemical
25 dependency professionals, including facilitating transitions to
26 appropriate voluntary or involuntary inpatient services or to less
27 restrictive alternatives as appropriate for the minor;

28 (b) Includes security measures sufficient to protect the
29 patients, staff, and community; and

30 (c) Is certified as such by the department.

31 (36) "Substance use disorder" means a cluster of cognitive,
32 behavioral, and physiological symptoms indicating that an individual
33 continues using the substance despite significant substance-related
34 problems. The diagnosis of a substance use disorder is based on a
35 pathological pattern of behaviors related to the use of the
36 substances.

37 **Sec. 241.** RCW 71.34.305 and 1996 c 133 s 6 are each amended to
38 read as follows:

1 School district personnel who contact a mental health or
2 substance use disorder inpatient treatment program or provider for
3 the purpose of referring a student to inpatient treatment shall
4 provide the parents with notice of the contact within forty-eight
5 hours.

6 **Sec. 242.** RCW 71.34.375 and 2011 c 302 s 1 are each amended to
7 read as follows:

8 (1) If a parent or guardian, for the purpose of mental health
9 treatment, substance use disorder treatment, or evaluation, brings
10 his or her minor child to an evaluation and treatment facility, a
11 hospital emergency room, an inpatient facility licensed under chapter
12 72.23 RCW, ~~((or))~~ an inpatient facility licensed under chapter 70.41
13 or 71.12 RCW operating inpatient psychiatric beds for minors, a
14 secure detoxification facility, or an approved substance use disorder
15 treatment program, the facility is required to promptly provide
16 written and verbal notice of all statutorily available treatment
17 options contained in this chapter. The notice need not be given more
18 than once if written and verbal notice has already been provided and
19 documented by the facility.

20 (2) The provision of notice must be documented by the facilities
21 required to give notice under subsection (1) of this section and must
22 be accompanied by a signed acknowledgment of receipt by the parent or
23 guardian. The notice must contain the following information:

24 (a) All current statutorily available treatment options including
25 but not limited to those provided in this chapter; and

26 (b) The procedures to be followed to utilize the treatment
27 options described in this chapter.

28 (3) The department shall produce, and make available, the written
29 notification that must include, at a minimum, the information
30 contained in subsection (2) of this section. The department must
31 revise the written notification as necessary to reflect changes in
32 the law.

33 **Sec. 243.** RCW 71.34.385 and 1992 c 205 s 304 are each amended to
34 read as follows:

35 The department shall ensure that the provisions of this chapter
36 are applied by the counties in a consistent and uniform manner. The
37 department shall also ensure that, to the extent possible within
38 available funds, the ~~((county designated mental health~~

1 ~~professionals~~) designated crisis responders are specifically trained
2 in adolescent mental health issues, the mental health and substance
3 use disorder civil commitment laws, and the criteria for civil
4 commitment.

5 **Sec. 244.** RCW 71.34.400 and 1998 c 296 s 11 are each amended to
6 read as follows:

7 For purposes of eligibility for medical assistance under chapter
8 74.09 RCW, minors in inpatient mental health or inpatient substance
9 use disorder treatment shall be considered to be part of their
10 parent's or legal guardian's household, unless the minor has been
11 assessed by the department or its designee as likely to require such
12 treatment for at least ninety consecutive days, or is in out-of-home
13 care in accordance with chapter 13.34 RCW, or the parents are found
14 to not be exercising responsibility for care and control of the
15 minor. Payment for such care by the department shall be made only in
16 accordance with rules, guidelines, and clinical criteria applicable
17 to inpatient treatment of minors established by the department.

18 **Sec. 245.** RCW 71.34.410 and 2005 c 371 s 5 are each amended to
19 read as follows:

20 No public or private agency or governmental entity, nor officer
21 of a public or private agency, nor the superintendent, or
22 professional person in charge, his or her professional designee or
23 attending staff of any such agency, nor any public official
24 performing functions necessary to the administration of this chapter,
25 nor peace officer responsible for detaining a person under this
26 chapter, nor any ((~~county~~)) ~~designated ((~~mental health professional~~))~~
27 crisis responder, nor professional person, nor evaluation and
28 treatment facility, nor secure detoxification facility, nor approved
29 substance use disorder treatment program shall be civilly or
30 criminally liable for performing actions authorized in this chapter
31 with regard to the decision of whether to admit, release, or detain a
32 person for evaluation and treatment: PROVIDED, That such duties were
33 performed in good faith and without gross negligence.

34 **Sec. 246.** RCW 71.34.500 and 2006 c 93 s 3 are each amended to
35 read as follows:

36 (1) A minor thirteen years or older may admit himself or herself
37 to an evaluation and treatment facility for inpatient mental health

1 treatment or an approved substance use disorder treatment program for
2 inpatient (~~(mental)~~) substance use disorder treatment(~~(τ)~~) without
3 parental consent. The admission shall occur only if the professional
4 person in charge of the facility concurs with the need for inpatient
5 treatment. Parental authorization, or authorization from a person who
6 may consent on behalf of the minor pursuant to RCW 7.70.065, is
7 required for inpatient treatment of a minor under the age of
8 thirteen.

9 (2) When, in the judgment of the professional person in charge of
10 an evaluation and treatment facility or approved substance use
11 disorder treatment program, there is reason to believe that a minor
12 is in need of inpatient treatment because of a mental disorder or
13 substance use disorder, and the facility provides the type of
14 evaluation and treatment needed by the minor, and it is not feasible
15 to treat the minor in any less restrictive setting or the minor's
16 home, the minor may be admitted to (~~(an evaluation and treatment)~~)
17 the facility.

18 (3) Written renewal of voluntary consent must be obtained from
19 the applicant no less than once every twelve months. The minor's need
20 for continued inpatient treatments shall be reviewed and documented
21 no less than every one hundred eighty days.

22 **Sec. 247.** RCW 71.34.520 and 2003 c 106 s 1 are each amended to
23 read as follows:

24 (1) Any minor thirteen years or older voluntarily admitted to an
25 evaluation and treatment facility or approved substance use disorder
26 treatment program under RCW 71.34.500 may give notice of intent to
27 leave at any time. The notice need not follow any specific form so
28 long as it is written and the intent of the minor can be discerned.

29 (2) The staff member receiving the notice shall date it
30 immediately, record its existence in the minor's clinical record, and
31 send copies of it to the minor's attorney, if any, the (~~(county-~~
32 ~~designated mental health professional)~~) designated crisis responders,
33 and the parent.

34 (3) The professional person shall discharge the minor, thirteen
35 years or older, from the facility by the second judicial day
36 following receipt of the minor's notice of intent to leave.

37 **Sec. 248.** RCW 71.34.600 and 2007 c 375 s 11 are each amended to
38 read as follows:

1 (1) A parent may bring, or authorize the bringing of, his or her
2 minor child to:

3 (a) An evaluation and treatment facility or an inpatient facility
4 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that
5 the professional person examine the minor to determine whether the
6 minor has a mental disorder and is in need of inpatient treatment; or

7 (b) A secure detoxification facility or approved substance use
8 disorder treatment program and request that a substance use disorder
9 assessment be conducted by a professional person to determine whether
10 the minor has a substance use disorder and is in need of inpatient
11 treatment.

12 (2) The consent of the minor is not required for admission,
13 evaluation, and treatment if the parent brings the minor to the
14 facility.

15 (3) An appropriately trained professional person may evaluate
16 whether the minor has a mental disorder or has a substance use
17 disorder. The evaluation shall be completed within twenty-four hours
18 of the time the minor was brought to the facility, unless the
19 professional person determines that the condition of the minor
20 necessitates additional time for evaluation. In no event shall a
21 minor be held longer than seventy-two hours for evaluation. If, in
22 the judgment of the professional person, it is determined it is a
23 medical necessity for the minor to receive inpatient treatment, the
24 minor may be held for treatment. The facility shall limit treatment
25 to that which the professional person determines is medically
26 necessary to stabilize the minor's condition until the evaluation has
27 been completed. Within twenty-four hours of completion of the
28 evaluation, the professional person shall notify the department if
29 the child is held for treatment and of the date of admission.

30 (4) No provider is obligated to provide treatment to a minor
31 under the provisions of this section except that no provider may
32 refuse to treat a minor under the provisions of this section solely
33 on the basis that the minor has not consented to the treatment. No
34 provider may admit a minor to treatment under this section unless it
35 is medically necessary.

36 (5) No minor receiving inpatient treatment under this section may
37 be discharged from the facility based solely on his or her request.

38 (6) Prior to the review conducted under RCW 71.34.610, the
39 professional person shall notify the minor of his or her right to
40 petition superior court for release from the facility.

1 (7) For the purposes of this section "professional person" means
2 "professional person" as defined in RCW 71.05.020.

3 **Sec. 249.** RCW 71.34.630 and 1998 c 296 s 20 are each amended to
4 read as follows:

5 If the minor is not released as a result of the petition filed
6 under RCW 71.34.620, he or she shall be released not later than
7 thirty days following the later of: (1) The date of the department's
8 determination under RCW 71.34.610(2); or (2) the filing of a petition
9 for judicial review under RCW 71.34.620, unless a professional person
10 or the ((county)) designated ((~~mental health professional~~)) crisis
11 responder initiates proceedings under this chapter.

12 **Sec. 250.** RCW 71.34.650 and 1998 c 296 s 18 are each amended to
13 read as follows:

14 (1) A parent may bring, or authorize the bringing of, his or her
15 minor child to:

16 (a) A provider of outpatient mental health treatment and request
17 that an appropriately trained professional person examine the minor
18 to determine whether the minor has a mental disorder and is in need
19 of outpatient treatment; or

20 (b) A provider of outpatient substance use disorder treatment and
21 request that an appropriately trained professional person examine the
22 minor to determine whether the minor has a substance use disorder and
23 is in need of outpatient treatment.

24 (2) The consent of the minor is not required for evaluation if
25 the parent brings the minor to the provider.

26 (3) The professional person may evaluate whether the minor has a
27 mental disorder or substance use disorder and is in need of
28 outpatient treatment.

29 (4) Any minor admitted to inpatient treatment under RCW 71.34.500
30 or 71.34.600 shall be discharged immediately from inpatient treatment
31 upon written request of the parent.

32 **Sec. 251.** RCW 71.34.660 and 2005 c 371 s 3 are each amended to
33 read as follows:

34 A minor child shall have no cause of action against an evaluation
35 and treatment facility, secure detoxification facility, approved
36 substance use disorder treatment program, inpatient facility, or
37 provider of outpatient mental health treatment or outpatient

1 substance use disorder treatment for admitting or accepting the minor
2 in good faith for evaluation or treatment under RCW 71.34.600 or
3 71.34.650 based solely upon the fact that the minor did not consent
4 to evaluation or treatment if the minor's parent has consented to the
5 evaluation or treatment.

6 **Sec. 252.** RCW 71.34.700 and 1985 c 354 s 4 are each amended to
7 read as follows:

8 (1) If a minor, thirteen years or older, is brought to an
9 evaluation and treatment facility or hospital emergency room for
10 immediate mental health services, the professional person in charge
11 of the facility shall evaluate the minor's mental condition,
12 determine whether the minor suffers from a mental disorder, and
13 whether the minor is in need of immediate inpatient treatment.

14 (2) If a minor, thirteen years or older, is brought to a secure
15 detoxification facility, or a hospital emergency room for immediate
16 substance use disorder treatment, the professional person in charge
17 of the facility shall evaluate the minor's condition, determine
18 whether the minor suffers from substance use disorder, and whether
19 the minor is in need of immediate inpatient treatment.

20 (3) If it is determined under subsection (1) or (2) of this
21 section that the minor suffers from a mental disorder or substance
22 use disorder, inpatient treatment is required, the minor is unwilling
23 to consent to voluntary admission, and the professional person
24 believes that the minor meets the criteria for initial detention set
25 forth herein, the facility may detain or arrange for the detention of
26 the minor for up to twelve hours in order to enable a ((~~county-~~
27 designated mental health professional)) designated crisis responder
28 to evaluate the minor and commence initial detention proceedings
29 under the provisions of this chapter.

30 **Sec. 253.** RCW 71.34.710 and 1995 c 312 s 53 are each amended to
31 read as follows:

32 (1)(a)(i) When a ((~~county-designated mental health professional~~))
33 designated crisis responder receives information that a minor,
34 thirteen years or older, as a result of a mental disorder presents a
35 likelihood of serious harm or is gravely disabled, has investigated
36 the specific facts alleged and of the credibility of the person or
37 persons providing the information, and has determined that voluntary
38 admission for inpatient treatment is not possible, the ((~~county-~~

1 ~~designated mental health professional~~) designated crisis responder
2 may take the minor, or cause the minor to be taken, into custody and
3 transported to an evaluation and treatment facility providing
4 inpatient treatment.

5 (ii) When a designated crisis responder receives information that
6 a minor, thirteen years or older, as a result of substance use
7 disorder presents a likelihood of serious harm or is gravely
8 disabled, has investigated the specific facts alleged and of the
9 credibility of the person or persons providing the information, and
10 has determined that voluntary admission for inpatient treatment is
11 not possible, the designated crisis responder may take the minor, or
12 cause the minor to be taken, into custody and transported to a secure
13 detoxification facility or approved substance use disorder treatment
14 program.

15 (b) If the minor is not taken into custody for evaluation and
16 treatment, the parent who has custody of the minor may seek review of
17 that decision made by the (~~county designated mental health~~
18 professional) designated crisis responder in court. The parent shall
19 file notice with the court and provide a copy of the (~~county~~
20 ~~designated mental health professional's~~) designated crisis
21 responder's report or notes.

22 (2) Within twelve hours of the minor's arrival at the evaluation
23 and treatment facility, secure detoxification facility, or approved
24 substance use disorder treatment program, the (~~county designated~~
25 mental health professional) designated crisis responder shall serve
26 on the minor a copy of the petition for initial detention, notice of
27 initial detention, and statement of rights. The (~~county designated~~
28 ~~mental health professional~~) designated crisis responder shall file
29 with the court on the next judicial day following the initial
30 detention the original petition for initial detention, notice of
31 initial detention, and statement of rights along with an affidavit of
32 service. The (~~county designated mental health professional~~)
33 designated crisis responder shall commence service of the petition
34 for initial detention and notice of the initial detention on the
35 minor's parent and the minor's attorney as soon as possible following
36 the initial detention.

37 (3) At the time of initial detention, the (~~county designated~~
38 ~~mental health professional~~) designated crisis responder shall advise
39 the minor both orally and in writing that if admitted to the
40 evaluation and treatment facility, secure detoxification facility, or

1 approved substance use disorder treatment program for inpatient
2 treatment, a commitment hearing shall be held within seventy-two
3 hours of the minor's provisional acceptance to determine whether
4 probable cause exists to commit the minor for further (~~mental~~
5 ~~health~~) treatment.

6 The minor shall be advised that he or she has a right to
7 communicate immediately with an attorney and that he or she has a
8 right to have an attorney appointed to represent him or her before
9 and at the hearing if the minor is indigent.

10 (4) Whenever the (~~county designated mental health professional~~)
11 designated crisis responder petitions for detention of a minor under
12 this chapter, an evaluation and treatment facility, secure
13 detoxification facility, or approved substance use disorder treatment
14 program providing seventy-two hour evaluation and treatment must
15 immediately accept on a provisional basis the petition and the
16 person. Within twenty-four hours of the minor's arrival, the facility
17 must evaluate the minor's condition and either admit or release the
18 minor in accordance with this chapter.

19 (5) If a minor is not approved for admission by the inpatient
20 evaluation and treatment facility, secure detoxification facility, or
21 approved substance use disorder treatment program, the facility shall
22 make such recommendations and referrals for further care and
23 treatment of the minor as necessary.

24 **Sec. 254.** RCW 71.34.720 and 2009 c 217 s 16 are each amended to
25 read as follows:

26 (1) Each minor approved by the facility for inpatient admission
27 shall be examined and evaluated by a children's mental health
28 specialist, for minors admitted as a result of a mental disorder, or
29 by a chemical dependency professional, for minors admitted as a
30 result of a substance use disorder, as to the child's mental
31 condition and by a physician, physician assistant, or psychiatric
32 advanced registered nurse practitioner as to the child's physical
33 condition within twenty-four hours of admission. Reasonable measures
34 shall be taken to ensure medical treatment is provided for any
35 condition requiring immediate medical attention.

36 (2) If, after examination and evaluation, the children's mental
37 health specialist or substance use disorder specialist and the
38 physician, physician assistant, or psychiatric advanced registered
39 nurse practitioner determine that the initial needs of the minor, if

1 detained to an evaluation and treatment facility, would be better
2 served by placement in a ((chemical dependency)) substance use
3 disorder treatment facility or, if detained to a secure
4 detoxification facility or approved substance use disorder treatment
5 program, would be better served in an evaluation and treatment
6 facility, then the minor shall be referred to ((an approved treatment
7 program defined under RCW 70.96A.020)) the more appropriate
8 placement.

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

11 (4) During the initial seventy-two hour treatment period, the
12 minor has a right to associate or receive communications from parents
13 or others unless the professional person in charge determines that
14 such communication would be seriously detrimental to the minor's
15 condition or treatment and so indicates in the minor's clinical
16 record, and notifies the minor's parents of this determination. In no
17 event may the minor be denied the opportunity to consult an attorney.

18 (5) If the evaluation and treatment facility, secure
19 detoxification facility, or approved substance use disorder treatment
20 program admits the minor, it may detain the minor for evaluation and
21 treatment for a period not to exceed seventy-two hours from the time
22 of provisional acceptance. The computation of such seventy-two hour
23 period shall exclude Saturdays, Sundays, and holidays. This initial
24 treatment period shall not exceed seventy-two hours except when an
25 application for voluntary inpatient treatment is received or a
26 petition for fourteen-day commitment is filed.

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

29 **Sec. 255.** RCW 71.34.730 and 2009 c 293 s 6 and 2009 c 217 s 17
30 are each reenacted and amended to read as follows:

31 (1) The professional person in charge of an evaluation and
32 treatment facility, secure detoxification facility, or approved
33 substance use disorder treatment program where a minor has been
34 admitted involuntarily for the initial seventy-two hour treatment
35 period under this chapter may petition to have a minor committed to
36 an evaluation and treatment facility or, in the case of a minor with
37 substance use disorder, to a secure detoxification facility or
38 approved substance use disorder treatment program for fourteen-day
39 diagnosis, evaluation, and treatment.

1 If the professional person in charge of the (~~treatment and~~
2 ~~evaluation~~) facility does not petition to have the minor committed,
3 the parent who has custody of the minor may seek review of that
4 decision in court. The parent shall file notice with the court and
5 provide a copy of the treatment and evaluation facility's report.

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

9 (a) A petition for a fourteen-day commitment shall be signed by
10 (i) two physicians, (ii) two psychiatric advanced registered nurse
11 practitioners, (iii) ((a)) two physician assistants, (iv) one mental
12 health professional and either a (A) physician, (B) physician
13 assistant, or ((a)) (C) psychiatric advanced registered nurse
14 practitioner, or ((iv)—a) (v) one physician and either a
15 psychiatric advanced registered nurse practitioner or physician
16 assistant. The person signing the petition must have examined the
17 minor, and the petition must contain the following:

18 (A) The name and address of the petitioner;

19 (B) The name of the minor alleged to meet the criteria for
20 fourteen-day commitment;

21 (C) The name, telephone number, and address if known of every
22 person believed by the petitioner to be legally responsible for the
23 minor;

24 (D) A statement that the petitioner has examined the minor and
25 finds that the minor's condition meets required criteria for
26 fourteen-day commitment and the supporting facts therefor;

27 (E) A statement that the minor has been advised of the need for
28 voluntary treatment but has been unwilling or unable to consent to
29 necessary treatment;

30 (F) A statement that the minor has been advised of the loss of
31 firearm rights if involuntarily committed;

32 (G) A statement recommending the appropriate facility or
33 facilities to provide the necessary treatment; and

34 (H) A statement concerning whether a less restrictive alternative
35 to inpatient treatment is in the best interests of the minor.

36 (b) A copy of the petition shall be personally delivered to the
37 minor by the petitioner or petitioner's designee. A copy of the
38 petition shall be sent to the minor's attorney and the minor's
39 parent.

1 **Sec. 256.** RCW 71.34.740 and 2009 c 293 s 7 are each amended to
2 read as follows:

3 (1) A commitment hearing shall be held within seventy-two hours
4 of the minor's admission, excluding Saturday, Sunday, and holidays,
5 unless a continuance is requested by the minor or the minor's
6 attorney.

7 (2) The commitment hearing shall be conducted at the superior
8 court or an appropriate place at the facility in which the minor is
9 being detained.

10 (3) At the commitment hearing, the evidence in support of the
11 petition shall be presented by the county prosecutor.

12 (4) The minor shall be present at the commitment hearing unless
13 the minor, with the assistance of the minor's attorney, waives the
14 right to be present at the hearing.

15 (5) If the parents are opposed to the petition, they may be
16 represented at the hearing and shall be entitled to court-appointed
17 counsel if they are indigent.

18 (6) At the commitment hearing, the minor shall have the following
19 rights:

20 (a) To be represented by an attorney;

21 (b) To present evidence on his or her own behalf;

22 (c) To question persons testifying in support of the petition.

23 (7) The court at the time of the commitment hearing and before an
24 order of commitment is entered shall inform the minor both orally and
25 in writing that the failure to make a good faith effort to seek
26 voluntary treatment as provided in RCW 71.34.730 will result in the
27 loss of his or her firearm rights if the minor is subsequently
28 detained for involuntary treatment under this section.

29 (8) If the minor has received medication within twenty-four hours
30 of the hearing, the court shall be informed of that fact and of the
31 probable effects of the medication.

32 (9) Rules of evidence shall not apply in fourteen-day commitment
33 hearings.

34 (10) For a fourteen-day commitment, the court must find by a
35 preponderance of the evidence that:

36 (a) The minor has a mental disorder or substance use disorder and
37 presents a ((=))likelihood of serious harm((=)) or is ((=))gravely
38 disabled((=));

39 (b) The minor is in need of evaluation and treatment of the type
40 provided by the inpatient evaluation and treatment facility, secure

1 detoxification facility, or approved substance use disorder treatment
2 program to which continued inpatient care is sought or is in need of
3 less restrictive alternative treatment found to be in the best
4 interests of the minor; and

5 (c) The minor is unwilling or unable in good faith to consent to
6 voluntary treatment.

7 (11) If the court finds that the minor meets the criteria for a
8 fourteen-day commitment, the court shall either authorize commitment
9 of the minor for inpatient treatment or for less restrictive
10 alternative treatment upon such conditions as are necessary. If the
11 court determines that the minor does not meet the criteria for a
12 fourteen-day commitment, the minor shall be released.

13 (12) Nothing in this section prohibits the professional person in
14 charge of the (~~evaluation and treatment~~) facility from releasing
15 the minor at any time, when, in the opinion of the professional
16 person in charge of the facility, further inpatient treatment is no
17 longer necessary. The release may be subject to reasonable conditions
18 if appropriate.

19 Whenever a minor is released under this section, the professional
20 person in charge shall within three days, notify the court in writing
21 of the release.

22 (13) A minor who has been committed for fourteen days shall be
23 released at the end of that period unless a petition for one hundred
24 eighty-day commitment is pending before the court.

25 **Sec. 257.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to
26 read as follows:

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

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

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

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

1 (c) A statement that the petitioner is the professional person in
2 charge of the evaluation and treatment facility, secure
3 detoxification facility, or approved substance use disorder treatment
4 program responsible for the treatment of the minor;

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

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

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

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

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

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

39 (a) Is suffering from a mental disorder;

1 (b) Presents a likelihood of serious harm or is gravely disabled;
2 and

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

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

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

19 (8) Successive one hundred eighty-day commitments are permissible
20 on the same grounds and under the same procedures as the original one
21 hundred eighty-day commitment. Such petitions shall be filed at least
22 five days prior to the expiration of the previous one hundred eighty-
23 day commitment order.

24 **Sec. 258.** RCW 71.34.760 and 1985 c 354 s 10 are each amended to
25 read as follows:

26 (1) If a minor is committed for one hundred eighty-day inpatient
27 treatment and is to be placed in a state-supported program, the
28 secretary shall accept immediately and place the minor in a state-
29 funded long-term evaluation and treatment facility or state-funded
30 approved substance use disorder treatment program.

31 (2) The secretary's placement authority shall be exercised
32 through a designated placement committee appointed by the secretary
33 and composed of children's mental health specialists and chemical
34 dependency professionals, including at least one child psychiatrist
35 who represents the state-funded, long-term, evaluation and treatment
36 facility for minors and one chemical dependency professional who
37 represents the state-funded approved substance use disorder treatment
38 program. The responsibility of the placement committee will be to:

1 (a) Make the long-term placement of the minor in the most
2 appropriate, available state-funded evaluation and treatment facility
3 or approved substance use disorder treatment program, having
4 carefully considered factors including the treatment needs of the
5 minor, the most appropriate facility able to respond to the minor's
6 identified treatment needs, the geographic proximity of the facility
7 to the minor's family, the immediate availability of bed space, and
8 the probable impact of the placement on other residents of the
9 facility;

10 (b) Approve or deny requests from treatment facilities for
11 transfer of a minor to another facility;

12 (c) Receive and monitor reports required under this section;

13 (d) Receive and monitor reports of all discharges.

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

17 (4) The responsible state-funded evaluation and treatment
18 facility or approved substance use disorder treatment program shall
19 submit a report to the department's designated placement committee
20 within ninety days of admission and no less than every one hundred
21 eighty days thereafter, setting forth such facts as the department
22 requires, including the minor's individual treatment plan and
23 progress, recommendations for future treatment, and possible less
24 restrictive treatment.

25 **Sec. 259.** RCW 71.34.780 and 1985 c 354 s 11 are each amended to
26 read as follows:

27 (1) If the professional person in charge of an outpatient
28 treatment program, a (~~county-designated mental health professional~~)
29 designated crisis responder, or the secretary determines that a minor
30 is failing to adhere to the conditions of the court order for less
31 restrictive alternative treatment or the conditions for the
32 conditional release, or that substantial deterioration in the minor's
33 functioning has occurred, the (~~county-designated mental health~~
34 ~~professional~~) designated crisis responder, or the secretary may
35 order that the minor, if committed for mental health treatment, be
36 taken into custody and transported to an inpatient evaluation and
37 treatment facility or, if committed for substance use disorder
38 treatment, be taken into custody and transported to a secure

1 detoxification facility or approved substance use disorder treatment
2 program.

3 (2) The (~~county-designated mental health professional~~)
4 designated crisis responder or the secretary shall file the order of
5 apprehension and detention and serve it upon the minor and notify the
6 minor's parent and the minor's attorney, if any, of the detention
7 within two days of return. At the time of service the minor shall be
8 informed of the right to a hearing and to representation by an
9 attorney. The (~~county-designated mental health professional~~)
10 designated crisis responder or the secretary may modify or rescind
11 the order of apprehension and detention at any time prior to the
12 hearing.

13 (3) A petition for revocation of less restrictive alternative
14 treatment shall be filed by the (~~county-designated mental health~~
15 ~~professional~~) designated crisis responder or the secretary with the
16 court in the county ordering the less restrictive alternative
17 treatment. The court shall conduct the hearing in that county. A
18 petition for revocation of conditional release may be filed with the
19 court in the county ordering inpatient treatment or the county where
20 the minor on conditional release is residing. A petition shall
21 describe the behavior of the minor indicating violation of the
22 conditions or deterioration of routine functioning and a
23 dispositional recommendation. Upon motion for good cause, the hearing
24 may be transferred to the county of the minor's residence or to the
25 county in which the alleged violations occurred. The hearing shall be
26 held within seven days of the minor's return. The issues to be
27 determined are whether the minor did or did not adhere to the
28 conditions of the less restrictive alternative treatment or
29 conditional release, or whether the minor's routine functioning has
30 substantially deteriorated, and, if so, whether the conditions of
31 less restrictive alternative treatment or conditional release should
32 be modified or whether the minor should be returned to inpatient
33 treatment. Pursuant to the determination of the court, the minor
34 shall be returned to less restrictive alternative treatment or
35 conditional release on the same or modified conditions or shall be
36 returned to inpatient treatment. If the minor is returned to
37 inpatient treatment, RCW 71.34.760 regarding the secretary's
38 placement responsibility shall apply. The hearing may be waived by
39 the minor and the minor returned to inpatient treatment or to less

1 restrictive alternative treatment or conditional release on the same
2 or modified conditions.

3 **Sec. 260.** RCW 9.41.040 and 2014 c 111 s 1 are each amended to
4 read as follows:

5 (1)(a) A person, whether an adult or juvenile, is guilty of the
6 crime of unlawful possession of a firearm in the first degree, if the
7 person owns, has in his or her possession, or has in his or her
8 control any firearm after having previously been convicted or found
9 not guilty by reason of insanity in this state or elsewhere of any
10 serious offense as defined in this chapter.

11 (b) Unlawful possession of a firearm in the first degree is a
12 class B felony punishable according to chapter 9A.20 RCW.

13 (2)(a) A person, whether an adult or juvenile, is guilty of the
14 crime of unlawful possession of a firearm in the second degree, if
15 the person does not qualify under subsection (1) of this section for
16 the crime of unlawful possession of a firearm in the first degree and
17 the person owns, has in his or her possession, or has in his or her
18 control any firearm:

19 (i) After having previously been convicted or found not guilty by
20 reason of insanity in this state or elsewhere of any felony not
21 specifically listed as prohibiting firearm possession under
22 subsection (1) of this section, or any of the following crimes when
23 committed by one family or household member against another,
24 committed on or after July 1, 1993: Assault in the fourth degree,
25 coercion, stalking, reckless endangerment, criminal trespass in the
26 first degree, or violation of the provisions of a protection order or
27 no-contact order restraining the person or excluding the person from
28 a residence (RCW 26.50.060, 26.50.070, 26.50.130, or 10.99.040);

29 (ii) During any period of time that the person is subject to a
30 court order issued under chapter 7.90, 7.92, 9A.46, 10.14, 10.99,
31 26.09, 26.10, 26.26, or 26.50 RCW that:

32 (A) Was issued after a hearing of which the person received
33 actual notice, and at which the person had an opportunity to
34 participate;

35 (B) Restrains the person from harassing, stalking, or threatening
36 an intimate partner of the person or child of the intimate partner or
37 person, or engaging in other conduct that would place an intimate
38 partner in reasonable fear of bodily injury to the partner or child;
39 and

1 (C)(I) Includes a finding that the person represents a credible
2 threat to the physical safety of the intimate partner or child; and

3 (II) By its terms, explicitly prohibits the use, attempted use,
4 or threatened use of physical force against the intimate partner or
5 child that would reasonably be expected to cause bodily injury;

6 (iii) After having previously been involuntarily committed for
7 mental health or substance use disorder treatment under RCW
8 71.05.240, 71.05.320, 71.34.740, 71.34.750, chapter 10.77 RCW, or
9 equivalent statutes of another jurisdiction, unless his or her right
10 to possess a firearm has been restored as provided in RCW 9.41.047;

11 (iv) If the person is under eighteen years of age, except as
12 provided in RCW 9.41.042; and/or

13 (v) If the person is free on bond or personal recognizance
14 pending trial, appeal, or sentencing for a serious offense as defined
15 in RCW 9.41.010.

16 (b) Unlawful possession of a firearm in the second degree is a
17 class C felony punishable according to chapter 9A.20 RCW.

18 (3) Notwithstanding RCW 9.41.047 or any other provisions of law,
19 as used in this chapter, a person has been "convicted", whether in an
20 adult court or adjudicated in a juvenile court, at such time as a
21 plea of guilty has been accepted, or a verdict of guilty has been
22 filed, notwithstanding the pendency of any future proceedings
23 including but not limited to sentencing or disposition, post-trial or
24 post-fact-finding motions, and appeals. Conviction includes a
25 dismissal entered after a period of probation, suspension or deferral
26 of sentence, and also includes equivalent dispositions by courts in
27 jurisdictions other than Washington state. A person shall not be
28 precluded from possession of a firearm if the conviction has been the
29 subject of a pardon, annulment, certificate of rehabilitation, or
30 other equivalent procedure based on a finding of the rehabilitation
31 of the person convicted or the conviction or disposition has been the
32 subject of a pardon, annulment, or other equivalent procedure based
33 on a finding of innocence. Where no record of the court's disposition
34 of the charges can be found, there shall be a rebuttable presumption
35 that the person was not convicted of the charge.

36 (4)(a) Notwithstanding subsection (1) or (2) of this section, a
37 person convicted or found not guilty by reason of insanity of an
38 offense prohibiting the possession of a firearm under this section
39 other than murder, manslaughter, robbery, rape, indecent liberties,
40 arson, assault, kidnapping, extortion, burglary, or violations with

1 respect to controlled substances under RCW 69.50.401 and 69.50.410,
2 who received a probationary sentence under RCW 9.95.200, and who
3 received a dismissal of the charge under RCW 9.95.240, shall not be
4 precluded from possession of a firearm as a result of the conviction
5 or finding of not guilty by reason of insanity. Notwithstanding any
6 other provisions of this section, if a person is prohibited from
7 possession of a firearm under subsection (1) or (2) of this section
8 and has not previously been convicted or found not guilty by reason
9 of insanity of a sex offense prohibiting firearm ownership under
10 subsection (1) or (2) of this section and/or any felony defined under
11 any law as a class A felony or with a maximum sentence of at least
12 twenty years, or both, the individual may petition a court of record
13 to have his or her right to possess a firearm restored:

14 (i) Under RCW 9.41.047; and/or

15 (ii)(A) If the conviction or finding of not guilty by reason of
16 insanity was for a felony offense, after five or more consecutive
17 years in the community without being convicted or found not guilty by
18 reason of insanity or currently charged with any felony, gross
19 misdemeanor, or misdemeanor crimes, if the individual has no prior
20 felony convictions that prohibit the possession of a firearm counted
21 as part of the offender score under RCW 9.94A.525; or

22 (B) If the conviction or finding of not guilty by reason of
23 insanity was for a nonfelony offense, after three or more consecutive
24 years in the community without being convicted or found not guilty by
25 reason of insanity or currently charged with any felony, gross
26 misdemeanor, or misdemeanor crimes, if the individual has no prior
27 felony convictions that prohibit the possession of a firearm counted
28 as part of the offender score under RCW 9.94A.525 and the individual
29 has completed all conditions of the sentence.

30 (b) An individual may petition a court of record to have his or
31 her right to possess a firearm restored under (a) of this subsection
32 (4) only at:

33 (i) The court of record that ordered the petitioner's prohibition
34 on possession of a firearm; or

35 (ii) The superior court in the county in which the petitioner
36 resides.

37 (5) In addition to any other penalty provided for by law, if a
38 person under the age of eighteen years is found by a court to have
39 possessed a firearm in a vehicle in violation of subsection (1) or
40 (2) of this section or to have committed an offense while armed with

1 a firearm during which offense a motor vehicle served an integral
2 function, the court shall notify the department of licensing within
3 twenty-four hours and the person's privilege to drive shall be
4 revoked under RCW 46.20.265.

5 (6) Nothing in chapter 129, Laws of 1995 shall ever be construed
6 or interpreted as preventing an offender from being charged and
7 subsequently convicted for the separate felony crimes of theft of a
8 firearm or possession of a stolen firearm, or both, in addition to
9 being charged and subsequently convicted under this section for
10 unlawful possession of a firearm in the first or second degree.
11 Notwithstanding any other law, if the offender is convicted under
12 this section for unlawful possession of a firearm in the first or
13 second degree and for the felony crimes of theft of a firearm or
14 possession of a stolen firearm, or both, then the offender shall
15 serve consecutive sentences for each of the felony crimes of
16 conviction listed in this subsection.

17 (7) Each firearm unlawfully possessed under this section shall be
18 a separate offense.

19 (8) For purposes of this section, "intimate partner" includes: A
20 spouse, a domestic partner, a former spouse, a former domestic
21 partner, a person with whom the restrained person has a child in
22 common, or a person with whom the restrained person has cohabitated
23 or is cohabitating as part of a dating relationship.

24 **Sec. 261.** RCW 9.41.047 and 2011 c 193 s 2 are each amended to
25 read as follows:

26 (1)(a) At the time a person is convicted or found not guilty by
27 reason of insanity of an offense making the person ineligible to
28 possess a firearm, or at the time a person is committed by court
29 order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or
30 chapter 10.77 RCW for mental health or substance use disorder
31 treatment, the convicting or committing court shall notify the
32 person, orally and in writing, that the person must immediately
33 surrender any concealed pistol license and that the person may not
34 possess a firearm unless his or her right to do so is restored by a
35 court of record. For purposes of this section a convicting court
36 includes a court in which a person has been found not guilty by
37 reason of insanity.

38 (b) The convicting or committing court shall forward within three
39 judicial days after conviction or entry of the commitment order a

1 copy of the person's driver's license or identicard, or comparable
2 information, along with the date of conviction or commitment, to the
3 department of licensing. When a person is committed by court order
4 under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or chapter
5 10.77 RCW, for mental health treatment or substance use disorder
6 treatment, the committing court also shall forward, within three
7 judicial days after entry of the commitment order, a copy of the
8 person's driver's license, or comparable information, along with the
9 date of commitment, to the national instant criminal background check
10 system index, denied persons file, created by the federal Brady
11 handgun violence prevention act (P.L. 103-159).

12 (2) Upon receipt of the information provided for by subsection
13 (1) of this section, the department of licensing shall determine if
14 the convicted or committed person has a concealed pistol license. If
15 the person does have a concealed pistol license, the department of
16 licensing shall immediately notify the license-issuing authority
17 which, upon receipt of such notification, shall immediately revoke
18 the license.

19 (3)(a) A person who is prohibited from possessing a firearm, by
20 reason of having been involuntarily committed for mental health
21 treatment or substance use disorder treatment under RCW 71.05.240,
22 71.05.320, 71.34.740, 71.34.750, chapter 10.77 RCW, or equivalent
23 statutes of another jurisdiction may, upon discharge, petition the
24 superior court to have his or her right to possess a firearm
25 restored.

26 (b) The petition must be brought in the superior court that
27 ordered the involuntary commitment or the superior court of the
28 county in which the petitioner resides.

29 (c) Except as provided in (d) of this subsection, the court shall
30 restore the petitioner's right to possess a firearm if the petitioner
31 proves by a preponderance of the evidence that:

32 (i) The petitioner is no longer required to participate in court-
33 ordered inpatient or outpatient treatment;

34 (ii) The petitioner has successfully managed the condition
35 related to the commitment;

36 (iii) The petitioner no longer presents a substantial danger to
37 himself or herself, or the public; and

38 (iv) The symptoms related to the commitment are not reasonably
39 likely to recur.

1 (d) If a preponderance of the evidence in the record supports a
2 finding that the person petitioning the court has engaged in violence
3 and that it is more likely than not that the person will engage in
4 violence after his or her right to possess a firearm is restored, the
5 person shall bear the burden of proving by clear, cogent, and
6 convincing evidence that he or she does not present a substantial
7 danger to the safety of others.

8 (e) When a person's right to possess a firearm has been restored
9 under this subsection, the court shall forward, within three judicial
10 days after entry of the restoration order, notification that the
11 person's right to possess a firearm has been restored to the
12 department of licensing, the department of social and health
13 services, and the national instant criminal background check system
14 index, denied persons file.

15 (4) No person who has been found not guilty by reason of insanity
16 may petition a court for restoration of the right to possess a
17 firearm unless the person meets the requirements for the restoration
18 of the right to possess a firearm under RCW 9.41.040(4).

19 **Sec. 262.** RCW 9.41.075 and 2005 c 453 s 4 are each amended to
20 read as follows:

21 (1) The license shall be revoked by the license-issuing authority
22 immediately upon:

23 (a) Discovery by the issuing authority that the person was
24 ineligible under RCW 9.41.070 for a concealed pistol license when
25 applying for the license or license renewal;

26 (b) Conviction of the licensee, or the licensee being found not
27 guilty by reason of insanity, of an offense, or commitment of the
28 licensee for mental health treatment or substance use disorder
29 treatment, that makes a person ineligible under RCW 9.41.040 to
30 possess a firearm;

31 (c) Conviction of the licensee for a third violation of this
32 chapter within five calendar years; or

33 (d) An order that the licensee forfeit a firearm under RCW
34 9.41.098(1)(d).

35 (2)(a) Unless the person may lawfully possess a pistol without a
36 concealed pistol license, an ineligible person to whom a concealed
37 pistol license was issued shall, within fourteen days of license
38 revocation, lawfully transfer ownership of any pistol acquired while
39 the person was in possession of the license.

1 (b) Upon discovering a person issued a concealed pistol license
2 was ineligible for the license, the issuing authority shall contact
3 the department of licensing to determine whether the person purchased
4 a pistol while in possession of the license. If the person did
5 purchase a pistol while in possession of the concealed pistol
6 license, if the person may not lawfully possess a pistol without a
7 concealed pistol license, the issuing authority shall require the
8 person to present satisfactory evidence of having lawfully
9 transferred ownership of the pistol. The issuing authority shall
10 require the person to produce the evidence within fifteen days of the
11 revocation of the license.

12 (3) When a licensee is ordered to forfeit a firearm under RCW
13 9.41.098(1)(d), the issuing authority shall:

14 (a) On the first forfeiture, revoke the license for one year;

15 (b) On the second forfeiture, revoke the license for two years;

16 or

17 (c) On the third or subsequent forfeiture, revoke the license for
18 five years.

19 Any person whose license is revoked as a result of a forfeiture
20 of a firearm under RCW 9.41.098(1)(d) may not reapply for a new
21 license until the end of the revocation period.

22 (4) The issuing authority shall notify, in writing, the
23 department of licensing of the revocation of a license. The
24 department of licensing shall record the revocation.

25 **Sec. 263.** RCW 9.41.097 and 2009 c 216 s 6 are each amended to
26 read as follows:

27 (1) The department of social and health services, mental health
28 institutions, and other health care facilities shall, upon request of
29 a court or law enforcement agency, supply such relevant information
30 as is necessary to determine the eligibility of a person to possess a
31 pistol or to be issued a concealed pistol license under RCW 9.41.070
32 or to purchase a pistol under RCW 9.41.090.

33 (2) Mental health or substance use disorder information received
34 by: (a) The department of licensing pursuant to RCW 9.41.047 or
35 9.41.173; (b) an issuing authority pursuant to RCW 9.41.047 or
36 9.41.070; (c) a chief of police or sheriff pursuant to RCW 9.41.090
37 or 9.41.173; (d) a court or law enforcement agency pursuant to
38 subsection (1) of this section, shall not be disclosed except as
39 provided in RCW 42.56.240(4).

PART III
REPEALERS

NEW SECTION. **Sec. 301.** The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective April 1, 2017:

(1) RCW 70.96A.095 (Age of consent—Outpatient treatment of minors for chemical dependency) and 1998 c 296 s 23, 1996 c 133 s 34, 1995 c 312 s 47, 1991 c 364 s 9, & 1989 c 270 s 24;

(2) RCW 70.96A.096 (Notice to parents, school contacts for referring students to inpatient treatment) and 1996 c 133 s 5;

(3) RCW 70.96A.097 (Review of admission and inpatient treatment of minors—Determination of medical necessity—Department review—Minor declines necessary treatment—At-risk youth petition—Costs—Public funds) and 1998 c 296 s 28 & 1995 c 312 s 48;

(4) RCW 70.96A.110 (Voluntary treatment of individuals with a substance use disorder) and 2014 c 225 s 28, 1990 c 151 s 7, 1989 c 270 s 25, & 1972 ex.s. c 122 s 11;

(5) RCW 70.96A.120 (Treatment programs and facilities—Admissions—Peace officer duties—Protective custody) and 1991 c 290 s 6, 1990 c 151 s 8, 1989 c 271 s 306, 1987 c 439 s 13, 1977 ex.s. c 62 s 1, 1974 ex.s. c 175 s 1, & 1972 ex.s. c 122 s 12;

(6) RCW 70.96A.140 (Involuntary commitment) and 2015 c ... s 103 (section 103 of this act), 2014 c 225 s 29, 2001 c 13 s 3, 1995 c 312 s 49, 1993 c 362 s 1, 1991 c 364 s 10, 1990 c 151 s 3, 1989 c 271 s 307, 1987 c 439 s 14, 1977 ex.s. c 129 s 1, 1974 ex.s. c 175 s 2, & 1972 ex.s. c 122 s 14;

(7) RCW 70.96A.141 (Joinder of petitions for commitment) and 2005 c 504 s 304;

(8) RCW 70.96A.142 (Evaluation by designated chemical dependency specialist—When required—Required notifications) and 2004 c 166 s 15;

(9) RCW 70.96A.145 (Involuntary commitment proceedings—Prosecuting attorney may represent specialist or program) and 2015 c ... s 104 (section 104 of this act) & 1993 c 137 s 1;

(10) RCW 70.96A.148 (Detention, commitment duties—Designation of county designated mental health professional) and 2001 c 13 s 4;

(11) RCW 70.96A.155 (Court-ordered treatment—Required notifications) and 2004 c 166 s 13;

1 (12) RCW 70.96A.157 (Persons subject to court-ordered treatment
2 or supervision—Documentation) and 2005 c 504 s 508;

3 (13) RCW 70.96A.160 (Visitation and communication with patients)
4 and 1989 c 270 s 29 & 1972 ex.s. c 122 s 16;

5 (14) RCW 70.96A.180 (Payment for treatment—Financial ability of
6 patients) and 2012 c 117 s 413, 1990 c 151 s 6, 1989 c 270 s 31, &
7 1972 ex.s. c 122 s 18;

8 (15) RCW 70.96A.230 (Minor—When outpatient treatment provider
9 must give notice to parents) and 1998 c 296 s 24;

10 (16) RCW 70.96A.235 (Minor—Parental consent for inpatient
11 treatment—Exception) and 1998 c 296 s 25;

12 (17) RCW 70.96A.240 (Minor—Parent not liable for payment unless
13 consented to treatment—No right to public funds) and 1998 c 296 s 26;

14 (18) RCW 70.96A.245 (Minor—Parent may request determination
15 whether minor has chemical dependency requiring inpatient treatment—
16 Minor consent not required—Duties and obligations of professional
17 person and facility) and 1998 c 296 s 27;

18 (19) RCW 70.96A.250 (Minor—Parent may request determination
19 whether minor has chemical dependency requiring outpatient treatment—
20 Consent of minor not required—Discharge of minor) and 1998 c 296 s
21 29;

22 (20) RCW 70.96A.255 (Minor—Petition to superior court for release
23 from facility) and 1998 c 296 s 30;

24 (21) RCW 70.96A.260 (Minor—Not released by petition under RCW
25 70.96A.255—Release within thirty days—Professional may initiate
26 proceedings to stop release) and 1998 c 296 s 31;

27 (22) RCW 70.96A.265 (Minor—Eligibility for medical assistance
28 under chapter 74.09 RCW—Payment by department) and 1998 c 296 s 32;

29 (23) RCW 70.96B.010 (Definitions) and 2014 c 225 s 74, 2011 c 89
30 s 10, 2008 c 320 s 3, & 2005 c 504 s 202;

31 (24) RCW 70.96B.020 (Selection of areas for pilot programs—Pilot
32 program requirements) and 2014 c 225 s 75 & 2005 c 504 s 203;

33 (25) RCW 70.96B.030 (Designated crisis responder—Qualifications)
34 and 2014 c 225 s 76 & 2005 c 504 s 204;

35 (26) RCW 70.96B.040 (Powers of designated crisis responder) and
36 2005 c 504 s 205;

37 (27) RCW 70.96B.045 (Emergency custody—Procedure) and 2007 c 120
38 s 2;

1 (28) RCW 70.96B.050 (Petition for initial detention—Order to
2 detain for evaluation and treatment period—Procedure) and 2008 c 320
3 s 5, 2007 c 120 s 1, & 2005 c 504 s 206;
4 (29) RCW 70.96B.060 (Exemption from liability) and 2005 c 504 s
5 207;
6 (30) RCW 70.96B.070 (Detention period for evaluation and
7 treatment) and 2005 c 504 s 208;
8 (31) RCW 70.96B.080 (Detention for evaluation and treatment of
9 mental disorder—Chapter 71.05 RCW applies) and 2005 c 504 s 209;
10 (32) RCW 70.96B.090 (Procedures for additional chemical
11 dependency treatment) and 2005 c 504 s 210;
12 (33) RCW 70.96B.100 (Detention for involuntary chemical
13 dependency treatment—Petition for less restrictive treatment—
14 Appearance before court—Representation—Hearing—Less restrictive
15 order—Failure to adhere to terms of less restrictive order) and 2008
16 c 320 s 6 & 2005 c 504 s 211;
17 (34) RCW 70.96B.110 (Involuntary chemical dependency treatment
18 proceedings—Prosecuting attorney shall represent petitioner) and 2005
19 c 504 s 212;
20 (35) RCW 70.96B.120 (Rights of involuntarily detained persons)
21 and 2005 c 504 s 213;
22 (36) RCW 70.96B.130 (Evaluation by designated crisis responder—
23 When required—Required notifications) and 2005 c 504 s 214;
24 (37) RCW 70.96B.140 (Secretary may adopt rules) and 2005 c 504 s
25 215;
26 (38) RCW 70.96B.150 (Application of RCW 71.05.550) and 2005 c 504
27 s 216;
28 (39) RCW 70.96B.800 (Evaluation of pilot programs—Reports) and
29 2008 c 320 s 2 & 2005 c 504 s 217; and
30 (40) RCW 71.05.032 (Joinder of petitions for commitment) and 2005
31 c 504 s 115.

32
33

PART IV
CORRECTIONS TO REFERENCES

34 **Sec. 401.** RCW 4.24.558 and 2004 c 166 s 21 are each amended to
35 read as follows:
36 Information shared and actions taken without gross negligence and
37 in good faith compliance with RCW 71.05.445, 72.09.585,

1 ((~~70.96A.142,~~)) 71.05.157, or 72.09.315 are not a basis for any
2 private civil cause of action.

3 **Sec. 402.** RCW 5.60.060 and 2012 c 29 s 12 are each amended to
4 read as follows:

5 (1) A spouse or domestic partner shall not be examined for or
6 against his or her spouse or domestic partner, without the consent of
7 the spouse or domestic partner; nor can either during marriage or
8 during the domestic partnership or afterward, be without the consent
9 of the other, examined as to any communication made by one to the
10 other during the marriage or the domestic partnership. But this
11 exception shall not apply to a civil action or proceeding by one
12 against the other, nor to a criminal action or proceeding for a crime
13 committed by one against the other, nor to a criminal action or
14 proceeding against a spouse or domestic partner if the marriage or
15 the domestic partnership occurred subsequent to the filing of formal
16 charges against the defendant, nor to a criminal action or proceeding
17 for a crime committed by said spouse or domestic partner against any
18 child of whom said spouse or domestic partner is the parent or
19 guardian, nor to a proceeding under chapter ((~~70.96A, 70.96B,~~))
20 71.05((~~7~~)) or 71.09 RCW: PROVIDED, That the spouse or the domestic
21 partner of a person sought to be detained under chapter ((~~70.96A,~~
22 ~~70.96B,~~)) 71.05((~~7~~)) or 71.09 RCW may not be compelled to testify and
23 shall be so informed by the court prior to being called as a witness.

24 (2)(a) An attorney or counselor shall not, without the consent of
25 his or her client, be examined as to any communication made by the
26 client to him or her, or his or her advice given thereon in the
27 course of professional employment.

28 (b) A parent or guardian of a minor child arrested on a criminal
29 charge may not be examined as to a communication between the child
30 and his or her attorney if the communication was made in the presence
31 of the parent or guardian. This privilege does not extend to
32 communications made prior to the arrest.

33 (3) A member of the clergy, a Christian Science practitioner
34 listed in the Christian Science Journal, or a priest shall not,
35 without the consent of a person making the confession or sacred
36 confidence, be examined as to any confession or sacred confidence
37 made to him or her in his or her professional character, in the
38 course of discipline enjoined by the church to which he or she
39 belongs.

1 (4) Subject to the limitations under RCW (~~(70.96A.140 or)~~)
2 71.05.360 (8) and (9), a physician or surgeon or osteopathic
3 physician or surgeon or podiatric physician or surgeon shall not,
4 without the consent of his or her patient, be examined in a civil
5 action as to any information acquired in attending such patient,
6 which was necessary to enable him or her to prescribe or act for the
7 patient, except as follows:

8 (a) In any judicial proceedings regarding a child's injury,
9 neglect, or sexual abuse or the cause thereof; and

10 (b) Ninety days after filing an action for personal injuries or
11 wrongful death, the claimant shall be deemed to waive the physician-
12 patient privilege. Waiver of the physician-patient privilege for any
13 one physician or condition constitutes a waiver of the privilege as
14 to all physicians or conditions, subject to such limitations as a
15 court may impose pursuant to court rules.

16 (5) A public officer shall not be examined as a witness as to
17 communications made to him or her in official confidence, when the
18 public interest would suffer by the disclosure.

19 (6)(a) A peer support group counselor shall not, without consent
20 of the law enforcement officer or firefighter making the
21 communication, be compelled to testify about any communication made
22 to the counselor by the officer or firefighter while receiving
23 counseling. The counselor must be designated as such by the sheriff,
24 police chief, fire chief, or chief of the Washington state patrol,
25 prior to the incident that results in counseling. The privilege only
26 applies when the communication was made to the counselor while acting
27 in his or her capacity as a peer support group counselor. The
28 privilege does not apply if the counselor was an initial responding
29 officer or firefighter, a witness, or a party to the incident which
30 prompted the delivery of peer support group counseling services to
31 the law enforcement officer or firefighter.

32 (b) For purposes of this section, "peer support group counselor"
33 means a:

34 (i) Law enforcement officer, firefighter, civilian employee of a
35 law enforcement agency, or civilian employee of a fire department,
36 who has received training to provide emotional and moral support and
37 counseling to an officer or firefighter who needs those services as a
38 result of an incident in which the officer or firefighter was
39 involved while acting in his or her official capacity; or

1 (ii) Nonemployee counselor who has been designated by the
2 sheriff, police chief, fire chief, or chief of the Washington state
3 patrol to provide emotional and moral support and counseling to an
4 officer or firefighter who needs those services as a result of an
5 incident in which the officer or firefighter was involved while
6 acting in his or her official capacity.

7 (7) A sexual assault advocate may not, without the consent of the
8 victim, be examined as to any communication made between the victim
9 and the sexual assault advocate.

10 (a) For purposes of this section, "sexual assault advocate" means
11 the employee or volunteer from a community sexual assault program or
12 underserved populations provider, victim assistance unit, program, or
13 association, that provides information, medical or legal advocacy,
14 counseling, or support to victims of sexual assault, who is
15 designated by the victim to accompany the victim to the hospital or
16 other health care facility and to proceedings concerning the alleged
17 assault, including police and prosecution interviews and court
18 proceedings.

19 (b) A sexual assault advocate may disclose a confidential
20 communication without the consent of the victim if failure to
21 disclose is likely to result in a clear, imminent risk of serious
22 physical injury or death of the victim or another person. Any sexual
23 assault advocate participating in good faith in the disclosing of
24 records and communications under this section shall have immunity
25 from any liability, civil, criminal, or otherwise, that might result
26 from the action. In any proceeding, civil or criminal, arising out of
27 a disclosure under this section, the good faith of the sexual assault
28 advocate who disclosed the confidential communication shall be
29 presumed.

30 (8) A domestic violence advocate may not, without the consent of
31 the victim, be examined as to any communication between the victim
32 and the domestic violence advocate.

33 (a) For purposes of this section, "domestic violence advocate"
34 means an employee or supervised volunteer from a community-based
35 domestic violence program or human services program that provides
36 information, advocacy, counseling, crisis intervention, emergency
37 shelter, or support to victims of domestic violence and who is not
38 employed by, or under the direct supervision of, a law enforcement
39 agency, a prosecutor's office, or the child protective services

1 section of the department of social and health services as defined in
2 RCW 26.44.020.

3 (b) A domestic violence advocate may disclose a confidential
4 communication without the consent of the victim if failure to
5 disclose is likely to result in a clear, imminent risk of serious
6 physical injury or death of the victim or another person. This
7 section does not relieve a domestic violence advocate from the
8 requirement to report or cause to be reported an incident under RCW
9 26.44.030(1) or to disclose relevant records relating to a child as
10 required by RCW 26.44.030(~~(12)~~) (14). Any domestic violence
11 advocate participating in good faith in the disclosing of
12 communications under this subsection is immune from liability, civil,
13 criminal, or otherwise, that might result from the action. In any
14 proceeding, civil or criminal, arising out of a disclosure under this
15 subsection, the good faith of the domestic violence advocate who
16 disclosed the confidential communication shall be presumed.

17 (9) A mental health counselor, independent clinical social
18 worker, or marriage and family therapist licensed under chapter
19 18.225 RCW may not disclose, or be compelled to testify about, any
20 information acquired from persons consulting the individual in a
21 professional capacity when the information was necessary to enable
22 the individual to render professional services to those persons
23 except:

24 (a) With the written authorization of that person or, in the case
25 of death or disability, the person's personal representative;

26 (b) If the person waives the privilege by bringing charges
27 against the mental health counselor licensed under chapter 18.225
28 RCW;

29 (c) In response to a subpoena from the secretary of health. The
30 secretary may subpoena only records related to a complaint or report
31 under RCW 18.130.050;

32 (d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360
33 (8) and (9); or

34 (e) To any individual if the mental health counselor, independent
35 clinical social worker, or marriage and family therapist licensed
36 under chapter 18.225 RCW reasonably believes that disclosure will
37 avoid or minimize an imminent danger to the health or safety of the
38 individual or any other individual; however, there is no obligation
39 on the part of the provider to so disclose.

1 **Sec. 403.** RCW 9.41.280 and 2014 c 225 s 56 are each amended to
2 read as follows:

3 (1) It is unlawful for a person to carry onto, or to possess on,
4 public or private elementary or secondary school premises, school-
5 provided transportation, or areas of facilities while being used
6 exclusively by public or private schools:

7 (a) Any firearm;

8 (b) Any other dangerous weapon as defined in RCW 9.41.250;

9 (c) Any device commonly known as "nun-chu-ka sticks," consisting
10 of two or more lengths of wood, metal, plastic, or similar substance
11 connected with wire, rope, or other means;

12 (d) Any device, commonly known as "throwing stars," which are
13 multipointed, metal objects designed to embed upon impact from any
14 aspect;

15 (e) Any air gun, including any air pistol or air rifle, designed
16 to propel a BB, pellet, or other projectile by the discharge of
17 compressed air, carbon dioxide, or other gas; or

18 (f)(i) Any portable device manufactured to function as a weapon
19 and which is commonly known as a stun gun, including a projectile
20 stun gun which projects wired probes that are attached to the device
21 that emit an electrical charge designed to administer to a person or
22 an animal an electric shock, charge, or impulse; or

23 (ii) Any device, object, or instrument which is used or intended
24 to be used as a weapon with the intent to injure a person by an
25 electric shock, charge, or impulse.

26 (2) Any such person violating subsection (1) of this section is
27 guilty of a gross misdemeanor. If any person is convicted of a
28 violation of subsection (1)(a) of this section, the person shall have
29 his or her concealed pistol license, if any revoked for a period of
30 three years. Anyone convicted under this subsection is prohibited
31 from applying for a concealed pistol license for a period of three
32 years. The court shall send notice of the revocation to the
33 department of licensing, and the city, town, or county which issued
34 the license.

35 Any violation of subsection (1) of this section by elementary or
36 secondary school students constitutes grounds for expulsion from the
37 state's public schools in accordance with RCW 28A.600.010. An
38 appropriate school authority shall promptly notify law enforcement
39 and the student's parent or guardian regarding any allegation or
40 indication of such violation.

1 Upon the arrest of a person at least twelve years of age and not
2 more than twenty-one years of age for violating subsection (1)(a) of
3 this section, the person shall be detained or confined in a juvenile
4 or adult facility for up to seventy-two hours. The person shall not
5 be released within the seventy-two hours until after the person has
6 been examined and evaluated by the designated (~~mental health~~
7 ~~professional~~) crisis responder unless the court in its discretion
8 releases the person sooner after a determination regarding probable
9 cause or on probation bond or bail.

10 Within twenty-four hours of the arrest, the arresting law
11 enforcement agency shall refer the person to the designated (~~mental~~
12 ~~health professional~~) crisis responder for examination and evaluation
13 under chapter 71.05 or 71.34 RCW and inform a parent or guardian of
14 the person of the arrest, detention, and examination. The designated
15 (~~mental health professional~~) crisis responder shall examine and
16 evaluate the person subject to the provisions of chapter 71.05 or
17 71.34 RCW. The examination shall occur at the facility in which the
18 person is detained or confined. If the person has been released on
19 probation, bond, or bail, the examination shall occur wherever is
20 appropriate.

21 (~~The designated mental health professional may determine whether~~
22 ~~to refer the person to the county designated chemical dependency~~
23 ~~specialist for examination and evaluation in accordance with chapter~~
24 ~~70.96A RCW. The county designated chemical dependency specialist~~
25 ~~shall examine the person subject to the provisions of chapter 70.96A~~
26 ~~RCW. The examination shall occur at the facility in which the person~~
27 ~~is detained or confined. If the person has been released on~~
28 ~~probation, bond, or bail, the examination shall occur wherever is~~
29 ~~appropriate.~~)

30 Upon completion of any examination by the designated (~~mental~~
31 ~~health professional or the county designated chemical dependency~~
32 ~~specialist~~) crisis responder, the results of the examination shall
33 be sent to the court, and the court shall consider those results in
34 making any determination about the person.

35 The designated (~~mental health professional and county designated~~
36 ~~chemical dependency specialist~~) crisis responder shall, to the
37 extent permitted by law, notify a parent or guardian of the person
38 that an examination and evaluation has taken place and the results of
39 the examination. Nothing in this subsection prohibits the delivery of

1 additional, appropriate mental health examinations to the person
2 while the person is detained or confined.

3 If the designated (~~mental health professional~~) crisis responder
4 determines it is appropriate, the designated (~~mental health~~
5 ~~professional~~) crisis responder may refer the person to the local
6 behavioral health organization for follow-up services or the
7 department of social and health services or other community providers
8 for other services to the family and individual.

9 (3) Subsection (1) of this section does not apply to:

10 (a) Any student or employee of a private military academy when on
11 the property of the academy;

12 (b) Any person engaged in military, law enforcement, or school
13 district security activities. However, a person who is not a
14 commissioned law enforcement officer and who provides school security
15 services under the direction of a school administrator may not
16 possess a device listed in subsection (1)(f) of this section unless
17 he or she has successfully completed training in the use of such
18 devices that is equivalent to the training received by commissioned
19 law enforcement officers;

20 (c) Any person who is involved in a convention, showing,
21 demonstration, lecture, or firearms safety course authorized by
22 school authorities in which the firearms of collectors or instructors
23 are handled or displayed;

24 (d) Any person while the person is participating in a firearms or
25 air gun competition approved by the school or school district;

26 (e) Any person in possession of a pistol who has been issued a
27 license under RCW 9.41.070, or is exempt from the licensing
28 requirement by RCW 9.41.060, while picking up or dropping off a
29 student;

30 (f) Any nonstudent at least eighteen years of age legally in
31 possession of a firearm or dangerous weapon that is secured within an
32 attended vehicle or concealed from view within a locked unattended
33 vehicle while conducting legitimate business at the school;

34 (g) Any nonstudent at least eighteen years of age who is in
35 lawful possession of an unloaded firearm, secured in a vehicle while
36 conducting legitimate business at the school; or

37 (h) Any law enforcement officer of the federal, state, or local
38 government agency.

39 (4) Subsections (1)(c) and (d) of this section do not apply to
40 any person who possesses nun-chu-ka sticks, throwing stars, or other

1 dangerous weapons to be used in martial arts classes authorized to be
2 conducted on the school premises.

3 (5) Subsection (1)(f)(i) of this section does not apply to any
4 person who possesses a device listed in subsection (1)(f)(i) of this
5 section, if the device is possessed and used solely for the purpose
6 approved by a school for use in a school authorized event, lecture,
7 or activity conducted on the school premises.

8 (6) Except as provided in subsection (3)(b), (c), (f), and (h) of
9 this section, firearms are not permitted in a public or private
10 school building.

11 (7) "GUN-FREE ZONE" signs shall be posted around school
12 facilities giving warning of the prohibition of the possession of
13 firearms on school grounds.

14 **Sec. 404.** RCW 9.95.143 and 2004 c 166 s 10 are each amended to
15 read as follows:

16 When an offender receiving court-ordered mental health or
17 chemical dependency treatment or treatment ordered by the department
18 of corrections presents for treatment from a mental health or
19 chemical dependency treatment provider, the offender must disclose to
20 the mental health or chemical dependency treatment provider whether
21 he or she is subject to supervision by the department of corrections.
22 If an offender has received relief from disclosure pursuant to RCW
23 9.94A.562(~~(, 70.96A.155,)~~) or 71.05.132, the offender must provide
24 the mental health or chemical dependency treatment provider with a
25 copy of the order granting the relief.

26 **Sec. 405.** RCW 10.77.010 and 2014 c 225 s 58 are each amended to
27 read as follows:

28 As used in this chapter:

29 (1) "Admission" means acceptance based on medical necessity, of a
30 person as a patient.

31 (2) "Commitment" means the determination by a court that a person
32 should be detained for a period of either evaluation or treatment, or
33 both, in an inpatient or a less-restrictive setting.

34 (3) "Conditional release" means modification of a court-ordered
35 commitment, which may be revoked upon violation of any of its terms.

36 (4) A "criminally insane" person means any person who has been
37 acquitted of a crime charged by reason of insanity, and thereupon
38 found to be a substantial danger to other persons or to present a

1 substantial likelihood of committing criminal acts jeopardizing
2 public safety or security unless kept under further control by the
3 court or other persons or institutions.

4 (5) "Department" means the state department of social and health
5 services.

6 (6) "Designated (~~(mental health professional)~~) crisis responder"
7 has the same meaning as provided in RCW 71.05.020.

8 (7) "Detention" or "detain" means the lawful confinement of a
9 person, under the provisions of this chapter, pending evaluation.

10 (8) "Developmental disabilities professional" means a person who
11 has specialized training and three years of experience in directly
12 treating or working with persons with developmental disabilities and
13 is a psychiatrist or psychologist, or a social worker, and such other
14 developmental disabilities professionals as may be defined by rules
15 adopted by the secretary.

16 (9) "Developmental disability" means the condition as defined in
17 RCW 71A.10.020(~~(+4)~~) (5).

18 (10) "Discharge" means the termination of hospital medical
19 authority. The commitment may remain in place, be terminated, or be
20 amended by court order.

21 (11) "Furlough" means an authorized leave of absence for a
22 resident of a state institution operated by the department designated
23 for the custody, care, and treatment of the criminally insane,
24 consistent with an order of conditional release from the court under
25 this chapter, without any requirement that the resident be
26 accompanied by, or be in the custody of, any law enforcement or
27 institutional staff, while on such unescorted leave.

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

36 (13) "History of one or more violent acts" means violent acts
37 committed during: (a) The ten-year period of time prior to the filing
38 of criminal charges; plus (b) the amount of time equal to time spent
39 during the ten-year period in a mental health facility or in
40 confinement as a result of a criminal conviction.

1 (14) "Immediate family member" means a spouse, child, stepchild,
2 parent, stepparent, grandparent, sibling, or domestic partner.

3 (15) "Incompetency" means a person lacks the capacity to
4 understand the nature of the proceedings against him or her or to
5 assist in his or her own defense as a result of mental disease or
6 defect.

7 (16) "Indigent" means any person who is financially unable to
8 obtain counsel or other necessary expert or professional services
9 without causing substantial hardship to the person or his or her
10 family.

11 (17) "Individualized service plan" means a plan prepared by a
12 developmental disabilities professional with other professionals as a
13 team, for an individual with developmental disabilities, which shall
14 state:

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

17 (b) The conditions and strategies necessary to achieve the
18 purposes of habilitation;

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

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

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

24 (f) Where relevant in light of past criminal behavior and due
25 consideration for public safety, the criteria for proposed movement
26 to less-restrictive settings, criteria for proposed eventual release,
27 and a projected possible date for release; and

28 (g) The type of residence immediately anticipated for the person
29 and possible future types of residences.

30 (18) "Professional person" means:

31 (a) A psychiatrist licensed as a physician and surgeon in this
32 state who has, in addition, completed three years of graduate
33 training in psychiatry in a program approved by the American medical
34 association or the American osteopathic association and is certified
35 or eligible to be certified by the American board of psychiatry and
36 neurology or the American osteopathic board of neurology and
37 psychiatry;

38 (b) A psychologist licensed as a psychologist pursuant to chapter
39 18.83 RCW; or

1 (c) A social worker with a master's or further advanced degree
2 from a social work educational program accredited and approved as
3 provided in RCW 18.320.010.

4 (19) "Registration records" include all the records of the
5 department, behavioral health organizations, treatment facilities,
6 and other persons providing services to the department, county
7 departments, or facilities which identify persons who are receiving
8 or who at any time have received services for mental illness.

9 (20) "Release" means legal termination of the court-ordered
10 commitment under the provisions of this chapter.

11 (21) "Secretary" means the secretary of the department of social
12 and health services or his or her designee.

13 (22) "Treatment" means any currently standardized medical or
14 mental health procedure including medication.

15 (23) "Treatment records" include registration and all other
16 records concerning persons who are receiving or who at any time have
17 received services for mental illness, which are maintained by the
18 department, by behavioral health organizations and their staffs, and
19 by treatment facilities. Treatment records do not include notes or
20 records maintained for personal use by a person providing treatment
21 services for the department, behavioral health organizations, or a
22 treatment facility if the notes or records are not available to
23 others.

24 (24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)
25 if completed as intended would have resulted in; or (iii) was
26 threatened to be carried out by a person who had the intent and
27 opportunity to carry out the threat and would have resulted in,
28 homicide, nonfatal injuries, or substantial damage to property; or
29 (b) recklessly creates an immediate risk of serious physical injury
30 to another person. As used in this subsection, "nonfatal injuries"
31 means physical pain or injury, illness, or an impairment of physical
32 condition. "Nonfatal injuries" shall be construed to be consistent
33 with the definition of "bodily injury," as defined in RCW 9A.04.110.

34 **Sec. 406.** RCW 10.77.025 and 2000 c 94 s 13 are each amended to
35 read as follows:

36 (1) Whenever any person has been: (a) Committed to a correctional
37 facility or inpatient treatment under any provision of this chapter;
38 or (b) ordered to undergo alternative treatment following his or her
39 acquittal by reason of insanity of a crime charged, such commitment

1 or treatment cannot exceed the maximum possible penal sentence for
2 any offense charged for which the person was committed, or was
3 acquitted by reason of insanity.

4 (2) Whenever any person committed under any provision of this
5 chapter has not been released within seven days of the maximum
6 possible penal sentence under subsection (1) of this section, and the
7 professional person in charge of the facility believes that the
8 person presents a likelihood of serious harm or is gravely disabled
9 due to a mental disorder, the professional person shall, prior to the
10 expiration of the maximum penal sentence, notify the appropriate
11 ((county)) designated ((~~mental health professional~~)) crisis responder
12 of the impending expiration and provide a copy of all relevant
13 information regarding the person, including the likely release date
14 and shall indicate why the person should not be released.

15 (3) A ((county)) designated ((~~mental health professional~~)) crisis
16 responder who receives notice and records under subsection (2) of
17 this section shall, prior to the date of the expiration of the
18 maximum sentence, determine whether to initiate proceedings under
19 chapter 71.05 RCW.

20 **Sec. 407.** RCW 10.77.027 and 2004 c 166 s 3 are each amended to
21 read as follows:

22 When a ((county)) designated ((~~mental health professional~~))
23 crisis responder or a professional person has determined that a
24 person has a mental disorder, and is otherwise committable, the cause
25 of the person's mental disorder shall not make the person ineligible
26 for commitment under chapter 71.05 RCW.

27 **Sec. 408.** RCW 10.77.060 and 2012 c 256 s 3 are each amended to
28 read as follows:

29 (1)(a) Whenever a defendant has pleaded not guilty by reason of
30 insanity, or there is reason to doubt his or her competency, the
31 court on its own motion or on the motion of any party shall either
32 appoint or request the secretary to designate a qualified expert or
33 professional person, who shall be approved by the prosecuting
34 attorney, to evaluate and report upon the mental condition of the
35 defendant.

36 (b) The signed order of the court shall serve as authority for
37 the evaluator to be given access to all records held by any mental
38 health, medical, educational, or correctional facility that relate to

1 the present or past mental, emotional, or physical condition of the
2 defendant. If the court is advised by any party that the defendant
3 may have a developmental disability, the evaluation must be performed
4 by a developmental disabilities professional.

5 (c) The evaluator shall assess the defendant in a jail, detention
6 facility, in the community, or in court to determine whether a period
7 of inpatient commitment will be necessary to complete an accurate
8 evaluation. If inpatient commitment is needed, the signed order of
9 the court shall serve as authority for the evaluator to request the
10 jail or detention facility to transport the defendant to a hospital
11 or secure mental health facility for a period of commitment not to
12 exceed fifteen days from the time of admission to the facility.
13 Otherwise, the evaluator shall complete the evaluation.

14 (d) The court may commit the defendant for evaluation to a
15 hospital or secure mental health facility without an assessment if:
16 (i) The defendant is charged with murder in the first or second
17 degree; (ii) the court finds that it is more likely than not that an
18 evaluation in the jail will be inadequate to complete an accurate
19 evaluation; or (iii) the court finds that an evaluation outside the
20 jail setting is necessary for the health, safety, or welfare of the
21 defendant. The court shall not order an initial inpatient evaluation
22 for any purpose other than a competency evaluation.

23 (e) The order shall indicate whether, in the event the defendant
24 is committed to a hospital or secure mental health facility for
25 evaluation, all parties agree to waive the presence of the defendant
26 or to the defendant's remote participation at a subsequent competency
27 hearing or presentation of an agreed order if the recommendation of
28 the evaluator is for continuation of the stay of criminal
29 proceedings, or if the opinion of the evaluator is that the defendant
30 remains incompetent and there is no remaining restoration period, and
31 the hearing is held prior to the expiration of the authorized
32 commitment period.

33 (f) When a defendant is ordered to be committed for inpatient
34 evaluation under this subsection (1), the court may delay granting
35 bail until the defendant has been evaluated for competency or sanity
36 and appears before the court. Following the evaluation, in
37 determining bail the court shall consider: (i) Recommendations of the
38 evaluator regarding the defendant's competency, sanity, or diminished
39 capacity; (ii) whether the defendant has a recent history of one or
40 more violent acts; (iii) whether the defendant has previously been

1 acquitted by reason of insanity or found incompetent; (iv) whether it
2 is reasonably likely the defendant will fail to appear for a future
3 court hearing; and (v) whether the defendant is a threat to public
4 safety.

5 (2) The court may direct that a qualified expert or professional
6 person retained by or appointed for the defendant be permitted to
7 witness the evaluation authorized by subsection (1) of this section,
8 and that the defendant shall have access to all information obtained
9 by the court appointed experts or professional persons. The
10 defendant's expert or professional person shall have the right to
11 file his or her own report following the guidelines of subsection (3)
12 of this section. If the defendant is indigent, the court shall upon
13 the request of the defendant assist him or her in obtaining an expert
14 or professional person.

15 (3) The report of the evaluation shall include the following:

16 (a) A description of the nature of the evaluation;

17 (b) A diagnosis or description of the current mental status of
18 the defendant;

19 (c) If the defendant suffers from a mental disease or defect, or
20 has a developmental disability, an opinion as to competency;

21 (d) If the defendant has indicated his or her intention to rely
22 on the defense of insanity pursuant to RCW 10.77.030, and an
23 evaluation and report by an expert or professional person has been
24 provided concluding that the defendant was criminally insane at the
25 time of the alleged offense, an opinion as to the defendant's sanity
26 at the time of the act, and an opinion as to whether the defendant
27 presents a substantial danger to other persons, or presents a
28 substantial likelihood of committing criminal acts jeopardizing
29 public safety or security, unless kept under further control by the
30 court or other persons or institutions, provided that no opinion
31 shall be rendered under this subsection (3)(d) unless the evaluator
32 or court determines that the defendant is competent to stand trial;

33 (e) When directed by the court, if an evaluation and report by an
34 expert or professional person has been provided concluding that the
35 defendant lacked the capacity at the time of the offense to form the
36 mental state necessary to commit the charged offense, an opinion as
37 to the capacity of the defendant to have a particular state of mind
38 which is an element of the offense charged;

1 (f) An opinion as to whether the defendant should be evaluated by
2 a designated (~~(mental health professional)~~) crisis responder under
3 chapter 71.05 RCW.

4 (4) The secretary may execute such agreements as appropriate and
5 necessary to implement this section and may choose to designate more
6 than one evaluator.

7 **Sec. 409.** RCW 10.77.065 and 2014 c 225 s 59 and 2014 c 10 s 3
8 are each reenacted and amended to read as follows:

9 (1)(a)(i) The expert conducting the evaluation shall provide his
10 or her report and recommendation to the court in which the criminal
11 proceeding is pending. For a competency evaluation of a defendant who
12 is released from custody, if the evaluation cannot be completed
13 within twenty-one days due to a lack of cooperation by the defendant,
14 the evaluator shall notify the court that he or she is unable to
15 complete the evaluation because of such lack of cooperation.

16 (ii) A copy of the report and recommendation shall be provided to
17 the designated (~~(mental health professional)~~) crisis responder, the
18 prosecuting attorney, the defense attorney, and the professional
19 person at the local correctional facility where the defendant is
20 being held, or if there is no professional person, to the person
21 designated under (a)(iv) of this subsection. Upon request, the
22 evaluator shall also provide copies of any source documents relevant
23 to the evaluation to the designated (~~(mental health professional)~~)
24 crisis responder.

25 (iii) Any facility providing inpatient services related to
26 competency shall discharge the defendant as soon as the facility
27 determines that the defendant is competent to stand trial. Discharge
28 shall not be postponed during the writing and distribution of the
29 evaluation report. Distribution of an evaluation report by a facility
30 providing inpatient services shall ordinarily be accomplished within
31 two working days or less following the final evaluation of the
32 defendant. If the defendant is discharged to the custody of a local
33 correctional facility, the local correctional facility must continue
34 the medication regimen prescribed by the facility, when clinically
35 appropriate, unless the defendant refuses to cooperate with
36 medication and an involuntary medication order by the court has not
37 been entered.

38 (iv) If there is no professional person at the local correctional
39 facility, the local correctional facility shall designate a

1 professional person as defined in RCW 71.05.020 or, in cooperation
2 with the behavioral health organization, a professional person at the
3 behavioral health organization to receive the report and
4 recommendation.

5 (v) Upon commencement of a defendant's evaluation in the local
6 correctional facility, the local correctional facility must notify
7 the evaluator of the name of the professional person, or person
8 designated under (a)(iv) of this subsection, to receive the report
9 and recommendation.

10 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the
11 person should be evaluated by a designated (~~mental—health~~
12 ~~professional~~) crisis responder under chapter 71.05 RCW, the court
13 shall order such evaluation be conducted prior to release from
14 confinement when the person is acquitted or convicted and sentenced
15 to confinement for twenty-four months or less, or when charges are
16 dismissed pursuant to a finding of incompetent to stand trial.

17 (2) The designated (~~mental—health—professional~~) crisis
18 responder shall provide written notification within twenty-four hours
19 of the results of the determination whether to commence proceedings
20 under chapter 71.05 RCW. The notification shall be provided to the
21 persons identified in subsection (1)(a) of this section.

22 (3) The prosecuting attorney shall provide a copy of the results
23 of any proceedings commenced by the designated (~~mental—health~~
24 ~~professional~~) crisis responder under subsection (2) of this section
25 to the secretary.

26 (4) A facility conducting a civil commitment evaluation under RCW
27 10.77.086(4) or 10.77.088(1)(b)(ii) that makes a determination to
28 release the person instead of filing a civil commitment petition must
29 provide written notice to the prosecutor and defense attorney at
30 least twenty-four hours prior to release. The notice may be given by
31 electronic mail, facsimile, or other means reasonably likely to
32 communicate the information immediately.

33 (5) The fact of admission and all information and records
34 compiled, obtained, or maintained in the course of providing services
35 under this chapter may also be disclosed to the courts solely to
36 prevent the entry of any evaluation or treatment order that is
37 inconsistent with any order entered under chapter 71.05 RCW.

38 **Sec. 410.** RCW 10.77.084 and 2012 c 256 s 5 are each amended to
39 read as follows:

1 (1)(a) If at any time during the pendency of an action and prior
2 to judgment the court finds, following a report as provided in RCW
3 10.77.060, a defendant is incompetent, the court shall order the
4 proceedings against the defendant be stayed except as provided in
5 subsection (4) of this section.

6 (b) At the end of the mental health treatment and restoration
7 period, if any, or at any time a professional person determines
8 competency has been, or is unlikely to be, restored, the defendant
9 shall be returned to court for a hearing. The parties may agree to
10 waive the defendant's presence or to remote participation by the
11 defendant at a hearing or presentation of an agreed order if the
12 recommendation of the evaluator is for the continuation of the stay
13 of criminal proceedings, or if the opinion of the evaluator is that
14 the defendant remains incompetent and there is no remaining
15 restoration period, and the hearing is held prior to expiration of
16 the defendant's authorized period of commitment, in which case the
17 department shall promptly notify the court and parties of the date of
18 the defendant's admission and expiration of commitment so that a
19 timely hearing date may be scheduled. If, after notice and hearing,
20 competency has been restored, the stay entered under (a) of this
21 subsection shall be lifted. If competency has not been restored, the
22 proceedings shall be dismissed without prejudice. If the court
23 concludes that competency has not been restored, but that further
24 treatment within the time limits established by RCW 10.77.086 or
25 10.77.088 is likely to restore competency, the court may order that
26 treatment for purposes of competency restoration be continued. Such
27 treatment may not extend beyond the combination of time provided for
28 in RCW 10.77.086 or 10.77.088.

29 (c) If at any time during the proceeding the court finds,
30 following notice and hearing, a defendant is not likely to regain
31 competency, the proceedings shall be dismissed without prejudice and
32 the defendant shall be evaluated for civil commitment proceedings.

33 (2) If the defendant is referred for evaluation by a designated
34 (~~mental health professional~~) crisis responder under this chapter,
35 the designated (~~mental health professional~~) crisis responder shall
36 provide prompt written notification of the results of the evaluation
37 and whether the person was detained. The notification shall be
38 provided to the court in which the criminal action was pending, the
39 prosecutor, the defense attorney in the criminal action, and the
40 facility that evaluated the defendant for competency.

1 (3) The fact that the defendant is unfit to proceed does not
2 preclude any pretrial proceedings which do not require the personal
3 participation of the defendant.

4 (4) A defendant receiving medication for either physical or
5 mental problems shall not be prohibited from standing trial, if the
6 medication either enables the defendant to understand the proceedings
7 against him or her and to assist in his or her own defense, or does
8 not disable him or her from so understanding and assisting in his or
9 her own defense.

10 (5) At or before the conclusion of any commitment period provided
11 for by this section, the facility providing evaluation and treatment
12 shall provide to the court a written report of evaluation which meets
13 the requirements of RCW 10.77.060(3). For defendants charged with a
14 felony, the report following the second competency restoration period
15 or first competency restoration period if the defendant's
16 incompetence is determined to be solely due to a developmental
17 disability or the evaluator concludes that the defendant is not
18 likely to regain competency must include an assessment of the
19 defendant's future dangerousness which is evidence-based regarding
20 predictive validity.

21 **Sec. 411.** RCW 10.77.088 and 2007 c 375 s 5 are each amended to
22 read as follows:

23 (1)(a) If the defendant is charged with a nonfelony crime which
24 is a serious offense as identified in RCW 10.77.092 and found by the
25 court to be not competent, then the court shall order the secretary
26 to place the defendant:

27 (i) At a secure mental health facility in the custody of the
28 department or an agency designated by the department for mental
29 health treatment and restoration of competency. The placement shall
30 not exceed fourteen days in addition to any unused time of the
31 evaluation under RCW 10.77.060. The court shall compute this total
32 period and include its computation in the order. The fourteen-day
33 period plus any unused time of the evaluation under RCW 10.77.060
34 shall be considered to include only the time the defendant is
35 actually at the facility and shall be in addition to reasonable time
36 for transport to or from the facility;

37 (ii) On conditional release for up to ninety days for mental
38 health treatment and restoration of competency; or

39 (iii) Any combination of this subsection.

1 (b)(i) If the proceedings are dismissed under RCW 10.77.084 and
2 the defendant was on conditional release at the time of dismissal,
3 the court shall order the designated (~~(mental health professional)~~)
4 crisis responder within that county to evaluate the defendant
5 pursuant to chapter 71.05 RCW. The evaluation may be conducted in any
6 location chosen by the professional.

7 (ii) If the defendant was in custody and not on conditional
8 release at the time of dismissal, the defendant shall be detained and
9 sent to an evaluation and treatment facility for up to seventy-two
10 hours, excluding Saturdays, Sundays, and holidays, for evaluation for
11 purposes of filing a petition under chapter 71.05 RCW. The seventy-
12 two-hour period shall commence upon the next nonholiday weekday
13 following the court order and shall run to the end of the last
14 nonholiday weekday within the seventy-two-hour period.

15 (2) If the defendant is charged with a nonfelony crime that is
16 not a serious offense as defined in RCW 10.77.092:

17 The court may stay or dismiss proceedings and detain the
18 defendant for sufficient time to allow the designated (~~(mental health~~
19 ~~professional)~~) crisis responder to evaluate the defendant and
20 consider initial detention proceedings under chapter 71.05 RCW. The
21 court must give notice to all parties at least twenty-four hours
22 before the dismissal of any proceeding under this subsection, and
23 provide an opportunity for a hearing on whether to dismiss the
24 proceedings.

25 **Sec. 412.** RCW 11.92.190 and 1996 c 249 s 11 are each amended to
26 read as follows:

27 No residential treatment facility which provides nursing or other
28 care may detain a person within such facility against their will. Any
29 court order, other than an order issued in accordance with the
30 involuntary treatment provisions of chapters 10.77, 71.05, and 72.23
31 RCW, which purports to authorize such involuntary detention or
32 purports to authorize a guardian or limited guardian to consent to
33 such involuntary detention on behalf of an incapacitated person shall
34 be void and of no force or effect. This section does not apply to the
35 detention of a minor as provided in chapter (~~(70.96A or)~~) 71.34 RCW.

36 Nothing in this section shall be construed to require a court
37 order authorizing placement of an incapacitated person in a
38 residential treatment facility if such order is not otherwise
39 required by law: PROVIDED, That notice of any residential placement

1 of an incapacitated person shall be served, either before or after
2 placement, by the guardian or limited guardian on such person, the
3 guardian ad litem of record, and any attorney of record.

4 **Sec. 413.** RCW 13.32A.044 and 2000 c 123 s 5 are each amended to
5 read as follows:

6 (1) The purpose of the multidisciplinary team is to assist in a
7 coordinated referral of the family to available social and health-
8 related services.

9 (2) The team shall have the authority to evaluate the juvenile,
10 and family members, if appropriate and agreed to by the parent, and
11 shall:

12 (a) With parental input, develop a plan of appropriate available
13 services and assist the family in obtaining those services;

14 (b) Make a referral to the designated (~~chemical dependency~~
15 ~~specialist or the county designated mental health professional~~)
16 crisis responder, if appropriate;

17 (c) Recommend no further intervention because the juvenile and
18 his or her family have resolved the problem causing the family
19 conflict; or

20 (d) With the parent's consent, work with them to achieve
21 reconciliation of the child and family.

22 (3) At the first meeting of the multidisciplinary team, it shall
23 choose a member to coordinate the team's efforts. The parent member
24 of the multidisciplinary team must agree with the choice of
25 coordinator. The team shall meet or communicate as often as necessary
26 to assist the family.

27 (4) The coordinator of the multidisciplinary team may assist in
28 filing a child in need of services petition when requested by the
29 parent or child or an at-risk youth petition when requested by the
30 parent. The multidisciplinary team shall have no standing as a party
31 in any action under this title.

32 (5) If the administrator is unable to contact the child's parent,
33 the multidisciplinary team may be used for assistance. If the parent
34 has not been contacted within five days the administrator shall
35 contact the department and request the case be reviewed for a
36 dependency filing under chapter 13.34 RCW.

37 **Sec. 414.** RCW 18.83.110 and 2005 c 504 s 706 are each amended to
38 read as follows:

1 Confidential communications between a client and a psychologist
2 shall be privileged against compulsory disclosure to the same extent
3 and subject to the same conditions as confidential communications
4 between attorney and client, but this exception is subject to the
5 limitations under RCW (~~((70.96A.140 and))~~) 71.05.360 (8) and (9).

6 **Sec. 415.** RCW 43.20A.025 and 1998 c 296 s 34 are each amended to
7 read as follows:

8 The department of social and health services shall adopt rules
9 defining "appropriately trained professional person" for the purposes
10 of conducting mental health and chemical dependency evaluations under
11 RCW (~~((71.34.052(3), 71.34.054(1), 70.96A.245(3), and 70.96A.250(1))~~)
12 71.34.600(3) and 71.34.650(1)).

13 **Sec. 416.** RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4
14 are each reenacted and amended to read as follows:

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

17 (1) "Admission" has the same meaning as in RCW 71.05.020.

18 (2) "Audit" means an assessment, evaluation, determination, or
19 investigation of a health care provider by a person not employed by
20 or affiliated with the provider to determine compliance with:

21 (a) Statutory, regulatory, fiscal, medical, or scientific
22 standards;

23 (b) A private or public program of payments to a health care
24 provider; or

25 (c) Requirements for licensing, accreditation, or certification.

26 (3) "Commitment" has the same meaning as in RCW 71.05.020.

27 (4) "Custody" has the same meaning as in RCW 71.05.020.

28 (5) "Deidentified" means health information that does not
29 identify an individual and with respect to which there is no
30 reasonable basis to believe that the information can be used to
31 identify an individual.

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

34 (7) "Designated (~~(mental health professional))~~ crisis responder"
35 has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

36 (8) "Detention" or "detain" has the same meaning as in RCW
37 71.05.020.

1 (9) "Directory information" means information disclosing the
2 presence, and for the purpose of identification, the name, location
3 within a health care facility, and the general health condition of a
4 particular patient who is a patient in a health care facility or who
5 is currently receiving emergency health care in a health care
6 facility.

7 (10) "Discharge" has the same meaning as in RCW 71.05.020.

8 (11) "Evaluation and treatment facility" has the same meaning as
9 in RCW 71.05.020 or 71.34.020, as applicable.

10 (12) "Federal, state, or local law enforcement authorities" means
11 an officer of any agency or authority in the United States, a state,
12 a tribe, a territory, or a political subdivision of a state, a tribe,
13 or a territory who is empowered by law to: (a) Investigate or conduct
14 an official inquiry into a potential criminal violation of law; or
15 (b) prosecute or otherwise conduct a criminal proceeding arising from
16 an alleged violation of law.

17 (13) "General health condition" means the patient's health status
18 described in terms of "critical," "poor," "fair," "good,"
19 "excellent," or terms denoting similar conditions.

20 (14) "Health care" means any care, service, or procedure provided
21 by a health care provider:

22 (a) To diagnose, treat, or maintain a patient's physical or
23 mental condition; or

24 (b) That affects the structure or any function of the human body.

25 (15) "Health care facility" means a hospital, clinic, nursing
26 home, laboratory, office, or similar place where a health care
27 provider provides health care to patients.

28 (16) "Health care information" means any information, whether
29 oral or recorded in any form or medium, that identifies or can
30 readily be associated with the identity of a patient and directly
31 relates to the patient's health care, including a patient's
32 deoxyribonucleic acid and identified sequence of chemical base pairs.
33 The term includes any required accounting of disclosures of health
34 care information.

35 (17) "Health care operations" means any of the following
36 activities of a health care provider, health care facility, or third-
37 party payor to the extent that the activities are related to
38 functions that make an entity a health care provider, a health care
39 facility, or a third-party payor:

1 (a) Conducting: Quality assessment and improvement activities,
2 including outcomes evaluation and development of clinical guidelines,
3 if the obtaining of generalizable knowledge is not the primary
4 purpose of any studies resulting from such activities; population-
5 based activities relating to improving health or reducing health care
6 costs, protocol development, case management and care coordination,
7 contacting of health care providers and patients with information
8 about treatment alternatives; and related functions that do not
9 include treatment;

10 (b) Reviewing the competence or qualifications of health care
11 professionals, evaluating practitioner and provider performance and
12 third-party payor performance, conducting training programs in which
13 students, trainees, or practitioners in areas of health care learn
14 under supervision to practice or improve their skills as health care
15 providers, training of nonhealth care professionals, accreditation,
16 certification, licensing, or credentialing activities;

17 (c) Underwriting, premium rating, and other activities relating
18 to the creation, renewal, or replacement of a contract of health
19 insurance or health benefits, and ceding, securing, or placing a
20 contract for reinsurance of risk relating to claims for health care,
21 including stop-loss insurance and excess of loss insurance, if any
22 applicable legal requirements are met;

23 (d) Conducting or arranging for medical review, legal services,
24 and auditing functions, including fraud and abuse detection and
25 compliance programs;

26 (e) Business planning and development, such as conducting cost-
27 management and planning-related analyses related to managing and
28 operating the health care facility or third-party payor, including
29 formulary development and administration, development, or improvement
30 of methods of payment or coverage policies; and

31 (f) Business management and general administrative activities of
32 the health care facility, health care provider, or third-party payor
33 including, but not limited to:

34 (i) Management activities relating to implementation of and
35 compliance with the requirements of this chapter;

36 (ii) Customer service, including the provision of data analyses
37 for policy holders, plan sponsors, or other customers, provided that
38 health care information is not disclosed to such policy holder, plan
39 sponsor, or customer;

40 (iii) Resolution of internal grievances;

1 (iv) The sale, transfer, merger, or consolidation of all or part
2 of a health care provider, health care facility, or third-party payor
3 with another health care provider, health care facility, or third-
4 party payor or an entity that following such activity will become a
5 health care provider, health care facility, or third-party payor, and
6 due diligence related to such activity; and

7 (v) Consistent with applicable legal requirements, creating
8 deidentified health care information or a limited dataset for the
9 benefit of the health care provider, health care facility, or third-
10 party payor.

11 (18) "Health care provider" means a person who is licensed,
12 certified, registered, or otherwise authorized by the law of this
13 state to provide health care in the ordinary course of business or
14 practice of a profession.

15 (19) "Human immunodeficiency virus" or "HIV" has the same meaning
16 as in RCW 70.24.017.

17 (20) "Imminent" has the same meaning as in RCW 71.05.020.

18 (21) "Information and records related to mental health services"
19 means a type of health care information that relates to all
20 information and records compiled, obtained, or maintained in the
21 course of providing services by a mental health service agency or
22 mental health professional to persons who are receiving or have
23 received services for mental illness. The term includes mental health
24 information contained in a medical bill, registration records, as
25 defined in RCW 71.05.020, and all other records regarding the person
26 maintained by the department, by regional support networks and their
27 staff, and by treatment facilities. The term further includes
28 documents of legal proceedings under chapter 71.05, 71.34, or 10.77
29 RCW, or somatic health care information. For health care information
30 maintained by a hospital as defined in RCW 70.41.020 or a health care
31 facility or health care provider that participates with a hospital in
32 an organized health care arrangement defined under federal law,
33 "information and records related to mental health services" is
34 limited to information and records of services provided by a mental
35 health professional or information and records of services created by
36 a hospital-operated community mental health program as defined in RCW
37 71.24.025(6). The term does not include psychotherapy notes.

38 (22) "Information and records related to sexually transmitted
39 diseases" means a type of health care information that relates to the
40 identity of any person upon whom an HIV antibody test or other

1 sexually transmitted infection test is performed, the results of such
2 tests, and any information relating to diagnosis of or treatment for
3 any confirmed sexually transmitted infections.

4 (23) "Institutional review board" means any board, committee, or
5 other group formally designated by an institution, or authorized
6 under federal or state law, to review, approve the initiation of, or
7 conduct periodic review of research programs to assure the protection
8 of the rights and welfare of human research subjects.

9 (24) "Legal counsel" has the same meaning as in RCW 71.05.020.

10 (25) "Local public health officer" has the same meaning as in RCW
11 70.24.017.

12 (26) "Maintain," as related to health care information, means to
13 hold, possess, preserve, retain, store, or control that information.

14 (27) "Mental health professional" means a psychiatrist,
15 psychologist, psychiatric advanced registered nurse practitioner,
16 psychiatric nurse, or social worker, and such other mental health
17 professionals as may be defined by rules adopted by the secretary of
18 social and health services under chapter 71.05 RCW, whether that
19 person works in a private or public setting.

20 (28) "Mental health service agency" means a public or private
21 agency that provides services to persons with mental disorders as
22 defined under RCW 71.05.020 or 71.34.020 and receives funding from
23 public sources. This includes evaluation and treatment facilities as
24 defined in RCW 71.34.020, community mental health service delivery
25 systems, or community mental health programs, as defined in RCW
26 71.24.025, and facilities conducting competency evaluations and
27 restoration under chapter 10.77 RCW.

28 (29) "Minor" has the same meaning as in RCW 71.34.020.

29 (30) "Parent" has the same meaning as in RCW 71.34.020.

30 (31) "Patient" means an individual who receives or has received
31 health care. The term includes a deceased individual who has received
32 health care.

33 (32) "Payment" means:

34 (a) The activities undertaken by:

35 (i) A third-party payor to obtain premiums or to determine or
36 fulfill its responsibility for coverage and provision of benefits by
37 the third-party payor; or

38 (ii) A health care provider, health care facility, or third-party
39 payor, to obtain or provide reimbursement for the provision of health
40 care; and

1 (b) The activities in (a) of this subsection that relate to the
2 patient to whom health care is provided and that include, but are not
3 limited to:

4 (i) Determinations of eligibility or coverage, including
5 coordination of benefits or the determination of cost-sharing
6 amounts, and adjudication or subrogation of health benefit claims;

7 (ii) Risk adjusting amounts due based on enrollee health status
8 and demographic characteristics;

9 (iii) Billing, claims management, collection activities,
10 obtaining payment under a contract for reinsurance, including stop-
11 loss insurance and excess of loss insurance, and related health care
12 data processing;

13 (iv) Review of health care services with respect to medical
14 necessity, coverage under a health plan, appropriateness of care, or
15 justification of charges;

16 (v) Utilization review activities, including precertification and
17 preauthorization of services, and concurrent and retrospective review
18 of services; and

19 (vi) Disclosure to consumer reporting agencies of any of the
20 following health care information relating to collection of premiums
21 or reimbursement:

22 (A) Name and address;

23 (B) Date of birth;

24 (C) Social security number;

25 (D) Payment history;

26 (E) Account number; and

27 (F) Name and address of the health care provider, health care
28 facility, and/or third-party payor.

29 (33) "Person" means an individual, corporation, business trust,
30 estate, trust, partnership, association, joint venture, government,
31 governmental subdivision or agency, or any other legal or commercial
32 entity.

33 (34) "Professional person" has the same meaning as in RCW
34 71.05.020.

35 (35) "Psychiatric advanced registered nurse practitioner" has the
36 same meaning as in RCW 71.05.020.

37 (36) "Psychotherapy notes" means notes recorded, in any medium,
38 by a mental health professional documenting or analyzing the contents
39 of conversations during a private counseling session or group, joint,
40 or family counseling session, and that are separated from the rest of

1 the individual's medical record. The term excludes mediation
2 prescription and monitoring, counseling session start and stop times,
3 the modalities and frequencies of treatment furnished, results of
4 clinical tests, and any summary of the following items: Diagnosis,
5 functional status, the treatment plan, symptoms, prognosis, and
6 progress to date.

7 (37) "Reasonable fee" means the charges for duplicating or
8 searching the record, but shall not exceed sixty-five cents per page
9 for the first thirty pages and fifty cents per page for all other
10 pages. In addition, a clerical fee for searching and handling may be
11 charged not to exceed fifteen dollars. These amounts shall be
12 adjusted biennially in accordance with changes in the consumer price
13 index, all consumers, for Seattle-Tacoma metropolitan statistical
14 area as determined by the secretary of health. However, where editing
15 of records by a health care provider is required by statute and is
16 done by the provider personally, the fee may be the usual and
17 customary charge for a basic office visit.

18 (38) "Release" has the same meaning as in RCW 71.05.020.

19 (39) "Resource management services" has the same meaning as in
20 RCW 71.05.020.

21 (40) "Serious violent offense" has the same meaning as in RCW
22 71.05.020.

23 (41) "Sexually transmitted infection" or "sexually transmitted
24 disease" has the same meaning as "sexually transmitted disease" in
25 RCW 70.24.017.

26 (42) "Test for a sexually transmitted disease" has the same
27 meaning as in RCW 70.24.017.

28 (43) "Third-party payor" means an insurer regulated under Title
29 48 RCW authorized to transact business in this state or other
30 jurisdiction, including a health care service contractor, and health
31 maintenance organization; or an employee welfare benefit plan,
32 excluding fitness or wellness plans; or a state or federal health
33 benefit program.

34 (44) "Treatment" means the provision, coordination, or management
35 of health care and related services by one or more health care
36 providers or health care facilities, including the coordination or
37 management of health care by a health care provider or health care
38 facility with a third party; consultation between health care
39 providers or health care facilities relating to a patient; or the

1 referral of a patient for health care from one health care provider
2 or health care facility to another.

3 **Sec. 417.** RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9
4 are each reenacted and amended to read as follows:

5 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
6 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and
7 70.02.260, or pursuant to a valid authorization under RCW 70.02.030,
8 the fact of admission to a provider for mental health services and
9 all information and records compiled, obtained, or maintained in the
10 course of providing mental health services to either voluntary or
11 involuntary recipients of services at public or private agencies must
12 be confidential.

13 (2) Information and records related to mental health services,
14 other than those obtained through treatment under chapter 71.34 RCW,
15 may be disclosed only:

16 (a) In communications between qualified professional persons to
17 meet the requirements of chapter 71.05 RCW, in the provision of
18 services or appropriate referrals, or in the course of guardianship
19 proceedings if provided to a professional person:

- 20 (i) Employed by the facility;
- 21 (ii) Who has medical responsibility for the patient's care;
- 22 (iii) Who is a designated (~~mental health professional~~) crisis
23 responder;
- 24 (iv) Who is providing services under chapter 71.24 RCW;
- 25 (v) Who is employed by a state or local correctional facility
26 where the person is confined or supervised; or
- 27 (vi) Who is providing evaluation, treatment, or follow-up
28 services under chapter 10.77 RCW;

29 (b) When the communications regard the special needs of a patient
30 and the necessary circumstances giving rise to such needs and the
31 disclosure is made by a facility providing services to the operator
32 of a facility in which the patient resides or will reside;

33 (c)(i) When the person receiving services, or his or her
34 guardian, designates persons to whom information or records may be
35 released, or if the person is a minor, when his or her parents make
36 such a designation;

37 (ii) A public or private agency shall release to a person's next
38 of kin, attorney, personal representative, guardian, or conservator,
39 if any:

1 (A) The information that the person is presently a patient in the
2 facility or that the person is seriously physically ill;

3 (B) A statement evaluating the mental and physical condition of
4 the patient, and a statement of the probable duration of the
5 patient's confinement, if such information is requested by the next
6 of kin, attorney, personal representative, guardian, or conservator;
7 and

8 (iii) Other information requested by the next of kin or attorney
9 as may be necessary to decide whether or not proceedings should be
10 instituted to appoint a guardian or conservator;

11 (d)(i) To the courts as necessary to the administration of
12 chapter 71.05 RCW or to a court ordering an evaluation or treatment
13 under chapter 10.77 RCW solely for the purpose of preventing the
14 entry of any evaluation or treatment order that is inconsistent with
15 any order entered under chapter 71.05 RCW.

16 (ii) To a court or its designee in which a motion under chapter
17 10.77 RCW has been made for involuntary medication of a defendant for
18 the purpose of competency restoration.

19 (iii) Disclosure under this subsection is mandatory for the
20 purpose of the federal health insurance portability and
21 accountability act;

22 (e)(i) When a mental health professional or designated crisis
23 responder is requested by a representative of a law enforcement or
24 corrections agency, including a police officer, sheriff, community
25 corrections officer, a municipal attorney, or prosecuting attorney to
26 undertake an investigation or provide treatment under RCW 71.05.150,
27 10.31.110, or 71.05.153, the mental health professional or designated
28 crisis responder shall, if requested to do so, advise the
29 representative in writing of the results of the investigation
30 including a statement of reasons for the decision to detain or
31 release the person investigated. The written report must be submitted
32 within seventy-two hours of the completion of the investigation or
33 the request from the law enforcement or corrections representative,
34 whichever occurs later.

35 (ii) Disclosure under this subsection is mandatory for the
36 purposes of the federal health insurance portability and
37 accountability act;

38 (f) To the attorney of the detained person;

39 (g) To the prosecuting attorney as necessary to carry out the
40 responsibilities of the office under RCW 71.05.330(2),

1 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
2 access to records regarding the committed person's treatment and
3 prognosis, medication, behavior problems, and other records relevant
4 to the issue of whether treatment less restrictive than inpatient
5 treatment is in the best interest of the committed person or others.
6 Information must be disclosed only after giving notice to the
7 committed person and the person's counsel;

8 (h)(i) To appropriate law enforcement agencies and to a person,
9 when the identity of the person is known to the public or private
10 agency, whose health and safety has been threatened, or who is known
11 to have been repeatedly harassed, by the patient. The person may
12 designate a representative to receive the disclosure. The disclosure
13 must be made by the professional person in charge of the public or
14 private agency or his or her designee and must include the dates of
15 commitment, admission, discharge, or release, authorized or
16 unauthorized absence from the agency's facility, and only any other
17 information that is pertinent to the threat or harassment. The agency
18 or its employees are not civilly liable for the decision to disclose
19 or not, so long as the decision was reached in good faith and without
20 gross negligence.

21 (ii) Disclosure under this subsection is mandatory for the
22 purposes of the federal health insurance portability and
23 accountability act;

24 (i)(i) To appropriate corrections and law enforcement agencies
25 all necessary and relevant information in the event of a crisis or
26 emergent situation that poses a significant and imminent risk to the
27 public. The mental health service agency or its employees are not
28 civilly liable for the decision to disclose or not so long as the
29 decision was reached in good faith and without gross negligence.

30 (ii) Disclosure under this subsection is mandatory for the
31 purposes of the health insurance portability and accountability act;

32 (j) To the persons designated in RCW 71.05.425 for the purposes
33 described in those sections;

34 (k) Upon the death of a person. The person's next of kin,
35 personal representative, guardian, or conservator, if any, must be
36 notified. Next of kin who are of legal age and competent must be
37 notified under this section in the following order: Spouse, parents,
38 children, brothers and sisters, and other relatives according to the
39 degree of relation. Access to all records and information compiled,

1 obtained, or maintained in the course of providing services to a
2 deceased patient are governed by RCW 70.02.140;

3 (l) To mark headstones or otherwise memorialize patients interred
4 at state hospital cemeteries. The department of social and health
5 services shall make available the name, date of birth, and date of
6 death of patients buried in state hospital cemeteries fifty years
7 after the death of a patient;

8 (m) To law enforcement officers and to prosecuting attorneys as
9 are necessary to enforce RCW 9.41.040(2)(a)(~~(ii)~~) (iii). The extent
10 of information that may be released is limited as follows:

11 (i) Only the fact, place, and date of involuntary commitment, an
12 official copy of any order or orders of commitment, and an official
13 copy of any written or oral notice of ineligibility to possess a
14 firearm that was provided to the person pursuant to RCW 9.41.047(1),
15 must be disclosed upon request;

16 (ii) The law enforcement and prosecuting attorneys may only
17 release the information obtained to the person's attorney as required
18 by court rule and to a jury or judge, if a jury is waived, that
19 presides over any trial at which the person is charged with violating
20 RCW 9.41.040(2)(a)(~~(ii)~~) (iii);

21 (iii) Disclosure under this subsection is mandatory for the
22 purposes of the federal health insurance portability and
23 accountability act;

24 (n) When a patient would otherwise be subject to the provisions
25 of this section and disclosure is necessary for the protection of the
26 patient or others due to his or her unauthorized disappearance from
27 the facility, and his or her whereabouts is unknown, notice of the
28 disappearance, along with relevant information, may be made to
29 relatives, the department of corrections when the person is under the
30 supervision of the department, and governmental law enforcement
31 agencies designated by the physician or psychiatric advanced
32 registered nurse practitioner in charge of the patient or the
33 professional person in charge of the facility, or his or her
34 professional designee;

35 (o) Pursuant to lawful order of a court;

36 (p) To qualified staff members of the department, to the director
37 of behavioral health organizations, to resource management services
38 responsible for serving a patient, or to service providers designated
39 by resource management services as necessary to determine the
40 progress and adequacy of treatment and to determine whether the

1 person should be transferred to a less restrictive or more
2 appropriate treatment modality or facility;

3 (q) Within the mental health service agency where the patient is
4 receiving treatment, confidential information may be disclosed to
5 persons employed, serving in bona fide training programs, or
6 participating in supervised volunteer programs, at the facility when
7 it is necessary to perform their duties;

8 (r) Within the department as necessary to coordinate treatment
9 for mental illness, developmental disabilities, alcoholism, or drug
10 abuse of persons who are under the supervision of the department;

11 (s) To a licensed physician or psychiatric advanced registered
12 nurse practitioner who has determined that the life or health of the
13 person is in danger and that treatment without the information and
14 records related to mental health services could be injurious to the
15 patient's health. Disclosure must be limited to the portions of the
16 records necessary to meet the medical emergency;

17 (t) Consistent with the requirements of the federal health
18 information portability and accountability act, to a licensed mental
19 health professional or a health care professional licensed under
20 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is
21 providing care to a person, or to whom a person has been referred for
22 evaluation or treatment, to assure coordinated care and treatment of
23 that person. Psychotherapy notes may not be released without
24 authorization of the person who is the subject of the request for
25 release of information;

26 (u) To administrative and office support staff designated to
27 obtain medical records for those licensed professionals listed in (t)
28 of this subsection;

29 (v) To a facility that is to receive a person who is
30 involuntarily committed under chapter 71.05 RCW, or upon transfer of
31 the person from one evaluation and treatment facility to another. The
32 release of records under this subsection is limited to the
33 information and records related to mental health services required by
34 law, a record or summary of all somatic treatments, and a discharge
35 summary. The discharge summary may include a statement of the
36 patient's problem, the treatment goals, the type of treatment which
37 has been provided, and recommendation for future treatment, but may
38 not include the patient's complete treatment record;

39 (w) To the person's counsel or guardian ad litem, without
40 modification, at any time in order to prepare for involuntary

1 commitment or recommitment proceedings, reexaminations, appeals, or
2 other actions relating to detention, admission, commitment, or
3 patient's rights under chapter 71.05 RCW;

4 (x) To staff members of the protection and advocacy agency or to
5 staff members of a private, nonprofit corporation for the purpose of
6 protecting and advocating the rights of persons with mental disorders
7 or developmental disabilities. Resource management services may limit
8 the release of information to the name, birthdate, and county of
9 residence of the patient, information regarding whether the patient
10 was voluntarily admitted, or involuntarily committed, the date and
11 place of admission, placement, or commitment, the name and address of
12 a guardian of the patient, and the date and place of the guardian's
13 appointment. Any staff member who wishes to obtain additional
14 information must notify the patient's resource management services in
15 writing of the request and of the resource management services' right
16 to object. The staff member shall send the notice by mail to the
17 guardian's address. If the guardian does not object in writing within
18 fifteen days after the notice is mailed, the staff member may obtain
19 the additional information. If the guardian objects in writing within
20 fifteen days after the notice is mailed, the staff member may not
21 obtain the additional information;

22 (y) To all current treating providers of the patient with
23 prescriptive authority who have written a prescription for the
24 patient within the last twelve months. For purposes of coordinating
25 health care, the department may release without written authorization
26 of the patient, information acquired for billing and collection
27 purposes as described in RCW 70.02.050(1)(d). The department shall
28 notify the patient that billing and collection information has been
29 released to named providers, and provide the substance of the
30 information released and the dates of such release. The department
31 may not release counseling, inpatient psychiatric hospitalization, or
32 drug and alcohol treatment information without a signed written
33 release from the client;

34 (z)(i) To the secretary of social and health services for either
35 program evaluation or research, or both so long as the secretary
36 adopts rules for the conduct of the evaluation or research, or both.
37 Such rules must include, but need not be limited to, the requirement
38 that all evaluators and researchers sign an oath of confidentiality
39 substantially as follows:

1 "As a condition of conducting evaluation or research concerning
2 persons who have received services from (fill in the facility,
3 agency, or person) I,, agree not to divulge, publish, or
4 otherwise make known to unauthorized persons or the public any
5 information obtained in the course of such evaluation or research
6 regarding persons who have received services such that the person who
7 received such services is identifiable.

8 I recognize that unauthorized release of confidential information
9 may subject me to civil liability under the provisions of state law.

10 /s/"

11 (ii) Nothing in this chapter may be construed to prohibit the
12 compilation and publication of statistical data for use by government
13 or researchers under standards, including standards to assure
14 maintenance of confidentiality, set forth by the secretary.

15 (3) Whenever federal law or federal regulations restrict the
16 release of information contained in the information and records
17 related to mental health services of any patient who receives
18 treatment for chemical dependency, the department may restrict the
19 release of the information as necessary to comply with federal law
20 and regulations.

21 (4) Civil liability and immunity for the release of information
22 about a particular person who is committed to the department of
23 social and health services under RCW 71.05.280(3) and 71.05.320(3)(c)
24 after dismissal of a sex offense as defined in RCW 9.94A.030, is
25 governed by RCW 4.24.550.

26 (5) The fact of admission to a provider of mental health
27 services, as well as all records, files, evidence, findings, or
28 orders made, prepared, collected, or maintained pursuant to chapter
29 71.05 RCW are not admissible as evidence in any legal proceeding
30 outside that chapter without the written authorization of the person
31 who was the subject of the proceeding except as provided in RCW
32 70.02.260, in a subsequent criminal prosecution of a person committed
33 pursuant to RCW 71.05.280(3) or 71.05.320(3)(c) on charges that were
34 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
35 trial, in a civil commitment proceeding pursuant to chapter 71.09
36 RCW, or, in the case of a minor, a guardianship or dependency
37 proceeding. The records and files maintained in any court proceeding
38 pursuant to chapter 71.05 RCW must be confidential and available
39 subsequent to such proceedings only to the person who was the subject

1 of the proceeding or his or her attorney. In addition, the court may
2 order the subsequent release or use of such records or files only
3 upon good cause shown if the court finds that appropriate safeguards
4 for strict confidentiality are and will be maintained.

5 (6)(a) Except as provided in RCW 4.24.550, any person may bring
6 an action against an individual who has willfully released
7 confidential information or records concerning him or her in
8 violation of the provisions of this section, for the greater of the
9 following amounts:

10 (i) One thousand dollars; or

11 (ii) Three times the amount of actual damages sustained, if any.

12 (b) It is not a prerequisite to recovery under this subsection
13 that the plaintiff suffered or was threatened with special, as
14 contrasted with general, damages.

15 (c) Any person may bring an action to enjoin the release of
16 confidential information or records concerning him or her or his or
17 her ward, in violation of the provisions of this section, and may in
18 the same action seek damages as provided in this subsection.

19 (d) The court may award to the plaintiff, should he or she
20 prevail in any action authorized by this subsection, reasonable
21 attorney fees in addition to those otherwise provided by law.

22 (e) If an action is brought under this subsection, no action may
23 be brought under RCW 70.02.170.

24 **Sec. 418.** RCW 70.48.475 and 2004 c 166 s 14 are each amended to
25 read as follows:

26 (1) A person having charge of a jail, or that person's designee,
27 shall notify the (~~county designated mental health professional or~~
28 ~~the designated chemical dependency specialist~~) designated crisis
29 responder seventy-two hours prior to the release to the community of
30 an offender or defendant who was subject to a discharge review under
31 RCW 71.05.232. If the person having charge of the jail does not
32 receive seventy-two hours notice of the release, the notification to
33 the (~~county designated mental health professional or the designated~~
34 ~~chemical dependency specialist~~) designated crisis responder shall be
35 made as soon as reasonably possible, but not later than the actual
36 release to the community of the defendant or offender.

37 (2) When a person having charge of a jail, or that person's
38 designee, releases an offender or defendant who was the subject of a
39 discharge review under RCW 71.05.232, the person having charge of a

1 jail, or that person's designee, shall notify the state hospital from
2 which the offender or defendant was released.

3 **Sec. 419.** RCW 70.97.010 and 2014 c 225 s 78 are each amended to
4 read as follows:

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

7 (1) "Antipsychotic medications" means that class of drugs
8 primarily used to treat serious manifestations of mental illness
9 associated with thought disorders, which includes but is not limited
10 to atypical antipsychotic medications.

11 (2) "Attending staff" means any person on the staff of a public
12 or private agency having responsibility for the care and treatment of
13 a patient.

14 (3) "Chemical dependency" means alcoholism, drug addiction, or
15 dependence on alcohol and one or more other psychoactive chemicals,
16 as the context requires and as those terms are defined in chapter
17 (~~(70.96A)~~) 71.05 RCW.

18 (4) "Chemical dependency professional" means a person certified
19 as a chemical dependency professional by the department of health
20 under chapter 18.205 RCW.

21 (5) "Commitment" means the determination by a court that an
22 individual should be detained for a period of either evaluation or
23 treatment, or both, in an inpatient or a less restrictive setting.

24 (6) "Conditional release" means a modification of a commitment
25 that may be revoked upon violation of any of its terms.

26 (7) "Custody" means involuntary detention under chapter 71.05
27 (~~(or 70.96A)~~) RCW, uninterrupted by any period of unconditional
28 release from commitment from a facility providing involuntary care
29 and treatment.

30 (8) "Department" means the department of social and health
31 services.

32 (9) "Designated crisis responder" (~~(means a designated mental~~
33 ~~health professional, a designated chemical dependency specialist, or~~
34 ~~a designated crisis responder as those terms are defined in chapter~~
35 ~~70.96A, 71.05, or 70.96B RCW)~~) has the same meaning as in chapter
36 71.05 RCW.

37 (10) "Detention" or "detain" means the lawful confinement of an
38 individual under chapter (~~(70.96A or)~~) 71.05 RCW.

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

4 (12) "Enhanced services facility" means a facility that provides
5 treatment and services to persons for whom acute inpatient treatment
6 is not medically necessary and who have been determined by the
7 department to be inappropriate for placement in other licensed
8 facilities due to the complex needs that result in behavioral and
9 security issues.

10 (13) "Expanded community services program" means a nonsecure
11 program of enhanced behavioral and residential support provided to
12 long-term and residential care providers serving specifically
13 eligible clients who would otherwise be at risk for hospitalization
14 at state hospital geriatric units.

15 (14) "Facility" means an enhanced services facility.

16 (15) "Gravely disabled" means a condition in which an individual,
17 as a result of a mental disorder, as a result of the use of alcohol
18 or other psychoactive chemicals, or both:

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

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

26 (16) "History of one or more violent acts" refers to the period
27 of time ten years before the filing of a petition under this
28 chapter((7)) or chapter ((~~70.96A-07~~)) 71.05 RCW, excluding any time
29 spent, but not any violent acts committed, in a mental health
30 facility or a long-term alcoholism or drug treatment facility, or in
31 confinement as a result of a criminal conviction.

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

35 (18) "Likelihood of serious harm" means:

36 (a) A substantial risk that:

37 (i) Physical harm will be inflicted by an individual upon his or
38 her own person, as evidenced by threats or attempts to commit suicide
39 or inflict physical harm on oneself;

1 (ii) Physical harm will be inflicted by an individual upon
2 another, as evidenced by behavior that has caused such harm or that
3 places another person or persons in reasonable fear of sustaining
4 such harm; or

5 (iii) Physical harm will be inflicted by an individual upon the
6 property of others, as evidenced by behavior that has caused
7 substantial loss or damage to the property of others; or

8 (b) The individual has threatened the physical safety of another
9 and has a history of one or more violent acts.

10 (19) "Mental disorder" means any organic, mental, or emotional
11 impairment that has substantial adverse effects on an individual's
12 cognitive or volitional functions.

13 (20) "Mental health professional" means a psychiatrist,
14 psychologist, psychiatric nurse, or social worker, and such other
15 mental health professionals as may be defined by rules adopted by the
16 secretary under the authority of chapter 71.05 RCW.

17 (21) "Professional person" means a mental health professional and
18 also means a physician, registered nurse, and such others as may be
19 defined in rules adopted by the secretary pursuant to the provisions
20 of this chapter.

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

27 (23) "Psychologist" means a person who has been licensed as a
28 psychologist under chapter 18.83 RCW.

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

35 (25) "Release" means legal termination of the commitment under
36 chapter 70.96A or 71.05 RCW.

37 (26) "Resident" means a person admitted to an enhanced services
38 facility.

39 (27) "Secretary" means the secretary of the department or the
40 secretary's designee.

1 (28) "Significant change" means:

2 (a) A deterioration in a resident's physical, mental, or
3 psychosocial condition that has caused or is likely to cause clinical
4 complications or life-threatening conditions; or

5 (b) An improvement in the resident's physical, mental, or
6 psychosocial condition that may make the resident eligible for
7 release or for treatment in a less intensive or less secure setting.

8 (29) "Social worker" means a person with a master's or further
9 advanced degree from a social work educational program accredited and
10 approved as provided in RCW 18.320.010.

11 (30) "Treatment" means the broad range of emergency,
12 detoxification, residential, inpatient, and outpatient services and
13 care, including diagnostic evaluation, mental health or chemical
14 dependency education and counseling, medical, psychiatric,
15 psychological, and social service care, vocational rehabilitation,
16 and career counseling, which may be extended to persons with mental
17 disorders, chemical dependency disorders, or both, and their
18 families.

19 (31) "Treatment records" include registration and all other
20 records concerning individuals who are receiving or who at any time
21 have received services for mental illness, which are maintained by
22 the department, by behavioral health organizations and their staffs,
23 and by treatment facilities. "Treatment records" do not include notes
24 or records maintained for personal use by an individual providing
25 treatment services for the department, behavioral health
26 organizations, or a treatment facility if the notes or records are
27 not available to others.

28 (32) "Violent act" means behavior that resulted in homicide,
29 attempted suicide, nonfatal injuries, or substantial damage to
30 property.

31 **Sec. 420.** RCW 71.05.620 and 2013 c 200 s 23 are each amended to
32 read as follows:

33 (1) The files and records of court proceedings under this chapter
34 and chapter(~~(s 70.96A,)~~) 71.34(~~(, and 70.96B)~~) RCW shall be closed
35 but shall be accessible to any person who is the subject of a
36 petition and to the person's attorney, guardian ad litem, resource
37 management services, or service providers authorized to receive such
38 information by resource management services.

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

1 **Sec. 421.** RCW 71.05.660 and 2013 c 200 s 21 are each amended to
2 read as follows:

3 Nothing in this chapter or chapter 70.02(~~(, 70.96A,)~~) or 71.34(~~(, 70.96B)~~)
4 ~~or 70.96B~~) RCW shall be construed to interfere with communications
5 between physicians, psychiatric advanced registered nurse
6 practitioners, or psychologists and patients and attorneys and
7 clients.

8 **Sec. 422.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted
9 and amended to read as follows:

10 Unless the context clearly requires otherwise, the definitions in
11 this section apply throughout this chapter.

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

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

16 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
17 case of a child, a gravely disabled minor as defined in RCW
18 71.34.020; or

19 (c) Presenting a likelihood of serious harm as defined in RCW
20 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

33 (4) "Behavioral health services" means mental health services as
34 described in this chapter and chapter 71.36 RCW and chemical
35 dependency treatment services as described in chapter 70.96A RCW.

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

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

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

3 (b) Has experienced a continuous psychiatric hospitalization or
4 residential treatment exceeding six months' duration within the
5 preceding year; or

6 (c) Has been unable to engage in any substantial gainful activity
7 by reason of any mental disorder which has lasted for a continuous
8 period of not less than twelve months. "Substantial gainful activity"
9 shall be defined by the department by rule consistent with Public Law
10 92-603, as amended.

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

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

16 (9) "Community mental health service delivery system" means
17 public, private, or tribal agencies that provide services
18 specifically to persons with mental disorders as defined under RCW
19 71.05.020 and receive funding from public sources.

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

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

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

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

8 (14) "Designated (~~(mental health professional)~~) crisis responder"
9 means a mental health professional designated by the county or other
10 authority authorized in rule to perform the duties specified in this
11 chapter.

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

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

28 (17) "Licensed service provider" means an entity licensed
29 according to this chapter or chapter 71.05 (~~(or 70.96A)~~) RCW or an
30 entity deemed to meet state minimum standards as a result of
31 accreditation by a recognized behavioral health accrediting body
32 recognized and having a current agreement with the department, or
33 tribal attestation that meets state minimum standards, or persons
34 licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it
35 applies to registered nurses and advanced registered nurse
36 practitioners.

37 (18) "Long-term inpatient care" means inpatient services for
38 persons committed for, or voluntarily receiving intensive treatment
39 for, periods of ninety days or greater under chapter 71.05 RCW.
40 "Long-term inpatient care" as used in this chapter does not include:

1 (a) Services for individuals committed under chapter 71.05 RCW who
2 are receiving services pursuant to a conditional release or a court-
3 ordered less restrictive alternative to detention; or (b) services
4 for individuals voluntarily receiving less restrictive alternative
5 treatment on the grounds of the state hospital.

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

9 (20) "Mentally ill persons," "persons who are mentally ill," and
10 "the mentally ill" mean persons and conditions defined in subsections
11 (1), (6), (28), and (29) of this section.

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

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

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

25 (24) "Residential services" means a complete range of residences
26 and supports authorized by resource management services and which may
27 involve a facility, a distinct part thereof, or services which
28 support community living, for persons who are acutely mentally ill,
29 adults who are chronically mentally ill, children who are severely
30 emotionally disturbed, or adults who are seriously disturbed and
31 determined by the behavioral health organization to be at risk of
32 becoming acutely or chronically mentally ill. The services shall
33 include at least evaluation and treatment services as defined in
34 chapter 71.05 RCW, acute crisis respite care, long-term adaptive and
35 rehabilitative care, and supervised and supported living services,
36 and shall also include any residential services developed to service
37 persons who are mentally ill in nursing homes, assisted living
38 facilities, and adult family homes, and may include outpatient
39 services provided as an element in a package of services in a
40 supported housing model. Residential services for children in out-of-

1 home placements related to their mental disorder shall not include
2 the costs of food and shelter, except for children's long-term
3 residential facilities existing prior to January 1, 1991.

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

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

24 (27) "Secretary" means the secretary of social and health
25 services.

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

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

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

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

36 (d) Exhibits suicidal preoccupation or attempts; or

37 (e) Is a child diagnosed by a mental health professional, as
38 defined in chapter 71.34 RCW, as experiencing a mental disorder which
39 is clearly interfering with the child's functioning in family or

1 school or with peers or is clearly interfering with the child's
2 personality development and learning.

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

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

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

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

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

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

20 (ii) Changes in custodial adult;

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

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

26 (v) Drug or alcohol abuse; or

27 (vi) Homelessness.

28 (30) "State minimum standards" means minimum requirements
29 established by rules adopted by the secretary and necessary to
30 implement this chapter for: (a) Delivery of mental health services;
31 (b) licensed service providers for the provision of mental health
32 services; (c) residential services; and (d) community support
33 services and resource management services.

34 (31) "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 do not include notes or
39 records maintained for personal use by a person providing treatment
40 services for the department, behavioral health organizations, or a

1 treatment facility if the notes or records are not available to
2 others.

3 (32) "Tribal authority," for the purposes of this section and RCW
4 71.24.300 only, means: The federally recognized Indian tribes and the
5 major Indian organizations recognized by the secretary insofar as
6 these organizations do not have a financial relationship with any
7 behavioral health organization that would present a conflict of
8 interest.

9 **Sec. 423.** RCW 71.24.045 and 2014 c 225 s 13 are each amended to
10 read as follows:

11 The behavioral health organization shall:

12 (1) Contract as needed with licensed service providers. The
13 behavioral health organization may, in the absence of a licensed
14 service provider entity, become a licensed service provider entity
15 pursuant to minimum standards required for licensing by the
16 department for the purpose of providing services not available from
17 licensed service providers;

18 (2) Operate as a licensed service provider if it deems that doing
19 so is more efficient and cost effective than contracting for
20 services. When doing so, the behavioral health organization shall
21 comply with rules promulgated by the secretary that shall provide
22 measurements to determine when a behavioral health organization
23 provided service is more efficient and cost effective;

24 (3) Monitor and perform biennial fiscal audits of licensed
25 service providers who have contracted with the behavioral health
26 organization to provide services required by this chapter. The
27 monitoring and audits shall be performed by means of a formal process
28 which insures that the licensed service providers and professionals
29 designated in this subsection meet the terms of their contracts;

30 (4) Establish reasonable limitations on administrative costs for
31 agencies that contract with the behavioral health organization;

32 (5) Assure that the special needs of minorities, older adults,
33 individuals with disabilities, children, and low-income persons are
34 met within the priorities established in this chapter;

35 (6) Maintain patient tracking information in a central location
36 as required for resource management services and the department's
37 information system;

1 (7) Collaborate to ensure that policies do not result in an
2 adverse shift of persons with mental illness into state and local
3 correctional facilities;

4 (8) Work with the department to expedite the enrollment or
5 reenrollment of eligible persons leaving state or local correctional
6 facilities and institutions for mental diseases;

7 (9) Work closely with the (~~county designated mental health~~
8 ~~professional or county~~) designated crisis responder to maximize
9 appropriate placement of persons into community services; and

10 (10) Coordinate services for individuals who have received
11 services through the community mental health system and who become
12 patients at a state psychiatric hospital to ensure they are
13 transitioned into the community in accordance with mutually agreed
14 upon discharge plans and upon determination by the medical director
15 of the state psychiatric hospital that they no longer need intensive
16 inpatient care.

17 **Sec. 424.** RCW 71.24.330 and 2014 c 225 s 51 are each amended to
18 read as follows:

19 (1)(a) Contracts between a behavioral health organization and the
20 department shall include mechanisms for monitoring performance under
21 the contract and remedies for failure to substantially comply with
22 the requirements of the contract including, but not limited to,
23 financial penalties, termination of the contract, and reprocurement
24 of the contract.

25 (b) The department shall incorporate the criteria to measure the
26 performance of service coordination organizations into contracts with
27 behavioral health organizations as provided in chapter 70.320 RCW.

28 (2) The behavioral health organization procurement processes
29 shall encourage the preservation of infrastructure previously
30 purchased by the community mental health service delivery system, the
31 maintenance of linkages between other services and delivery systems,
32 and maximization of the use of available funds for services versus
33 profits. However, a behavioral health organization selected through
34 the procurement process is not required to contract for services with
35 any county-owned or operated facility. The behavioral health
36 organization procurement process shall provide that public funds
37 appropriated by the legislature shall not be used to promote or
38 deter, encourage, or discourage employees from exercising their

1 rights under Title 29, chapter 7, subchapter II, United States Code
2 or chapter 41.56 RCW.

3 (3) In addition to the requirements of RCW 71.24.035, contracts
4 shall:

5 (a) Define administrative costs and ensure that the behavioral
6 health organization does not exceed an administrative cost of ten
7 percent of available funds;

8 (b) Require effective collaboration with law enforcement,
9 criminal justice agencies, and the chemical dependency treatment
10 system;

11 (c) Require substantial implementation of department adopted
12 integrated screening and assessment process and matrix of best
13 practices;

14 (d) Maintain the decision-making independence of designated
15 (~~mental health professionals~~) crisis responders;

16 (e) Except at the discretion of the secretary or as specified in
17 the biennial budget, require behavioral health organizations to pay
18 the state for the costs associated with individuals who are being
19 served on the grounds of the state hospitals and who are not
20 receiving long-term inpatient care as defined in RCW 71.24.025;

21 (f) Include a negotiated alternative dispute resolution clause;
22 and

23 (g) Include a provision requiring either party to provide one
24 hundred eighty days' notice of any issue that may cause either party
25 to voluntarily terminate, refuse to renew, or refuse to sign a
26 mandatory amendment to the contract to act as a behavioral health
27 organization. If either party decides to voluntarily terminate,
28 refuse to renew, or refuse to sign a mandatory amendment to the
29 contract to serve as a behavioral health organization they shall
30 provide ninety days' advance notice in writing to the other party.

31 **Sec. 425.** RCW 71.32.080 and 2006 c 108 s 5 are each amended to
32 read as follows:

33 (1)(a) A principal with capacity may, by written statement by the
34 principal or at the principal's direction in the principal's
35 presence, revoke a directive in whole or in part.

36 (b) An incapacitated principal may revoke a directive only if he
37 or she elected at the time of executing the directive to be able to
38 revoke when incapacitated.

1 (2) The revocation need not follow any specific form so long as
2 it is written and the intent of the principal can be discerned. In
3 the case of a directive that is stored in the health care
4 declarations registry created by RCW 70.122.130, the revocation may
5 be by an online method established by the department of health.
6 Failure to use the online method of revocation for a directive that
7 is stored in the registry does not invalidate a revocation that is
8 made by another method described under this section.

9 (3) The principal shall provide a copy of his or her written
10 statement of revocation to his or her agent, if any, and to each
11 health care provider, professional person, or health care facility
12 that received a copy of the directive from the principal.

13 (4) The written statement of revocation is effective:

14 (a) As to a health care provider, professional person, or health
15 care facility, upon receipt. The professional person, health care
16 provider, or health care facility, or persons acting under their
17 direction shall make the statement of revocation part of the
18 principal's medical record; and

19 (b) As to the principal's agent, upon receipt. The principal's
20 agent shall notify the principal's health care provider, professional
21 person, or health care facility of the revocation and provide them
22 with a copy of the written statement of revocation.

23 (5) A directive also may:

24 (a) Be revoked, in whole or in part, expressly or to the extent
25 of any inconsistency, by a subsequent directive; or

26 (b) Be superseded or revoked by a court order, including any
27 order entered in a criminal matter. A directive may be superseded by
28 a court order regardless of whether the order contains an explicit
29 reference to the directive. To the extent a directive is not in
30 conflict with a court order, the directive remains effective, subject
31 to the provisions of RCW 71.32.150. A directive shall not be
32 interpreted in a manner that interferes with: (i) Incarceration or
33 detention by the department of corrections, in a city or county jail,
34 or by the department of social and health services; or (ii) treatment
35 of a principal who is subject to involuntary treatment pursuant to
36 chapter 10.77, (~~(70.96A,)~~) 71.05, 71.09, or 71.34 RCW.

37 (6) A directive that would have otherwise expired but is
38 effective because the principal is incapacitated remains effective
39 until the principal is no longer incapacitated unless the principal

1 has elected to be able to revoke while incapacitated and has revoked
2 the directive.

3 (7) When a principal with capacity consents to treatment that
4 differs from, or refuses treatment consented to in, the provisions of
5 his or her directive, the consent or refusal constitutes a waiver of
6 that provision and does not constitute a revocation of the provision
7 or directive unless the principal also revokes the directive or
8 provision.

9 **Sec. 426.** RCW 71.32.140 and 2009 c 217 s 12 are each amended to
10 read as follows:

11 (1) A principal who:

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

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

17 (c) At the time of admission to inpatient treatment, refuses to
18 be admitted,
19 may only be admitted into inpatient mental health treatment under
20 subsection (2) of this section.

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

25 (a) Evaluates the principal's mental condition, including a
26 review of reasonably available psychiatric and psychological history,
27 diagnosis, and treatment needs, and determines, in conjunction with
28 another health care provider or mental health professional, that the
29 principal is incapacitated;

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

32 (c) Makes a written determination that the principal needs an
33 inpatient evaluation or is in need of inpatient treatment and that
34 the evaluation or treatment cannot be accomplished in a less
35 restrictive setting; and

36 (d) Documents in the principal's medical record a summary of the
37 physician's or psychiatric advanced registered nurse practitioner's
38 findings and recommendations for treatment or evaluation.

1 (3) In the event the admitting physician is not a psychiatrist,
2 or the advanced registered nurse practitioner is not a psychiatric
3 advanced registered nurse practitioner, the principal shall receive a
4 complete psychological assessment by a mental health professional
5 within twenty-four hours of admission to determine the continued need
6 for inpatient evaluation or treatment.

7 (4)(a) If it is determined that the principal has capacity, then
8 the principal may only be admitted to, or remain in, inpatient
9 treatment if he or she consents at the time or is detained under the
10 involuntary treatment provisions of chapter ((70.96A,)) 71.05((7)) or
11 71.34 RCW.

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

16 (5) If, at the end of the period of time that the principal or
17 the principal's agent, if any, has consented to voluntary inpatient
18 treatment, but no more than fourteen days after admission, the
19 principal has not regained capacity or has regained capacity but
20 refuses to consent to remain for additional treatment, the principal
21 must be released during reasonable daylight hours, unless detained
22 under chapter ((70.96A,)) 71.05((7)) or 71.34 RCW.

23 (6)(a) Except as provided in (b) of this subsection, any
24 principal who is voluntarily admitted to inpatient mental health
25 treatment under this chapter shall have all the rights provided to
26 individuals who are voluntarily admitted to inpatient treatment under
27 chapter 71.05, 71.34, or 72.23 RCW.

28 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
29 treatment for a specified length of time, the choices an
30 incapacitated principal expressed in his or her directive shall
31 control, provided, however, that a principal who takes action
32 demonstrating a desire to be discharged, in addition to making
33 statements requesting to be discharged, shall be discharged, and no
34 principal shall be restrained in any way in order to prevent his or
35 her discharge. Nothing in this subsection shall be construed to
36 prevent detention and evaluation for civil commitment under chapter
37 71.05 RCW.

38 (7) Consent to inpatient admission in a directive is effective
39 only while the professional person, health care provider, and health

1 care facility are in substantial compliance with the material
2 provisions of the directive related to inpatient treatment.

3 **Sec. 427.** RCW 71.32.150 and 2003 c 283 s 15 are each amended to
4 read as follows:

5 (1) Upon receiving a directive, a health care provider,
6 professional person, or health care facility providing treatment to
7 the principal, or persons acting under the direction of the health
8 care provider, professional person, or health care facility, shall
9 make the directive a part of the principal's medical record and shall
10 be deemed to have actual knowledge of the directive's contents.

11 (2) When acting under authority of a directive, a health care
12 provider, professional person, or health care facility shall act in
13 accordance with the provisions of the directive to the fullest extent
14 possible, unless in the determination of the health care provider,
15 professional person, or health care facility:

16 (a) Compliance with the provision would violate the accepted
17 standard of care established in RCW 7.70.040;

18 (b) The requested treatment is not available;

19 (c) Compliance with the provision would violate applicable law;
20 or

21 (d) It is an emergency situation and compliance would endanger
22 any person's life or health.

23 (3)(a) In the case of a principal committed or detained under the
24 involuntary treatment provisions of chapter 10.77, (~~(70.96A,)~~) 71.05,
25 71.09, or 71.34 RCW, those provisions of a principal's directive
26 that, in the determination of the health care provider, professional
27 person, or health care facility, are inconsistent with the purpose of
28 the commitment or with any order of the court relating to the
29 commitment are invalid during the commitment.

30 (b) Remaining provisions of a principal's directive are advisory
31 while the principal is committed or detained.

32 The treatment provider is encouraged to follow the remaining
33 provisions of the directive, except as provided in (a) of this
34 subsection or subsection (2) of this section.

35 (4) In the case of a principal who is incarcerated or committed
36 in a state or local correctional facility, provisions of the
37 principal's directive that are inconsistent with reasonable
38 penological objectives or administrative hearings regarding
39 involuntary medication are invalid during the period of incarceration

1 or commitment. In addition, treatment may be given despite refusal of
2 the principal or the provisions of the directive: (a) For any reason
3 under subsection (2) of this section; or (b) if, without the benefit
4 of the specific treatment measure, there is a significant possibility
5 that the person will harm self or others before an improvement of the
6 person's condition occurs.

7 (5)(a) If the health care provider, professional person, or
8 health care facility is, at the time of receiving the directive,
9 unable or unwilling to comply with any part or parts of the directive
10 for any reason, the health care provider, professional person, or
11 health care facility shall promptly notify the principal and, if
12 applicable, his or her agent and shall document the reason in the
13 principal's medical record.

14 (b) If the health care provider, professional person, or health
15 care facility is acting under authority of a directive and is unable
16 to comply with any part or parts of the directive for the reasons
17 listed in subsection (2) or (3) of this section, the health care
18 provider, professional person, or health care facility shall promptly
19 notify the principal and if applicable, his or her agent, and shall
20 document the reason in the principal's medical record.

21 (6) In the event that one or more parts of the directive are not
22 followed because of one or more of the reasons set forth in
23 subsection (2) or (4) of this section, all other parts of the
24 directive shall be followed.

25 (7) If no provider-patient relationship has previously been
26 established, nothing in this chapter requires the establishment of a
27 provider-patient relationship.

28 **Sec. 428.** RCW 72.09.315 and 2004 c 166 s 17 are each amended to
29 read as follows:

30 (1) When an offender is under court-ordered mental health or
31 chemical dependency treatment in the community and the supervision of
32 the department of corrections, and the community corrections officer
33 becomes aware that the person is in violation of the terms of the
34 court's treatment order, the community corrections officer shall
35 notify the (~~county designated mental health professional or the~~
36 ~~designated chemical dependency specialist~~) designated crisis
37 responder, as appropriate, of the violation and request an evaluation
38 for purposes of revocation of the less restrictive alternative or
39 conditional release.

1 (2) When a (~~county designated mental health professional or the~~
2 ~~designated chemical dependency specialist~~) designated crisis
3 responder notifies the department that an offender in a state
4 correctional facility is the subject of a petition for involuntary
5 treatment under chapter 71.05 (~~or 70.96A~~) RCW, the department shall
6 provide documentation of its risk assessment or other concerns to the
7 petitioner and the court if the department classified the offender as
8 a high risk or high needs offender.

9 **Sec. 429.** RCW 72.09.370 and 2014 c 225 s 95 are each amended to
10 read as follows:

11 (1) The offender reentry community safety program is established
12 to provide intensive services to offenders identified under this
13 subsection and to thereby promote public safety. The secretary shall
14 identify offenders in confinement or partial confinement who: (a) Are
15 reasonably believed to be dangerous to themselves or others; and (b)
16 have a mental disorder. In determining an offender's dangerousness,
17 the secretary shall consider behavior known to the department and
18 factors, based on research, that are linked to an increased risk for
19 dangerousness of offenders with mental illnesses and shall include
20 consideration of an offender's chemical dependency or abuse.

21 (2) Prior to release of an offender identified under this
22 section, a team consisting of representatives of the department of
23 corrections, the division of mental health, and, as necessary, the
24 indeterminate sentence review board, other divisions or
25 administrations within the department of social and health services,
26 specifically including the division of alcohol and substance abuse
27 and the division of developmental disabilities, the appropriate
28 behavioral health organization, and the providers, as appropriate,
29 shall develop a plan, as determined necessary by the team, for
30 delivery of treatment and support services to the offender upon
31 release. In developing the plan, the offender shall be offered
32 assistance in executing a mental health directive under chapter 71.32
33 RCW, after being fully informed of the benefits, scope, and purposes
34 of such directive. The team may include a school district
35 representative for offenders under the age of twenty-one. The team
36 shall consult with the offender's counsel, if any, and, as
37 appropriate, the offender's family and community. The team shall
38 notify the crime victim/witness program, which shall provide notice
39 to all people registered to receive notice under RCW 72.09.712 of the

1 proposed release plan developed by the team. Victims, witnesses, and
2 other interested people notified by the department may provide
3 information and comments to the department on potential safety risk
4 to specific individuals or classes of individuals posed by the
5 specific offender. The team may recommend: (a) That the offender be
6 evaluated by the designated (~~mental health professional~~) crisis
7 responder, as defined in chapter 71.05 RCW; (b) department-supervised
8 community treatment; or (c) voluntary community mental health or
9 chemical dependency or abuse treatment.

10 (3) Prior to release of an offender identified under this
11 section, the team shall determine whether or not an evaluation by a
12 designated (~~mental health professional~~) crisis responder is needed.
13 If an evaluation is recommended, the supporting documentation shall
14 be immediately forwarded to the appropriate designated (~~mental~~
15 ~~health professional~~) crisis responder. The supporting documentation
16 shall include the offender's criminal history, history of judicially
17 required or administratively ordered involuntary antipsychotic
18 medication while in confinement, and any known history of involuntary
19 civil commitment.

20 (4) If an evaluation by a designated (~~mental health~~
21 ~~professional~~) crisis responder is recommended by the team, such
22 evaluation shall occur not more than ten days, nor less than five
23 days, prior to release.

24 (5) A second evaluation by a designated (~~mental health~~
25 ~~professional~~) crisis responder shall occur on the day of release if
26 requested by the team, based upon new information or a change in the
27 offender's mental condition, and the initial evaluation did not
28 result in an emergency detention or a summons under chapter 71.05
29 RCW.

30 (6) If the designated (~~mental health professional~~) crisis
31 responder determines an emergency detention under chapter 71.05 RCW
32 is necessary, the department shall release the offender only to a
33 state hospital or to a consenting evaluation and treatment facility.
34 The department shall arrange transportation of the offender to the
35 hospital or facility.

36 (7) If the designated (~~mental health professional~~) crisis
37 responder believes that a less restrictive alternative treatment is
38 appropriate, he or she shall seek a summons, pursuant to the
39 provisions of chapter 71.05 RCW, to require the offender to appear at
40 an evaluation and treatment facility. If a summons is issued, the

1 offender shall remain within the corrections facility until
2 completion of his or her term of confinement and be transported, by
3 corrections personnel on the day of completion, directly to the
4 identified evaluation and treatment facility.

5 (8) The secretary shall adopt rules to implement this section.

6 **Sec. 430.** RCW 74.13.033 and 2009 c 569 s 3 are each amended to
7 read as follows:

8 (1) If a resident of a crisis residential center becomes by his
9 or her behavior disruptive to the facility's program, such resident
10 may be immediately removed to a separate area within the facility and
11 counseled on an individual basis until such time as the child regains
12 his or her composure. The department may set rules and regulations
13 establishing additional procedures for dealing with severely
14 disruptive children on the premises.

15 (2) When the juvenile resides in this facility, all services
16 deemed necessary to the juvenile's reentry to normal family life
17 shall be made available to the juvenile as required by chapter 13.32A
18 RCW. In assessing the child and providing these services, the
19 facility staff shall:

20 (a) Interview the juvenile as soon as possible;

21 (b) Contact the juvenile's parents and arrange for a counseling
22 interview with the juvenile and his or her parents as soon as
23 possible;

24 (c) Conduct counseling interviews with the juvenile and his or
25 her parents, to the end that resolution of the child/parent conflict
26 is attained and the child is returned home as soon as possible;

27 (d) Provide additional crisis counseling as needed, to the end
28 that placement of the child in the crisis residential center will be
29 required for the shortest time possible, but not to exceed fifteen
30 consecutive days; and

31 (e) Convene, when appropriate, a multidisciplinary team.

32 (3) Based on the assessments done under subsection (2) of this
33 section the center staff may refer any child who, as the result of a
34 mental or emotional disorder, or intoxication by alcohol or other
35 drugs, is suicidal, seriously assaultive, or seriously destructive
36 toward others, or otherwise similarly evidences an immediate need for
37 emergency medical evaluation and possible care, for evaluation
38 pursuant to chapter 71.34 RCW((7)) or to a ((~~mental health~~
39 ~~professional~~)) designated crisis responder pursuant to chapter 71.05

1 RCW(~~(, or to a chemical dependency specialist pursuant to chapter~~
2 ~~70.96A~~ RCW)) whenever such action is deemed appropriate and
3 consistent with law.

4 (4) A juvenile taking unauthorized leave from a facility shall be
5 apprehended and returned to it by law enforcement officers or other
6 persons designated as having this authority as provided in RCW
7 13.32A.050. If returned to the facility after having taken
8 unauthorized leave for a period of more than twenty-four hours a
9 juvenile shall be supervised by such a facility for a period,
10 pursuant to this chapter, which, unless where otherwise provided, may
11 not exceed fifteen consecutive days. Costs of housing juveniles
12 admitted to crisis residential centers shall be assumed by the
13 department for a period not to exceed fifteen consecutive days.

14 **Sec. 431.** RCW 74.50.070 and 1987 c 406 s 8 are each amended to
15 read as follows:

16 (1) If a county elects to establish a multipurpose diagnostic
17 center or detention center, the alcoholism and drug addiction
18 assessment service under RCW 74.50.040 may be integrated into the
19 services provided by such a center.

20 (2) The center may be financed from funds made available by the
21 department for alcoholism and drug addiction assessments under this
22 chapter and funds contained in the department's budget for
23 detoxification, involuntary detention, and involuntary treatment
24 under chapter(~~s 70.96A and~~) 71.05 RCW. The center may be operated
25 by the county or pursuant to contract between the county and a
26 qualified organization.

27 **PART V**
28 **MISCELLANEOUS**

29 NEW SECTION. **Sec. 501.** This act may be known and cited as Ricky
30 Garcia's act.

31 NEW SECTION. **Sec. 502.** Sections 202 through 263 and 401 through
32 431 of this act take effect April 1, 2017.

33 NEW SECTION. **Sec. 503.** Section 101 of this act expires April 1,
34 2016.

1 NEW SECTION. **Sec. 504.** Section 102 of this act takes effect
2 April 1, 2016.

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