

**2E2SSB 5720** - H COMM AMD

By Committee on Appropriations

**ADOPTED AND ENGROSSED 3/5/20**

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

3 **"Sec. 1.** RCW 71.05.010 and 2016 sp.s. c 29 s 203 are each  
4 amended to read as follows:

5 (1) The provisions of this chapter apply to persons who are  
6 eighteen years of age or older and are intended by the legislature:

7 (a) To protect the health and safety of persons suffering from  
8 (~~mental disorders and substance use~~) behavioral health disorders  
9 and to protect public safety through use of the parens patriae and  
10 police powers of the state;

11 (b) To prevent inappropriate, indefinite commitment of (~~mentally~~  
12 ~~disordered persons and persons with substance use disorders~~) persons  
13 living with behavioral health disorders and to eliminate legal  
14 disabilities that arise from such commitment;

15 (c) To provide prompt evaluation and timely and appropriate  
16 treatment of persons with serious (~~mental disorders and substance~~  
17 ~~use~~) behavioral health disorders;

18 (d) To safeguard individual rights;

19 (e) To provide continuity of care for persons with serious  
20 (~~mental disorders and substance use~~) behavioral health disorders;

21 (f) To encourage the full use of all existing agencies,  
22 professional personnel, and public funds to prevent duplication of  
23 services and unnecessary expenditures; and

24 (g) To encourage, whenever appropriate, that services be provided  
25 within the community.

26 (2) When construing the requirements of this chapter the court  
27 must focus on the merits of the petition, except where requirements  
28 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d  
29 259, 281 (2002). A presumption in favor of deciding petitions on  
30 their merits furthers both public and private interests because the  
31 mental and physical well-being of individuals as well as public

1 safety may be implicated by the decision to release an individual and  
2 discontinue his or her treatment.

3 **Sec. 2.** RCW 71.05.012 and 1997 c 112 s 1 are each amended to  
4 read as follows:

5 It is the intent of the legislature to enhance continuity of care  
6 for persons with serious (~~mental~~) behavioral health disorders that  
7 can be controlled or stabilized in a less restrictive alternative  
8 commitment. Within the guidelines stated in *In re LaBelle* 107 Wn. 2d  
9 196 (1986), the legislature intends to encourage appropriate  
10 interventions at a point when there is the best opportunity to  
11 restore the person to or maintain satisfactory functioning.

12 For persons with a prior history or pattern of repeated  
13 hospitalizations or law enforcement interventions due to  
14 decompensation, the consideration of prior (~~mental~~) history is  
15 particularly relevant in determining whether the person would  
16 receive, if released, such care as is essential for his or her health  
17 or safety.

18 Therefore, the legislature finds that for persons who are  
19 currently under a commitment order, a prior history of decompensation  
20 leading to repeated hospitalizations or law enforcement interventions  
21 should be given great weight in determining whether a new less  
22 restrictive alternative commitment should be ordered.

23 **Sec. 3.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
24 2019 c 325 s 3001 are each reenacted and amended to read as follows:

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

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

31 (2) "Alcoholism" means a disease, characterized by a dependency  
32 on alcoholic beverages, loss of control over the amount and  
33 circumstances of use, symptoms of tolerance, physiological or  
34 psychological withdrawal, or both, if use is reduced or discontinued,  
35 and impairment of health or disruption of social or economic  
36 functioning;

37 (3) "Antipsychotic medications" means that class of drugs  
38 primarily used to treat serious manifestations of mental illness

1 associated with thought disorders, which includes, but is not limited  
2 to atypical antipsychotic medications;

3 (4) "Approved substance use disorder treatment program" means a  
4 program for persons with a substance use disorder provided by a  
5 treatment program certified by the department as meeting standards  
6 adopted under chapter 71.24 RCW;

7 (5) "Attending staff" means any person on the staff of a public  
8 or private agency having responsibility for the care and treatment of  
9 a patient;

10 (6) "Authority" means the Washington state health care authority;

11 (7) "Co-occurring disorder specialist" means an individual  
12 possessing an enhancement granted by the department of health under  
13 chapter 18.205 RCW that certifies the individual to provide substance  
14 use disorder counseling subject to the practice limitations under RCW  
15 18.205.105;

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

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

21 (10) "Crisis stabilization unit" means a short-term facility or a  
22 portion of a facility licensed or certified by the department, such  
23 as an evaluation and treatment facility or a hospital, which has been  
24 designed to assess, diagnose, and treat individuals experiencing an  
25 acute crisis without the use of long-term hospitalization;

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

30 (12) "Department" means the department of health;

31 (13) "Designated crisis responder" means a mental health  
32 professional appointed by the county or an entity appointed by the  
33 county, to perform the duties specified in this chapter;

34 (14) "Detention" or "detain" means the lawful confinement of a  
35 person, under the provisions of this chapter;

36 (15) "Developmental disabilities professional" means a person who  
37 has specialized training and three years of experience in directly  
38 treating or working with persons with developmental disabilities and  
39 is a psychiatrist, physician assistant working with a supervising  
40 psychiatrist, psychologist, psychiatric advanced registered nurse

1 practitioner, or social worker, and such other developmental  
2 disabilities professionals as may be defined by rules adopted by the  
3 secretary of the department of social and health services;

4 (16) "Developmental disability" means that condition defined in  
5 RCW 71A.10.020(5);

6 (17) "Director" means the director of the authority;

7 (18) "Discharge" means the termination of hospital medical  
8 authority. The commitment may remain in place, be terminated, or be  
9 amended by court order;

10 (19) "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 (20) "Evaluation and treatment facility" means any facility which  
17 can provide directly, or by direct arrangement with other public or  
18 private agencies, emergency evaluation and treatment, outpatient  
19 care, and timely and appropriate inpatient care to persons suffering  
20 from a mental disorder, and which is licensed or certified as such by  
21 the department. The authority may certify single beds as temporary  
22 evaluation and treatment beds under RCW 71.05.745. A physically  
23 separate and separately operated portion of a state hospital may be  
24 designated as an evaluation and treatment facility. A facility which  
25 is part of, or operated by, the department of social and health  
26 services or any federal agency will not require certification. No  
27 correctional institution or facility, or jail, shall be an evaluation  
28 and treatment facility within the meaning of this chapter;

29 (21) "Gravely disabled" means a condition in which a person, as a  
30 result of a ~~((mental))~~ behavioral health disorder ~~((, or as a result~~  
31 ~~of the use of alcohol or other psychoactive chemicals))~~): (a) Is in  
32 danger of serious physical harm resulting from a failure to provide  
33 for his or her essential human needs of health or safety; or (b)  
34 manifests severe deterioration in routine functioning evidenced by  
35 repeated and escalating loss of cognitive or volitional control over  
36 his or her actions and is not receiving such care as is essential for  
37 his or her health or safety;

38 (22) "Habilitative services" means those services provided by  
39 program personnel to assist persons in acquiring and maintaining life  
40 skills and in raising their levels of physical, mental, social, and

1 vocational functioning. Habilitative services include education,  
2 training for employment, and therapy. The habilitative process shall  
3 be undertaken with recognition of the risk to the public safety  
4 presented by the person being assisted as manifested by prior charged  
5 criminal conduct;

6 (23) "Hearing" means any proceeding conducted in open court (~~For purposes of this chapter, at any hearing the petitioner, the~~  
7 ~~respondent, the witnesses, and the presiding judicial officer may be~~  
8 ~~present and participate either in person or by video, as determined~~  
9 ~~by the court. The term "video" as used herein shall include any~~  
10 ~~functional equivalent. At any hearing conducted by video, the~~  
11 ~~technology used must permit the judicial officer, counsel, all~~  
12 ~~parties, and the witnesses to be able to see, hear, and speak, when~~  
13 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~  
14 ~~other materials during the hearing; and to allow respondent's counsel~~  
15 ~~to be in the same location as the respondent unless otherwise~~  
16 ~~requested by the respondent or the respondent's counsel. Witnesses in~~  
17 ~~a proceeding may also appear in court through other means, including~~  
18 ~~telephonically, pursuant to the requirements of superior court civil~~  
19 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~  
20 ~~motion or upon a motion for good cause by any party, may require all~~  
21 ~~parties and witnesses to participate in the hearing in person rather~~  
22 ~~than by video. In ruling on any such motion, the court may allow in-~~  
23 ~~person or video testimony; and the court may consider, among other~~  
24 ~~things, whether the respondent's alleged mental illness affects the~~  
25 ~~respondent's ability to perceive or participate in the proceeding by~~  
26 ~~video)) that conforms to the requirements of section 101 of this act;~~

27  
28 (24) "History of one or more violent acts" refers to the period  
29 of time ten years prior to the filing of a petition under this  
30 chapter, excluding any time spent, but not any violent acts  
31 committed, in a ((~~mental~~)) behavioral health facility (~~(, a long-term~~  
32 ~~alcoholism or drug treatment facility)), or in confinement as a~~  
33 result of a criminal conviction;

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

36 (26) "In need of assisted outpatient behavioral health treatment"  
37 means that a person, as a result of a ((~~mental disorder or substance~~  
38 ~~use~~)) behavioral health disorder: (a) Has been committed by a court  
39 to detention for involuntary behavioral health treatment during the  
40 preceding thirty-six months; (b) is unlikely to voluntarily

1 participate in outpatient treatment without an order for less  
2 restrictive alternative treatment, based on a history of nonadherence  
3 with treatment or in view of the person's current behavior; (c) is  
4 likely to benefit from less restrictive alternative treatment; and  
5 (d) requires less restrictive alternative treatment to prevent a  
6 relapse, decompensation, or deterioration that is likely to result in  
7 the person presenting a likelihood of serious harm or the person  
8 becoming gravely disabled within a reasonably short period of time;

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

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

15 (b) The conditions and strategies necessary to achieve the  
16 purposes of habilitation;

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

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

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

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

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

29 ~~((("Information related to mental health services" means all  
30 information and records compiled, obtained, or maintained in the  
31 course of providing services to either voluntary or involuntary  
32 recipients of services by a mental health service provider. This may  
33 include documents of legal proceedings under this chapter or chapter  
34 71.34 or 10.77 RCW, or somatic health care information;~~

35 ~~(29))~~ "Intoxicated person" means a person whose mental or  
36 physical functioning is substantially impaired as a result of the use  
37 of alcohol or other psychoactive chemicals;

38 ~~((30))~~ (29) "Judicial commitment" means a commitment by a court  
39 pursuant to the provisions of this chapter;

1       (~~(31)~~) (30) "Legal counsel" means attorneys and staff employed  
2 by county prosecutor offices or the state attorney general acting in  
3 their capacity as legal representatives of public (~~(mental)~~)  
4 behavioral health (~~(and substance use disorder)~~) service providers  
5 under RCW 71.05.130;

6       (~~(32)~~) (31) "Less restrictive alternative treatment" means a  
7 program of individualized treatment in a less restrictive setting  
8 than inpatient treatment that includes the services described in RCW  
9 71.05.585;

10       (~~(33)~~) (32) "Licensed physician" means a person licensed to  
11 practice medicine or osteopathic medicine and surgery in the state of  
12 Washington;

13       (~~(34)~~) (33) "Likelihood of serious harm" means:

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

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

25       (~~(35)~~) (34) "Medical clearance" means a physician or other  
26 health care provider has determined that a person is medically stable  
27 and ready for referral to the designated crisis responder;

28       (~~(36)~~) (35) "Mental disorder" means any organic, mental, or  
29 emotional impairment which has substantial adverse effects on a  
30 person's cognitive or volitional functions;

31       (~~(37)~~) (36) "Mental health professional" means a psychiatrist,  
32 psychologist, physician assistant working with a supervising  
33 psychiatrist, psychiatric advanced registered nurse practitioner,  
34 psychiatric nurse, or social worker, and such other mental health  
35 professionals as may be defined by rules adopted by the secretary  
36 pursuant to the provisions of this chapter;

37       (~~(38)~~) (37) "~~(Mental)~~ Behavioral health service provider"  
38 means a public or private agency that provides mental health,  
39 substance use disorder, or co-occurring disorder services to persons  
40 with (~~(mental disorders or substance use)~~) behavioral health

1 disorders as defined under this section and receives funding from  
2 public sources. This includes, but is not limited to, hospitals  
3 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
4 as defined in this section, community mental health service delivery  
5 systems or community behavioral health programs as defined in RCW  
6 71.24.025, facilities conducting competency evaluations and  
7 restoration under chapter 10.77 RCW, approved substance use disorder  
8 treatment programs as defined in this section, secure withdrawal  
9 management and stabilization facilities as defined in this section,  
10 and correctional facilities operated by state and local governments;

11 ~~((39))~~ (38) "Peace officer" means a law enforcement official of  
12 a public agency or governmental unit, and includes persons  
13 specifically given peace officer powers by any state law, local  
14 ordinance, or judicial order of appointment;

15 ~~((40))~~ (39) "Physician assistant" means a person licensed as a  
16 physician assistant under chapter 18.57A or 18.71A RCW;

17 ~~((41))~~ (40) "Private agency" means any person, partnership,  
18 corporation, or association that is not a public agency, whether or  
19 not financed in whole or in part by public funds, which constitutes  
20 an evaluation and treatment facility or private institution, or  
21 hospital, or approved substance use disorder treatment program, which  
22 is conducted for, or includes a department or ward conducted for, the  
23 care and treatment of persons with ~~((mental illness, substance use  
24 disorders, or both mental illness and substance use))~~ behavioral  
25 health disorders;

26 ~~((42))~~ (41) "Professional person" means a mental health  
27 professional, substance use disorder professional, or designated  
28 crisis responder and shall also mean a physician, physician  
29 assistant, psychiatric advanced registered nurse practitioner,  
30 registered nurse, and such others as may be defined by rules adopted  
31 by the secretary pursuant to the provisions of this chapter;

32 ~~((43))~~ (42) "Psychiatric advanced registered nurse  
33 practitioner" means a person who is licensed as an advanced  
34 registered nurse practitioner pursuant to chapter 18.79 RCW; and who  
35 is board certified in advanced practice psychiatric and mental health  
36 nursing;

37 ~~((44))~~ (43) "Psychiatrist" means a person having a license as a  
38 physician and surgeon in this state who has in addition completed  
39 three years of graduate training in psychiatry in a program approved  
40 by the American medical association or the American osteopathic



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

3 ~~((45))~~ (44) "Psychologist" means a person who has been licensed  
4 as a psychologist pursuant to chapter 18.83 RCW;

5 ~~((46))~~ (45) "Public agency" means any evaluation and treatment  
6 facility or institution, secure withdrawal management and  
7 stabilization facility, approved substance use disorder treatment  
8 program, or hospital which is conducted for, or includes a department  
9 or ward conducted for, the care and treatment of persons with  
10 ~~((mental illness, substance use disorders, or both mental illness and  
11 substance use))~~ behavioral health disorders, if the agency is  
12 operated directly by federal, state, county, or municipal government,  
13 or a combination of such governments;

14 ~~((47))~~ (46) "Release" means legal termination of the commitment  
15 under the provisions of this chapter;

16 ~~((48))~~ (47) "Resource management services" has the meaning  
17 given in chapter 71.24 RCW;

18 ~~((49))~~ (48) "Secretary" means the secretary of the department  
19 of health, or his or her designee;

20 ~~((50))~~ (49) "Secure withdrawal management and stabilization  
21 facility" means a facility operated by either a public or private  
22 agency or by the program of an agency which provides care to  
23 voluntary individuals and individuals involuntarily detained and  
24 committed under this chapter for whom there is a likelihood of  
25 serious harm or who are gravely disabled due to the presence of a  
26 substance use disorder. Secure withdrawal management and  
27 stabilization facilities must:

28 (a) Provide the following services:

29 (i) Assessment and treatment, provided by certified substance use  
30 disorder professionals or co-occurring disorder specialists;

31 (ii) Clinical stabilization services;

32 (iii) Acute or subacute detoxification services for intoxicated  
33 individuals; and

34 (iv) Discharge assistance provided by certified substance use  
35 disorder professionals or co-occurring disorder specialists,  
36 including facilitating transitions to appropriate voluntary or  
37 involuntary inpatient services or to less restrictive alternatives as  
38 appropriate for the individual;

39 (b) Include security measures sufficient to protect the patients,  
40 staff, and community; and

1 (c) Be licensed or certified as such by the department of health;  
2 ((~~51~~) "Serious violent offense" has the same meaning as provided  
3 in RCW 9.94A.030;  
4 (~~52~~)) (50) "Social worker" means a person with a master's or  
5 further advanced degree from a social work educational program  
6 accredited and approved as provided in RCW 18.320.010;  
7 ((~~53~~)) (51) "Substance use disorder" means a cluster of  
8 cognitive, behavioral, and physiological symptoms indicating that an  
9 individual continues using the substance despite significant  
10 substance-related problems. The diagnosis of a substance use disorder  
11 is based on a pathological pattern of behaviors related to the use of  
12 the substances;  
13 ((~~54~~)) (52) "Substance use disorder professional" means a  
14 person certified as a substance use disorder professional by the  
15 department of health under chapter 18.205 RCW;  
16 ((~~55~~)) (53) "Therapeutic court personnel" means the staff of a  
17 mental health court or other therapeutic court which has jurisdiction  
18 over defendants who are dually diagnosed with mental disorders,  
19 including court personnel, probation officers, a court monitor,  
20 prosecuting attorney, or defense counsel acting within the scope of  
21 therapeutic court duties;  
22 ((~~56~~)) (54) "Treatment records" include registration and all  
23 other records concerning persons who are receiving or who at any time  
24 have received services for (~~mental illness~~) behavioral health  
25 disorders, which are maintained by the department of social and  
26 health services, the department, the authority, behavioral health  
27 administrative services organizations and their staffs, managed care  
28 organizations and their staffs, and by treatment facilities.  
29 Treatment records include mental health information contained in a  
30 medical bill including but not limited to mental health drugs, a  
31 mental health diagnosis, provider name, and dates of service stemming  
32 from a medical service. Treatment records do not include notes or  
33 records maintained for personal use by a person providing treatment  
34 services for the department of social and health services, the  
35 department, the authority, behavioral health administrative services  
36 organizations, managed care organizations, or a treatment facility if  
37 the notes or records are not available to others;  
38 ((~~57~~)) (55) "Triage facility" means a short-term facility or a  
39 portion of a facility licensed or certified by the department, which  
40 is designed as a facility to assess and stabilize an individual or

1 determine the need for involuntary commitment of an individual, and  
2 must meet department residential treatment facility standards. A  
3 triage facility may be structured as a voluntary or involuntary  
4 placement facility;

5 ~~((58))~~ (56) "Violent act" means behavior that resulted in  
6 homicide, attempted suicide, ~~((nonfatal—injuries))~~ injury, or  
7 substantial loss or damage to property;

8 (57) "Behavioral health disorder" means either a mental disorder  
9 as defined in this section, a substance use disorder as defined in  
10 this section, or a co-occurring mental disorder and substance use  
11 disorder;

12 (58) "Written order of apprehension" means an order of the court  
13 for a peace officer to deliver the named person in the order to a  
14 facility or emergency room as determined by the designated crisis  
15 responder. Such orders shall be entered into the Washington crime  
16 information center database;

17 (59) "Video," unless the context clearly indicates otherwise,  
18 means the delivery of behavioral health services through the use of  
19 interactive audio and video technology, permitting real-time  
20 communication between a person and a designated crisis responder, for  
21 the purpose of evaluation. "Video" does not include the use of audio-  
22 only telephone, facsimile, email, or store and forward technology.  
23 "Store and forward technology" means use of an asynchronous  
24 transmission of a person's medical information from a mental health  
25 service provider to the designated crisis responder which results in  
26 medical diagnosis, consultation, or treatment.

27 **Sec. 4.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
28 2019 c 325 s 3001 are each reenacted and amended to read as follows:

29 The definitions in this section apply throughout this chapter  
30 unless the context clearly requires otherwise.

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

35 (2) "Alcoholism" means a disease, characterized by a dependency  
36 on alcoholic beverages, loss of control over the amount and  
37 circumstances of use, symptoms of tolerance, physiological or  
38 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic  
2 functioning;

3 (3) "Antipsychotic medications" means that class of drugs  
4 primarily used to treat serious manifestations of mental illness  
5 associated with thought disorders, which includes, but is not limited  
6 to atypical antipsychotic medications;

7 (4) "Approved substance use disorder treatment program" means a  
8 program for persons with a substance use disorder provided by a  
9 treatment program certified by the department as meeting standards  
10 adopted under chapter 71.24 RCW;

11 (5) "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 (6) "Authority" means the Washington state health care authority;

15 (7) "Co-occurring disorder specialist" means an individual  
16 possessing an enhancement granted by the department of health under  
17 chapter 18.205 RCW that certifies the individual to provide substance  
18 use disorder counseling subject to the practice limitations under RCW  
19 18.205.105;

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

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

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

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

34 (12) "Department" means the department of health;

35 (13) "Designated crisis responder" means a mental health  
36 professional appointed by the county or an entity appointed by the  
37 county, to perform the duties specified in this chapter;

38 (14) "Detention" or "detain" means the lawful confinement of a  
39 person, under the provisions of this chapter;

1 (15) "Developmental disabilities professional" means a person who  
2 has specialized training and three years of experience in directly  
3 treating or working with persons with developmental disabilities and  
4 is a psychiatrist, physician assistant working with a supervising  
5 psychiatrist, psychologist, psychiatric advanced registered nurse  
6 practitioner, or social worker, and such other developmental  
7 disabilities professionals as may be defined by rules adopted by the  
8 secretary of the department of social and health services;

9 (16) "Developmental disability" means that condition defined in  
10 RCW 71A.10.020(5);

11 (17) "Director" means the director of the authority;

12 (18) "Discharge" means the termination of hospital medical  
13 authority. The commitment may remain in place, be terminated, or be  
14 amended by court order;

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

21 (20) "Evaluation and treatment facility" means any facility which  
22 can provide directly, or by direct arrangement with other public or  
23 private agencies, emergency evaluation and treatment, outpatient  
24 care, and timely and appropriate inpatient care to persons suffering  
25 from a mental disorder, and which is licensed or certified as such by  
26 the department. The authority may certify single beds as temporary  
27 evaluation and treatment beds under RCW 71.05.745. A physically  
28 separate and separately operated portion of a state hospital may be  
29 designated as an evaluation and treatment facility. A facility which  
30 is part of, or operated by, the department of social and health  
31 services or any federal agency will not require certification. No  
32 correctional institution or facility, or jail, shall be an evaluation  
33 and treatment facility within the meaning of this chapter;

34 (21) "Gravely disabled" means a condition in which a person, as a  
35 result of a (~~mental~~) behavioral health disorder(~~(, or as a result~~  
36 ~~of the use of alcohol or other psychoactive chemicals)~~): (a) Is in  
37 danger of serious physical harm resulting from a failure to provide  
38 for his or her essential human needs of health or safety; or (b)  
39 manifests severe deterioration (~~(in routine functioning)~~) from safe  
40 behavior evidenced by repeated and escalating loss of cognitive or

1 volitional control over his or her actions and is not receiving such  
2 care as is essential for his or her health or safety;

3 (22) "Habilitative services" means those services provided by  
4 program personnel to assist persons in acquiring and maintaining life  
5 skills and in raising their levels of physical, mental, social, and  
6 vocational functioning. Habilitative services include education,  
7 training for employment, and therapy. The habilitative process shall  
8 be undertaken with recognition of the risk to the public safety  
9 presented by the person being assisted as manifested by prior charged  
10 criminal conduct;

11 (23) "Hearing" means any proceeding conducted in open court(~~(-~~  
12 ~~For purposes of this chapter, at any hearing the petitioner, the~~  
13 ~~respondent, the witnesses, and the presiding judicial officer may be~~  
14 ~~present and participate either in person or by video, as determined~~  
15 ~~by the court. The term "video" as used herein shall include any~~  
16 ~~functional equivalent. At any hearing conducted by video, the~~  
17 ~~technology used must permit the judicial officer, counsel, all~~  
18 ~~parties, and the witnesses to be able to see, hear, and speak, when~~  
19 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~  
20 ~~other materials during the hearing; and to allow respondent's counsel~~  
21 ~~to be in the same location as the respondent unless otherwise~~  
22 ~~requested by the respondent or the respondent's counsel. Witnesses in~~  
23 ~~a proceeding may also appear in court through other means, including~~  
24 ~~telephonically, pursuant to the requirements of superior court civil~~  
25 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~  
26 ~~motion or upon a motion for good cause by any party, may require all~~  
27 ~~parties and witnesses to participate in the hearing in person rather~~  
28 ~~than by video. In ruling on any such motion, the court may allow in-~~  
29 ~~person or video testimony; and the court may consider, among other~~  
30 ~~things, whether the respondent's alleged mental illness affects the~~  
31 ~~respondent's ability to perceive or participate in the proceeding by~~  
32 ~~video)) that conforms to the requirements of section 101 of this act;~~

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

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

1 (26) "In need of assisted outpatient behavioral health treatment"  
2 means that a person, as a result of a (~~mental disorder or substance~~  
3 ~~use~~) behavioral health disorder: (a) Has been committed by a court  
4 to detention for involuntary behavioral health treatment during the  
5 preceding thirty-six months; (b) is unlikely to voluntarily  
6 participate in outpatient treatment without an order for less  
7 restrictive alternative treatment, based on a history of nonadherence  
8 with treatment or in view of the person's current behavior; (c) is  
9 likely to benefit from less restrictive alternative treatment; and  
10 (d) requires less restrictive alternative treatment to prevent a  
11 relapse, decompensation, or deterioration that is likely to result in  
12 the person presenting a likelihood of serious harm or the person  
13 becoming gravely disabled within a reasonably short period of time;

14 (27) "Individualized service plan" means a plan prepared by a  
15 developmental disabilities professional with other professionals as a  
16 team, for a person with developmental disabilities, which shall  
17 state:

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

20 (b) The conditions and strategies necessary to achieve the  
21 purposes of habilitation;

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

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

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

27 (f) Where relevant in light of past criminal behavior and due  
28 consideration for public safety, the criteria for proposed movement  
29 to less-restrictive settings, criteria for proposed eventual  
30 discharge or release, and a projected possible date for discharge or  
31 release; and

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

34 (28) (~~"Information related to mental health services" means all~~  
35 ~~information and records compiled, obtained, or maintained in the~~  
36 ~~course of providing services to either voluntary or involuntary~~  
37 ~~recipients of services by a mental health service provider. This may~~  
38 ~~include documents of legal proceedings under this chapter or chapter~~  
39 ~~71.34 or 10.77 RCW, or somatic health care information;~~

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

4       ~~((30))~~ (29) "Judicial commitment" means a commitment by a court  
5 pursuant to the provisions of this chapter;

6       ~~((31))~~ (30) "Legal counsel" means attorneys and staff employed  
7 by county prosecutor offices or the state attorney general acting in  
8 their capacity as legal representatives of public ~~((mental))~~  
9 behavioral health ~~((and substance use disorder))~~ service providers  
10 under RCW 71.05.130;

11       ~~((32))~~ (31) "Less restrictive alternative treatment" means a  
12 program of individualized treatment in a less restrictive setting  
13 than inpatient treatment that includes the services described in RCW  
14 71.05.585;

15       ~~((33))~~ (32) "Licensed physician" means a person licensed to  
16 practice medicine or osteopathic medicine and surgery in the state of  
17 Washington;

18       ~~((34))~~ (33) "Likelihood of serious harm" means:

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

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

31       ~~((35))~~ (34) "Medical clearance" means a physician or other  
32 health care provider has determined that a person is medically stable  
33 and ready for referral to the designated crisis responder;

34       ~~((36))~~ (35) "Mental disorder" means any organic, mental, or  
35 emotional impairment which has substantial adverse effects on a  
36 person's cognitive or volitional functions;

37       ~~((37))~~ (36) "Mental health professional" means a psychiatrist,  
38 psychologist, physician assistant working with a supervising  
39 psychiatrist, psychiatric advanced registered nurse practitioner,  
40 psychiatric nurse, or social worker, and such other mental health



1 professionals as may be defined by rules adopted by the secretary  
2 pursuant to the provisions of this chapter;

3 ~~((38))~~ (37) "~~(Mental)~~ Behavioral health service provider"  
4 means a public or private agency that provides mental health,  
5 substance use disorder, or co-occurring disorder services to persons  
6 with ~~((mental disorders or substance use))~~ behavioral health  
7 disorders as defined under this section and receives funding from  
8 public sources. This includes, but is not limited to, hospitals  
9 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
10 as defined in this section, community mental health service delivery  
11 systems or community behavioral health programs as defined in RCW  
12 71.24.025, facilities conducting competency evaluations and  
13 restoration under chapter 10.77 RCW, approved substance use disorder  
14 treatment programs as defined in this section, secure withdrawal  
15 management and stabilization facilities as defined in this section,  
16 and correctional facilities operated by state and local governments;

17 ~~((39))~~ (38) "Peace officer" means a law enforcement official of  
18 a public agency or governmental unit, and includes persons  
19 specifically given peace officer powers by any state law, local  
20 ordinance, or judicial order of appointment;

21 ~~((40))~~ (39) "Physician assistant" means a person licensed as a  
22 physician assistant under chapter 18.57A or 18.71A RCW;

23 ~~((41))~~ (40) "Private agency" means any person, partnership,  
24 corporation, or association that is not a public agency, whether or  
25 not financed in whole or in part by public funds, which constitutes  
26 an evaluation and treatment facility or private institution, or  
27 hospital, or approved substance use disorder treatment program, which  
28 is conducted for, or includes a department or ward conducted for, the  
29 care and treatment of persons with ~~((mental illness, substance use  
30 disorders, or both mental illness and substance use))~~ behavioral  
31 health disorders;

32 ~~((42))~~ (41) "Professional person" means a mental health  
33 professional, substance use disorder professional, or designated  
34 crisis responder and shall also mean a physician, physician  
35 assistant, psychiatric advanced registered nurse practitioner,  
36 registered nurse, and such others as may be defined by rules adopted  
37 by the secretary pursuant to the provisions of this chapter;

38 ~~((43))~~ (42) "Psychiatric advanced registered nurse  
39 practitioner" means a person who is licensed as an advanced  
40 registered nurse practitioner pursuant to chapter 18.79 RCW; and who

1 is board certified in advanced practice psychiatric and mental health  
2 nursing;

3 ~~((44))~~ (43) "Psychiatrist" means a person having a license as a  
4 physician and surgeon in this state who has in addition completed  
5 three years of graduate training in psychiatry in a program approved  
6 by the American medical association or the American osteopathic  
7 association and is certified or eligible to be certified by the  
8 American board of psychiatry and neurology;

9 ~~((45))~~ (44) "Psychologist" means a person who has been licensed  
10 as a psychologist pursuant to chapter 18.83 RCW;

11 ~~((46))~~ (45) "Public agency" means any evaluation and treatment  
12 facility or institution, secure withdrawal management and  
13 stabilization facility, approved substance use disorder treatment  
14 program, or hospital which is conducted for, or includes a department  
15 or ward conducted for, the care and treatment of persons with  
16 ~~((mental illness, substance use disorders, or both mental illness and  
17 substance use))~~ behavioral health disorders, if the agency is  
18 operated directly by federal, state, county, or municipal government,  
19 or a combination of such governments;

20 ~~((47))~~ (46) "Release" means legal termination of the commitment  
21 under the provisions of this chapter;

22 ~~((48))~~ (47) "Resource management services" has the meaning  
23 given in chapter 71.24 RCW;

24 ~~((49))~~ (48) "Secretary" means the secretary of the department  
25 of health, or his or her designee;

26 ~~((50))~~ (49) "Secure withdrawal management and stabilization  
27 facility" means a facility operated by either a public or private  
28 agency or by the program of an agency which provides care to  
29 voluntary individuals and individuals involuntarily detained and  
30 committed under this chapter for whom there is a likelihood of  
31 serious harm or who are gravely disabled due to the presence of a  
32 substance use disorder. Secure withdrawal management and  
33 stabilization facilities must:

34 (a) Provide the following services:

35 (i) Assessment and treatment, provided by certified substance use  
36 disorder professionals or co-occurring disorder specialists;

37 (ii) Clinical stabilization services;

38 (iii) Acute or subacute detoxification services for intoxicated  
39 individuals; and

1 (iv) Discharge assistance provided by certified substance use  
2 disorder professionals or co-occurring disorder specialists, including  
3 facilitating transitions to appropriate voluntary or involuntary  
4 inpatient services or to less restrictive alternatives as appropriate  
5 for the individual;

6 (b) Include security measures sufficient to protect the patients,  
7 staff, and community; and

8 (c) Be licensed or certified as such by the department of health;

9 ~~((51) "Serious violent offense" has the same meaning as provided  
10 in RCW 9.94A.030;~~

11 ~~(52))~~ (50) "Social worker" means a person with a master's or  
12 further advanced degree from a social work educational program  
13 accredited and approved as provided in RCW 18.320.010;

14 ~~((53))~~ (51) "Substance use disorder" means a cluster of  
15 cognitive, behavioral, and physiological symptoms indicating that an  
16 individual continues using the substance despite significant  
17 substance-related problems. The diagnosis of a substance use disorder  
18 is based on a pathological pattern of behaviors related to the use of  
19 the substances;

20 ~~((54))~~ (52) "Substance use disorder professional" means a  
21 person certified as a substance use disorder professional by the  
22 department of health under chapter 18.205 RCW;

23 ~~((55))~~ (53) "Therapeutic court personnel" means the staff of a  
24 mental health court or other therapeutic court which has jurisdiction  
25 over defendants who are dually diagnosed with mental disorders,  
26 including court personnel, probation officers, a court monitor,  
27 prosecuting attorney, or defense counsel acting within the scope of  
28 therapeutic court duties;

29 ~~((56))~~ (54) "Treatment records" include registration and all  
30 other records concerning persons who are receiving or who at any time  
31 have received services for ~~((mental illness))~~ behavioral health  
32 disorders, which are maintained by the department of social and  
33 health services, the department, the authority, behavioral health  
34 administrative services organizations and their staffs, managed care  
35 organizations and their staffs, and by treatment facilities.  
36 Treatment records include mental health information contained in a  
37 medical bill including but not limited to mental health drugs, a  
38 mental health diagnosis, provider name, and dates of service stemming  
39 from a medical service. Treatment records do not include notes or  
40 records maintained for personal use by a person providing treatment

1 services for the department of social and health services, the  
2 department, the authority, behavioral health administrative services  
3 organizations, managed care organizations, or a treatment facility if  
4 the notes or records are not available to others;

5 ~~((57))~~ (55) "Triage facility" means a short-term facility or a  
6 portion of a facility licensed or certified by the department, which  
7 is designed as a facility to assess and stabilize an individual or  
8 determine the need for involuntary commitment of an individual, and  
9 must meet department residential treatment facility standards. A  
10 triage facility may be structured as a voluntary or involuntary  
11 placement facility;

12 ~~((58))~~ (56) "Violent act" means behavior that resulted in  
13 homicide, attempted suicide, ~~((nonfatal—injuries))~~ injury, or  
14 substantial loss or damage to property;

15 (57) "Behavioral health disorder" means either a mental disorder  
16 as defined in this section, a substance use disorder as defined in  
17 this section, or a co-occurring mental disorder and substance use  
18 disorder;

19 (58) "Severe deterioration from safe behavior" means that a  
20 person will, if not treated, suffer or continue to suffer severe and  
21 abnormal mental, emotional, or physical distress, and this distress  
22 is associated with significant impairment of judgment, reason, or  
23 behavior;

24 (59) "Written order of apprehension" means an order of the court  
25 for a peace officer to deliver the named person in the order to a  
26 facility or emergency room as determined by the designated crisis  
27 responder. Such orders shall be entered into the Washington crime  
28 information center database;

29 (60) "Video," unless the context clearly indicates otherwise,  
30 means the delivery of behavioral health services through the use of  
31 interactive audio and video technology, permitting real-time  
32 communication between a person and a designated crisis responder, for  
33 the purpose of evaluation. "Video" does not include the use of audio-  
34 only telephone, facsimile, email, or store and forward technology.  
35 "Store and forward technology" means use of an asynchronous  
36 transmission of a person's medical information from a mental health  
37 service provider to the designated crisis responder which results in  
38 medical diagnosis, consultation, or treatment.

1       **Sec. 5.** RCW 71.05.025 and 2019 c 325 s 3002 are each amended to  
2 read as follows:

3       The legislature intends that the procedures and services  
4 authorized in this chapter be integrated with those in chapter 71.24  
5 RCW to the maximum extent necessary to assure ((a)) an appropriate  
6 continuum of care ((to)) for persons with ((~~mental illness or who~~  
7 ~~have mental disorders or substance use~~)) behavioral health disorders,  
8 as defined in either or both this chapter and chapter 71.24 RCW. To  
9 this end, behavioral health administrative services organizations  
10 established in accordance with chapter 71.24 RCW shall institute  
11 procedures which require timely consultation with resource management  
12 services by designated crisis responders, managed care organizations,  
13 evaluation and treatment facilities, secure ((~~detoxification~~))  
14 withdrawal management and stabilization facilities, and approved  
15 substance use disorder treatment programs to assure that  
16 determinations to admit, detain, commit, treat, discharge, or release  
17 persons with ((~~mental disorders or substance use~~)) behavioral health  
18 disorders under this chapter are made only after appropriate  
19 information regarding such person's treatment history and current  
20 treatment plan has been sought from resource management services.

21       **Sec. 6.** RCW 71.05.026 and 2019 c 325 s 3003 are each amended to  
22 read as follows:

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

27       (2) Except as expressly provided in contracts entered into by the  
28 authority, the entities identified in subsection (3) of this section  
29 shall have no claim for declaratory relief, injunctive relief,  
30 judicial review under chapter 34.05 RCW, or civil liability against  
31 the state or state agencies for actions or inactions performed  
32 pursuant to the administration of this chapter with regard to the  
33 following: (a) The allocation or payment of federal or state funds;  
34 (b) the use or allocation of state hospital beds; or (c) financial  
35 responsibility for the provision of inpatient ((~~mental health care or~~  
36 ~~inpatient substance use~~)) behavioral health disorder treatment and  
37 care.

38       (3) This section applies to counties, behavioral health  
39 administrative services organizations, managed care organizations,

1 and entities which contract to provide behavioral health services and  
2 their subcontractors, agents, or employees.

3 **Sec. 7.** RCW 71.05.030 and 1998 c 297 s 4 are each amended to  
4 read as follows:

5 Persons suffering from a (~~mental~~) behavioral health disorder  
6 may not be involuntarily committed for treatment of such disorder  
7 except pursuant to provisions of this chapter, chapter 10.77 RCW,  
8 chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW  
9 72.68.031 through 72.68.037, or pursuant to court ordered evaluation  
10 and treatment not to exceed ninety days pending a criminal trial or  
11 sentencing.

12 **Sec. 8.** RCW 71.05.040 and 2018 c 201 s 3004 are each amended to  
13 read as follows:

14 Persons with developmental disabilities, impaired by substance  
15 use disorder, or suffering from dementia shall not be detained for  
16 evaluation and treatment or judicially committed solely by reason of  
17 that condition unless such condition causes a person to be gravely  
18 disabled or (~~as a result of a mental disorder such condition exists~~  
19 ~~that constitutes~~) to present a likelihood of serious harm. However,  
20 persons with developmental disabilities, impaired by substance use  
21 disorder, or suffering from dementia and who otherwise meet the  
22 criteria for detention or judicial commitment are not ineligible for  
23 detention or commitment based on this condition alone.

24 **Sec. 9.** RCW 71.05.050 and 2019 c 446 s 3 are each amended to  
25 read as follows:

26 (1) Nothing in this chapter shall be construed to limit the right  
27 of any person to apply voluntarily to any public or private agency or  
28 practitioner for treatment of a (~~mental disorder or substance use~~)  
29 behavioral health disorder, either by direct application or by  
30 referral. Any person voluntarily admitted for inpatient treatment to  
31 any public or private agency shall be released immediately upon his  
32 or her request. Any person voluntarily admitted for inpatient  
33 treatment to any public or private agency shall orally be advised of  
34 the right to immediate discharge, and further advised of such rights  
35 in writing as are secured to them pursuant to this chapter and their  
36 rights of access to attorneys, courts, and other legal redress. Their  
37 condition and status shall be reviewed at least once each one hundred

1 eighty days for evaluation as to the need for further treatment or  
2 possible discharge, at which time they shall again be advised of  
3 their right to discharge upon request.

4 (2) If the professional staff of any public or private agency or  
5 hospital regards a person voluntarily admitted who requests discharge  
6 as presenting, as a result of a (~~mental disorder or substance use~~)  
7 behavioral health disorder, an imminent likelihood of serious harm,  
8 or is gravely disabled, they may detain such person for sufficient  
9 time to notify the designated crisis responder of such person's  
10 condition to enable the designated crisis responder to authorize such  
11 person being further held in custody or transported to an evaluation  
12 and treatment center, secure withdrawal management and stabilization  
13 facility, or approved substance use disorder treatment program  
14 pursuant to the provisions of this chapter, which shall in ordinary  
15 circumstances be no later than the next judicial day.

16 (3) If a person is brought to the emergency room of a public or  
17 private agency or hospital for observation or treatment, the person  
18 refuses voluntary admission, and the professional staff of the public  
19 or private agency or hospital regard such person as presenting as a  
20 result of a (~~mental disorder or substance use~~) behavioral health  
21 disorder an imminent likelihood of serious harm, or as presenting an  
22 imminent danger because of grave disability, they may detain such  
23 person for sufficient time to notify the designated crisis responder  
24 of such person's condition to enable the designated crisis responder  
25 to authorize such person being further held in custody or transported  
26 to an evaluation treatment center, secure withdrawal management and  
27 stabilization facility, or approved substance use disorder treatment  
28 program pursuant to the conditions in this chapter, but which time  
29 shall be no more than six hours from the time the professional staff  
30 notify the designated crisis responder of the need for evaluation,  
31 not counting time periods prior to medical clearance.

32 (4) Dismissal of a commitment petition is not the appropriate  
33 remedy for a violation of the timeliness requirements of this section  
34 based on the intent of this chapter under RCW 71.05.010 except in the  
35 few cases where the facility staff or designated crisis responder has  
36 totally disregarded the requirements of this section.

37 **Sec. 10.** RCW 71.05.100 and 2018 c 201 s 3005 are each amended to  
38 read as follows:

1 In addition to the responsibility provided for by RCW 43.20B.330,  
2 any person, or his or her estate, or his or her spouse, (~~or the~~  
3 ~~parents of a minor person~~) who is involuntarily detained pursuant to  
4 this chapter for the purpose of treatment and evaluation outside of a  
5 facility maintained and operated by the department of social and  
6 health services shall be responsible for the cost of such care and  
7 treatment. In the event that an individual is unable to pay for such  
8 treatment or in the event payment would result in a substantial  
9 hardship upon the individual or his or her family, then the county of  
10 residence of such person shall be responsible for such costs. If it  
11 is not possible to determine the county of residence of the person,  
12 the cost shall be borne by the county where the person was originally  
13 detained. The department of social and health services, or the  
14 authority, as appropriate, shall, pursuant to chapter 34.05 RCW,  
15 adopt standards as to (1) inability to pay in whole or in part, (2) a  
16 definition of substantial hardship, and (3) appropriate payment  
17 schedules. Financial responsibility with respect to services and  
18 facilities of the department of social and health services shall  
19 continue to be as provided in RCW 43.20B.320 through 43.20B.360 and  
20 43.20B.370.

21 **Sec. 11.** RCW 71.05.120 and 2019 c 446 s 22 are each amended to  
22 read as follows:

23 (1) No officer of a public or private agency, nor the  
24 superintendent, professional person in charge, his or her  
25 professional designee, or attending staff of any such agency, nor any  
26 public official performing functions necessary to the administration  
27 of this chapter, nor peace officer responsible for detaining a person  
28 pursuant to this chapter, nor any designated crisis responder, nor  
29 the state, a unit of local government, an evaluation and treatment  
30 facility, a secure withdrawal management and stabilization facility,  
31 or an approved substance use disorder treatment program shall be  
32 civilly or criminally liable for performing duties pursuant to this  
33 chapter with regard to the decision of whether to admit, discharge,  
34 release, administer antipsychotic medications, or detain a person for  
35 evaluation and treatment: PROVIDED, That such duties were performed  
36 in good faith and without gross negligence.

37 (2) Peace officers and their employing agencies are not liable  
38 for the referral of a person, or the failure to refer a person, to a  
39 (~~mental~~) behavioral health agency pursuant to a policy adopted



1 pursuant to RCW 71.05.457 if such action or inaction is taken in good  
2 faith and without gross negligence.

3 (3) This section does not relieve a person from giving the  
4 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the  
5 duty to warn or to take reasonable precautions to provide protection  
6 from violent behavior where the patient has communicated an actual  
7 threat of physical violence against a reasonably identifiable victim  
8 or victims. The duty to warn or to take reasonable precautions to  
9 provide protection from violent behavior is discharged if reasonable  
10 efforts are made to communicate the threat to the victim or victims  
11 and to law enforcement personnel.

12 **Sec. 12.** RCW 71.05.150 and 2019 c 446 s 4 are each amended to  
13 read as follows:

14 (1) When a designated crisis responder receives information  
15 alleging that a person, as a result of a (~~mental~~) behavioral health  
16 disorder, (~~substance use disorder, or both~~) presents a likelihood  
17 of serious harm or is gravely disabled, or that a person is in need  
18 of assisted outpatient behavioral health treatment; the designated  
19 crisis responder may, after investigation and evaluation of the  
20 specific facts alleged and of the reliability and credibility of any  
21 person providing information to initiate detention or involuntary  
22 outpatient treatment, if satisfied that the allegations are true and  
23 that the person will not voluntarily seek appropriate treatment, file  
24 a petition for initial detention under this section or a petition for  
25 involuntary outpatient behavioral health treatment under RCW  
26 71.05.148. Before filing the petition, the designated crisis  
27 responder must personally interview the person, unless the person  
28 refuses an interview, and determine whether the person will  
29 voluntarily receive appropriate evaluation and treatment at an  
30 evaluation and treatment facility, crisis stabilization unit, triage  
31 facility, or approved substance use disorder treatment program. The  
32 interview performed by the designated crisis responder may be  
33 conducted by video provided that a licensed health care professional  
34 or professional person who can adequately and accurately assist with  
35 obtaining any necessary information is present with the person at the  
36 time of the interview.

37 (2) (a) (~~An~~) A written order of apprehension to detain a person  
38 with a (~~mental~~) behavioral health disorder to a designated  
39 evaluation and treatment facility, (~~or to detain a person with a~~

1 ~~substance use disorder to~~) a secure withdrawal management and  
2 stabilization facility, or an approved substance use disorder  
3 treatment program, for not more than a seventy-two-hour evaluation  
4 and treatment period may be issued by a judge of the superior court  
5 upon request of a designated crisis responder, subject to (d) of this  
6 subsection, whenever it appears to the satisfaction of a judge of the  
7 superior court:

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

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

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

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

19 (d) A court may not issue an order to detain a person to a secure  
20 withdrawal management and stabilization facility or approved  
21 substance use disorder treatment program unless there is an available  
22 secure withdrawal management and stabilization facility or approved  
23 substance use disorder treatment program that has adequate space for  
24 the person.

25 (e) If the court does not issue an order to detain a person  
26 pursuant to this subsection (2), the court shall issue an order to  
27 dismiss the initial petition.

28 (3) The designated crisis responder shall then serve or cause to  
29 be served on such person, his or her guardian, and conservator, if  
30 any, a copy of the order together with a notice of rights, and a  
31 petition for initial detention. After service on such person the  
32 designated crisis responder shall file the return of service in court  
33 and provide copies of all papers in the court file to the evaluation  
34 and treatment facility, secure withdrawal management and  
35 stabilization facility, or approved substance use disorder treatment  
36 program, and the designated attorney. The designated crisis responder  
37 shall notify the court and the prosecuting attorney that a probable  
38 cause hearing will be held within seventy-two hours of the date and  
39 time of outpatient evaluation or admission to the evaluation and  
40 treatment facility, secure withdrawal management and stabilization

1 facility, or approved substance use disorder treatment program. The  
2 person shall be permitted to be accompanied by one or more of his or  
3 her relatives, friends, an attorney, a personal physician, or other  
4 professional or religious advisor to the place of evaluation. An  
5 attorney accompanying the person to the place of evaluation shall be  
6 permitted to be present during the admission evaluation. Any other  
7 individual accompanying the person may be present during the  
8 admission evaluation. The facility may exclude the individual if his  
9 or her presence would present a safety risk, delay the proceedings,  
10 or otherwise interfere with the evaluation.

11 (4) The designated crisis responder may notify a peace officer to  
12 take such person or cause such person to be taken into custody and  
13 placed in an evaluation and treatment facility, secure withdrawal  
14 management and stabilization facility, or approved substance use  
15 disorder treatment program. At the time such person is taken into  
16 custody there shall commence to be served on such person, his or her  
17 guardian, and conservator, if any, a copy of the original order  
18 together with a notice of rights and a petition for initial  
19 detention.

20 **Sec. 13.** RCW 71.05.150 and 2019 c 446 s 4 are each amended to  
21 read as follows:

22 (1) When a designated crisis responder receives information  
23 alleging that a person, as a result of a (~~mental~~) behavioral health  
24 disorder, (~~substance use disorder, or both~~) presents a likelihood  
25 of serious harm or is gravely disabled, or that a person is in need  
26 of assisted outpatient behavioral health treatment; the designated  
27 crisis responder may, after investigation and evaluation of the  
28 specific facts alleged and of the reliability and credibility of any  
29 person providing information to initiate detention or involuntary  
30 outpatient treatment, if satisfied that the allegations are true and  
31 that the person will not voluntarily seek appropriate treatment, file  
32 a petition for initial detention under this section or a petition for  
33 involuntary outpatient behavioral health treatment under RCW  
34 71.05.148. Before filing the petition, the designated crisis  
35 responder must personally interview the person, unless the person  
36 refuses an interview, and determine whether the person will  
37 voluntarily receive appropriate evaluation and treatment at an  
38 evaluation and treatment facility, crisis stabilization unit, triage  
39 facility, or approved substance use disorder treatment program. The

1 interview performed by the designated crisis responder may be  
2 conducted by video provided that a licensed health care professional  
3 or professional person who can adequately and accurately assist with  
4 obtaining any necessary information is present with the person at the  
5 time of the interview.

6 (2) (a) ~~((An))~~ A written order of apprehension to detain a person  
7 with a ~~((mental))~~ behavioral health disorder to a designated  
8 evaluation and treatment facility, ~~((or to detain a person with a~~  
9 ~~substance use disorder to))~~ a secure withdrawal management and  
10 stabilization facility, or an approved substance use disorder  
11 treatment program, for a period of not more than ~~((a seventy-two-~~  
12 ~~hour))~~ one hundred twenty hours for evaluation and treatment  
13 ~~((period))~~, may be issued by a judge of the superior court upon  
14 request of a designated crisis responder, subject to (d) of this  
15 subsection, whenever it appears to the satisfaction of a judge of the  
16 superior court:

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

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

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

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

28 (d) A court may not issue an order to detain a person to a secure  
29 withdrawal management and stabilization facility or approved  
30 substance use disorder treatment program unless there is an available  
31 secure withdrawal management and stabilization facility or approved  
32 substance use disorder treatment program that has adequate space for  
33 the person.

34 (e) If the court does not issue an order to detain a person  
35 pursuant to this subsection (2), the court shall issue an order to  
36 dismiss the initial petition.

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

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

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

29 **Sec. 14.** RCW 71.05.150 and 2019 c 446 s 5 are each amended to  
30 read as follows:

31 (1) When a designated crisis responder receives information  
32 alleging that a person, as a result of a (~~mental~~) behavioral health  
33 disorder, (~~substance use disorder, or both~~) presents a likelihood  
34 of serious harm or is gravely disabled, or that a person is in need  
35 of assisted outpatient behavioral health treatment; the designated  
36 crisis responder may, after investigation and evaluation of the  
37 specific facts alleged and of the reliability and credibility of any  
38 person providing information to initiate detention or involuntary  
39 outpatient treatment, if satisfied that the allegations are true and

1 that the person will not voluntarily seek appropriate treatment, file  
2 a petition for initial detention under this section or a petition for  
3 involuntary outpatient behavioral health treatment under RCW  
4 71.05.148. Before filing the petition, the designated crisis  
5 responder must personally interview the person, unless the person  
6 refuses an interview, and determine whether the person will  
7 voluntarily receive appropriate evaluation and treatment at an  
8 evaluation and treatment facility, crisis stabilization unit, triage  
9 facility, or approved substance use disorder treatment program. The  
10 interview performed by the designated crisis responder may be  
11 conducted by video provided that a licensed health care professional  
12 or professional person who can adequately and accurately assist with  
13 obtaining any necessary information is present with the person at the  
14 time of the interview.

15 (2) (a) (~~An~~) A written order of apprehension to detain a person  
16 with a (~~mental~~) behavioral health disorder to a designated  
17 evaluation and treatment facility, (~~or to detain a person with a~~  
18 ~~substance use disorder to~~) a secure withdrawal management and  
19 stabilization facility, or an approved substance use disorder  
20 treatment program, for a period of not more than (~~a seventy-two~~  
21 ~~hour~~) one hundred twenty hours for evaluation and treatment  
22 (~~period~~), may be issued by a judge of the superior court upon  
23 request of a designated crisis responder whenever it appears to the  
24 satisfaction of a judge of the superior court:

25 (i) That there is probable cause to support the petition; and  
26 (ii) That the person has refused or failed to accept appropriate  
27 evaluation and treatment voluntarily.

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

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

36 (d) If the court does not issue an order to detain a person  
37 pursuant to this subsection (2), the court shall issue an order to  
38 dismiss the initial petition.

39 (3) The designated crisis responder shall then serve or cause to  
40 be served on such person, his or her guardian, and conservator, if

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

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

31 **Sec. 15.** RCW 71.05.153 and 2019 c 446 s 6 are each amended to  
32 read as follows:

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

1 person, or cause by oral or written order such person to be taken  
2 into emergency custody in an evaluation and treatment facility,  
3 secure withdrawal management and stabilization facility if available  
4 with adequate space for the person, or approved substance use  
5 disorder treatment program if available with adequate space for the  
6 person, for not more than seventy-two hours as described in RCW  
7 71.05.180.

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

22 ~~(3))~~ (a) Subject to (b) of this subsection, a peace officer may  
23 take or cause such person to be taken into custody and immediately  
24 delivered to a triage facility, crisis stabilization unit, evaluation  
25 and treatment facility, secure withdrawal management and  
26 stabilization facility, approved substance use disorder treatment  
27 program, or the emergency department of a local hospital under the  
28 following circumstances:

- 29 (i) Pursuant to subsection (1) (~~(or (2))~~) of this section; or  
30 (ii) When he or she has reasonable cause to believe that such  
31 person is suffering from a (~~(mental)~~) behavioral health disorder (~~(or~~  
32 ~~substance use disorder)~~) and presents an imminent likelihood of  
33 serious harm or is in imminent danger because of being gravely  
34 disabled.

35 (b) A peace officer's delivery of a person, (~~(based on a~~  
36 ~~substance use disorder,~~) to a secure withdrawal management and  
37 stabilization facility or approved substance use disorder treatment  
38 program is subject to the availability of a secure withdrawal  
39 management and stabilization facility or approved substance use  
40 disorder treatment program with adequate space for the person.



1       (~~(4)~~) (3) Persons delivered to a crisis stabilization unit,  
2 evaluation and treatment facility, emergency department of a local  
3 hospital, triage facility that has elected to operate as an  
4 involuntary facility, secure withdrawal management and stabilization  
5 facility, or approved substance use disorder treatment program by  
6 peace officers pursuant to subsection (~~(3)~~) (2) of this section may  
7 be held by the facility for a period of up to twelve hours, not  
8 counting time periods prior to medical clearance.

9       (~~(5)~~) (4) Within three hours after arrival, not counting time  
10 periods prior to medical clearance, the person must be examined by a  
11 mental health professional or substance use disorder professional.  
12 Within twelve hours of notice of the need for evaluation, not  
13 counting time periods prior to medical clearance, the designated  
14 crisis responder must determine whether the individual meets  
15 detention criteria. The interview performed by the designated crisis  
16 responder may be conducted by video provided that a licensed health  
17 care professional or professional person who can adequately and  
18 accurately assist with obtaining any necessary information is present  
19 with the person at the time of the interview. If the individual is  
20 detained, the designated crisis responder shall file a petition for  
21 detention or a supplemental petition as appropriate and commence  
22 service on the designated attorney for the detained person. If the  
23 individual is released to the community, the (~~mental~~) behavioral  
24 health service provider shall inform the peace officer of the release  
25 within a reasonable period of time after the release if the peace  
26 officer has specifically requested notification and provided contact  
27 information to the provider.

28       (~~(6)~~) (5) Dismissal of a commitment petition is not the  
29 appropriate remedy for a violation of the timeliness requirements of  
30 this section based on the intent of this chapter under RCW 71.05.010  
31 except in the few cases where the facility staff or designated  
32 (~~mental health professional~~) crisis responder has totally  
33 disregarded the requirements of this section.

34       **Sec. 16.** RCW 71.05.153 and 2019 c 446 s 6 are each amended to  
35 read as follows:

36       (1) When a designated crisis responder receives information  
37 alleging that a person, as the result of a (~~mental~~) behavioral  
38 health disorder, presents an imminent likelihood of serious harm, or  
39 is in imminent danger because of being gravely disabled, after

1 investigation and evaluation of the specific facts alleged and of the  
2 reliability and credibility of the person or persons providing the  
3 information if any, the designated crisis responder may take such  
4 person, or cause by oral or written order such person to be taken  
5 into emergency custody in an evaluation and treatment facility,  
6 secure withdrawal management and stabilization facility if available  
7 with adequate space for the person, or approved substance use  
8 disorder treatment program if available with adequate space for the  
9 person, for not more than ((seventy-two)) one hundred twenty hours as  
10 described in RCW 71.05.180.

11 ~~(2) ((When a designated crisis responder receives information~~  
12 ~~alleging that a person, as the result of substance use disorder,~~  
13 ~~presents an imminent likelihood of serious harm, or is in imminent~~  
14 ~~danger because of being gravely disabled, after investigation and~~  
15 ~~evaluation of the specific facts alleged and of the reliability and~~  
16 ~~credibility of the person or persons providing the information if~~  
17 ~~any, the designated crisis responder may take the person, or cause by~~  
18 ~~oral or written order the person to be taken, into emergency custody~~  
19 ~~in a secure withdrawal management and stabilization facility or~~  
20 ~~approved substance use disorder treatment program for not more than~~  
21 ~~seventy-two hours as described in RCW 71.05.180, if a secure~~  
22 ~~withdrawal management and stabilization facility or approved~~  
23 ~~substance use disorder treatment program is available and has~~  
24 ~~adequate space for the person.~~

25 ~~(3))~~ (a) Subject to (b) of this subsection, a peace officer may  
26 take or cause such person to be taken into custody and immediately  
27 delivered to a triage facility, crisis stabilization unit, evaluation  
28 and treatment facility, secure withdrawal management and  
29 stabilization facility, approved substance use disorder treatment  
30 program, or the emergency department of a local hospital under the  
31 following circumstances:

32 (i) Pursuant to subsection (1) ~~((or (2)))~~ of this section; or  
33 (ii) When he or she has reasonable cause to believe that such  
34 person is suffering from a ~~((mental))~~ behavioral health disorder ~~((or~~  
35 ~~substance use disorder))~~ and presents an imminent likelihood of  
36 serious harm or is in imminent danger because of being gravely  
37 disabled.

38 (b) A peace officer's delivery of a person, ~~((based on a~~  
39 ~~substance use disorder,))~~ to a secure withdrawal management and  
40 stabilization facility or approved substance use disorder treatment

1 program is subject to the availability of a secure withdrawal  
2 management and stabilization facility or approved substance use  
3 disorder treatment program with adequate space for the person.

4 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
5 evaluation and treatment facility, emergency department of a local  
6 hospital, triage facility that has elected to operate as an  
7 involuntary facility, secure withdrawal management and stabilization  
8 facility, or approved substance use disorder treatment program by  
9 peace officers pursuant to subsection ~~((3))~~ (2) of this section may  
10 be held by the facility for a period of up to twelve hours, not  
11 counting time periods prior to medical clearance.

12 ~~((5))~~ (4) Within three hours after arrival, not counting time  
13 periods prior to medical clearance, the person must be examined by a  
14 mental health professional or substance use disorder professional.  
15 Within twelve hours of notice of the need for evaluation, not  
16 counting time periods prior to medical clearance, the designated  
17 crisis responder must determine whether the individual meets  
18 detention criteria. The interview performed by the designated crisis  
19 responder may be conducted by video provided that a licensed health  
20 care professional or professional person who can adequately and  
21 accurately assist with obtaining any necessary information is present  
22 with the person at the time of the interview. If the individual is  
23 detained, the designated crisis responder shall file a petition for  
24 detention or a supplemental petition as appropriate and commence  
25 service on the designated attorney for the detained person. If the  
26 individual is released to the community, the ~~((mental))~~ behavioral  
27 health service provider shall inform the peace officer of the release  
28 within a reasonable period of time after the release if the peace  
29 officer has specifically requested notification and provided contact  
30 information to the provider.

31 ~~((6))~~ (5) Dismissal of a commitment petition is not the  
32 appropriate remedy for a violation of the timeliness requirements of  
33 this section based on the intent of this chapter under RCW 71.05.010  
34 except in the few cases where the facility staff or designated  
35 ~~((mental—health—professional))~~ crisis responder has totally  
36 disregarded the requirements of this section.

37 **Sec. 17.** RCW 71.05.153 and 2019 c 446 s 7 are each amended to  
38 read as follows:

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

14 (~~(2) (When a designated crisis responder receives information~~  
15 ~~alleging that a person, as the result of substance use disorder,~~  
16 ~~presents an imminent likelihood of serious harm, or is in imminent~~  
17 ~~danger because of being gravely disabled, after investigation and~~  
18 ~~evaluation of the specific facts alleged and of the reliability and~~  
19 ~~credibility of the person or persons providing the information if~~  
20 ~~any, the designated crisis responder may take the person, or cause by~~  
21 ~~oral or written order the person to be taken, into emergency custody~~  
22 ~~in a secure withdrawal management and stabilization facility or~~  
23 ~~approved substance use disorder treatment program for not more than~~  
24 ~~seventy-two hours as described in RCW 71.05.180.~~

25 ~~(3))~~ A peace officer may take or cause such person to be taken  
26 into custody and immediately delivered to a triage facility, crisis  
27 stabilization unit, evaluation and treatment facility, secure  
28 withdrawal management and stabilization facility, approved substance  
29 use disorder treatment program, or the emergency department of a  
30 local hospital under the following circumstances:

- 31 (a) Pursuant to subsection (1) (~~(or (2))~~) of this section; or  
32 (b) When he or she has reasonable cause to believe that such  
33 person is suffering from a (~~mental~~) behavioral health disorder (~~(or~~  
34 ~~substance use disorder)~~) and presents an imminent likelihood of  
35 serious harm or is in imminent danger because of being gravely  
36 disabled.

37 (~~((4))~~) (3) Persons delivered to a crisis stabilization unit,  
38 evaluation and treatment facility, emergency department of a local  
39 hospital, triage facility that has elected to operate as an  
40 involuntary facility, secure withdrawal management and stabilization

1 facility, or approved substance use disorder treatment program by  
2 peace officers pursuant to subsection ~~((3))~~ (2) of this section may  
3 be held by the facility for a period of up to twelve hours, not  
4 counting time periods prior to medical clearance.

5 ~~((5))~~ (4) Within three hours after arrival, not counting time  
6 periods prior to medical clearance, the person must be examined by a  
7 mental health professional or substance use disorder professional.  
8 Within twelve hours of notice of the need for evaluation, not  
9 counting time periods prior to medical clearance, the designated  
10 crisis responder must determine whether the individual meets  
11 detention criteria. The interview performed by the designated crisis  
12 responder may be conducted by video provided that a licensed health  
13 care professional or professional person who can adequately and  
14 accurately assist with obtaining any necessary information is present  
15 with the person at the time of the interview. If the individual is  
16 detained, the designated crisis responder shall file a petition for  
17 detention or a supplemental petition as appropriate and commence  
18 service on the designated attorney for the detained person. If the  
19 individual is released to the community, the ~~((mental))~~ behavioral  
20 health service provider shall inform the peace officer of the release  
21 within a reasonable period of time after the release if the peace  
22 officer has specifically requested notification and provided contact  
23 information to the provider.

24 ~~((6))~~ (5) Dismissal of a commitment petition is not the  
25 appropriate remedy for a violation of the timeliness requirements of  
26 this section based on the intent of this chapter under RCW 71.05.010  
27 except in the few cases where the facility staff or designated  
28 ~~((mental—health—professional))~~ crisis responder has totally  
29 disregarded the requirements of this section.

30 **Sec. 18.** RCW 71.05.160 and 2019 c 446 s 19 are each amended to  
31 read as follows:

32 (1) Any facility receiving a person pursuant to RCW 71.05.150 or  
33 71.05.153 shall require the designated crisis responder to prepare a  
34 petition for initial detention stating the circumstances under which  
35 the person's condition was made known and stating that there is  
36 evidence, as a result of his or her personal observation or  
37 investigation, that the actions of the person for which application  
38 is made constitute a likelihood of serious harm, or that he or she is  
39 gravely disabled, and stating the specific facts known to him or her

1 as a result of his or her personal observation or investigation, upon  
2 which he or she bases the belief that such person should be detained  
3 for the purposes and under the authority of this chapter.

4 (2)(a) If a person is involuntarily placed in an evaluation and  
5 treatment facility, secure withdrawal management and stabilization  
6 facility, or approved substance use disorder treatment program  
7 pursuant to RCW 71.05.150 or 71.05.153, on the next judicial day  
8 following the initial detention, the designated crisis responder  
9 shall file with the court and serve the designated attorney of the  
10 detained person the petition or supplemental petition for initial  
11 detention, proof of service of notice, and a copy of a notice of  
12 emergency detention.

13 (b) If the person is involuntarily detained at an evaluation and  
14 treatment facility, secure withdrawal management and stabilization  
15 facility, or approved substance use disorder treatment program in a  
16 different county from where the person was initially detained, the  
17 facility or program may file with the court and serve the designated  
18 attorney of the detained person the petition or supplemental petition  
19 for initial detention, proof of service of notice, and a copy of a  
20 notice of emergency detention at the request of the designated crisis  
21 responder.

22 **Sec. 19.** RCW 71.05.170 and 2016 sp.s. c 29 s 218 are each  
23 amended to read as follows:

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

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

1       **Sec. 20.** RCW 71.05.180 and 2019 c 446 s 18 are each amended to  
2 read as follows:

3       If the evaluation and treatment facility, secure withdrawal  
4 management and stabilization facility, or approved substance use  
5 disorder treatment program admits the person, it may detain him or  
6 her for evaluation and treatment for a period not to exceed  
7 (~~seventy-two~~) one hundred twenty hours from the time of acceptance  
8 as set forth in RCW 71.05.170. The computation of such (~~seventy-~~  
9 ~~two~~) one hundred twenty hour period shall exclude Saturdays, Sundays  
10 and holidays.

11       **Sec. 21.** RCW 71.05.182 and 2019 c 247 s 1 are each amended to  
12 read as follows:

13       (1) A person who under RCW 71.05.150 or 71.05.153 has been  
14 detained at a facility for (~~seventy-two-hour~~) a period of not more  
15 than one hundred twenty hours for the purpose of evaluation and  
16 treatment on the grounds that the person presents a likelihood of  
17 serious harm, but who has not been subsequently committed for  
18 involuntary treatment under RCW 71.05.240, may not have in his or her  
19 possession or control any firearm for a period of six months after  
20 the date that the person is detained.

21       (2) Before the discharge of a person who has been initially  
22 detained under RCW 71.05.150 or 71.05.153 on the grounds that the  
23 person presents a likelihood of serious harm, but has not been  
24 subsequently committed for involuntary treatment under RCW 71.05.240,  
25 the designated crisis responder shall inform the person orally and in  
26 writing that:

27       (a) He or she is prohibited from possessing or controlling any  
28 firearm for a period of six months;

29       (b) He or she must immediately surrender, for the six-month  
30 period, any concealed pistol license and any firearms that the person  
31 possesses or controls to the sheriff of the county or the chief of  
32 police of the municipality in which the person is domiciled;

33       (c) After the six-month suspension, the person's right to control  
34 or possess any firearm or concealed pistol license shall be  
35 automatically restored, absent further restrictions imposed by other  
36 law; and

37       (d) Upon discharge, the person may petition the superior court to  
38 have his or her right to possess a firearm restored before the six-

1 month suspension period has elapsed by following the procedures  
2 provided in RCW 9.41.047(3).

3 (3) ~~((a))~~ The designated crisis responder shall notify the  
4 sheriff of the county or the chief of police of the municipality in  
5 which the person is domiciled of the six-month suspension.

6 (4) A law enforcement agency holding any firearm that has been  
7 surrendered pursuant to this section shall, upon the request of the  
8 person from whom it was obtained, return the firearm at the  
9 expiration of the six-month suspension period, or prior to the  
10 expiration of the six-month period if the person's right to possess  
11 firearms has been restored by the court under RCW 9.41.047. The law  
12 enforcement agency, prior to returning the firearm, shall verify with  
13 the prosecuting attorney's office or designated crisis responders  
14 that the person has not been previously or subsequently committed for  
15 involuntary treatment under RCW 71.05.240. The law enforcement agency  
16 must comply with the provisions of RCW 9.41.345 when returning a  
17 firearm pursuant to this section.

18 ~~((b))~~ (5) Any firearm surrendered pursuant to this section that  
19 remains unclaimed by the lawful owner shall be disposed of in  
20 accordance with the law enforcement agency's policies and procedures  
21 for the disposal of firearms in police custody.

22 **Sec. 22.** RCW 71.05.190 and 2019 c 446 s 17 are each amended to  
23 read as follows:

24 If the person is not approved for admission by a facility  
25 providing ~~((seventy-two))~~ one hundred twenty hour evaluation and  
26 treatment, and the individual has not been arrested, the facility  
27 shall furnish transportation, if not otherwise available, for the  
28 person to his or her place of residence or other appropriate place.  
29 If the individual has been arrested, the evaluation and treatment  
30 facility, secure withdrawal management and stabilization facility, or  
31 approved substance use disorder treatment program shall detain the  
32 individual for not more than eight hours at the request of the peace  
33 officer. The facility shall make reasonable attempts to contact the  
34 requesting peace officer during this time to inform the peace officer  
35 that the person is not approved for admission in order to enable a  
36 peace officer to return to the facility and take the individual back  
37 into custody.



1       **Sec. 23.**     RCW 71.05.195 and 2016 sp.s. c 29 s 221 are each  
2 amended to read as follows:

3       (1) A civil commitment may be initiated under the procedures  
4 described in RCW 71.05.150 or 71.05.153 for a person who has been  
5 found not guilty by reason of insanity in a state other than  
6 Washington and who has fled from detention, commitment, or  
7 conditional release in that state, on the basis of a request by the  
8 state in which the person was found not guilty by reason of insanity  
9 for the person to be detained and transferred back to the custody or  
10 care of the requesting state. A finding of likelihood of serious harm  
11 or grave disability is not required for a commitment under this  
12 section. The detention may occur at either an evaluation and  
13 treatment facility or a state hospital. The petition for (~~seventy-~~  
14 ~~two~~) one hundred twenty hour detention filed by the designated  
15 crisis responder must be accompanied by the following documents:

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

19       (b) A warrant issued by a magistrate in the state in which the  
20 person was found not guilty by reason of insanity indicating that the  
21 person has fled from detention, commitment, or conditional release in  
22 that state and authorizing the detention of the person within the  
23 state in which the person was found not guilty by reason of insanity;

24       (c) A statement from the executive authority of the state in  
25 which the person was found not guilty by reason of insanity  
26 requesting that the person be returned to the requesting state and  
27 agreeing to facilitate the transfer of the person to the requesting  
28 state.

29       (2) The person shall be entitled to a probable cause hearing  
30 within the time limits applicable to other detentions under this  
31 chapter and shall be afforded the rights described in this chapter  
32 including the right to counsel. At the probable cause hearing, the  
33 court shall determine the identity of the person and whether the  
34 other requirements of this section are met. If the court so finds,  
35 the court may order continued detention in a treatment facility for  
36 up to thirty days for the purpose of the transfer of the person to  
37 the custody or care of the requesting state. The court may order a  
38 less restrictive alternative to detention only under conditions which  
39 ensure the person's safe transfer to the custody or care of the

1 requesting state within thirty days without undue risk to the safety  
2 of the person or others.

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

8 **Sec. 24.** RCW 71.05.201 and 2018 c 291 s 11 are each amended to  
9 read as follows:

10 (1) If a designated crisis responder decides not to detain a  
11 person for evaluation and treatment under RCW 71.05.150 or 71.05.153  
12 or forty-eight hours have elapsed since a designated crisis responder  
13 received a request for investigation and the designated crisis  
14 responder has not taken action to have the person detained, an  
15 immediate family member or guardian or conservator of the person may  
16 petition the superior court for the person's initial detention.

17 (2) A petition under this section must be filed within ten  
18 calendar days following the designated crisis responder investigation  
19 or the request for a designated crisis responder investigation. If  
20 more than ten days have elapsed, the immediate family member,  
21 guardian, or conservator may request a new designated crisis  
22 responder investigation.

23 (3) (a) The petition must be filed in the county in which the  
24 designated crisis responder investigation occurred or was requested  
25 to occur and must be submitted on forms developed by the  
26 administrative office of the courts for this purpose. The petition  
27 must be accompanied by a sworn declaration from the petitioner, and  
28 other witnesses if desired, describing why the person should be  
29 detained for evaluation and treatment. The description of why the  
30 person should be detained may contain, but is not limited to, the  
31 information identified in RCW 71.05.212.

32 (b) The petition must contain:

33 (i) A description of the relationship between the petitioner and  
34 the person; and

35 (ii) The date on which an investigation was requested from the  
36 designated crisis responder.

37 (4) The court shall, within one judicial day, review the petition  
38 to determine whether the petition raises sufficient evidence to  
39 support the allegation. If the court so finds, it shall provide a

1 copy of the petition to the designated crisis responder agency with  
2 an order for the agency to provide the court, within one judicial  
3 day, with a written sworn statement describing the basis for the  
4 decision not to seek initial detention and a copy of all information  
5 material to the designated crisis responder's current decision.

6 (5) Following the filing of the petition and before the court  
7 reaches a decision, any person, including a mental health  
8 professional, may submit a sworn declaration to the court in support  
9 of or in opposition to initial detention.

10 (6) The court shall dismiss the petition at any time if it finds  
11 that a designated crisis responder has filed a petition for the  
12 person's initial detention under RCW 71.05.150 or 71.05.153 or that  
13 the person has voluntarily accepted appropriate treatment.

14 (7) The court must issue a final ruling on the petition within  
15 five judicial days after it is filed. After reviewing all of the  
16 information provided to the court, the court may enter an order for  
17 initial detention or an order instructing the designated crisis  
18 responder to file a petition for assisted outpatient behavioral  
19 health treatment if the court finds that: (a) There is probable cause  
20 to support a petition for detention or assisted outpatient behavioral  
21 health treatment; and (b) the person has refused or failed to accept  
22 appropriate evaluation and treatment voluntarily. The court shall  
23 transmit its final decision to the petitioner.

24 (8) If the court enters an order for initial detention, it shall  
25 provide the order to the designated crisis responder agency and issue  
26 a written order for apprehension (~~(of the person by a peace officer~~  
27 ~~for delivery of the person to a facility or emergency room determined~~  
28 ~~by the designated crisis responder)). The designated crisis responder~~  
29 agency serving the jurisdiction of the court must collaborate and  
30 coordinate with law enforcement regarding apprehensions and  
31 detentions under this subsection, including sharing of information  
32 relating to risk and which would assist in locating the person. A  
33 person may not be detained to jail pursuant to a written order issued  
34 under this subsection. An order for detention under this section  
35 should contain the advisement of rights which the person would  
36 receive if the person were detained by a designated crisis responder.  
37 An order for initial detention under this section expires one hundred  
38 eighty days from issuance.

39 (9) Except as otherwise expressly stated in this chapter, all  
40 procedures must be followed as if the order had been entered under

1 RCW 71.05.150. RCW 71.05.160 does not apply if detention was  
2 initiated under the process set forth in this section.

3 (10) For purposes of this section, "immediate family member"  
4 means a spouse, domestic partner, child, stepchild, parent,  
5 stepparent, grandparent, or sibling.

6 **Sec. 25.** RCW 71.05.210 and 2019 c 446 s 8 are each amended to  
7 read as follows:

8 (1) Each person involuntarily detained and accepted or admitted  
9 at an evaluation and treatment facility, secure withdrawal management  
10 and stabilization facility, or approved substance use disorder  
11 treatment program:

12 (a) Shall, within twenty-four hours of his or her admission or  
13 acceptance at the facility, not counting time periods prior to  
14 medical clearance, be examined and evaluated by:

15 (i) One physician, physician assistant, or advanced registered  
16 nurse practitioner; and

17 (ii) One mental health professional. If the person is detained  
18 for substance use disorder evaluation and treatment, the person may  
19 be examined by a (~~chemical dependency~~) substance use disorder  
20 professional instead of a mental health professional; and

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

38 (2) If, after examination and evaluation, the mental health  
39 professional or (~~chemical dependency~~) substance use disorder

1 professional and licensed physician, physician assistant, or  
2 psychiatric advanced registered nurse practitioner determine that the  
3 initial needs of the person, if detained to an evaluation and  
4 treatment facility, would be better served by placement in a  
5 substance use disorder treatment program, or, if detained to a secure  
6 withdrawal management and stabilization facility or approved  
7 substance use disorder treatment program, would be better served in  
8 an evaluation and treatment facility then the person shall be  
9 referred to the more appropriate placement; however, a person may  
10 only be referred to a secure withdrawal management and stabilization  
11 facility or approved substance use disorder treatment program if  
12 there is an available secure withdrawal management and stabilization  
13 facility or approved substance use disorder treatment program with  
14 adequate space for the person.

15 (3) An evaluation and treatment center, secure withdrawal  
16 management and stabilization facility, or approved substance use  
17 disorder treatment program admitting or accepting any person pursuant  
18 to this chapter whose physical condition reveals the need for  
19 hospitalization shall assure that such person is transferred to an  
20 appropriate hospital for evaluation or admission for treatment.  
21 Notice of such fact shall be given to the court, the designated  
22 attorney, and the designated crisis responder and the court shall  
23 order such continuance in proceedings under this chapter as may be  
24 necessary, but in no event may this continuance be more than fourteen  
25 days.

26 **Sec. 26.** RCW 71.05.210 and 2019 c 446 s 8 are each amended to  
27 read as follows:

28 (1) Each person involuntarily detained and accepted or admitted  
29 at an evaluation and treatment facility, secure withdrawal management  
30 and stabilization facility, or approved substance use disorder  
31 treatment program:

32 (a) Shall, within twenty-four hours of his or her admission or  
33 acceptance at the facility, not counting time periods prior to  
34 medical clearance, be examined and evaluated by:

35 (i) One physician, physician assistant, or advanced registered  
36 nurse practitioner; and

37 (ii) One mental health professional. If the person is detained  
38 for substance use disorder evaluation and treatment, the person may

1 be examined by a (~~chemical dependency~~) substance use disorder  
2 professional instead of a mental health professional; and

3 (b) Shall receive such treatment and care as his or her condition  
4 requires including treatment on an outpatient basis for the period  
5 that he or she is detained, except that, beginning twenty-four hours  
6 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
7 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
8 refuse psychiatric medications, but may not refuse: (i) Any other  
9 medication previously prescribed by a person licensed under Title 18  
10 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
11 be informed at an appropriate time of his or her right of such  
12 refusal. The person shall be detained up to (~~seventy-two~~) one  
13 hundred twenty hours, if, in the opinion of the professional person  
14 in charge of the facility, or his or her professional designee, the  
15 person presents a likelihood of serious harm, or is gravely disabled.  
16 A person who has been detained for (~~seventy-two~~) one hundred twenty  
17 hours shall no later than the end of such period be released, unless  
18 referred for further care on a voluntary basis, or detained pursuant  
19 to court order for further treatment as provided in this chapter.

20 (2) If, after examination and evaluation, the mental health  
21 professional or (~~chemical dependency~~) substance use disorder  
22 professional and licensed physician, physician assistant, or  
23 psychiatric advanced registered nurse practitioner determine that the  
24 initial needs of the person, if detained to an evaluation and  
25 treatment facility, would be better served by placement in a  
26 substance use disorder treatment program, or, if detained to a secure  
27 withdrawal management and stabilization facility or approved  
28 substance use disorder treatment program, would be better served in  
29 an evaluation and treatment facility then the person shall be  
30 referred to the more appropriate placement; however, a person may  
31 only be referred to a secure withdrawal management and stabilization  
32 facility or approved substance use disorder treatment program if  
33 there is an available secure withdrawal management and stabilization  
34 facility or approved substance use disorder treatment program with  
35 adequate space for the person.

36 (3) An evaluation and treatment center, secure withdrawal  
37 management and stabilization facility, or approved substance use  
38 disorder treatment program admitting or accepting any person pursuant  
39 to this chapter whose physical condition reveals the need for  
40 hospitalization shall assure that such person is transferred to an

1 appropriate hospital for evaluation or admission for treatment.  
2 Notice of such fact shall be given to the court, the designated  
3 attorney, and the designated crisis responder and the court shall  
4 order such continuance in proceedings under this chapter as may be  
5 necessary, but in no event may this continuance be more than fourteen  
6 days.

7 **Sec. 27.** RCW 71.05.210 and 2019 c 446 s 9 are each amended to  
8 read as follows:

9 (1) Each person involuntarily detained and accepted or admitted  
10 at an evaluation and treatment facility, secure withdrawal management  
11 and stabilization facility, or approved substance use disorder  
12 treatment program:

13 (a) Shall, within twenty-four hours of his or her admission or  
14 acceptance at the facility, not counting time periods prior to  
15 medical clearance, be examined and evaluated by:

16 (i) One physician, physician assistant, or advanced registered  
17 nurse practitioner; and

18 (ii) One mental health professional. If the person is detained  
19 for substance use disorder evaluation and treatment, the person may  
20 be examined by a (~~chemical dependency~~) substance use disorder  
21 professional instead of a mental health professional; and

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

1 (2) If, after examination and evaluation, the mental health  
2 professional or ((~~chemical dependency~~)) substance use disorder  
3 professional and licensed physician, physician assistant, or  
4 psychiatric advanced registered nurse practitioner determine that the  
5 initial needs of the person, if detained to an evaluation and  
6 treatment facility, would be better served by placement in a  
7 substance use disorder treatment program, or, if detained to a secure  
8 withdrawal management and stabilization facility or approved  
9 substance use disorder treatment program, would be better served in  
10 an evaluation and treatment facility then the person shall be  
11 referred to the more appropriate placement.

12 (3) An evaluation and treatment center, secure withdrawal  
13 management and stabilization facility, or approved substance use  
14 disorder treatment program admitting or accepting any person pursuant  
15 to this chapter whose physical condition reveals the need for  
16 hospitalization shall assure that such person is transferred to an  
17 appropriate hospital for evaluation or admission for treatment.  
18 Notice of such fact shall be given to the court, the designated  
19 attorney, and the designated crisis responder and the court shall  
20 order such continuance in proceedings under this chapter as may be  
21 necessary, but in no event may this continuance be more than fourteen  
22 days.

23 **Sec. 28.** RCW 71.05.212 and 2018 c 291 s 13 are each amended to  
24 read as follows:

25 (1) Whenever a designated crisis responder or professional person  
26 is conducting an evaluation under this chapter, consideration shall  
27 include all reasonably available information from credible witnesses  
28 and records regarding:

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

32 (b) Historical behavior, including history of one or more violent  
33 acts;

34 (c) Prior determinations of incompetency or insanity under  
35 chapter 10.77 RCW; and

36 (d) Prior commitments under this chapter.

37 (2) Credible witnesses may include family members, landlords,  
38 neighbors, or others with significant contact and history of  
39 involvement with the person. If the designated crisis responder



1 relies upon information from a credible witness in reaching his or  
2 her decision to detain the individual, then he or she must provide  
3 contact information for any such witness to the prosecutor. The  
4 designated crisis responder or prosecutor shall provide notice of the  
5 date, time, and location of the probable cause hearing to such a  
6 witness.

7 (3) Symptoms and behavior of the respondent which standing alone  
8 would not justify civil commitment may support a finding of grave  
9 disability or likelihood of serious harm, or a finding that the  
10 person is in need of assisted outpatient behavioral health treatment,  
11 when:

12 (a) Such symptoms or behavior are closely associated with  
13 symptoms or behavior which preceded and led to a past incident of  
14 involuntary hospitalization, severe deterioration from safe behavior,  
15 or one or more violent acts;

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

18 (c) Without treatment, the continued deterioration of the  
19 respondent is probable.

20 (4) When conducting an evaluation for offenders identified under  
21 RCW 72.09.370, the designated crisis responder or professional person  
22 shall consider an offender's history of judicially required or  
23 administratively ordered antipsychotic medication while in  
24 confinement.

25 **Sec. 29.** RCW 71.05.214 and 2018 c 201 s 3007 are each amended to  
26 read as follows:

27 The authority shall develop statewide protocols to be utilized by  
28 professional persons and designated crisis responders in  
29 administration of this chapter and chapters 10.77 and 71.34 RCW. The  
30 protocols shall be updated at least every three years. The protocols  
31 shall provide uniform development and application of criteria in  
32 evaluation and commitment recommendations, of persons who have, or  
33 are alleged to have, (~~mental disorders or substance use~~) behavioral  
34 health disorders and are subject to this chapter.

35 The initial protocols shall be developed not later than September  
36 1, 1999. The authority shall develop and update the protocols in  
37 consultation with representatives of designated crisis responders,  
38 the department of social and health services, local government, law  
39 enforcement, county and city prosecutors, public defenders, and

1 groups concerned with (~~mental illness and substance use~~) behavioral  
2 health disorders. The protocols shall be submitted to the governor  
3 and legislature upon adoption by the authority.

4 **Sec. 30.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to  
5 read as follows:

6 (1) A person found to be gravely disabled or (~~presents~~) to  
7 present a likelihood of serious harm as a result of a (~~mental~~  
8 ~~disorder or substance use~~) behavioral health disorder has a right to  
9 refuse antipsychotic medication unless it is determined that the  
10 failure to medicate may result in a likelihood of serious harm or  
11 substantial deterioration or substantially prolong the length of  
12 involuntary commitment and there is no less intrusive course of  
13 treatment than medication in the best interest of that person.

14 (2) The authority shall adopt rules to carry out the purposes of  
15 this chapter. These rules shall include:

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

18 (b) For short-term treatment up to thirty days, the right to  
19 refuse antipsychotic medications unless there is an additional  
20 concurring medical opinion approving medication by a psychiatrist,  
21 physician assistant working with a supervising psychiatrist,  
22 psychiatric advanced registered nurse practitioner, or physician or  
23 physician assistant in consultation with a mental health professional  
24 with prescriptive authority.

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

29 (d) Administration of antipsychotic medication in an emergency  
30 and review of this decision within twenty-four hours. An emergency  
31 exists if the person presents an imminent likelihood of serious harm,  
32 and medically acceptable alternatives to administration of  
33 antipsychotic medications are not available or are unlikely to be  
34 successful; and in the opinion of the physician, physician assistant,  
35 or psychiatric advanced registered nurse practitioner, the person's  
36 condition constitutes an emergency requiring the treatment be  
37 instituted prior to obtaining a second medical opinion.

38 (e) Documentation in the medical record of the attempt by the  
39 physician, physician assistant, or psychiatric advanced registered

1 nurse practitioner to obtain informed consent and the reasons why  
2 antipsychotic medication is being administered over the person's  
3 objection or lack of consent.

4 **Sec. 31.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to  
5 read as follows:

6 (1) Insofar as danger to the individual or others is not created,  
7 each person involuntarily detained, treated in a less restrictive  
8 alternative course of treatment, or committed for treatment and  
9 evaluation pursuant to this chapter shall have, in addition to other  
10 rights not specifically withheld by law, the following rights, a list  
11 of which shall be prominently posted in all facilities, institutions,  
12 and hospitals providing such services:

13 ~~((1))~~ (a) To wear his or her own clothes and to keep and use  
14 his or her own personal possessions, except when deprivation of same  
15 is essential to protect the safety of the resident or other persons;

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

18 ~~((3))~~ (c) To have access to individual storage space for his or  
19 her private use;

20 ~~((4))~~ (d) To have visitors at reasonable times;

21 ~~((5))~~ (e) To have reasonable access to a telephone, both to  
22 make and receive confidential calls;

23 ~~((6))~~ (f) To have ready access to letter writing materials,  
24 including stamps, and to send and receive uncensored correspondence  
25 through the mails;

26 ~~((7))~~ (g) To have the right to individualized care and adequate  
27 treatment;

28 (h) To discuss treatment plans and decisions with professional  
29 persons;

30 (i) To not be denied access to treatment by spiritual means  
31 through prayer in accordance with the tenets and practices of a  
32 church or religious denomination in addition to the treatment  
33 otherwise proposed;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (2) Every person involuntarily detained or committed under the  
35 provisions of this chapter is entitled to all the rights set forth in  
36 this chapter and retains all rights not denied him or her under this  
37 chapter except as limited by chapter 9.41 RCW.

38 (3) No person may be presumed incompetent as a consequence of  
39 receiving evaluation or treatment for a behavioral health disorder.

1 Competency may not be determined or withdrawn except under the  
2 provisions of chapter 10.77 or 11.88 RCW.

3 (4) Subject to RCW 71.05.745 and related regulations, persons  
4 receiving evaluation or treatment under this chapter must be given a  
5 reasonable choice of an available physician, physician assistant,  
6 psychiatric advanced registered nurse practitioner, or other  
7 professional person qualified to provide such services.

8 (5) Whenever any person is detained under this chapter, the  
9 person must be advised that unless the person is released or  
10 voluntarily admits himself or herself for treatment within seventy-  
11 two hours of the initial detention, a judicial hearing must be held  
12 in a superior court within seventy-two hours to determine whether  
13 there is probable cause to detain the person for up to an additional  
14 fourteen days based on an allegation that because of a behavioral  
15 health disorder the person presents a likelihood of serious harm or  
16 is gravely disabled, and that at the probable cause hearing the  
17 person has the following rights:

18 (a) To communicate immediately with an attorney; to have an  
19 attorney appointed if the person is indigent; and to be told the name  
20 and address of the attorney that has been designated;

21 (b) To remain silent, and to know that any statement the person  
22 makes may be used against him or her;

23 (c) To present evidence on the person's behalf;

24 (d) To cross-examine witnesses who testify against him or her;

25 (e) To be proceeded against by the rules of evidence;

26 (f) To have the court appoint a reasonably available independent  
27 professional person to examine the person and testify in the hearing,  
28 at public expense unless the person is able to bear the cost;

29 (g) To view and copy all petitions and reports in the court file;  
30 and

31 (h) To refuse psychiatric medications, including antipsychotic  
32 medication beginning twenty-four hours prior to the probable cause  
33 hearing.

34 (6) The judicial hearing described in subsection (5) of this  
35 section must be held according to the provisions of subsection (5) of  
36 this section and rules promulgated by the supreme court.

37 (7)(a) Privileges between patients and physicians, physician  
38 assistants, psychologists, or psychiatric advanced registered nurse  
39 practitioners are deemed waived in proceedings under this chapter  
40 relating to the administration of antipsychotic medications. As to

1 other proceedings under this chapter, the privileges are waived when  
2 a court of competent jurisdiction in its discretion determines that  
3 such waiver is necessary to protect either the detained person or the  
4 public.

5 (b) The waiver of a privilege under this section is limited to  
6 records or testimony relevant to evaluation of the detained person  
7 for purposes of a proceeding under this chapter. Upon motion by the  
8 detained person or on its own motion, the court shall examine a  
9 record or testimony sought by a petitioner to determine whether it is  
10 within the scope of the waiver.

11 (c) The record maker may not be required to testify in order to  
12 introduce medical or psychological records of the detained person so  
13 long as the requirements of RCW 5.45.020 are met except that portions  
14 of the record which contain opinions as to the detained person's  
15 mental state must be deleted from such records unless the person  
16 making such conclusions is available for cross-examination.

17 (8) Nothing contained in this chapter prohibits the patient from  
18 petitioning by writ of habeas corpus for release.

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

23 (10) The rights set forth under this section apply equally to  
24 ninety-day or one hundred eighty-day hearings under RCW 71.05.310.

25 **Sec. 32.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to  
26 read as follows:

27 (1) Insofar as danger to the individual or others is not created,  
28 each person involuntarily detained, treated in a less restrictive  
29 alternative course of treatment, or committed for treatment and  
30 evaluation pursuant to this chapter shall have, in addition to other  
31 rights not specifically withheld by law, the following rights, a list  
32 of which shall be prominently posted in all facilities, institutions,  
33 and hospitals providing such services:

34 ~~((1))~~ (a) To wear his or her own clothes and to keep and use  
35 his or her own personal possessions, except when deprivation of same  
36 is essential to protect the safety of the resident or other persons;

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

1       ~~((3))~~ (c) To have access to individual storage space for his or  
2 her private use;

3       ~~((4))~~ (d) To have visitors at reasonable times;

4       ~~((5))~~ (e) To have reasonable access to a telephone, both to  
5 make and receive confidential calls;

6       ~~((6))~~ (f) To have ready access to letter writing materials,  
7 including stamps, and to send and receive uncensored correspondence  
8 through the mails;

9       ~~((7))~~ (g) To have the right to individualized care and adequate  
10 treatment;

11       (h) To discuss treatment plans and decisions with professional  
12 persons;

13       (i) To not be denied access to treatment by spiritual means  
14 through prayer in accordance with the tenets and practices of a  
15 church or religious denomination in addition to the treatment  
16 otherwise proposed;

17       (j) Not to consent to the administration of antipsychotic  
18 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)  
19 or the performance of electroconvulsant therapy or surgery, except  
20 emergency lifesaving surgery, unless ordered by a court of competent  
21 jurisdiction pursuant to the following standards and procedures:

22       ~~((a))~~ (i) The administration of antipsychotic medication or  
23 electroconvulsant therapy shall not be ordered unless the petitioning  
24 party proves by clear, cogent, and convincing evidence that there  
25 exists a compelling state interest that justifies overriding the  
26 patient's lack of consent to the administration of antipsychotic  
27 medications or electroconvulsant therapy, that the proposed treatment  
28 is necessary and effective, and that medically acceptable alternative  
29 forms of treatment are not available, have not been successful, or  
30 are not likely to be effective.

31       ~~((b))~~ (ii) The court shall make specific findings of fact  
32 concerning: ~~((i))~~ (A) The existence of one or more compelling state  
33 interests; ~~((ii))~~ (B) the necessity and effectiveness of the  
34 treatment; and ~~((iii))~~ (C) the person's desires regarding the  
35 proposed treatment. If the patient is unable to make a rational and  
36 informed decision about consenting to or refusing the proposed  
37 treatment, the court shall make a substituted judgment for the  
38 patient as if he or she were competent to make such a determination.

39       ~~((c))~~ (iii) The person shall be present at any hearing on a  
40 request to administer antipsychotic medication or electroconvulsant



1 therapy filed pursuant to this subsection. The person has the right:  
2 ~~((i))~~ (A) To be represented by an attorney; ~~((ii))~~ (B) to present  
3 evidence; ~~((iii))~~ (C) to cross-examine witnesses; ~~((iv))~~ (D) to  
4 have the rules of evidence enforced; ~~((v))~~ (E) to remain silent;  
5 ~~((vi))~~ (F) to view and copy all petitions and reports in the court  
6 file; and ~~((vii))~~ (G) to be given reasonable notice and an  
7 opportunity to prepare for the hearing. The court may appoint a  
8 psychiatrist, physician assistant working with a supervising  
9 psychiatrist, psychiatric advanced registered nurse practitioner,  
10 psychologist within their scope of practice, physician assistant, or  
11 physician to examine and testify on behalf of such person. The court  
12 shall appoint a psychiatrist, physician assistant working with a  
13 supervising psychiatrist, psychiatric advanced registered nurse  
14 practitioner, psychologist within their scope of practice, physician  
15 assistant, or physician designated by such person or the person's  
16 counsel to testify on behalf of the person in cases where an order  
17 for electroconvulsant therapy is sought.

18 ~~((d))~~ (iv) An order for the administration of antipsychotic  
19 medications entered following a hearing conducted pursuant to this  
20 section shall be effective for the period of the current involuntary  
21 treatment order, and any interim period during which the person is  
22 awaiting trial or hearing on a new petition for involuntary treatment  
23 or involuntary medication.

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

27 ~~((f))~~ (vi) Antipsychotic medication may be administered to a  
28 nonconsenting person detained or committed pursuant to this chapter  
29 without a court order pursuant to RCW 71.05.215(2) or under the  
30 following circumstances:

31 ~~((i))~~ (A) A person presents an imminent likelihood of serious  
32 harm;

33 ~~((ii))~~ (B) Medically acceptable alternatives to administration  
34 of antipsychotic medications are not available, have not been  
35 successful, or are not likely to be effective; and

36 ~~((iii))~~ (C) In the opinion of the physician, physician  
37 assistant, or psychiatric advanced registered nurse practitioner with  
38 responsibility for treatment of the person, or his or her designee,  
39 the person's condition constitutes an emergency requiring the

1 treatment be instituted before a judicial hearing as authorized  
2 pursuant to this section can be held.

3 If antipsychotic medications are administered over a person's  
4 lack of consent pursuant to this subsection, a petition for an order  
5 authorizing the administration of antipsychotic medications shall be  
6 filed on the next judicial day. The hearing shall be held within two  
7 judicial days. If deemed necessary by the physician, physician  
8 assistant, or psychiatric advanced registered nurse practitioner with  
9 responsibility for the treatment of the person, administration of  
10 antipsychotic medications may continue until the hearing is held;

11 ~~((8))~~ (k) To dispose of property and sign contracts unless such  
12 person has been adjudicated an incompetent in a court proceeding  
13 directed to that particular issue;

14 ~~((9))~~ (l) Not to have psychosurgery performed on him or her  
15 under any circumstances.

16 (2) Every person involuntarily detained or committed under the  
17 provisions of this chapter is entitled to all the rights set forth in  
18 this chapter and retains all rights not denied him or her under this  
19 chapter except as limited by chapter 9.41 RCW.

20 (3) No person may be presumed incompetent as a consequence of  
21 receiving evaluation or treatment for a behavioral health disorder.  
22 Competency may not be determined or withdrawn except under the  
23 provisions of chapter 10.77 or 11.88 RCW.

24 (4) Subject to RCW 71.05.745 and related regulations, persons  
25 receiving evaluation or treatment under this chapter must be given a  
26 reasonable choice of an available physician, physician assistant,  
27 psychiatric advanced registered nurse practitioner, or other  
28 professional person qualified to provide such services.

29 (5) Whenever any person is detained under this chapter, the  
30 person must be advised that unless the person is released or  
31 voluntarily admits himself or herself for treatment within one  
32 hundred twenty hours of the initial detention, a judicial hearing  
33 must be held in a superior court within one hundred twenty hours to  
34 determine whether there is probable cause to detain the person for up  
35 to an additional fourteen days based on an allegation that because of  
36 a behavioral health disorder the person presents a likelihood of  
37 serious harm or is gravely disabled, and that at the probable cause  
38 hearing the person has the following rights:

1 (a) To communicate immediately with an attorney; to have an  
2 attorney appointed if the person is indigent; and to be told the name  
3 and address of the attorney that has been designated;

4 (b) To remain silent, and to know that any statement the person  
5 makes may be used against him or her;

6 (c) To present evidence on the person's behalf;

7 (d) To cross-examine witnesses who testify against him or her;

8 (e) To be proceeded against by the rules of evidence;

9 (f) To have the court appoint a reasonably available independent  
10 professional person to examine the person and testify in the hearing,  
11 at public expense unless the person is able to bear the cost;

12 (g) To view and copy all petitions and reports in the court file;  
13 and

14 (h) To refuse psychiatric medications, including antipsychotic  
15 medication beginning twenty-four hours prior to the probable cause  
16 hearing.

17 (6) The judicial hearing described in subsection (5) of this  
18 section must be held according to the provisions of subsection (5) of  
19 this section and rules promulgated by the supreme court.

20 (7)(a) Privileges between patients and physicians, physician  
21 assistants, psychologists, 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 are waived when  
25 a court of competent jurisdiction in its discretion determines that  
26 such waiver is necessary to protect either the detained person or the  
27 public.

28 (b) 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 (c) The record maker may 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 (8) Nothing contained in this chapter prohibits the patient from  
2 petitioning by writ of habeas corpus for release.

3 (9) Nothing in this section permits any person to knowingly  
4 violate a no-contact order or a condition of an active judgment and  
5 sentence or an active condition of supervision by the department of  
6 corrections.

7 (10) The rights set forth under this section apply equally to  
8 ninety-day or one hundred eighty-day hearings under RCW 71.05.310.

9 **Sec. 33.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
10 read as follows:

11 A person detained for seventy-two hour evaluation and treatment  
12 may be committed for not more than fourteen additional days of  
13 involuntary intensive treatment or ninety additional days of a less  
14 restrictive alternative treatment. A petition may only be filed if  
15 the following conditions are met:

16 (1) The professional staff of the facility providing evaluation  
17 services has analyzed the person's condition and finds that the  
18 condition is caused by ~~((mental disorder or substance use))~~ a  
19 behavioral health disorder and results in: (a) A likelihood of  
20 serious harm~~((τ—results—in))~~; (b) the person being gravely  
21 disabled~~((τ))~~; or ~~((results—in))~~ (c) the person being in need of  
22 assisted outpatient behavioral health treatment~~((τ))~~; and are  
23 prepared to testify those conditions are met; and

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

27 (3) The facility providing intensive treatment is certified to  
28 provide such treatment by the department or under RCW 71.05.745; and

29 (4) (a) (i) The professional staff of the facility or the  
30 designated crisis responder has filed a petition with the court for a  
31 fourteen day involuntary detention or a ninety day less restrictive  
32 alternative. The petition must be signed by:

33 (A) One physician, physician assistant, or psychiatric advanced  
34 registered nurse practitioner; and

35 (B) One physician, physician assistant, psychiatric advanced  
36 registered nurse practitioner, or mental health professional.

37 (ii) If the petition is for substance use disorder treatment, the  
38 petition may be signed by a ~~((chemical dependency))~~ substance use  
39 disorder professional instead of a mental health professional and by

1 an advanced registered nurse practitioner instead of a psychiatric  
2 advanced registered nurse practitioner. The persons signing the  
3 petition must have examined the person.

4 (b) If involuntary detention is sought the petition shall state  
5 facts that support the finding that such person, as a result of a  
6 (~~mental disorder or substance use~~) behavioral health disorder,  
7 presents a likelihood of serious harm, or is gravely disabled and  
8 that there are no less restrictive alternatives to detention in the  
9 best interest of such person or others. The petition shall state  
10 specifically that less restrictive alternative treatment was  
11 considered and specify why treatment less restrictive than detention  
12 is not appropriate. If an involuntary less restrictive alternative is  
13 sought, the petition shall state facts that support the finding that  
14 such person, as a result of a (~~mental disorder or as a result of a~~  
15 ~~substance use~~) behavioral health disorder, presents a likelihood of  
16 serious harm, is gravely disabled, or is in need of assisted  
17 outpatient behavioral health treatment, and shall set forth any  
18 recommendations for less restrictive alternative treatment services;  
19 and

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

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

26 (7) The petition reflects that the person was informed of the  
27 loss of firearm rights if involuntarily committed for mental health  
28 treatment; and

29 (8) At the conclusion of the initial commitment period, the  
30 professional staff of the agency or facility or the designated crisis  
31 responder may petition for an additional period of either ninety days  
32 of less restrictive alternative treatment or ninety days of  
33 involuntary intensive treatment as provided in RCW 71.05.290; and

34 (9) If the hospital or facility designated to provide less  
35 restrictive alternative treatment is other than the facility  
36 providing involuntary treatment, the outpatient facility so  
37 designated to provide less restrictive alternative treatment has  
38 agreed to assume such responsibility.

1       **Sec. 34.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
2 read as follows:

3       A person detained for (~~seventy-two~~) one hundred twenty hour  
4 evaluation and treatment may be committed for not more than fourteen  
5 additional days of involuntary intensive treatment or ninety  
6 additional days of a less restrictive alternative treatment. A  
7 petition may only be filed if the following conditions are met:

8       (1) The professional staff of the facility providing evaluation  
9 services has analyzed the person's condition and finds that the  
10 condition is caused by (~~mental disorder or substance use~~) a  
11 behavioral health disorder and results in: (a) A likelihood of  
12 serious harm(~~(r) results in~~); (b) the person being gravely  
13 disabled(~~(r)~~); or (~~results in~~) (c) the person being in need of  
14 assisted outpatient behavioral health treatment(~~(r)~~); and are  
15 prepared to testify those conditions are met; and

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

19       (3) The facility providing intensive treatment is certified to  
20 provide such treatment by the department or under RCW 71.05.745; and

21       (4) (a) (i) The professional staff of the facility or the  
22 designated crisis responder has filed a petition with the court for a  
23 fourteen day involuntary detention or a ninety day less restrictive  
24 alternative. The petition must be signed by:

25       (A) One physician, physician assistant, or psychiatric advanced  
26 registered nurse practitioner; and

27       (B) One physician, physician assistant, psychiatric advanced  
28 registered nurse practitioner, or mental health professional.

29       (ii) If the petition is for substance use disorder treatment, the  
30 petition may be signed by a (~~chemical dependency~~) substance use  
31 disorder professional instead of a mental health professional and by  
32 an advanced registered nurse practitioner instead of a psychiatric  
33 advanced registered nurse practitioner. The persons signing the  
34 petition must have examined the person.

35       (b) If involuntary detention is sought the petition shall state  
36 facts that support the finding that such person, as a result of a  
37 (~~mental disorder or substance use~~) behavioral health disorder,  
38 presents a likelihood of serious harm, or is gravely disabled and  
39 that there are no less restrictive alternatives to detention in the  
40 best interest of such person or others. The petition shall state

1 specifically that less restrictive alternative treatment was  
2 considered and specify why treatment less restrictive than detention  
3 is not appropriate. If an involuntary less restrictive alternative is  
4 sought, the petition shall state facts that support the finding that  
5 such person, as a result of a (~~mental disorder or as a result of a~~  
6 ~~substance use~~) behavioral health disorder, presents a likelihood of  
7 serious harm, is gravely disabled, or is in need of assisted  
8 outpatient behavioral health treatment, and shall set forth any  
9 recommendations for less restrictive alternative treatment services;  
10 and

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

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

17 (7) The petition reflects that the person was informed of the  
18 loss of firearm rights if involuntarily committed for mental health  
19 treatment; and

20 (8) At the conclusion of the initial commitment period, the  
21 professional staff of the agency or facility or the designated crisis  
22 responder may petition for an additional period of either ninety days  
23 of less restrictive alternative treatment or ninety days of  
24 involuntary intensive treatment as provided in RCW 71.05.290; and

25 (9) If the hospital or facility designated to provide less  
26 restrictive alternative treatment is other than the facility  
27 providing involuntary treatment, the outpatient facility so  
28 designated to provide less restrictive alternative treatment has  
29 agreed to assume such responsibility.

30 **Sec. 35.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each  
31 amended to read as follows:

32 (1) If an individual is referred to a designated crisis responder  
33 under RCW 10.77.088(~~(1)(e)(i)~~) (2)(d)(i), the designated crisis  
34 responder shall examine the individual within forty-eight hours. If  
35 the designated crisis responder determines it is not appropriate to  
36 detain the individual or petition for a ninety-day less restrictive  
37 alternative under RCW 71.05.230(4), that decision shall be  
38 immediately presented to the superior court for hearing. The court  
39 shall hold a hearing to consider the decision of the designated

1 crisis responder not later than the next judicial day. At the hearing  
2 the superior court shall review the determination of the designated  
3 crisis responder and determine whether an order should be entered  
4 requiring the person to be evaluated at an evaluation and treatment  
5 facility. No person referred to an evaluation and treatment facility  
6 may be held at the facility longer than seventy-two hours.

7 (2) If an individual is placed in an evaluation and treatment  
8 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional  
9 person shall evaluate the individual for purposes of determining  
10 whether to file a ninety-day inpatient or outpatient petition under  
11 this chapter. Before expiration of the seventy-two hour evaluation  
12 period authorized under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the  
13 professional person shall file a petition or, if the recommendation  
14 of the professional person is to release the individual, present his  
15 or her recommendation to the superior court of the county in which  
16 the criminal charge was dismissed. The superior court shall review  
17 the recommendation not later than forty-eight hours, excluding  
18 Saturdays, Sundays, and holidays, after the recommendation is  
19 presented. If the court rejects the recommendation to unconditionally  
20 release the individual, the court may order the individual detained  
21 at a designated evaluation and treatment facility for not more than a  
22 seventy-two hour evaluation and treatment period (~~and direct the~~  
23 ~~individual to appear at a surety hearing before that court within~~  
24 ~~seventy-two hours, or the court may release the individual but direct~~  
25 ~~the individual to appear at a surety hearing set before that court~~  
26 ~~within eleven days, at which time the prosecutor may file a petition~~  
27 ~~under this chapter for ninety-day inpatient or outpatient treatment.~~  
28 ~~If a petition is filed by the prosecutor, the court may order that~~  
29 ~~the person named in the petition be detained at the evaluation and~~  
30 ~~treatment facility that performed the evaluation under this~~  
31 ~~subsection or order the respondent to be in outpatient treatment. If~~  
32 ~~a petition is filed but the individual fails to appear in court for~~  
33 ~~the surety hearing, the court shall order that a mental health~~  
34 ~~professional or peace officer shall take such person or cause such~~  
35 ~~person to be taken into custody and placed in an evaluation and~~  
36 ~~treatment facility to be brought before the court the next judicial~~  
37 ~~day after detention)). If the evaluation and treatment facility files  
38 a ninety-day petition within the seventy-two hour period, the clerk  
39 shall set a hearing after the day of filing consistent with RCW  
40 71.05.300. Upon the individual's first appearance in court after a~~



1 petition has been filed, proceedings under RCW 71.05.310 and  
2 71.05.320 shall commence. For an individual subject to this  
3 subsection, the (~~prosecutor or~~) professional person may directly  
4 file a petition for ninety-day inpatient or outpatient treatment and  
5 no petition for initial detention or fourteen-day detention is  
6 required before such a petition may be filed.

7 ~~((The court shall conduct the hearing on the petition filed under  
8 this subsection within five judicial days of the date the petition is  
9 filed. The court may continue the hearing upon the written request of  
10 the person named in the petition or the person's attorney, for good  
11 cause shown, which continuance shall not exceed five additional  
12 judicial days. If the person named in the petition requests a jury  
13 trial, the trial shall commence within ten judicial days of the date  
14 of the filing of the petition. The burden of proof shall be by clear,  
15 cogent, and convincing evidence and shall be upon the petitioner. The  
16 person shall be present at such proceeding, which shall in all  
17 respects accord with the constitutional guarantees of due process of  
18 law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).  
19~~

20 ~~During the proceeding the person named in the petition shall  
21 continue to be detained and treated until released by order of the  
22 court. If no order has been made within thirty days after the filing  
23 of the petition, not including any extensions of time requested by  
24 the detained person or his or her attorney, the detained person shall  
25 be released.))~~

26 (3) If a designated crisis responder or the professional person  
27 and prosecuting attorney for the county in which the criminal charge  
28 was dismissed or attorney general, as appropriate, stipulate that the  
29 individual does not present a likelihood of serious harm or is not  
30 gravely disabled, the hearing under this section is not required and  
31 the individual, if in custody, shall be released.

32 ~~((4) The individual shall have the rights specified in RCW  
33 71.05.360 (8) and (9).))~~

34 **Sec. 36.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each  
35 amended to read as follows:

36 (1) If an individual is referred to a designated crisis responder  
37 under RCW 10.77.088(~~((1)(e)(i))~~) (2)(d)(i), the designated crisis  
38 responder shall examine the individual within forty-eight hours. If  
39 the designated crisis responder determines it is not appropriate to  
40 detain the individual or petition for a ninety-day less restrictive

1 alternative under RCW 71.05.230(4), that decision shall be  
2 immediately presented to the superior court for hearing. The court  
3 shall hold a hearing to consider the decision of the designated  
4 crisis responder not later than the next judicial day. At the hearing  
5 the superior court shall review the determination of the designated  
6 crisis responder and determine whether an order should be entered  
7 requiring the person to be evaluated at an evaluation and treatment  
8 facility. No person referred to an evaluation and treatment facility  
9 may be held at the facility longer than ~~((seventy-two))~~ one hundred  
10 twenty hours.

11 (2) If an individual is placed in an evaluation and treatment  
12 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional  
13 person shall evaluate the individual for purposes of determining  
14 whether to file a ninety-day inpatient or outpatient petition under  
15 this chapter. Before expiration of the ~~((seventy-two))~~ one hundred  
16 twenty hour evaluation period authorized under RCW  
17 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the professional person shall  
18 file a petition or, if the recommendation of the professional person  
19 is to release the individual, present his or her recommendation to  
20 the superior court of the county in which the criminal charge was  
21 dismissed. The superior court shall review the recommendation not  
22 later than forty-eight hours, excluding Saturdays, Sundays, and  
23 holidays, after the recommendation is presented. If the court rejects  
24 the recommendation to unconditionally release the individual, the  
25 court may order the individual detained at a designated evaluation  
26 and treatment facility for not more than a ~~((seventy-two))~~ one  
27 hundred twenty hour evaluation and treatment period ~~((and direct the~~  
28 ~~individual to appear at a surety hearing before that court within~~  
29 ~~seventy-two hours, or the court may release the individual but direct~~  
30 ~~the individual to appear at a surety hearing set before that court~~  
31 ~~within eleven days, at which time the prosecutor may file a petition~~  
32 ~~under this chapter for ninety-day inpatient or outpatient treatment.~~  
33 ~~If a petition is filed by the prosecutor, the court may order that~~  
34 ~~the person named in the petition be detained at the evaluation and~~  
35 ~~treatment facility that performed the evaluation under this~~  
36 ~~subsection or order the respondent to be in outpatient treatment. If~~  
37 ~~a petition is filed but the individual fails to appear in court for~~  
38 ~~the surety hearing, the court shall order that a mental health~~  
39 ~~professional or peace officer shall take such person or cause such~~  
40 ~~person to be taken into custody and placed in an evaluation and~~

1 ~~treatment facility to be brought before the court the next judicial~~  
2 ~~day after detention)). If the evaluation and treatment facility files~~  
3 ~~a ninety-day petition within the one hundred twenty hour period, the~~  
4 ~~clerk shall set a hearing after the day of filing consistent with RCW~~  
5 ~~71.05.300.~~ Upon the individual's first appearance in court after a  
6 petition has been filed, proceedings under RCW 71.05.310 and  
7 71.05.320 shall commence. For an individual subject to this  
8 subsection, the ~~((prosecutor or))~~ professional person may directly  
9 file a petition for ninety-day inpatient or outpatient treatment and  
10 no petition for initial detention or fourteen-day detention is  
11 required before such a petition may be filed.

12 ~~((The court shall conduct the hearing on the petition filed under~~  
13 ~~this subsection within five judicial days of the date the petition is~~  
14 ~~filed. The court may continue the hearing upon the written request of~~  
15 ~~the person named in the petition or the person's attorney, for good~~  
16 ~~cause shown, which continuance shall not exceed five additional~~  
17 ~~judicial days. If the person named in the petition requests a jury~~  
18 ~~trial, the trial shall commence within ten judicial days of the date~~  
19 ~~of the filing of the petition. The burden of proof shall be by clear,~~  
20 ~~eogent, and convincing evidence and shall be upon the petitioner. The~~  
21 ~~person shall be present at such proceeding, which shall in all~~  
22 ~~respects accord with the constitutional guarantees of due process of~~  
23 ~~law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).~~

24 ~~During the proceeding the person named in the petition shall~~  
25 ~~continue to be detained and treated until released by order of the~~  
26 ~~court. If no order has been made within thirty days after the filing~~  
27 ~~of the petition, not including any extensions of time requested by~~  
28 ~~the detained person or his or her attorney, the detained person shall~~  
29 ~~be released.))~~

30 (3) If a designated crisis responder or the professional person  
31 and prosecuting attorney for the county in which the criminal charge  
32 was dismissed or attorney general, as appropriate, stipulate that the  
33 individual does not present a likelihood of serious harm or is not  
34 gravely disabled, the hearing under this section is not required and  
35 the individual, if in custody, shall be released.

36 ~~((4) The individual shall have the rights specified in RCW~~  
37 ~~71.05.360 (8) and (9).))~~

38 NEW SECTION. **Sec. 37.** A new section is added to chapter 71.05  
39 RCW to read as follows:

1 (1) In any proceeding for involuntary commitment under this  
2 chapter, the court may continue or postpone such proceeding for a  
3 reasonable time on motion of the respondent for good cause, or on  
4 motion of the prosecuting attorney or the attorney general if:

5 (a) The respondent expressly consents to a continuance or delay  
6 and there is a showing of good cause; or

7 (b) Such continuance is required in the proper administration of  
8 justice and the respondent will not be substantially prejudiced in  
9 the presentation of the respondent's case.

10 (2) The court may continue a hearing on a petition filed under  
11 RCW 71.05.280(3) for good cause upon written request by the  
12 petitioner, respondent, or respondent's attorney.

13 (3) The court may on its own motion continue the case when  
14 required in due administration of justice and when the respondent  
15 will not be substantially prejudiced in the presentation of the  
16 respondent's case.

17 (4) The court shall state in any order of continuance or  
18 postponement the grounds for the continuance or postponement and  
19 whether detention will be extended.

20 **Sec. 38.** RCW 71.05.240 and 2019 c 446 s 11 are each amended to  
21 read as follows:

22 (1) If a petition is filed for fourteen day involuntary treatment  
23 or ninety days of less restrictive alternative treatment, the court  
24 shall hold a probable cause hearing within seventy-two hours of the  
25 initial detention of such person as determined in RCW 71.05.180, or  
26 at a time determined under RCW 71.05.148. (~~If requested by the~~  
27 ~~person or his or her attorney, the hearing may be postponed for a~~  
28 ~~period not to exceed forty-eight hours. The hearing may also be~~  
29 ~~continued subject to the conditions set forth in RCW 71.05.210 or~~  
30 ~~subject to the petitioner's showing of good cause for a period not to~~  
31 ~~exceed twenty-four hours.))~~

32 (2) If the petition is for mental health treatment, the court or  
33 the prosecutor at the time of the probable cause hearing and before  
34 an order of commitment is entered shall inform the person both orally  
35 and in writing that the failure to make a good faith effort to seek  
36 voluntary treatment as provided in RCW 71.05.230 will result in the  
37 loss of his or her firearm rights if the person is subsequently  
38 detained for involuntary treatment under this section.

1       (3) If the person or his or her attorney alleges, prior to the  
2 commencement of the hearing, that the person has in good faith  
3 volunteered for treatment, the petitioner must show, by preponderance  
4 of the evidence, that the person has not in good faith volunteered  
5 for appropriate treatment. In order to qualify as a good faith  
6 volunteer, the person must abide by procedures and a treatment plan  
7 as prescribed by a treatment facility and professional staff.

8       (4)(a) Subject to (b) of this subsection, at the conclusion of  
9 the probable cause hearing, if the court finds by a preponderance of  
10 the evidence that such person, as the result of a (~~mental disorder~~  
11 ~~or substance use~~) behavioral health disorder, presents a likelihood  
12 of serious harm, or is gravely disabled, and, after considering less  
13 restrictive alternatives to involuntary detention and treatment,  
14 finds that no such alternatives are in the best interests of such  
15 person or others, the court shall order that such person be detained  
16 for involuntary treatment not to exceed fourteen days in a facility  
17 licensed or certified to provide treatment by the department or under  
18 RCW 71.05.745.

19       (b) (~~Commitment for up to fourteen days based on a substance use~~  
20 ~~disorder must be to either a secure withdrawal management and~~  
21 ~~stabilization facility or an approved substance use disorder~~  
22 ~~treatment program.)) A court may only (~~enter a commitment~~) order  
23 (~~based on a substance use disorder if there is an available~~)  
24 commitment to a secure withdrawal management and stabilization  
25 facility or approved substance use disorder treatment program if  
26 there is an available facility with adequate space for the person.~~

27       (c) At the conclusion of the probable cause hearing, if the court  
28 finds by a preponderance of the evidence that such person, as the  
29 result of a (~~mental disorder or substance use~~) behavioral health  
30 disorder, presents a likelihood of serious harm(~~(r)~~) or is gravely  
31 disabled, but that treatment in a less restrictive setting than  
32 detention is in the best interest of such person or others, the court  
33 shall order an appropriate less restrictive alternative course of  
34 treatment for (~~not to exceed~~) up to ninety days.

35       (d) If the court finds by a preponderance of the evidence that  
36 such person, as the result of a (~~mental disorder or substance use~~)  
37 behavioral health disorder, is in need of assisted outpatient  
38 behavioral health treatment, and that the person does not present a  
39 likelihood of serious harm (~~or grave disability~~) and is not gravely  
40 disabled, the court shall order an appropriate less restrictive

1 alternative course of treatment (~~((not to exceed))~~) for up to ninety  
2 days.

3 (~~((4))~~) (5) An order for less restrictive alternative treatment  
4 must name the (~~((mental))~~) behavioral health service provider  
5 responsible for identifying the services the person will receive in  
6 accordance with RCW 71.05.585, and must include a requirement that  
7 the person cooperate with the (~~((services planned by))~~) treatment  
8 recommendations of the (~~((mental))~~) behavioral health service provider.

9 (~~((5))~~) (6) The court shall (~~((specifically state to such person~~  
10 ~~and give such person notice))~~) notify the person orally and in writing  
11 that if involuntary treatment is sought beyond the fourteen-day  
12 (~~((period))~~) inpatient or (~~((beyond the))~~) ninety-day(~~((s of))~~) less  
13 restrictive treatment (~~((is to be sought))~~) period, (~~((such))~~) the person  
14 (~~((will have))~~) has the right to a full hearing or jury trial (~~((as~~  
15 ~~required by))~~) under RCW 71.05.310. If the commitment is for mental  
16 health treatment, the court shall also (~~((state to))~~) notify the person  
17 (~~((and provide written notice))~~) orally and in writing that the person  
18 is barred from the possession of firearms and that the prohibition  
19 remains in effect until a court restores his or her right to possess  
20 a firearm under RCW 9.41.047.

21 (7) If the court does not issue an order to detain a person under  
22 this section, the court shall issue an order to dismiss the petition.

23 **Sec. 39.** RCW 71.05.240 and 2019 c 446 s 11 are each amended to  
24 read as follows:

25 (1) If a petition is filed for fourteen day involuntary treatment  
26 or ninety days of less restrictive alternative treatment, the court  
27 shall hold a probable cause hearing within (~~((seventy-two))~~) one  
28 hundred twenty hours of the initial detention of such person as  
29 determined in RCW 71.05.180, or at a time determined under RCW  
30 71.05.148. (~~((If requested by the person or his or her attorney, the~~  
31 ~~hearing may be postponed for a period not to exceed forty-eight~~  
32 ~~hours. The hearing may also be continued subject to the conditions~~  
33 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~  
34 ~~good cause for a period not to exceed twenty-four hours.))~~)

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

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

3 (3) If the person or his or her attorney alleges, prior to the  
4 commencement of the hearing, that the person has in good faith  
5 volunteered for treatment, the petitioner must show, by preponderance  
6 of the evidence, that the person has not in good faith volunteered  
7 for appropriate treatment. In order to qualify as a good faith  
8 volunteer, the person must abide by procedures and a treatment plan  
9 as prescribed by a treatment facility and professional staff.

10 (4)(a) Subject to (b) of this subsection, at the conclusion of  
11 the probable cause hearing, if the court finds by a preponderance of  
12 the evidence that such person, as the result of a ((~~mental disorder~~  
13 ~~or substance use~~)) behavioral health disorder, presents a likelihood  
14 of serious harm, or is gravely disabled, and, after considering less  
15 restrictive alternatives to involuntary detention and treatment,  
16 finds that no such alternatives are in the best interests of such  
17 person or others, the court shall order that such person be detained  
18 for involuntary treatment not to exceed fourteen days in a facility  
19 licensed or certified to provide treatment by the department or under  
20 RCW 71.05.745.

21 (b) ((~~Commitment for up to fourteen days based on a substance use~~  
22 ~~disorder must be to either a secure withdrawal management and~~  
23 ~~stabilization facility or an approved substance use disorder~~  
24 ~~treatment program.)) A court may only ((~~enter a commitment~~)) order~~  
25 ((~~based on a substance use disorder if there is an available~~))  
26 commitment to a secure withdrawal management and stabilization  
27 facility or approved substance use disorder treatment program if  
28 there is an available facility with adequate space for the person.

29 (c) At the conclusion of the probable cause hearing, if the court  
30 finds by a preponderance of the evidence that such person, as the  
31 result of a ((~~mental disorder or substance use~~)) behavioral health  
32 disorder, presents a likelihood of serious harm((~~r~~)) or is gravely  
33 disabled, but that treatment in a less restrictive setting than  
34 detention is in the best interest of such person or others, the court  
35 shall order an appropriate less restrictive alternative course of  
36 treatment for ((~~not to exceed~~)) up to ninety days.

37 (d) If the court finds by a preponderance of the evidence that  
38 such person, as the result of a ((~~mental disorder or substance use~~))  
39 behavioral health disorder, is in need of assisted outpatient  
40 behavioral health treatment, and that the person does not present a

1 likelihood of serious harm (~~(or grave disability)~~) and is not gravely  
2 disabled, the court shall order an appropriate less restrictive  
3 alternative course of treatment (~~(not to exceed)~~) for up to ninety  
4 days.

5 ~~((4))~~ (5) An order for less restrictive alternative treatment  
6 must name the (~~mental~~) behavioral health service provider  
7 responsible for identifying the services the person will receive in  
8 accordance with RCW 71.05.585, and must include a requirement that  
9 the person cooperate with the (~~services planned by~~) treatment  
10 recommendations of the (~~mental~~) behavioral health service provider.

11 ~~((5))~~ (6) The court shall (~~specifically state to such person~~  
12 ~~and give such person notice~~) notify the person orally and in writing  
13 that if involuntary treatment is sought beyond the fourteen-day  
14 (~~period~~) inpatient or (~~beyond the~~) ninety-day(~~s of~~) less  
15 restrictive treatment (~~is to be sought~~) period, (~~such~~) the person  
16 (~~will have~~) has the right to a full hearing or jury trial (~~as~~  
17 ~~required by~~) under RCW 71.05.310. If the commitment is for mental  
18 health treatment, the court shall also (~~state to~~) notify the person  
19 (~~and provide written notice~~) orally and in writing that the person  
20 is barred from the possession of firearms and that the prohibition  
21 remains in effect until a court restores his or her right to possess  
22 a firearm under RCW 9.41.047.

23 (7) If the court does not issue an order to detain a person under  
24 this section, the court shall issue an order to dismiss the petition.

25 **Sec. 40.** RCW 71.05.240 and 2019 c 446 s 12 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~~) one  
30 hundred twenty hours of the initial detention of such person as  
31 determined in RCW 71.05.180, or at a time determined under RCW  
32 71.05.148. (~~If requested by the person or his or her attorney, the~~  
33 ~~hearing may be postponed for a period not to exceed forty-eight~~  
34 ~~hours. The hearing may also be continued subject to the conditions~~  
35 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~  
36 ~~good cause for a period not to exceed twenty-four hours.))~~

37 (2) If the petition is for mental health treatment, the court or  
38 the prosecutor at the time of the probable cause hearing and before  
39 an order of commitment is entered shall inform the person both orally



1 and in writing that the failure to make a good faith effort to seek  
2 voluntary treatment as provided in RCW 71.05.230 will result in the  
3 loss of his or her firearm rights if the person is subsequently  
4 detained for involuntary treatment under this section.

5 (3) If the person or his or her attorney alleges, prior to the  
6 commencement of the hearing, that the person has in good faith  
7 volunteered for treatment, the petitioner must show, by preponderance  
8 of the evidence, that the person has not in good faith volunteered  
9 for appropriate treatment. In order to qualify as a good faith  
10 volunteer, the person must abide by procedures and a treatment plan  
11 as prescribed by a treatment facility and professional staff.

12 ~~(4)(a) ((Subject to (b) of this subsection,))~~ At the conclusion  
13 of the probable cause hearing, if the court finds by a preponderance  
14 of the evidence that such person, as the result of a ~~((mental~~  
15 ~~disorder or substance use))~~ behavioral health disorder, presents a  
16 likelihood of serious harm, or is gravely disabled, and, after  
17 considering less restrictive alternatives to involuntary detention  
18 and treatment, finds that no such alternatives are in the best  
19 interests of such person or others, the court shall order that such  
20 person be detained for involuntary treatment not to exceed fourteen  
21 days in a facility licensed or certified to provide treatment by the  
22 department or under RCW 71.05.745.

23 ~~(b) ((Commitment for up to fourteen days based on a substance use~~  
24 ~~disorder must be to either a secure withdrawal management and~~  
25 ~~stabilization facility or an approved substance use disorder~~  
26 ~~treatment program.~~

27 ~~(e))~~ At the conclusion of the probable cause hearing, if the  
28 court finds by a preponderance of the evidence that such person, as  
29 the result of a ~~((mental disorder or substance use))~~ behavioral  
30 health disorder, presents a likelihood of serious harm~~((7))~~ or is  
31 gravely disabled, but that treatment in a less restrictive setting  
32 than detention is in the best interest of such person or others, the  
33 court shall order an appropriate less restrictive alternative course  
34 of treatment for ~~((not to exceed))~~ up to ninety days.

35 ~~((d))~~ (c) If the court finds by a preponderance of the evidence  
36 that such person, as the result of a ~~((mental disorder or substance~~  
37 ~~use))~~ behavioral health disorder, is in need of assisted outpatient  
38 behavioral health treatment, and that the person does not present a  
39 likelihood of serious harm ~~((or grave disability))~~ and is not gravely  
40 disabled, the court shall order an appropriate less restrictive

1 alternative course of treatment (~~((not to exceed))~~) for up to ninety  
2 days.

3 (~~((4))~~) (5) An order for less restrictive alternative treatment  
4 must name the (~~((mental))~~) behavioral health service provider  
5 responsible for identifying the services the person will receive in  
6 accordance with RCW 71.05.585, and must include a requirement that  
7 the person cooperate with the (~~((services planned by))~~) treatment  
8 recommendations of the (~~((mental))~~) behavioral health service provider.

9 (~~((5))~~) (6) The court shall (~~((specifically state to such person~~  
10 ~~and give such person notice))~~) notify the person orally and in writing  
11 that if involuntary treatment is sought beyond the fourteen-day  
12 (~~((period))~~) inpatient or (~~((beyond the))~~) ninety-day(~~((s of))~~) less  
13 restrictive treatment (~~((is to be sought))~~) period, such person (~~((will~~  
14 ~~have))~~) has the right to a full hearing or jury trial (~~((as required~~  
15 ~~by))~~) under RCW 71.05.310. If the commitment is for mental health  
16 treatment, the court shall also (~~((state to))~~) notify the person (~~((and~~  
17 ~~provide written notice))~~) orally and in writing that the person is  
18 barred from the possession of firearms and that the prohibition  
19 remains in effect until a court restores his or her right to possess  
20 a firearm under RCW 9.41.047.

21 (7) If the court does not issue an order to detain a person under  
22 this section, the court shall issue an order to dismiss the petition.

23 **Sec. 41.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to  
24 read as follows:

25 At the expiration of the fourteen-day period of intensive  
26 treatment, a person may be committed for further treatment pursuant  
27 to RCW 71.05.320 if:

28 (1) Such person after having been taken into custody for  
29 evaluation and treatment has threatened, attempted, or inflicted: (a)  
30 Physical harm upon the person of another or himself or herself, or  
31 substantial damage upon the property of another, and (b) as a result  
32 of (~~((mental disorder or substance use))~~) a behavioral health disorder  
33 presents a likelihood of serious harm; or

34 (2) Such person was taken into custody as a result of conduct in  
35 which he or she attempted or inflicted physical harm upon the person  
36 of another or himself or herself, or substantial damage upon the  
37 property of others, and continues to present, as a result of (~~((mental~~  
38 ~~disorder or substance use))~~) a behavioral health disorder, a  
39 likelihood of serious harm; or

1 (3) Such person has been determined to be incompetent and  
2 criminal charges have been dismissed pursuant to RCW 10.77.086(4),  
3 and has committed acts constituting a felony, and as a result of a  
4 (~~mental~~) behavioral health disorder, presents a substantial  
5 likelihood of repeating similar acts.

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

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

14 (4) Such person is gravely disabled; or

15 (5) Such person is in need of assisted outpatient behavioral  
16 health treatment.

17 **Sec. 42.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each  
18 amended to read as follows:

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

26 (2)(a)(i) The petition shall summarize the facts which support  
27 the need for further commitment and shall be supported by affidavits  
28 based on an examination of the patient and signed by:

29 (A) One physician, physician assistant, or psychiatric advanced  
30 registered nurse practitioner; and

31 (B) One physician, physician assistant, psychiatric advanced  
32 registered nurse practitioner, or mental health professional.

33 (ii) If the petition is for substance use disorder treatment, the  
34 petition may be signed by a (~~chemical dependency~~) substance use  
35 disorder professional instead of a mental health professional and by  
36 an advanced registered nurse practitioner instead of a psychiatric  
37 advanced registered nurse practitioner.

38 (b) The affidavits shall describe in detail the behavior of the  
39 detained person which supports the petition and shall explain what,

1 if any, less restrictive treatments which are alternatives to  
2 detention are available to such person, and shall state the  
3 willingness of the affiant to testify to such facts in subsequent  
4 judicial proceedings under this chapter. If less restrictive  
5 alternative treatment is sought, the petition shall set forth any  
6 recommendations for less restrictive alternative treatment services.

7 (3) If a person has been determined to be incompetent pursuant to  
8 RCW 10.77.086(4), then the professional person in charge of the  
9 treatment facility or his or her professional designee or the  
10 designated crisis responder may directly file a petition for one  
11 hundred eighty-day treatment under RCW 71.05.280(3), or for ninety-  
12 day treatment under RCW 71.05.280 (1), (2), (4), or (5). No petition  
13 for initial detention or fourteen day detention is required before  
14 such a petition may be filed.

15 **Sec. 43.** RCW 71.05.300 and 2019 c 325 s 3007 are each amended to  
16 read as follows:

17 (1) The petition for ninety day treatment shall be filed with the  
18 clerk of the superior court at least three days before expiration of  
19 the fourteen-day period of intensive treatment. (~~At the time of~~  
20 ~~filing such petition,~~) The clerk shall set a ((time for the person  
21 ~~to come before the court on the next judicial day after the day of~~  
22 ~~filing unless such appearance is waived by the person's attorney, and~~  
23 ~~the clerk shall)) trial setting date as provided in RCW 71.05.310 on~~  
24 ~~the next judicial day after the date of filing the petition and~~  
25 notify the designated crisis responder. The designated crisis  
26 responder shall immediately notify the person detained, his or her  
27 attorney, if any, and his or her guardian or conservator, if any, the  
28 prosecuting attorney, and the behavioral health administrative  
29 services organization administrator, and provide a copy of the  
30 petition to such persons as soon as possible. The behavioral health  
31 administrative services organization administrator or designee may  
32 review the petition and may appear and testify at the full hearing on  
33 the petition.

34 (2) (~~At the time set for appearance~~) The attorney for the  
35 detained person (~~shall be brought before the court, unless such~~  
36 ~~appearance has been waived and the court~~) shall advise him or her of  
37 his or her right to be represented by an attorney, his or her right  
38 to a jury trial, and, if the petition is for commitment for mental  
39 health treatment, his or her loss of firearm rights if involuntarily

1 committed. If the detained person is not represented by an attorney,  
2 or is indigent or is unwilling to retain an attorney, the court shall  
3 immediately appoint an attorney to represent him or her. The court  
4 shall, if requested, appoint a reasonably available licensed  
5 physician, physician assistant, psychiatric advanced registered nurse  
6 practitioner, psychologist, psychiatrist, or other professional  
7 person, designated by the detained person to examine and testify on  
8 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. 44.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to  
19 read as follows:

20 The court shall (~~conduct~~) set a hearing on the petition for  
21 ninety-day or one hundred eighty-day treatment within five judicial  
22 days of the (~~first court appearance after the probable cause  
23 hearing~~) trial setting hearing, or within ten judicial days for a  
24 petition filed under RCW 71.05.280(3). The court may continue the  
25 hearing (~~for good cause upon the written request of the person named  
26 in the petition or the person's attorney. The court may continue for  
27 good cause the hearing on a petition filed under RCW 71.05.280(3)  
28 upon written request by the person named in the petition, the  
29 person's attorney, or the petitioner~~) in accordance with section 37  
30 of this act. If the person named in the petition requests a jury  
31 trial, the trial (~~shall commence~~) must be set within ten judicial  
32 days of the (~~first court appearance after the probable cause  
33 hearing~~) next judicial day after the date of filing the petition.  
34 The burden of proof shall be by clear, cogent, and convincing  
35 evidence and shall be upon the petitioner. The person (~~shall~~) has  
36 the right to be present at such proceeding, which shall in all  
37 respects accord with the constitutional guarantees of due process of  
38 law and the rules of evidence (~~pursuant to RCW 71.05.360 (8) and  
39 (9))~~) under RCW 71.05.217.

1 During the proceeding, the person named in the petition shall  
2 continue to be treated until released by order of the superior court  
3 or discharged by the behavioral health service provider. If (~~no~~  
4 ~~order has been made~~) the hearing has not commenced within thirty  
5 days after the filing of the petition, not including extensions of  
6 time (~~requested by the detained person or his or her attorney, or~~  
7 ~~the petitioner in the case of a petition filed under RCW~~  
8 ~~71.05.280(3)~~) ordered under section 37 of this act, the detained  
9 person shall be released.

10 **Sec. 45.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to  
11 read as follows:

12 (1)(a) Subject to (b) of this subsection, if the court or jury  
13 finds that grounds set forth in RCW 71.05.280 have been proven and  
14 that the best interests of the person or others will not be served by  
15 a less restrictive treatment which is an alternative to detention,  
16 the court shall remand him or her to the custody of the department of  
17 social and health services or to a facility certified for ninety day  
18 treatment by the department for a further period of intensive  
19 treatment not to exceed ninety days from the date of judgment.

20 (b) If the order for inpatient treatment is based on a substance  
21 use disorder, treatment must take place at an approved substance use  
22 disorder treatment program. The court may only enter an order for  
23 commitment based on a substance use disorder if there is an available  
24 approved substance use disorder treatment program with adequate space  
25 for the person.

26 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of  
27 commitment, then the period of treatment may be up to but not exceed  
28 one hundred eighty days from the date of judgment to the custody of  
29 the department of social and health services or to a facility  
30 certified for one hundred eighty-day treatment by the department or  
31 under RCW 71.05.745.

32 (2) If the court or jury finds that grounds set forth in RCW  
33 71.05.280 have been proven, but finds that treatment less restrictive  
34 than detention will be in the best interest of the person or others,  
35 then the court shall remand him or her to the custody of the  
36 department of social and health services or to a facility certified  
37 for ninety day treatment by the department or to a less restrictive  
38 alternative for a further period of less restrictive treatment not to  
39 exceed ninety days from the date of judgment. (~~If the order for less~~

1 ~~restrictive treatment is based on a substance use disorder, treatment~~  
2 ~~must be provided by an approved substance use disorder treatment~~  
3 ~~program.)~~ If the grounds set forth in RCW 71.05.280(3) are the basis  
4 of commitment, then the period of treatment may be up to but not  
5 exceed one hundred eighty days from the date of judgment. If the  
6 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
7 have been proven, and provide the only basis for commitment, the  
8 court must enter an order for less restrictive alternative treatment  
9 for up to ninety days from the date of judgment and may not order  
10 inpatient treatment.

11 (3) An order for less restrictive alternative treatment entered  
12 under subsection (2) of this section must name the (~~mental~~)  
13 behavioral health service provider responsible for identifying the  
14 services the person will receive in accordance with RCW 71.05.585,  
15 and must include a requirement that the person cooperate with the  
16 services planned by the (~~mental~~) behavioral health service  
17 provider.

18 (4) The person shall be released from involuntary treatment at  
19 the expiration of the period of commitment imposed under subsection  
20 (1) or (2) of this section unless the superintendent or professional  
21 person in charge of the facility in which he or she is confined, or  
22 in the event of a less restrictive alternative, the designated crisis  
23 responder, files a new petition for involuntary treatment on the  
24 grounds that the committed person:

25 (a) During the current period of court ordered treatment: (i) Has  
26 threatened, attempted, or inflicted physical harm upon the person of  
27 another, or substantial damage upon the property of another, and (ii)  
28 as a result of a (~~mental disorder, substance use~~) behavioral health  
29 disorder(~~(7)~~) or developmental disability presents a likelihood of  
30 serious harm; or

31 (b) Was taken into custody as a result of conduct in which he or  
32 she attempted or inflicted serious physical harm upon the person of  
33 another, and continues to present, as a result of (~~mental disorder,~~  
34 ~~substance use~~) a behavioral health disorder(~~(7)~~) or developmental  
35 disability, a likelihood of serious harm; or

36 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result  
37 of (~~mental~~) a behavioral health disorder or developmental  
38 disability continues to present a substantial likelihood of repeating  
39 acts similar to the charged criminal behavior, when considering the  
40 person's life history, progress in treatment, and the public safety.

1 (ii) In cases under this subsection where the court has made an  
2 affirmative special finding under RCW 71.05.280(3)(b), the commitment  
3 shall continue for up to an additional one hundred eighty-day period  
4 whenever the petition presents prima facie evidence that the person  
5 continues to suffer from a (~~mental~~) behavioral health disorder or  
6 developmental disability that results in a substantial likelihood of  
7 committing acts similar to the charged criminal behavior, unless the  
8 person presents proof through an admissible expert opinion that the  
9 person's condition has so changed such that the (~~mental~~) behavioral  
10 health disorder or developmental disability no longer presents a  
11 substantial likelihood of the person committing acts similar to the  
12 charged criminal behavior. The initial or additional commitment  
13 period may include transfer to a specialized program of intensive  
14 support and treatment, which may be initiated prior to or after  
15 discharge from the state hospital; or

16 (d) Continues to be gravely disabled; or

17 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
18 health treatment.

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

22 If less restrictive alternative treatment is sought, the petition  
23 shall set forth any recommendations for less restrictive alternative  
24 treatment services.

25 (5) A new petition for involuntary treatment filed under  
26 subsection (4) of this section shall be filed and heard in the  
27 superior court of the county of the facility which is filing the new  
28 petition for involuntary treatment unless good cause is shown for a  
29 change of venue. The cost of the proceedings shall be borne by the  
30 state.

31 (6)(a) The hearing shall be held as provided in RCW 71.05.310,  
32 and if the court or jury finds that the grounds for additional  
33 confinement as set forth in this section are present, subject to  
34 subsection (1)(b) of this section, the court may order the committed  
35 person returned for an additional period of treatment not to exceed  
36 one hundred eighty days from the date of judgment, except as provided  
37 in subsection (7) of this section. If the court's order is based  
38 solely on the grounds identified in subsection (4)(e) of this  
39 section, the court may enter an order for less restrictive  
40 alternative treatment not to exceed one hundred eighty days from the



1 date of judgment, and may not enter an order for inpatient treatment.  
2 An order for less restrictive alternative treatment must name the  
3 (~~mental~~) behavioral health service provider responsible for  
4 identifying the services the person will receive in accordance with  
5 RCW 71.05.585, and must include a requirement that the person  
6 cooperate with the services planned by the (~~mental~~) behavioral  
7 health service provider.

8 (b) At the end of the one hundred eighty-day period of  
9 commitment, or one-year period of commitment if subsection (7) of  
10 this section applies, the committed person shall be released unless a  
11 petition for an additional one hundred eighty-day period of continued  
12 treatment is filed and heard in the same manner as provided in this  
13 section. Successive one hundred eighty-day commitments are  
14 permissible on the same grounds and pursuant to the same procedures  
15 as the original one hundred eighty-day commitment.

16 (7) An order for less restrictive treatment entered under  
17 subsection (6) of this section may be for up to one year when the  
18 person's previous commitment term was for intensive inpatient  
19 treatment in a state hospital.

20 (8) No person committed as provided in this section may be  
21 detained unless a valid order of commitment is in effect. No order of  
22 commitment can exceed one hundred eighty days in length except as  
23 provided in subsection (7) of this section.

24 **Sec. 46.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to  
25 read as follows:

26 (1) If the court or jury finds that grounds set forth in RCW  
27 71.05.280 have been proven and that the best interests of the person  
28 or others will not be served by a less restrictive treatment which is  
29 an alternative to detention, the court shall remand him or her to the  
30 custody of the department of social and health services or to a  
31 facility certified for ninety day treatment by the department for a  
32 further period of intensive treatment not to exceed ninety days from  
33 the date of judgment.

34 If the order for inpatient treatment is based on a substance use  
35 disorder, treatment must take place at an approved substance use  
36 disorder treatment program. If the grounds set forth in RCW  
37 71.05.280(3) are the basis of commitment, then the period of  
38 treatment may be up to but not exceed one hundred eighty days from  
39 the date of judgment to the custody of the department of social and

1 health services or to a facility certified for one hundred eighty-day  
2 treatment by the department or under RCW 71.05.745.

3 (2) If the court or jury finds that grounds set forth in RCW  
4 71.05.280 have been proven, but finds that treatment less restrictive  
5 than detention will be in the best interest of the person or others,  
6 then the court shall remand him or her to the custody of the  
7 department of social and health services or to a facility certified  
8 for ninety day treatment by the department or to a less restrictive  
9 alternative for a further period of less restrictive treatment not to  
10 exceed ninety days from the date of judgment. (~~If the order for less~~  
11 ~~restrictive treatment is based on a substance use disorder, treatment~~  
12 ~~must be provided by an approved substance use disorder treatment~~  
13 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis  
14 of commitment, then the period of treatment may be up to but not  
15 exceed one hundred eighty days from the date of judgment. If the  
16 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
17 have been proven, and provide the only basis for commitment, the  
18 court must enter an order for less restrictive alternative treatment  
19 for up to ninety days from the date of judgment and may not order  
20 inpatient treatment.

21 (3) An order for less restrictive alternative treatment entered  
22 under subsection (2) of this section must name the (~~mental~~)  
23 behavioral health service provider responsible for identifying the  
24 services the person will receive in accordance with RCW 71.05.585,  
25 and must include a requirement that the person cooperate with the  
26 services planned by the (~~mental~~) behavioral health service  
27 provider.

28 (4) The person shall be released from involuntary treatment at  
29 the expiration of the period of commitment imposed under subsection  
30 (1) or (2) of this section unless the superintendent or professional  
31 person in charge of the facility in which he or she is confined, or  
32 in the event of a less restrictive alternative, the designated crisis  
33 responder, files a new petition for involuntary treatment on the  
34 grounds that the committed person:

35 (a) During the current period of court ordered treatment: (i) Has  
36 threatened, attempted, or inflicted physical harm upon the person of  
37 another, or substantial damage upon the property of another, and (ii)  
38 as a result of a (~~mental disorder, substance use~~) behavioral health  
39 disorder(~~r~~) or developmental disability presents a likelihood of  
40 serious harm; or

1 (b) Was taken into custody as a result of conduct in which he or  
2 she attempted or inflicted serious physical harm upon the person of  
3 another, and continues to present, as a result of (~~mental disorder,~~  
4 ~~substance use~~) a behavioral health disorder((~~7~~)) or developmental  
5 disability, a likelihood of serious harm; or

6 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result  
7 of (~~mental~~) a behavioral health disorder or developmental  
8 disability continues to present a substantial likelihood of repeating  
9 acts similar to the charged criminal behavior, when considering the  
10 person's life history, progress in treatment, and the public safety.

11 (ii) In cases under this subsection where the court has made an  
12 affirmative special finding under RCW 71.05.280(3)(b), the commitment  
13 shall continue for up to an additional one hundred eighty-day period  
14 whenever the petition presents prima facie evidence that the person  
15 continues to suffer from a (~~mental~~) behavioral health disorder or  
16 developmental disability that results in a substantial likelihood of  
17 committing acts similar to the charged criminal behavior, unless the  
18 person presents proof through an admissible expert opinion that the  
19 person's condition has so changed such that the (~~mental~~) behavioral  
20 health disorder or developmental disability no longer presents a  
21 substantial likelihood of the person committing acts similar to the  
22 charged criminal behavior. The initial or additional commitment  
23 period may include transfer to a specialized program of intensive  
24 support and treatment, which may be initiated prior to or after  
25 discharge from the state hospital; or

26 (d) Continues to be gravely disabled; or

27 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
28 health treatment.

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

32 If less restrictive alternative treatment is sought, the petition  
33 shall set forth any recommendations for less restrictive alternative  
34 treatment services.

35 (5) A new petition for involuntary treatment filed under  
36 subsection (4) of this section shall be filed and heard in the  
37 superior court of the county of the facility which is filing the new  
38 petition for involuntary treatment unless good cause is shown for a  
39 change of venue. The cost of the proceedings shall be borne by the  
40 state.

1 (6) (a) The hearing shall be held as provided in RCW 71.05.310,  
2 and if the court or jury finds that the grounds for additional  
3 confinement as set forth in this section are present, the court may  
4 order the committed person returned for an additional period of  
5 treatment not to exceed one hundred eighty days from the date of  
6 judgment, except as provided in subsection (7) of this section. If  
7 the court's order is based solely on the grounds identified in  
8 subsection (4) (e) of this section, the court may enter an order for  
9 less restrictive alternative treatment not to exceed one hundred  
10 eighty days from the date of judgment, and may not enter an order for  
11 inpatient treatment. An order for less restrictive alternative  
12 treatment must name the (~~mental~~) behavioral health service provider  
13 responsible for identifying the services the person will receive in  
14 accordance with RCW 71.05.585, and must include a requirement that  
15 the person cooperate with the services planned by the (~~mental~~)  
16 behavioral health service provider.

17 (b) At the end of the one hundred eighty-day period of  
18 commitment, or one-year period of commitment if subsection (7) of  
19 this section applies, the committed person shall be released unless a  
20 petition for an additional one hundred eighty-day period of continued  
21 treatment is filed and heard in the same manner as provided in this  
22 section. Successive one hundred eighty-day commitments are  
23 permissible on the same grounds and pursuant to the same procedures  
24 as the original one hundred eighty-day commitment.

25 (7) An order for less restrictive treatment entered under  
26 subsection (6) of this section may be for up to one year when the  
27 person's previous commitment term was for intensive inpatient  
28 treatment in a state hospital.

29 (8) No person committed as provided in this section may be  
30 detained unless a valid order of commitment is in effect. No order of  
31 commitment can exceed one hundred eighty days in length except as  
32 provided in subsection (7) of this section.

33 **Sec. 47.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each  
34 amended to read as follows:

35 All persons voluntarily entering or remaining in any facility,  
36 institution, or hospital providing evaluation and treatment for  
37 (~~mental disorders or substance use~~) behavioral health disorders  
38 shall have no less than all rights secured to involuntarily detained  
39 persons by RCW (~~71.05.360 and~~) 71.05.217.

1       **Sec. 48.** RCW 71.05.445 and 2019 c 325 s 3009 are each amended to  
2 read as follows:

3       (1) (a) When a (~~mental~~) behavioral health service provider  
4 conducts its initial assessment for a person receiving court-ordered  
5 treatment, the service provider shall inquire and shall be told by  
6 the offender whether he or she is subject to supervision by the  
7 department of corrections.

8       (b) When a person receiving court-ordered treatment or treatment  
9 ordered by the department of corrections discloses to his or her  
10 (~~mental~~) behavioral health service provider that he or she is  
11 subject to supervision by the department of corrections, the  
12 (~~mental~~) behavioral health service provider shall notify the  
13 department of corrections that he or she is treating the offender and  
14 shall notify the offender that his or her community corrections  
15 officer will be notified of the treatment, provided that if the  
16 offender has received relief from disclosure pursuant to RCW  
17 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)  
18 behavioral health service provider with a copy of the order granting  
19 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the  
20 (~~mental~~) behavioral health service provider is not required to  
21 notify the department of corrections that the (~~mental~~) behavioral  
22 health service provider is treating the offender. The notification  
23 may be written or oral and shall not require the consent of the  
24 offender. If an oral notification is made, it must be confirmed by a  
25 written notification. For purposes of this section, a written  
26 notification includes notification by email or facsimile, so long as  
27 the notifying (~~mental~~) behavioral health service provider is  
28 clearly identified.

29       (2) The information to be released to the department of  
30 corrections shall include all relevant records and reports, as  
31 defined by rule, necessary for the department of corrections to carry  
32 out its duties.

33       (3) The authority and the department of corrections, in  
34 consultation with behavioral health administrative services  
35 organizations, managed care organizations, (~~mental~~) behavioral  
36 health service providers as defined in RCW 71.05.020, (~~mental~~)  
37 behavioral health consumers, and advocates for persons with (~~mental~~  
38 illness) behavioral health disorders, shall adopt rules to implement  
39 the provisions of this section related to the type and scope of  
40 information to be released. These rules shall:

1 (a) Enhance and facilitate the ability of the department of  
2 corrections to carry out its responsibility of planning and ensuring  
3 community protection with respect to persons subject to sentencing  
4 under chapter 9.94A or 9.95 RCW, including accessing and releasing or  
5 disclosing information of persons who received (~~mental~~) behavioral  
6 health services as a minor; and

7 (b) Establish requirements for the notification of persons under  
8 the supervision of the department of corrections regarding the  
9 provisions of this section.

10 (4) The information received by the department of corrections  
11 under this section shall remain confidential and subject to the  
12 limitations on disclosure outlined in this chapter, except as  
13 provided in RCW 72.09.585.

14 (5) No (~~mental~~) behavioral health service provider or  
15 individual employed by a (~~mental~~) behavioral health service  
16 provider shall be held responsible for information released to or  
17 used by the department of corrections under the provisions of this  
18 section or rules adopted under this section.

19 (6) Whenever federal law or federal regulations restrict the  
20 release of information and records related to (~~mental~~) behavioral  
21 health services for any patient who receives treatment for alcoholism  
22 or drug dependency, the release of the information may be restricted  
23 as necessary to comply with federal law and regulations.

24 (7) This section does not modify the terms and conditions of  
25 disclosure of information related to sexually transmitted diseases  
26 under chapter 70.24 RCW.

27 (8) The authority shall, subject to available resources,  
28 electronically, or by the most cost-effective means available,  
29 provide the department of corrections with the names, last dates of  
30 services, and addresses of specific behavioral health administrative  
31 services organizations, managed care organizations, and (~~mental~~)  
32 behavioral health service providers that delivered (~~mental~~)  
33 behavioral health services to a person subject to chapter 9.94A or  
34 9.95 RCW pursuant to an agreement between the authority and the  
35 department of corrections.

36 **Sec. 49.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to  
37 read as follows:

38 When funded, the Washington association of sheriffs and police  
39 chiefs, in consultation with the criminal justice training

1 commission, must develop and adopt a model policy for use by law  
2 enforcement agencies relating to a law enforcement officer's referral  
3 of a person to a ((~~mental~~)) behavioral health agency after receiving  
4 a report of threatened or attempted suicide. The model policy must  
5 complement the criminal justice training commission's crisis  
6 intervention training curriculum.

7 **Sec. 50.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to  
8 read as follows:

9 By July 1, 2017, all general authority Washington law enforcement  
10 agencies must adopt a policy establishing criteria and procedures for  
11 a law enforcement officer to refer a person to a ((~~mental~~))  
12 behavioral health agency after receiving a report of threatened or  
13 attempted suicide.

14 **Sec. 51.** RCW 71.05.525 and 2018 c 201 s 3024 are each amended to  
15 read as follows:

16 When, in the judgment of the department of social and health  
17 services, the welfare of any person committed to or confined in any  
18 state juvenile correctional institution or facility necessitates that  
19 such a person be transferred or moved for observation, diagnosis or  
20 treatment to any state institution or facility for the care of  
21 juveniles with ((~~mental illness~~)) behavioral health disorders the  
22 secretary of the department of social and health services, or his or  
23 her designee, is authorized to order and effect such move or  
24 transfer: PROVIDED, HOWEVER, That the secretary of the department of  
25 social and health services shall adopt and implement procedures to  
26 assure that persons so transferred shall, while detained or confined  
27 in such institution or facility for the care of juveniles with  
28 ((~~mental illness~~)) behavioral health disorders, be provided with  
29 substantially similar opportunities for parole or early release  
30 evaluation and determination as persons detained or confined in state  
31 juvenile correctional institutions or facilities: PROVIDED, FURTHER,  
32 That the secretary of the department of social and health services  
33 shall notify the original committing court of such transfer.

34 **Sec. 52.** RCW 71.05.530 and 2016 sp.s. c 29 s 247 are each  
35 amended to read as follows:

36 Evaluation and treatment facilities and secure ((~~detoxification~~))  
37 withdrawal management and stabilization facilities authorized

1 pursuant to this chapter may be part of the comprehensive community  
2 (~~mental~~) behavioral health services program conducted in counties  
3 pursuant to chapter 71.24 RCW, and may receive funding pursuant to  
4 the provisions thereof.

5 **Sec. 53.** RCW 71.05.585 and 2018 c 291 s 2 are each amended to  
6 read as follows:

7 (1) Less restrictive alternative treatment, at a minimum,  
8 includes the following services:

9 (a) Assignment of a care coordinator;

10 (b) An intake evaluation with the provider of the less  
11 restrictive alternative treatment;

12 (c) A psychiatric evaluation;

13 (d) A schedule of regular contacts with the provider of the less  
14 restrictive alternative treatment services for the duration of the  
15 order;

16 (e) A transition plan addressing access to continued services at  
17 the expiration of the order;

18 (f) An individual crisis plan; and

19 (g) Notification to the care coordinator assigned in (a) of this  
20 subsection if reasonable efforts to engage the client fail to produce  
21 substantial compliance with court-ordered treatment conditions.

22 (2) Less restrictive alternative treatment may additionally  
23 include requirements to participate in the following services:

24 (a) Medication management;

25 (b) Psychotherapy;

26 (c) Nursing;

27 (d) Substance abuse counseling;

28 (e) Residential treatment; and

29 (f) Support for housing, benefits, education, and employment.

30 (3) If the person was provided with involuntary medication under  
31 RCW 71.05.215 or pursuant to a judicial order during the involuntary  
32 commitment period, the less restrictive alternative treatment order  
33 may authorize the less restrictive alternative treatment provider or  
34 its designee to administer involuntary antipsychotic medication to  
35 the person if the provider has attempted and failed to obtain the  
36 informed consent of the person and there is a concurring medical  
37 opinion approving the medication by a psychiatrist, physician  
38 assistant working with a supervising psychiatrist, psychiatric  
39 advanced registered nurse practitioner, or physician or physician



1 assistant in consultation with an independent mental health  
2 professional with prescribing authority.

3 (4) Less restrictive alternative treatment must be administered  
4 by a provider that is certified or licensed to provide or coordinate  
5 the full scope of services required under the less restrictive  
6 alternative order and that has agreed to assume this responsibility.

7 ((4)) (5) The care coordinator assigned to a person ordered to  
8 less restrictive alternative treatment must submit an individualized  
9 plan for the person's treatment services to the court that entered  
10 the order. An initial plan must be submitted as soon as possible  
11 following the intake evaluation and a revised plan must be submitted  
12 upon any subsequent modification in which a type of service is  
13 removed from or added to the treatment plan.

14 ((5)) (6) For the purpose of this section, "care coordinator"  
15 means a clinical practitioner who coordinates the activities of less  
16 restrictive alternative treatment. The care coordinator coordinates  
17 activities with the designated crisis responders that are necessary  
18 for enforcement and continuation of less restrictive alternative  
19 orders and is responsible for coordinating service activities with  
20 other agencies and establishing and maintaining a therapeutic  
21 relationship with the individual on a continuing basis.

22 **Sec. 54.** RCW 71.05.590 and 2019 c 446 s 14 are each amended to  
23 read as follows:

24 (1) Either an agency or facility designated to monitor or provide  
25 services under a less restrictive alternative order or conditional  
26 release order, or a designated crisis responder, may take action to  
27 enforce, modify, or revoke a less restrictive alternative or  
28 conditional release order. The agency, facility, or designated crisis  
29 responder must determine that:

30 (a) The person is failing to adhere to the terms and conditions  
31 of the court order;

32 (b) Substantial deterioration in the person's functioning has  
33 occurred;

34 (c) There is evidence of substantial decompensation with a  
35 reasonable probability that the decompensation can be reversed by  
36 further evaluation, intervention, or treatment; or

37 (d) The person poses a likelihood of serious harm.

38 (2) Actions taken under this section must include a flexible  
39 range of responses of varying levels of intensity appropriate to the

1 circumstances and consistent with the interests of the individual and  
2 the public in personal autonomy, safety, recovery, and compliance.  
3 Available actions may include, but are not limited to, any of the  
4 following:

5 (a) To counsel or advise the person as to their rights and  
6 responsibilities under the court order, and to offer appropriate  
7 incentives to motivate compliance;

8 (b) To increase the intensity of outpatient services provided to  
9 the person by increasing the frequency of contacts with the provider,  
10 referring the person for an assessment for assertive community  
11 services, or by other means;

12 (c) To request a court hearing for review and modification of the  
13 court order. The request must be made to or by the court with  
14 jurisdiction over the order and specify the circumstances that give  
15 rise to the request and what modification is being sought. The county  
16 prosecutor shall assist the agency or facility in requesting this  
17 hearing and issuing an appropriate summons to the person. This  
18 subsection does not limit the inherent authority of a treatment  
19 provider to alter conditions of treatment for clinical reasons, and  
20 is intended to be used only when court intervention is necessary or  
21 advisable to secure the person's compliance and prevent  
22 decompensation or deterioration;

23 (d) To cause the person to be transported by a peace officer,  
24 designated crisis responder, or other means to the agency or facility  
25 monitoring or providing services under the court order, or to a  
26 triage facility, crisis stabilization unit, emergency department,  
27 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
28 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
29 withdrawal management and stabilization facility with available  
30 space, or an approved substance use disorder treatment program with  
31 available space ~~((if the person is committed for substance use~~  
32 ~~disorder treatment))~~. The person may be detained at the facility for  
33 up to twelve hours for the purpose of an evaluation to determine  
34 whether modification, revocation, or commitment proceedings are  
35 necessary and appropriate to stabilize the person and prevent  
36 decompensation, deterioration, or physical harm. Temporary detention  
37 for evaluation under this subsection is intended to occur only  
38 following a pattern of noncompliance or the failure of reasonable  
39 attempts at outreach and engagement, and may occur only when in the  
40 clinical judgment of a designated crisis responder or the

1 professional person in charge of an agency or facility designated to  
2 monitor less restrictive alternative services temporary detention is  
3 appropriate. This subsection does not limit the ability or obligation  
4 to pursue revocation procedures under subsection (4) of this section  
5 in appropriate circumstances; and

6 (e) To initiate revocation procedures under subsection (4) of  
7 this section or, if the current commitment is solely based on the  
8 person being in need of assisted outpatient behavioral health  
9 treatment as defined in RCW 71.05.020, initiate initial inpatient  
10 detention procedures under subsection (6) of this section.

11 (3) The facility or agency designated to provide outpatient  
12 treatment shall notify the secretary of the department of social and  
13 health services or designated crisis responder when a person fails to  
14 adhere to terms and conditions of court ordered treatment or  
15 experiences substantial deterioration in his or her condition and, as  
16 a result, presents an increased likelihood of serious harm.

17 (4) (a) Except as provided in subsection (6) of this section, a  
18 designated crisis responder or the secretary of the department of  
19 social and health services may upon their own motion or notification  
20 by the facility or agency designated to provide outpatient care order  
21 a person subject to a court order under this chapter to be  
22 apprehended and taken into custody and temporary detention in an  
23 evaluation and treatment facility (~~in or near the county in which he~~  
24 ~~or she is receiving outpatient treatment if the person is committed~~  
25 ~~for mental health treatment, or, if the person is committed for~~  
26 ~~substance use disorder treatment, in a)), an available secure  
27 withdrawal management and stabilization facility with adequate space,  
28 or an available approved substance use disorder treatment program  
29 (~~if either is available~~) with adequate space, in or near the county  
30 in which he or she is receiving outpatient treatment (~~and has~~  
31 ~~adequate space~~). Proceedings under this subsection (4) may be  
32 initiated without ordering the apprehension and detention of the  
33 person.~~

34 (b) Except as provided in subsection (6) of this section, a  
35 person detained under this subsection (4) must be held until such  
36 time, not exceeding five days, as a hearing can be scheduled to  
37 determine whether or not the person should be returned to the  
38 hospital or facility from which he or she had been released. If the  
39 person is not detained, the hearing must be scheduled within five  
40 days of service on the person. The designated crisis responder or the

1 secretary of the department of social and health services may modify  
2 or rescind the order at any time prior to commencement of the court  
3 hearing.

4 (c) The designated crisis responder or secretary of the  
5 department of social and health services shall file a revocation  
6 petition and order of apprehension and detention with the court of  
7 the county where the person is currently located or being detained.  
8 The designated crisis responder shall serve the person and their  
9 attorney, guardian, and conservator, if any. The person has the same  
10 rights with respect to notice, hearing, and counsel as in any  
11 involuntary treatment proceeding, except as specifically set forth in  
12 this section. There is no right to jury trial. The venue for  
13 proceedings is the county where the petition is filed. Notice of the  
14 filing must be provided to the court that originally ordered  
15 commitment, if different from the court where the petition for  
16 revocation is filed, within two judicial days of the person's  
17 detention.

18 (d) Except as provided in subsection (6) of this section, the  
19 issues for the court to determine are whether: (i) The person adhered  
20 to the terms and conditions of the court order; (ii) substantial  
21 deterioration in the person's functioning has occurred; (iii) there  
22 is evidence of substantial decompensation with a reasonable  
23 probability that the decompensation can be reversed by further  
24 inpatient treatment; or (iv) there is a likelihood of serious harm;  
25 and, if any of the above conditions apply, whether the court should  
26 reinstate or modify the person's less restrictive alternative or  
27 conditional release order or order the person's detention for  
28 inpatient treatment. The person may waive the court hearing and allow  
29 the court to enter a stipulated order upon the agreement of all  
30 parties. If the court orders detention for inpatient treatment, the  
31 treatment period (~~(may be for no longer than the period)~~) must be for  
32 fourteen days from the revocation hearing if the outpatient order was  
33 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
34 orders detention for inpatient treatment and the outpatient order was  
35 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
36 days remaining on the outpatient order must be converted to days of  
37 inpatient treatment authorized in the original court order. A court  
38 may not issue an order to detain a person for inpatient treatment in  
39 a secure withdrawal management and stabilization facility or approved  
40 substance use disorder treatment program under this subsection unless

1 there is a secure withdrawal management and stabilization facility or  
2 approved substance use disorder treatment program available and with  
3 adequate space for the person.

4 (5) In determining whether or not to take action under this  
5 section the designated crisis responder, agency, or facility must  
6 consider the factors specified under RCW 71.05.212 and the court must  
7 consider the factors specified under RCW 71.05.245 as they apply to  
8 the question of whether to enforce, modify, or revoke a court order  
9 for involuntary treatment.

10 (6) (a) If the current commitment is solely based on the person  
11 being in need of assisted outpatient behavioral health treatment as  
12 defined in RCW 71.05.020, a designated crisis responder may initiate  
13 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when  
14 appropriate. A designated crisis responder or the secretary may, upon  
15 their own motion or notification by the facility or agency designated  
16 to provide outpatient care to a person subject to a less restrictive  
17 alternative treatment order under RCW 71.05.320 subsequent to an  
18 order for assisted outpatient behavioral health treatment entered  
19 under RCW 71.05.148, order the person to be apprehended and taken  
20 into custody and temporary detention for inpatient evaluation in an  
21 evaluation and treatment facility (~~in or near the county in which he~~  
22 ~~or she is receiving outpatient treatment if the person is committed~~  
23 ~~for mental health treatment, or, if the person is committed for~~  
24 ~~substance use disorder treatment, in a~~), secure withdrawal  
25 management and stabilization facility, or in an approved substance  
26 use disorder treatment program (~~if either is available~~), in or near  
27 the county in which he or she is receiving outpatient treatment.  
28 Proceedings under this subsection may be initiated without ordering  
29 the apprehension and detention of the person.

30 (b) A person detained under this subsection may be held for  
31 evaluation for up to seventy-two hours, excluding weekends and  
32 holidays, pending a court hearing. If the person is not detained, the  
33 hearing must be scheduled within seventy-two hours of service on the  
34 person. The designated crisis responder or the secretary may modify  
35 or rescind the order at any time prior to commencement of the court  
36 hearing.

37 (c) The issues for the court to determine are whether to continue  
38 the detention of the person for inpatient treatment or whether the  
39 court should reinstate or modify the person's less restrictive  
40 alternative order or order the person's detention for inpatient

1 treatment. To continue detention after the seventy-two hour period,  
2 the court must find that the person, as a result of a (~~mental~~  
3 ~~disorder or substance use~~) behavioral health disorder, presents a  
4 likelihood of serious harm or is gravely disabled and, after  
5 considering less restrictive alternatives to involuntary detention  
6 and treatment, that no such alternatives are in the best interest of  
7 the person or others.

8 (d) A court may not issue an order to detain a person for  
9 inpatient treatment in a secure withdrawal management and  
10 stabilization facility or approved substance use disorder program  
11 under this subsection unless there is a secure withdrawal management  
12 and stabilization facility or approved substance use disorder  
13 treatment program available and with adequate space for the person.

14 **Sec. 55.** RCW 71.05.590 and 2019 c 446 s 14 are each amended to  
15 read as follows:

16 (1) Either an agency or facility designated to monitor or provide  
17 services under a less restrictive alternative order or conditional  
18 release order, or a designated crisis responder, may take action to  
19 enforce, modify, or revoke a less restrictive alternative or  
20 conditional release order. The agency, facility, or designated crisis  
21 responder must determine that:

22 (a) The person is failing to adhere to the terms and conditions  
23 of the court order;

24 (b) Substantial deterioration in the person's functioning has  
25 occurred;

26 (c) There is evidence of substantial decompensation with a  
27 reasonable probability that the decompensation can be reversed by  
28 further evaluation, intervention, or treatment; or

29 (d) The person poses a likelihood of serious harm.

30 (2) Actions taken under this section must include a flexible  
31 range of responses of varying levels of intensity appropriate to the  
32 circumstances and consistent with the interests of the individual and  
33 the public in personal autonomy, safety, recovery, and compliance.  
34 Available actions may include, but are not limited to, any of the  
35 following:

36 (a) To counsel or advise the person as to their rights and  
37 responsibilities under the court order, and to offer appropriate  
38 incentives to motivate compliance;

1 (b) To increase the intensity of outpatient services provided to  
2 the person by increasing the frequency of contacts with the provider,  
3 referring the person for an assessment for assertive community  
4 services, or by other means;

5 (c) To request a court hearing for review and modification of the  
6 court order. The request must be made to or by the court with  
7 jurisdiction over the order and specify the circumstances that give  
8 rise to the request and what modification is being sought. The county  
9 prosecutor shall assist the agency or facility in requesting this  
10 hearing and issuing an appropriate summons to the person. This  
11 subsection does not limit the inherent authority of a treatment  
12 provider to alter conditions of treatment for clinical reasons, and  
13 is intended to be used only when court intervention is necessary or  
14 advisable to secure the person's compliance and prevent  
15 decompensation or deterioration;

16 (d) To cause the person to be transported by a peace officer,  
17 designated crisis responder, or other means to the agency or facility  
18 monitoring or providing services under the court order, or to a  
19 triage facility, crisis stabilization unit, emergency department,  
20 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
21 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
22 withdrawal management and stabilization facility with available  
23 space, or an approved substance use disorder treatment program with  
24 available space ~~((if the person is committed for substance use~~  
25 ~~disorder treatment))~~. The person may be detained at the facility for  
26 up to twelve hours for the purpose of an evaluation to determine  
27 whether modification, revocation, or commitment proceedings are  
28 necessary and appropriate to stabilize the person and prevent  
29 decompensation, deterioration, or physical harm. Temporary detention  
30 for evaluation under this subsection is intended to occur only  
31 following a pattern of noncompliance or the failure of reasonable  
32 attempts at outreach and engagement, and may occur only when in the  
33 clinical judgment of a designated crisis responder or the  
34 professional person in charge of an agency or facility designated to  
35 monitor less restrictive alternative services temporary detention is  
36 appropriate. This subsection does not limit the ability or obligation  
37 to pursue revocation procedures under subsection (4) of this section  
38 in appropriate circumstances; and

39 (e) To initiate revocation procedures under subsection (4) of  
40 this section or, if the current commitment is solely based on the

1 person being in need of assisted outpatient behavioral health  
2 treatment as defined in RCW 71.05.020, initiate initial inpatient  
3 detention procedures under subsection (6) of this section.

4 (3) The facility or agency designated to provide outpatient  
5 treatment shall notify the secretary of the department of social and  
6 health services or designated crisis responder when a person fails to  
7 adhere to terms and conditions of court ordered treatment or  
8 experiences substantial deterioration in his or her condition and, as  
9 a result, presents an increased likelihood of serious harm.

10 (4) (a) Except as provided in subsection (6) of this section, a  
11 designated crisis responder or the secretary of the department of  
12 social and health services may upon their own motion or notification  
13 by the facility or agency designated to provide outpatient care order  
14 a person subject to a court order under this chapter to be  
15 apprehended and taken into custody and temporary detention in an  
16 evaluation and treatment facility (~~((in or near the county in which he  
17 or she is receiving outpatient treatment if the person is committed  
18 for mental health treatment, or, if the person is committed for  
19 substance use disorder treatment, in a))~~), an available secure  
20 withdrawal management and stabilization facility with adequate space,  
21 or an available approved substance use disorder treatment program  
22 ((if either is available)) with adequate space, in or near the county  
23 in which he or she is receiving outpatient treatment (~~((and has  
24 adequate space))~~). Proceedings under this subsection (4) may be  
25 initiated without ordering the apprehension and detention of the  
26 person.

27 (b) Except as provided in subsection (6) of this section, a  
28 person detained under this subsection (4) must be held until such  
29 time, not exceeding five days, as a hearing can be scheduled to  
30 determine whether or not the person should be returned to the  
31 hospital or facility from which he or she had been released. If the  
32 person is not detained, the hearing must be scheduled within five  
33 days of service on the person. The designated crisis responder or the  
34 secretary of the department of social and health services may modify  
35 or rescind the order at any time prior to commencement of the court  
36 hearing.

37 (c) The designated crisis responder or secretary of the  
38 department of social and health services shall file a revocation  
39 petition and order of apprehension and detention with the court of  
40 the county where the person is currently located or being detained.



1 The designated crisis responder shall serve the person and their  
2 attorney, guardian, and conservator, if any. The person has the same  
3 rights with respect to notice, hearing, and counsel as in any  
4 involuntary treatment proceeding, except as specifically set forth in  
5 this section. There is no right to jury trial. The venue for  
6 proceedings is the county where the petition is filed. Notice of the  
7 filing must be provided to the court that originally ordered  
8 commitment, if different from the court where the petition for  
9 revocation is filed, within two judicial days of the person's  
10 detention.

11 (d) Except as provided in subsection (6) of this section, the  
12 issues for the court to determine are whether: (i) The person adhered  
13 to the terms and conditions of the court order; (ii) substantial  
14 deterioration in the person's functioning has occurred; (iii) there  
15 is evidence of substantial decompensation with a reasonable  
16 probability that the decompensation can be reversed by further  
17 inpatient treatment; or (iv) there is a likelihood of serious harm;  
18 and, if any of the above conditions apply, whether the court should  
19 reinstate or modify the person's less restrictive alternative or  
20 conditional release order or order the person's detention for  
21 inpatient treatment. The person may waive the court hearing and allow  
22 the court to enter a stipulated order upon the agreement of all  
23 parties. If the court orders detention for inpatient treatment, the  
24 treatment period (~~(may be for no longer than the period)~~) must be for  
25 fourteen days from the revocation hearing if the outpatient order was  
26 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
27 orders detention for inpatient treatment and the outpatient order was  
28 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
29 days remaining on the outpatient order must be converted to days of  
30 inpatient treatment authorized in the original court order. A court  
31 may not issue an order to detain a person for inpatient treatment in  
32 a secure withdrawal management and stabilization facility or approved  
33 substance use disorder treatment program under this subsection unless  
34 there is a secure withdrawal management and stabilization facility or  
35 approved substance use disorder treatment program available and with  
36 adequate space for the person.

37 (5) In determining whether or not to take action under this  
38 section the designated crisis responder, agency, or facility must  
39 consider the factors specified under RCW 71.05.212 and the court must  
40 consider the factors specified under RCW 71.05.245 as they apply to

1 the question of whether to enforce, modify, or revoke a court order  
2 for involuntary treatment.

3 (6) (a) If the current commitment is solely based on the person  
4 being in need of assisted outpatient behavioral health treatment as  
5 defined in RCW 71.05.020, a designated crisis responder may initiate  
6 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when  
7 appropriate. A designated crisis responder or the secretary may, upon  
8 their own motion or notification by the facility or agency designated  
9 to provide outpatient care to a person subject to a less restrictive  
10 alternative treatment order under RCW 71.05.320 subsequent to an  
11 order for assisted outpatient behavioral health treatment entered  
12 under RCW 71.05.148, order the person to be apprehended and taken  
13 into custody and temporary detention for inpatient evaluation in an  
14 evaluation and treatment facility (~~in or near the county in which he~~  
15 ~~or she is receiving outpatient treatment if the person is committed~~  
16 ~~for mental health treatment, or, if the person is committed for~~  
17 ~~substance use disorder treatment, in a)~~, secure withdrawal  
18 management and stabilization facility, or in an approved substance  
19 use disorder treatment program (~~if either is available~~), in or near  
20 the county in which he or she is receiving outpatient treatment.  
21 Proceedings under this subsection may be initiated without ordering  
22 the apprehension and detention of the person.

23 (b) A person detained under this subsection may be held for  
24 evaluation for up to (~~seventy-two~~) one hundred twenty hours,  
25 excluding weekends and holidays, pending a court hearing. If the  
26 person is not detained, the hearing must be scheduled within  
27 (~~seventy-two~~) one hundred twenty hours of service on the person.  
28 The designated crisis responder or the secretary may modify or  
29 rescind the order at any time prior to commencement of the court  
30 hearing.

31 (c) The issues for the court to determine are whether to continue  
32 the detention of the person for inpatient treatment or whether the  
33 court should reinstate or modify the person's less restrictive  
34 alternative order or order the person's detention for inpatient  
35 treatment. To continue detention after the (~~seventy-two~~) one  
36 hundred twenty hour period, the court must find that the person, as a  
37 result of a (~~mental disorder or substance use~~) behavioral health  
38 disorder, presents a likelihood of serious harm or is gravely  
39 disabled and, after considering less restrictive alternatives to

1 involuntary detention and treatment, that no such alternatives are in  
2 the best interest of the person or others.

3 (d) A court may not issue an order to detain a person for  
4 inpatient treatment in a secure withdrawal management and  
5 stabilization facility or approved substance use disorder program  
6 under this subsection unless there is a secure withdrawal management  
7 and stabilization facility or approved substance use disorder  
8 treatment program available and with adequate space for the person.

9 **Sec. 56.** RCW 71.05.590 and 2019 c 446 s 15 are each amended to  
10 read as follows:

11 (1) Either an agency or facility designated to monitor or provide  
12 services under a less restrictive alternative order or conditional  
13 release order, or a designated crisis responder, may take action to  
14 enforce, modify, or revoke a less restrictive alternative or  
15 conditional release order. The agency, facility, or designated crisis  
16 responder must determine that:

17 (a) The person is failing to adhere to the terms and conditions  
18 of the court order;

19 (b) Substantial deterioration in the person's functioning has  
20 occurred;

21 (c) There is evidence of substantial decompensation with a  
22 reasonable probability that the decompensation can be reversed by  
23 further evaluation, intervention, or treatment; or

24 (d) The person poses a likelihood of serious harm.

25 (2) Actions taken under this section must include a flexible  
26 range of responses of varying levels of intensity appropriate to the  
27 circumstances and consistent with the interests of the individual and  
28 the public in personal autonomy, safety, recovery, and compliance.  
29 Available actions may include, but are not limited to, any of the  
30 following:

31 (a) To counsel or advise the person as to their rights and  
32 responsibilities under the court order, and to offer appropriate  
33 incentives to motivate compliance;

34 (b) To increase the intensity of outpatient services provided to  
35 the person by increasing the frequency of contacts with the provider,  
36 referring the person for an assessment for assertive community  
37 services, or by other means;

38 (c) To request a court hearing for review and modification of the  
39 court order. The request must be made to or by the court with

1 jurisdiction over the order and specify the circumstances that give  
2 rise to the request and what modification is being sought. The county  
3 prosecutor shall assist the agency or facility in requesting this  
4 hearing and issuing an appropriate summons to the person. This  
5 subsection does not limit the inherent authority of a treatment  
6 provider to alter conditions of treatment for clinical reasons, and  
7 is intended to be used only when court intervention is necessary or  
8 advisable to secure the person's compliance and prevent  
9 decompensation or deterioration;

10 (d) To cause the person to be transported by a peace officer,  
11 designated crisis responder, or other means to the agency or facility  
12 monitoring or providing services under the court order, or to a  
13 triage facility, crisis stabilization unit, emergency department,  
14 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
15 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
16 withdrawal management and stabilization facility, or an approved  
17 substance use disorder treatment program ~~((if the person is committed~~  
18 ~~for substance use disorder treatment))~~. The person may be detained at  
19 the facility for up to twelve hours for the purpose of an evaluation  
20 to determine whether modification, revocation, or commitment  
21 proceedings are necessary and appropriate to stabilize the person and  
22 prevent decompensation, deterioration, or physical harm. Temporary  
23 detention for evaluation under this subsection is intended to occur  
24 only following a pattern of noncompliance or the failure of  
25 reasonable attempts at outreach and engagement, and may occur only  
26 when in the clinical judgment of a designated crisis responder or the  
27 professional person in charge of an agency or facility designated to  
28 monitor less restrictive alternative services temporary detention is  
29 appropriate. This subsection does not limit the ability or obligation  
30 to pursue revocation procedures under subsection (4) of this section  
31 in appropriate circumstances; and

32 (e) To initiate revocation procedures under subsection (4) of  
33 this section or, if the current commitment is solely based on the  
34 person being in need of assisted outpatient behavioral health  
35 treatment as defined in RCW 71.05.020, initial inpatient detention  
36 procedures under subsection (6) of this section.

37 (3) The facility or agency designated to provide outpatient  
38 treatment shall notify the secretary of the department of social and  
39 health services or designated crisis responder when a person fails to  
40 adhere to terms and conditions of court ordered treatment or

1 experiences substantial deterioration in his or her condition and, as  
2 a result, presents an increased likelihood of serious harm.

3 (4) (a) Except as provided in subsection (6) of this section, a  
4 designated crisis responder or the secretary of the department of  
5 social and health services may upon their own motion or notification  
6 by the facility or agency designated to provide outpatient care order  
7 a person subject to a court order under this chapter to be  
8 apprehended and taken into custody and temporary detention in an  
9 evaluation and treatment facility (~~((in or near the county in which he  
10 or she is receiving outpatient treatment if the person is committed  
11 for mental health treatment, or, if the person is committed for  
12 substance use disorder treatment))~~), in a secure withdrawal management  
13 and stabilization facility, or in an approved substance use disorder  
14 treatment program (~~((if either is available))~~), in or near the county  
15 in which he or she is receiving outpatient treatment. Proceedings  
16 under this subsection (4) may be initiated without ordering the  
17 apprehension and detention of the person.

18 (b) Except as provided in subsection (6) of this section, a  
19 person detained under this subsection (4) must be held until such  
20 time, not exceeding five days, as a hearing can be scheduled to  
21 determine whether or not the person should be returned to the  
22 hospital or facility from which he or she had been released. If the  
23 person is not detained, the hearing must be scheduled within five  
24 days of service on the person. The designated crisis responder or the  
25 secretary of the department of social and health services may modify  
26 or rescind the order at any time prior to commencement of the court  
27 hearing.

28 (c) The designated crisis responder or secretary of the  
29 department of social and health services shall file a revocation  
30 petition and order of apprehension and detention with the court of  
31 the county where the person is currently located or being detained.  
32 The designated crisis responder shall serve the person and their  
33 attorney, guardian, and conservator, if any. The person has the same  
34 rights with respect to notice, hearing, and counsel as in any  
35 involuntary treatment proceeding, except as specifically set forth in  
36 this section. There is no right to jury trial. The venue for  
37 proceedings is the county where the petition is filed. Notice of the  
38 filing must be provided to the court that originally ordered  
39 commitment, if different from the court where the petition for

1 revocation is filed, within two judicial days of the person's  
2 detention.

3 (d) Except as provided in subsection (6) of this section, the  
4 issues for the court to determine are whether: (i) The person adhered  
5 to the terms and conditions of the court order; (ii) substantial  
6 deterioration in the person's functioning has occurred; (iii) there  
7 is evidence of substantial decompensation with a reasonable  
8 probability that the decompensation can be reversed by further  
9 inpatient treatment; or (iv) there is a likelihood of serious harm;  
10 and, if any of the above conditions apply, whether the court should  
11 reinstate or modify the person's less restrictive alternative or  
12 conditional release order or order the person's detention for  
13 inpatient treatment. The person may waive the court hearing and allow  
14 the court to enter a stipulated order upon the agreement of all  
15 parties. If the court orders detention for inpatient treatment, the  
16 treatment period (~~(may be for no longer than the period)~~) must be for  
17 fourteen days from the revocation hearing if the outpatient order was  
18 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
19 orders detention for inpatient treatment and the outpatient order was  
20 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
21 days remaining on the outpatient order must be converted to days of  
22 inpatient treatment authorized in the original court order.

23 (5) In determining whether or not to take action under this  
24 section the designated crisis responder, agency, or facility must  
25 consider the factors specified under RCW 71.05.212 and the court must  
26 consider the factors specified under RCW 71.05.245 as they apply to  
27 the question of whether to enforce, modify, or revoke a court order  
28 for involuntary treatment.

29 (6) (a) If the current commitment is solely based on the person  
30 being in need of assisted outpatient behavioral health treatment as  
31 defined in RCW 71.05.020, a designated crisis responder may initiate  
32 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when  
33 appropriate. A designated crisis responder or the secretary may, upon  
34 their own motion or notification by the facility or agency designated  
35 to provide outpatient care to a person subject to a less restrictive  
36 alternative treatment order under RCW 71.05.320 subsequent to an  
37 order for assisted outpatient behavioral health treatment entered  
38 under RCW 71.05.148, order the person to be apprehended and taken  
39 into custody and temporary detention for inpatient evaluation in an  
40 evaluation and treatment facility (~~(in or near the county in which he~~

1 ~~or she is receiving outpatient treatment if the person is committed~~  
2 ~~for mental health treatment, or, if the person is committed for~~  
3 ~~substance use disorder treatment)), in a secure withdrawal management~~  
4 ~~and stabilization facility, or in an approved substance use disorder~~  
5 ~~treatment program ((if either is available)), in or near the county~~  
6 ~~in which he or she is receiving outpatient treatment. Proceedings~~  
7 ~~under this subsection may be initiated without ordering the~~  
8 ~~apprehension and detention of the person.~~

9 (b) A person detained under this subsection may be held for  
10 evaluation for up to ~~((seventy-two))~~ one hundred twenty hours,  
11 excluding weekends and holidays, pending a court hearing. The  
12 designated crisis responder or the secretary may modify or rescind  
13 the order at any time prior to commencement of the court hearing.

14 (c) The issues for the court to determine are whether to continue  
15 the detention of the person for inpatient treatment or whether the  
16 court should reinstate or modify the person's less restrictive  
17 alternative order or order the person's detention for inpatient  
18 treatment. To continue detention after the ~~((seventy-two))~~ one  
19 hundred twenty hour period, the court must find that the person, as a  
20 result of a ~~((mental disorder or substance use))~~ behavioral health  
21 disorder, presents a likelihood of serious harm or is gravely  
22 disabled and, after considering less restrictive alternatives to  
23 involuntary detention and treatment, that no such alternatives are in  
24 the best interest of the person or others.

25 ~~((d) A court may not issue an order to detain a person for~~  
26 ~~inpatient treatment in a secure withdrawal management and~~  
27 ~~stabilization facility or approved substance use disorder program~~  
28 ~~under this subsection unless there is a secure withdrawal management~~  
29 ~~and stabilization facility or approved substance use disorder~~  
30 ~~treatment program available and with adequate space for the person.))~~

31 **Sec. 57.** RCW 71.05.720 and 2018 c 201 s 3029 are each amended to  
32 read as follows:

33 Annually, all community mental health employees who work directly  
34 with clients shall be provided with training on safety and violence  
35 prevention topics described in RCW 49.19.030. The curriculum for the  
36 training shall be developed collaboratively among the authority, the  
37 department, contracted ~~((mental))~~ behavioral health service  
38 providers, and employee organizations that represent community mental  
39 health workers.

1       **Sec. 58.** RCW 71.05.740 and 2019 c 325 s 3012 are each amended to  
2 read as follows:

3       All behavioral health administrative services organizations in  
4 the state of Washington must forward historical (~~mental~~) behavioral  
5 health involuntary commitment information retained by the  
6 organization, including identifying information and dates of  
7 commitment to the authority. As soon as feasible, the behavioral  
8 health administrative services organizations must arrange to report  
9 new commitment data to the authority within twenty-four hours.  
10 Commitment information under this section does not need to be resent  
11 if it is already in the possession of the authority. Behavioral  
12 health administrative services organizations and the authority shall  
13 be immune from liability related to the sharing of commitment  
14 information under this section.

15       **Sec. 59.** RCW 71.05.750 and 2019 c 325 s 3013 are each amended to  
16 read as follows:

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

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

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

31       (b) The identity of the responsible behavioral health  
32 administrative services organization and managed care organization,  
33 if applicable;

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

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

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

38       (3) The authority shall develop a standardized reporting form or  
39 modify the current form used for single bed certifications for the



1 report required under subsection (2) of this section and may require  
2 additional reporting elements as it determines are necessary or  
3 supportive. The authority shall also determine the method for the  
4 transmission of the completed report from the designated crisis  
5 responder to the authority.

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

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

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

24 (a) Not licensed or certified as an inpatient evaluation and  
25 treatment facility; or

26 (b) A licensed or certified inpatient evaluation and treatment  
27 facility that is already at capacity.

28 **Sec. 60.** RCW 9.41.047 and 2019 c 248 s 3 and 2019 c 247 s 3 are  
29 each reenacted and amended to read as follows:

30 (1)(a) At the time a person is convicted or found not guilty by  
31 reason of insanity of an offense making the person ineligible to  
32 possess a firearm, or at the time a person is committed by court  
33 order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or  
34 chapter 10.77 RCW for mental health treatment, or at the time that  
35 charges are dismissed based on incompetency to stand trial under RCW  
36 10.77.088 and the court makes a finding that the person has a history  
37 of one or more violent acts, the convicting or committing court, or  
38 court that dismisses charges, shall notify the person, orally and in  
39 writing, that the person must immediately surrender any concealed

1 pistol license and that the person may not possess a firearm unless  
2 his or her right to do so is restored by a court of record. For  
3 purposes of this section a convicting court includes a court in which  
4 a person has been found not guilty by reason of insanity.

5 (b) The court shall forward within three judicial days after  
6 conviction, entry of the commitment order, or dismissal of charges, a  
7 copy of the person's driver's license or identicard, or comparable  
8 information such as their name, address, and date of birth, along  
9 with the date of conviction or commitment, or date charges are  
10 dismissed, to the department of licensing. When a person is committed  
11 by court order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750,  
12 or chapter 10.77 RCW, for mental health treatment, or when a person's  
13 charges are dismissed based on incompetency to stand trial under RCW  
14 10.77.088 and the court makes a finding that the person has a history  
15 of one or more violent acts, the court also shall forward, within  
16 three judicial days after entry of the commitment order, or dismissal  
17 of charges, a copy of the person's driver's license, or comparable  
18 information, along with the date of commitment or date charges are  
19 dismissed, to the national instant criminal background check system  
20 index, denied persons file, created by the federal Brady handgun  
21 violence prevention act (P.L. 103-159). The petitioning party shall  
22 provide the court with the information required. If more than one  
23 commitment order is entered under one cause number, only one  
24 notification to the department of licensing and the national instant  
25 criminal background check system is required.

26 (2) Upon receipt of the information provided for by subsection  
27 (1) of this section, the department of licensing shall determine if  
28 the convicted or committed person, or the person whose charges are  
29 dismissed based on incompetency to stand trial, has a concealed  
30 pistol license. If the person does have a concealed pistol license,  
31 the department of licensing shall immediately notify the license-  
32 issuing authority which, upon receipt of such notification, shall  
33 immediately revoke the license.

34 (3) (a) A person who is prohibited from possessing a firearm, by  
35 reason of having been involuntarily committed for mental health  
36 treatment under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750,  
37 chapter 10.77 RCW, or equivalent statutes of another jurisdiction, or  
38 by reason of having been detained under RCW 71.05.150 or 71.05.153,  
39 or because the person's charges were dismissed based on incompetency  
40 to stand trial under RCW 10.77.088 and the court made a finding that

1 the person has a history of one or more violent acts, may, upon  
2 discharge, petition the superior court to have his or her right to  
3 possess a firearm restored.

4 (b) The petition must be brought in the superior court that  
5 ordered the involuntary commitment or dismissed the charges based on  
6 incompetency to stand trial or the superior court of the county in  
7 which the petitioner resides.

8 (c) Except as provided in (d) and (e) of this subsection, the  
9 court shall restore the petitioner's right to possess a firearm if  
10 the petitioner proves by a preponderance of the evidence that:

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

13 (ii) The petitioner has successfully managed the condition  
14 related to the commitment or detention or incompetency;

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

17 (iv) The symptoms related to the commitment or detention or  
18 incompetency are not reasonably likely to recur.

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

26 (e) If the petitioner seeks restoration after having been  
27 detained under RCW 71.05.150 or 71.05.153, the state shall bear the  
28 burden of proof to show, by a preponderance of the evidence, that the  
29 petitioner does not meet the restoration criteria in (c) of this  
30 subsection.

31 (f) When a person's right to possess a firearm has been restored  
32 under this subsection, the court shall forward, within three judicial  
33 days after entry of the restoration order, notification that the  
34 person's right to possess a firearm has been restored to the  
35 department of licensing with a copy of the person's driver's license  
36 or identicard, or comparable identification such as their name,  
37 address, and date of birth, the health care authority, and the  
38 national instant criminal background check system index, denied  
39 persons file. In the case of a person whose right to possess a  
40 firearm has been suspended for six months as provided in RCW

1 71.05.182, the department of licensing shall forward notification of  
2 the restoration order to the licensing authority, which, upon receipt  
3 of such notification, shall immediately lift the suspension,  
4 restoring the license.

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

9 **Sec. 61.** RCW 9.41.049 and 2019 c 247 s 2 are each amended to  
10 read as follows:

11 (1) When a designated crisis responder files a petition for  
12 initial detention under RCW 71.05.150 or 71.05.153 on the grounds  
13 that the person presents a likelihood of serious harm, the petition  
14 shall include a copy of the person's driver's license or identicard  
15 or comparable information such as their name, address, and date of  
16 birth. If the person is not subsequently committed for involuntary  
17 treatment under RCW 71.05.240, the court shall forward within three  
18 business days of the probable cause hearing a copy of the person's  
19 driver's license or identicard, or comparable information, along with  
20 the date of release from the facility, to the department of licensing  
21 and to the state patrol, who shall forward the information to the  
22 national instant criminal background check system index, denied  
23 persons file, created by the federal Brady handgun violence  
24 prevention act (P.L. 103-159). Upon expiration of the six-month  
25 period during which the person's right to possess a firearm is  
26 suspended as provided in RCW 71.05.182, the Washington state patrol  
27 shall forward to the national instant criminal background check  
28 system index, denied persons file, notice that the person's right to  
29 possess a firearm has been restored.

30 (2) Upon receipt of the information provided for by subsection  
31 (1) of this section, the department of licensing shall determine if  
32 the detained person has a concealed pistol license. If the person  
33 does have a concealed pistol license, the department of licensing  
34 shall immediately notify the license-issuing authority, which, upon  
35 receipt of such notification, shall immediately suspend the license  
36 for a period of six months from the date of the person's release from  
37 the facility.

38 (3) A person who is prohibited from possessing a firearm by  
39 reason of having been detained under RCW 71.05.150 or 71.05.153 may,

1 upon discharge, petition the superior court to have his or her right  
2 to possess a firearm restored before the six-month suspension period  
3 has elapsed by following the procedures provided in RCW 9.41.047(3).

4 **Sec. 62.** RCW 71.34.010 and 2019 c 381 s 1 are each amended to  
5 read as follows:

6 (1) It is the purpose of this chapter to assure that minors in  
7 need of ~~((mental))~~ behavioral health care and treatment receive an  
8 appropriate continuum of culturally relevant care and treatment,  
9 including prevention and early intervention, self-directed care,  
10 parent-directed care, and involuntary treatment. To facilitate the  
11 continuum of care and treatment to minors in out-of-home placements,  
12 all divisions of the authority and the department that provide  
13 ~~((mental))~~ behavioral health services to minors shall jointly plan  
14 and deliver those services.

15 (2) It is also the purpose of this chapter to protect the rights  
16 of adolescents to confidentiality and to independently seek services  
17 for ~~((mental health and substance use))~~ behavioral health disorders.  
18 Mental health and ~~((chemical dependency))~~ substance use disorder  
19 professionals shall guard against needless hospitalization and  
20 deprivations of liberty, enable treatment decisions to be made in  
21 response to clinical needs in accordance with sound professional  
22 judgment, and encourage the use of voluntary services. Mental health  
23 and ~~((chemical dependency))~~ substance use disorder professionals  
24 shall, whenever clinically appropriate, offer less restrictive  
25 alternatives to inpatient treatment. Additionally, all ~~((mental))~~  
26 behavioral health care and treatment providers shall assure that  
27 minors' parents are given an opportunity to participate in the  
28 treatment decisions for their minor children. The ~~((mental))~~  
29 behavioral health care and treatment providers shall, to the extent  
30 possible, offer services that involve minors' parents or family.

31 (3)(a) It is the intent of the legislature to enhance continuity  
32 of care for minors with serious behavioral health disorders that can  
33 be controlled or stabilized in a less restrictive alternative  
34 commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d  
35 196 (1986), the legislature intends to encourage appropriate  
36 interventions at a point when there is the best opportunity to  
37 restore the minor to or maintain satisfactory functioning.

38 (b) For minors with a prior history or pattern of repeated  
39 hospitalizations or law enforcement interventions due to

1 decompensation, the consideration of prior behavioral health history  
2 is particularly relevant in determining whether the minor would  
3 receive, if released, such care as is essential for his or her health  
4 or safety.

5 (c) Therefore, the legislature finds that for minors who are  
6 currently under a commitment order, a prior history of decompensation  
7 leading to repeated hospitalizations or law enforcement interventions  
8 should be given great weight in determining whether a new less  
9 restrictive alternative commitment should be ordered. The court must  
10 also consider any school behavioral issues, the impact on the family,  
11 the safety of other children in the household, and the developmental  
12 age of the minor.

13 (4) It is also the purpose of this chapter to protect the health  
14 and safety of minors suffering from behavioral health disorders and  
15 to protect public safety through use of the parens patriae and police  
16 powers of the state. Accordingly, when construing the requirements of  
17 this chapter the court must focus on the merits of the petition,  
18 except where requirements have been totally disregarded, as provided  
19 in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of  
20 deciding petitions on their merits furthers both public and private  
21 interests because the mental and physical well-being of minors as  
22 well as public safety may be implicated by the decision to release a  
23 minor and discontinue his or her treatment.

24 (5) It is also the purpose of this chapter to assure the ability  
25 of parents to exercise reasonable, compassionate care and control of  
26 their minor children when there is a medical necessity for treatment  
27 and without the requirement of filing a petition under this chapter,  
28 including the ability to request and receive medically necessary  
29 treatment for their adolescent children without the consent of the  
30 adolescent.

31 **Sec. 63.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,  
32 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended  
33 to read as follows:

34 Unless the context clearly requires otherwise, the definitions in  
35 this section apply throughout this chapter.

36 (1) "Adolescent" means a minor thirteen years of age or older.

37 (2) "Alcoholism" means a disease, characterized by a dependency  
38 on alcoholic beverages, loss of control over the amount and  
39 circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,  
2 and impairment of health or disruption of social or economic  
3 functioning.

4 (3) "Approved substance use disorder treatment program" means a  
5 program for minors with substance use disorders provided by a  
6 treatment program licensed or certified by the department of health  
7 as meeting standards adopted under chapter 71.24 RCW.

8 (4) "Authority" means the Washington state health care authority.

9 (5) "Behavioral health administrative services organization" has  
10 the same meaning as provided in RCW 71.24.025.

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

16 (7) "Children's mental health specialist" means:

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

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

24 (8) "Commitment" means a determination by a judge or court  
25 commissioner, made after a commitment hearing, that the minor is in  
26 need of inpatient diagnosis, evaluation, or treatment or that the  
27 minor is in need of less restrictive alternative treatment.

28 (9) "Co-occurring disorder specialist" means an individual  
29 possessing an enhancement granted by the department of health under  
30 chapter 18.205 RCW that certifies the individual to provide substance  
31 use disorder counseling subject to the practice limitations under RCW  
32 18.205.105.

33 (10) "Department" means the department of social and health  
34 services.

35 (11) "Designated crisis responder" has the same meaning as  
36 provided in RCW 71.05.020.

37 (12) "Director" means the director of the authority.

38 (13) "Evaluation and treatment facility" means a public or  
39 private facility or unit that is licensed or certified by the  
40 department of health to provide emergency, inpatient, residential, or

1 outpatient mental health evaluation and treatment services for  
2 minors. A physically separate and separately operated portion of a  
3 state hospital may be designated as an evaluation and treatment  
4 facility for minors. A facility which is part of or operated by the  
5 state or federal agency does not require licensure or certification.  
6 No correctional institution or facility, juvenile court detention  
7 facility, or jail may be an evaluation and treatment facility within  
8 the meaning of this chapter.

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

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

22 (16) "Inpatient treatment" means twenty-four-hour-per-day mental  
23 health care provided within a general hospital, psychiatric hospital,  
24 residential treatment facility licensed or certified by the  
25 department of health as an evaluation and treatment facility for  
26 minors, secure withdrawal management and stabilization facility for  
27 minors, or approved substance use disorder treatment program for  
28 minors.

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

32 (18) "Kinship caregiver" has the same meaning as in RCW  
33 74.13.031(19) (a).

34 (19) "Less restrictive alternative" or "less restrictive setting"  
35 means outpatient treatment provided to a minor who is not residing in  
36 a facility providing inpatient treatment as defined in this chapter.

37 (20) "Likelihood of serious harm" means (~~either~~):

38 (a) A substantial risk that: (i) Physical harm will be inflicted  
39 by (~~an individual~~) a minor upon his or her own person, as evidenced  
40 by threats or attempts to commit suicide or inflict physical harm on



1 oneself; (~~(b) a substantial risk that~~) (ii) physical harm will be  
2 inflicted by (~~(an individual)~~) a minor upon another individual, as  
3 evidenced by behavior which has caused such harm or which places  
4 another person or persons in reasonable fear of sustaining such harm;  
5 or (~~(c) a substantial risk that~~) (iii) physical harm will be  
6 inflicted by (~~(an individual)~~) a minor upon the property of others,  
7 as evidenced by behavior which has caused substantial loss or damage  
8 to the property of others; or

9 (b) The minor has threatened the physical safety of another and  
10 has a history of one or more violent acts.

11 (21) "Managed care organization" has the same meaning as provided  
12 in RCW 71.24.025.

13 (22) "Medical necessity" for inpatient care means a requested  
14 service which is reasonably calculated to: (a) Diagnose, correct,  
15 cure, or alleviate a mental disorder or substance use disorder; or  
16 (b) prevent the progression of a mental disorder or substance use  
17 disorder that endangers life or causes suffering and pain, or results  
18 in illness or infirmity or threatens to cause or aggravate a  
19 handicap, or causes physical deformity or malfunction, and there is  
20 no adequate less restrictive alternative available.

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

27 (24) "Mental health professional" means a psychiatrist,  
28 psychiatric advanced registered nurse practitioner, physician  
29 assistant working with a supervising psychiatrist, psychologist,  
30 psychiatric nurse, social worker, and such other mental health  
31 professionals as defined by rules adopted by the secretary of the  
32 department of health under this chapter.

33 (25) "Minor" means any person under the age of eighteen years.

34 (26) "Outpatient treatment" means any of the nonresidential  
35 services mandated under chapter 71.24 RCW and provided by licensed or  
36 certified behavioral health agencies as identified by RCW 71.24.025.

37 (27)(a) "Parent" has the same meaning as defined in RCW  
38 26.26A.010, including either parent if custody is shared under a  
39 joint custody agreement, or a person or agency judicially appointed  
40 as legal guardian or custodian of the child.

1 (b) For purposes of family-initiated treatment under RCW  
2 71.34.600 through 71.34.670, "parent" also includes a person to whom  
3 a parent defined in (a) of this subsection has given a signed  
4 authorization to make health care decisions for the adolescent, a  
5 stepparent who is involved in caring for the adolescent, a kinship  
6 caregiver who is involved in caring for the adolescent, or another  
7 relative who is responsible for the health care of the adolescent,  
8 who may be required to provide a declaration under penalty of perjury  
9 stating that he or she is a relative responsible for the health care  
10 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If  
11 a dispute arises between individuals authorized to act as a parent  
12 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
13 must be resolved according to the priority established under RCW  
14 7.70.065(2) (a).

15 (28) "Physician assistant" means a person licensed as a physician  
16 assistant under chapter 18.57A or 18.71A RCW.

17 (29) "Private agency" means any person, partnership, corporation,  
18 or association that is not a public agency, whether or not financed  
19 in whole or in part by public funds, that constitutes an evaluation  
20 and treatment facility or private institution, or hospital, or  
21 approved substance use disorder treatment program, that is conducted  
22 for, or includes a distinct unit, floor, or ward conducted for, the  
23 care and treatment of persons with mental illness, substance use  
24 disorders, or both mental illness and substance use disorders.

25 (30) "Professional person in charge" or "professional person"  
26 means a physician, other mental health professional, or other person  
27 empowered by an evaluation and treatment facility, secure withdrawal  
28 management and stabilization facility, or approved substance use  
29 disorder treatment program with authority to make admission and  
30 discharge decisions on behalf of that facility.

31 (31) "Psychiatric nurse" means a registered nurse who has  
32 experience in the direct treatment of persons who have a mental  
33 illness or who are emotionally disturbed, such experience gained  
34 under the supervision of a mental health professional.

35 (32) "Psychiatrist" means a person having a license as a  
36 physician in this state who has completed residency training in  
37 psychiatry in a program approved by the American Medical Association  
38 or the American Osteopathic Association, and is board eligible or  
39 board certified in psychiatry.

1 (33) "Psychologist" means a person licensed as a psychologist  
2 under chapter 18.83 RCW.

3 (34) "Public agency" means any evaluation and treatment facility  
4 or institution, or hospital, or approved substance use disorder  
5 treatment program that is conducted for, or includes a distinct unit,  
6 floor, or ward conducted for, the care and treatment of persons with  
7 mental illness, substance use disorders, or both mental illness and  
8 substance use disorders if the agency is operated directly by  
9 federal, state, county, or municipal government, or a combination of  
10 such governments.

11 (35) "Responsible other" means the minor, the minor's parent or  
12 estate, or any other person legally responsible for support of the  
13 minor.

14 (36) "Secretary" means the secretary of the department or  
15 secretary's designee.

16 (37) "Secure withdrawal management and stabilization facility"  
17 means a facility operated by either a public or private agency or by  
18 the program of an agency which provides care to voluntary individuals  
19 and individuals involuntarily detained and committed under this  
20 chapter for whom there is a likelihood of serious harm or who are  
21 gravely disabled due to the presence of a substance use disorder.  
22 Secure withdrawal management and stabilization facilities must:

23 (a) Provide the following services:

24 (i) Assessment and treatment, provided by certified substance use  
25 disorder professionals or co-occurring disorder specialists;

26 (ii) Clinical stabilization services;

27 (iii) Acute or subacute detoxification services for intoxicated  
28 individuals; and

29 (iv) Discharge assistance provided by certified substance use  
30 disorder professionals or co-occurring disorder specialists,  
31 including facilitating transitions to appropriate voluntary or  
32 involuntary inpatient services or to less restrictive alternatives as  
33 appropriate for the individual;

34 (b) Include security measures sufficient to protect the patients,  
35 staff, and community; and

36 (c) Be licensed or certified as such by the department of health.

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

1 (39) "Start of initial detention" means the time of arrival of  
2 the minor at the first evaluation and treatment facility, secure  
3 withdrawal management and stabilization facility, or approved  
4 substance use disorder treatment program offering inpatient treatment  
5 if the minor is being involuntarily detained at the time. With regard  
6 to voluntary patients, "start of initial detention" means the time at  
7 which the minor gives notice of intent to leave under the provisions  
8 of this chapter.

9 (40) "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 (41) "Substance use disorder professional" means a person  
16 certified as a substance use disorder professional by the department  
17 of health under chapter 18.205 RCW(~~(, or a person certified as a~~  
18 ~~chemical dependency professional trainee under RCW 18.205.095 working~~  
19 ~~under the direct supervision of a certified chemical dependency~~  
20 ~~professional)~~).

21 (42) "Admission" or "admit" means a decision by a physician,  
22 physician assistant, or psychiatric advanced registered nurse  
23 practitioner that a minor should be examined or treated as a patient  
24 in a hospital.

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

29 (44) "Attending staff" means any person on the staff of a public  
30 or private agency having responsibility for the care and treatment of  
31 a minor patient.

32 (45) "Behavioral health disorder" means either a mental disorder  
33 as defined in this section, a substance use disorder as defined in  
34 this section, or a co-occurring mental disorder and substance use  
35 disorder.

36 (46) "Conditional release" means a revocable modification of a  
37 commitment, which may be revoked upon violation of any of its terms.

38 (47) "Crisis stabilization unit" means a short-term facility or a  
39 portion of a facility licensed or certified by the department of  
40 health under RCW 71.24.035, such as a residential treatment facility

1 or a 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 (48) "Custody" means involuntary detention under the provisions  
5 of 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 (49) "Detention" or "detain" means the lawful confinement of a  
9 person, under the provisions of this chapter.

10 (50) "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, physician assistant working with a supervising  
14 psychiatrist, psychologist, psychiatric advanced registered nurse  
15 practitioner, or social worker, and such other developmental  
16 disabilities professionals as may be defined by rules adopted by the  
17 secretary of the department.

18 (51) "Developmental disability" has the same meaning as defined  
19 in RCW 71A.10.020.

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

23 (53) "Habilitative services" means those services provided by  
24 program personnel to assist minors in acquiring and maintaining life  
25 skills and in raising their levels of physical, behavioral, social,  
26 and vocational functioning. Habilitative services include education,  
27 training for employment, and therapy.

28 (54) "Hearing" means any proceeding conducted in open court that  
29 conforms to the requirements of section 100 of this act.

30 (55) "History of one or more violent acts" refers to the period  
31 of time five years prior to the filing of a petition under this  
32 chapter, excluding any time spent, but not any violent acts  
33 committed, in a mental health facility, a long-term alcoholism or  
34 drug treatment facility, or in confinement as a result of a criminal  
35 conviction.

36 (56) "Individualized service plan" means a plan prepared by a  
37 developmental disabilities professional with other professionals as a  
38 team, for a person with developmental disabilities, which states:

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

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

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

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

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

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

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

15 (57) "Judicial commitment" means a commitment by a court pursuant  
16 to the provisions of this chapter.

17 (58) "Legal counsel" means attorneys and staff employed by county  
18 prosecutor offices or the state attorney general acting in their  
19 capacity as legal representatives of public behavioral health service  
20 providers under RCW 71.05.130.

21 (59) "Licensed physician" means a person licensed to practice  
22 medicine or osteopathic medicine and surgery in the state of  
23 Washington.

24 (60) "Medical clearance" means a physician or other health care  
25 provider has determined that a person is medically stable and ready  
26 for referral to the designated crisis responder.

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

31 (62) "Release" means legal termination of the commitment under  
32 the provisions of this chapter.

33 (63) "Resource management services" has the meaning given in  
34 chapter 71.24 RCW.

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

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

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

21       (67) "Violent act" means behavior that resulted in homicide,  
22 attempted suicide, injury, or substantial loss or damage to property.

23       (68) "Written order of apprehension" means an order of the court  
24 for a peace officer to deliver the named minor in the order to a  
25 facility or emergency room as determined by the designated crisis  
26 responder. Such orders must be entered into the Washington crime  
27 information center database.

28       **Sec. 64.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,  
29 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended  
30 to read as follows:

31       Unless the context clearly requires otherwise, the definitions in  
32 this section apply throughout this chapter.

33       (1) "Adolescent" means a minor thirteen years of age or older.

34       (2) "Alcoholism" means a disease, characterized by a dependency  
35 on alcoholic beverages, loss of control over the amount and  
36 circumstances of use, symptoms of tolerance, physiological or  
37 psychological withdrawal, or both, if use is reduced or discontinued,  
38 and impairment of health or disruption of social or economic  
39 functioning.

1 (3) "Approved substance use disorder treatment program" means a  
2 program for minors with substance use disorders provided by a  
3 treatment program licensed or certified by the department of health  
4 as meeting standards adopted under chapter 71.24 RCW.

5 (4) "Authority" means the Washington state health care authority.

6 (5) "Behavioral health administrative services organization" has  
7 the same meaning as provided in RCW 71.24.025.

8 (6) "Child psychiatrist" means a person having a license as a  
9 physician and surgeon in this state, who has had graduate training in  
10 child psychiatry in a program approved by the American Medical  
11 Association or the American Osteopathic Association, and who is board  
12 eligible or board certified in child psychiatry.

13 (7) "Children's mental health specialist" means:

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

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

21 (8) "Commitment" means a determination by a judge or court  
22 commissioner, made after a commitment hearing, that the minor is in  
23 need of inpatient diagnosis, evaluation, or treatment or that the  
24 minor is in need of less restrictive alternative treatment.

25 (9) "Co-occurring disorder specialist" means an individual  
26 possessing an enhancement granted by the department of health under  
27 chapter 18.205 RCW that certifies the individual to provide substance  
28 use disorder counseling subject to the practice limitations under RCW  
29 18.205.105.

30 (10) "Department" means the department of social and health  
31 services.

32 (11) "Designated crisis responder" has the same meaning as  
33 provided in RCW 71.05.020.

34 (12) "Director" means the director of the authority.

35 (13) "Evaluation and treatment facility" means a public or  
36 private facility or unit that is licensed or certified by the  
37 department of health to provide emergency, inpatient, residential, or  
38 outpatient mental health evaluation and treatment services for  
39 minors. A physically separate and separately operated portion of a  
40 state hospital may be designated as an evaluation and treatment



1 facility for minors. A facility which is part of or operated by the  
2 state or federal agency does not require licensure or certification.  
3 No correctional institution or facility, juvenile court detention  
4 facility, or jail may be an evaluation and treatment facility within  
5 the meaning of this chapter.

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

10 (15) "Gravely disabled minor" means a minor who, as a result of a  
11 (~~mental~~) behavioral health disorder, (~~or as a result of the use of~~  
12 ~~alcohol or other psychoactive chemicals,~~) (a) is in danger of  
13 serious physical harm resulting from a failure to provide for his or  
14 her essential human needs of health or safety, or (b) manifests  
15 severe deterioration (~~in routine functioning~~) from safe behavior  
16 evidenced by repeated and escalating loss of cognitive or volitional  
17 control over his or her actions and is not receiving such care as is  
18 essential for his or her health or safety.

19 (16) "Inpatient treatment" means twenty-four-hour-per-day mental  
20 health care provided within a general hospital, psychiatric hospital,  
21 residential treatment facility licensed or certified by the  
22 department of health as an evaluation and treatment facility for  
23 minors, secure withdrawal management and stabilization facility for  
24 minors, or approved substance use disorder treatment program for  
25 minors.

26 (17) "Intoxicated minor" means a minor whose mental or physical  
27 functioning is substantially impaired as a result of the use of  
28 alcohol or other psychoactive chemicals.

29 (18) "Kinship caregiver" has the same meaning as in RCW  
30 74.13.031(19)(a).

31 (19) "Less restrictive alternative" or "less restrictive setting"  
32 means outpatient treatment provided to a minor who is not residing in  
33 a facility providing inpatient treatment as defined in this chapter.

34 (20) "Likelihood of serious harm" means (~~either~~):

35 (a) A substantial risk that (~~physical~~): (i) Physical harm will  
36 be inflicted by (~~an individual~~) a minor upon his or her own person,  
37 as evidenced by threats or attempts to commit suicide or inflict  
38 physical harm on oneself; (~~(b) a substantial risk that~~) (ii)  
39 physical harm will be inflicted by (~~an individual~~) a minor upon  
40 another individual, as evidenced by behavior which has caused

1 ((such)) harm, substantial pain, or which places another person or  
2 persons in reasonable fear of ((~~sustaining such~~)) harm to themselves  
3 or others; or ((~~(c) a substantial risk that~~)) (iii) physical harm  
4 will be inflicted by ((~~an individual~~)) a minor upon the property of  
5 others, as evidenced by behavior which has caused substantial loss or  
6 damage to the property of others; or

7 (b) The minor has threatened the physical safety of another and  
8 has a history of one or more violent acts.

9 (21) "Managed care organization" has the same meaning as provided  
10 in RCW 71.24.025.

11 (22) "Medical necessity" for inpatient care means a requested  
12 service which is reasonably calculated to: (a) Diagnose, correct,  
13 cure, or alleviate a mental disorder or substance use disorder; or  
14 (b) prevent the progression of a mental disorder or substance use  
15 disorder that endangers life or causes suffering and pain, or results  
16 in illness or infirmity or threatens to cause or aggravate a  
17 handicap, or causes physical deformity or malfunction, and there is  
18 no adequate less restrictive alternative available.

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

25 (24) "Mental health professional" means a psychiatrist,  
26 psychiatric advanced registered nurse practitioner, physician  
27 assistant working with a supervising psychiatrist, psychologist,  
28 psychiatric nurse, social worker, and such other mental health  
29 professionals as defined by rules adopted by the secretary of the  
30 department of health under this chapter.

31 (25) "Minor" means any person under the age of eighteen years.

32 (26) "Outpatient treatment" means any of the nonresidential  
33 services mandated under chapter 71.24 RCW and provided by licensed or  
34 certified behavioral health agencies as identified by RCW 71.24.025.

35 (27)(a) "Parent" has the same meaning as defined in RCW  
36 26.26A.010, including either parent if custody is shared under a  
37 joint custody agreement, or a person or agency judicially appointed  
38 as legal guardian or custodian of the child.

39 (b) For purposes of family-initiated treatment under RCW  
40 71.34.600 through 71.34.670, "parent" also includes a person to whom

1 a parent defined in (a) of this subsection has given a signed  
2 authorization to make health care decisions for the adolescent, a  
3 stepparent who is involved in caring for the adolescent, a kinship  
4 caregiver who is involved in caring for the adolescent, or another  
5 relative who is responsible for the health care of the adolescent,  
6 who may be required to provide a declaration under penalty of perjury  
7 stating that he or she is a relative responsible for the health care  
8 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If  
9 a dispute arises between individuals authorized to act as a parent  
10 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
11 must be resolved according to the priority established under RCW  
12 7.70.065(2) (a).

13 (28) "Physician assistant" means a person licensed as a physician  
14 assistant under chapter 18.57A or 18.71A RCW.

15 (29) "Private agency" means any person, partnership, corporation,  
16 or association that is not a public agency, whether or not financed  
17 in whole or in part by public funds, that constitutes an evaluation  
18 and treatment facility or private institution, or hospital, or  
19 approved substance use disorder treatment program, that is conducted  
20 for, or includes a distinct unit, floor, or ward conducted for, the  
21 care and treatment of persons with mental illness, substance use  
22 disorders, or both mental illness and substance use disorders.

23 (30) "Professional person in charge" or "professional person"  
24 means a physician, other mental health professional, or other person  
25 empowered by an evaluation and treatment facility, secure withdrawal  
26 management and stabilization facility, or approved substance use  
27 disorder treatment program with authority to make admission and  
28 discharge decisions on behalf of that facility.

29 (31) "Psychiatric nurse" means a registered nurse who has  
30 experience in the direct treatment of persons who have a mental  
31 illness or who are emotionally disturbed, such experience gained  
32 under the supervision of a mental health professional.

33 (32) "Psychiatrist" means a person having a license as a  
34 physician in this state who has completed residency training in  
35 psychiatry in a program approved by the American Medical Association  
36 or the American Osteopathic Association, and is board eligible or  
37 board certified in psychiatry.

38 (33) "Psychologist" means a person licensed as a psychologist  
39 under chapter 18.83 RCW.

1 (34) "Public agency" means any evaluation and treatment facility  
2 or institution, or hospital, or approved substance use disorder  
3 treatment program that is conducted for, or includes a distinct unit,  
4 floor, or ward conducted for, the care and treatment of persons with  
5 mental illness, substance use disorders, or both mental illness and  
6 substance use disorders if the agency is operated directly by  
7 federal, state, county, or municipal government, or a combination of  
8 such governments.

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

12 (36) "Secretary" means the secretary of the department or  
13 secretary's designee.

14 (37) "Secure withdrawal management and stabilization facility"  
15 means a facility operated by either a public or private agency or by  
16 the program of an agency which provides care to voluntary individuals  
17 and individuals involuntarily detained and committed under this  
18 chapter for whom there is a likelihood of serious harm or who are  
19 gravely disabled due to the presence of a substance use disorder.  
20 Secure withdrawal management and stabilization facilities must:

21 (a) Provide the following services:

22 (i) Assessment and treatment, provided by certified substance use  
23 disorder professionals or co-occurring disorder specialists;

24 (ii) Clinical stabilization services;

25 (iii) Acute or subacute detoxification services for intoxicated  
26 individuals; and

27 (iv) Discharge assistance provided by certified substance use  
28 disorder professionals or co-occurring disorder specialists,  
29 including facilitating transitions to appropriate voluntary or  
30 involuntary inpatient services or to less restrictive alternatives as  
31 appropriate for the individual;

32 (b) Include security measures sufficient to protect the patients,  
33 staff, and community; and

34 (c) Be licensed or certified as such by the department of health.

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

38 (39) "Start of initial detention" means the time of arrival of  
39 the minor at the first evaluation and treatment facility, secure  
40 withdrawal management and stabilization facility, or approved

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

6 (40) "Substance use disorder" means a cluster of cognitive,  
7 behavioral, and physiological symptoms indicating that an individual  
8 continues using the substance despite significant substance-related  
9 problems. The diagnosis of a substance use disorder is based on a  
10 pathological pattern of behaviors related to the use of the  
11 substances.

12 (41) "Substance use disorder professional" means a person  
13 certified as a substance use disorder professional by the department  
14 of health under chapter 18.205 RCW (~~, or a person certified as a~~  
15 ~~chemical dependency professional trainee under RCW 18.205.095 working~~  
16 ~~under the direct supervision of a certified chemical dependency~~  
17 ~~professional~~).

18 (42) "Admission" or "admit" means a decision by a physician,  
19 physician assistant, or psychiatric advanced registered nurse  
20 practitioner that a minor should be examined or treated as a patient  
21 in a hospital.

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

26 (44) "Attending staff" means any person on the staff of a public  
27 or private agency having responsibility for the care and treatment of  
28 a minor patient.

29 (45) "Behavioral health disorder" means either a mental disorder  
30 as defined in this section, a substance use disorder as defined in  
31 this section, or a co-occurring mental disorder and substance use  
32 disorder.

33 (46) "Conditional release" means a revocable modification of a  
34 commitment, which may be revoked upon violation of any of its terms.

35 (47) "Crisis stabilization unit" means a short-term facility or a  
36 portion of a facility licensed or certified by the department of  
37 health under RCW 71.24.035, such as a residential treatment facility  
38 or a hospital, which has been designed to assess, diagnose, and treat  
39 individuals experiencing an acute crisis without the use of long-term  
40 hospitalization.

1       (48) "Custody" means involuntary detention under the provisions  
2 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
3 unconditional release from commitment from a facility providing  
4 involuntary care and treatment.

5       (49) "Detention" or "detain" means the lawful confinement of a  
6 person, under the provisions of this chapter.

7       (50) "Developmental disabilities professional" means a person who  
8 has specialized training and three years of experience in directly  
9 treating or working with persons with developmental disabilities and  
10 is a psychiatrist, physician assistant working with a supervising  
11 psychiatrist, psychologist, psychiatric advanced registered nurse  
12 practitioner, or social worker, and such other developmental  
13 disabilities professionals as may be defined by rules adopted by the  
14 secretary of the department.

15       (51) "Developmental disability" has the same meaning as defined  
16 in RCW 71A.10.020.

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

20       (53) "Habilitative services" means those services provided by  
21 program personnel to assist minors in acquiring and maintaining life  
22 skills and in raising their levels of physical, behavioral, social,  
23 and vocational functioning. Habilitative services include education,  
24 training for employment, and therapy.

25       (54) "Hearing" means any proceeding conducted in open court that  
26 conforms to the requirements of section 100 of this act.

27       (55) "History of one or more violent acts" refers to the period  
28 of time five 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, a long-term alcoholism or  
31 drug treatment facility, or in confinement as a result of a criminal  
32 conviction.

33       (56) "Individualized service plan" means a plan prepared by a  
34 developmental disabilities professional with other professionals as a  
35 team, for a person with developmental disabilities, which states:

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

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

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

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

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

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

11 (g) The type of residence immediately anticipated for the person  
12 and possible future types of residences.

13 (57) "Judicial commitment" means a commitment by a court pursuant  
14 to the provisions of this chapter.

15 (58) "Legal counsel" means attorneys and staff employed by county  
16 prosecutor offices or the state attorney general acting in their  
17 capacity as legal representatives of public behavioral health service  
18 providers under RCW 71.05.130.

19 (59) "Licensed physician" means a person licensed to practice  
20 medicine or osteopathic medicine and surgery in the state of  
21 Washington.

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

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

29 (62) "Release" means legal termination of the commitment under  
30 the provisions of this chapter.

31 (63) "Resource management services" has the meaning given in  
32 chapter 71.24 RCW.

33 (64) "Severe deterioration from safe behavior" means that a  
34 person will, if not treated, suffer or continue to suffer severe and  
35 abnormal mental, emotional, or physical distress, and this distress  
36 is associated with significant impairment of judgment, reason, or  
37 behavior.

38 (65) "Therapeutic court personnel" means the staff of a mental  
39 health court or other therapeutic court which has jurisdiction over  
40 defendants who are dually diagnosed with mental disorders, including

1 court personnel, probation officers, a court monitor, prosecuting  
2 attorney, or defense counsel acting within the scope of therapeutic  
3 court duties.

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

17 (67) "Triage facility" means a short-term facility or a portion  
18 of a facility licensed or certified by the department of health under  
19 RCW 71.24.035, which is designed as a facility to assess and  
20 stabilize an individual or determine the need for involuntary  
21 commitment of an individual, and must meet department of health  
22 residential treatment facility standards. A triage facility may be  
23 structured as a voluntary or involuntary placement facility.

24 (68) "Violent act" means behavior that resulted in homicide,  
25 attempted suicide, injury, or substantial loss or damage to property.

26 (69) "Written order of apprehension" means an order of the court  
27 for a peace officer to deliver the named minor in the order to a  
28 facility or emergency room as determined by the designated crisis  
29 responder. Such orders must be entered into the Washington crime  
30 information center database.

31 **Sec. 65.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each  
32 amended to read as follows:

33 School district personnel who contact a (~~mental health or~~  
34 ~~substance use~~)) behavioral health disorder inpatient treatment  
35 program or provider for the purpose of referring a student to  
36 inpatient treatment shall provide the parents with notice of the  
37 contact within forty-eight hours.



1       **Sec. 66.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to  
2 read as follows:

3       (1) The superior court has jurisdiction over proceedings under  
4 this chapter.

5       (2) A record of all petitions and proceedings under this chapter  
6 shall be maintained by the clerk of the superior court in the county  
7 in which the petition or proceedings was initiated.

8       (3) Petitions for commitment shall be filed and venue for  
9 hearings under this chapter shall be in the county in which the minor  
10 is being detained. ~~((The court may, for good cause, transfer the  
11 proceeding to the county of the minor's residence, or to the county  
12 in which the alleged conduct evidencing need for commitment occurred.  
13 If the county of detention is changed, subsequent petitions may be  
14 filed in the county in which the minor is detained without the  
15 necessity of a change of venue.))~~

16       NEW SECTION.   **Sec. 67.** A new section is added to chapter 71.34  
17 RCW to read as follows:

18       A peace officer may take or authorize a minor to be taken into  
19 custody and immediately delivered to an appropriate triage facility,  
20 crisis stabilization unit, evaluation and treatment facility, secure  
21 withdrawal management and stabilization facility, approved substance  
22 use disorder treatment program, or the emergency department of a  
23 local hospital when he or she has reasonable cause to believe that  
24 such minor is suffering from a behavioral health disorder and  
25 presents an imminent likelihood of serious harm or is gravely  
26 disabled. Until July 1, 2026, a peace officer's delivery of a minor  
27 to a secure withdrawal management and stabilization facility or  
28 approved substance use disorder treatment program is subject to the  
29 availability of a secure withdrawal management and stabilization  
30 facility or approved substance use disorder treatment program with  
31 adequate space for the minor.

32       **Sec. 68.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to  
33 read as follows:

34       (1) Absent a risk to self or others, minors treated under this  
35 chapter have the following rights, which shall be prominently posted  
36 in the evaluation and treatment facility:

37       ~~((1))~~   (a) To wear their own clothes and to keep and use  
38 personal possessions;

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

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

4 ((+4)) (d) To have visitors at reasonable times;

5 ((+5)) (e) To have reasonable access to a telephone, both to  
6 make and receive confidential calls;

7 ((+6)) (f) To have ready access to letter-writing materials,  
8 including stamps, and to send and receive uncensored correspondence  
9 through the mails;

10 ((+7)) (g) To discuss treatment plans and decisions with mental  
11 health professionals;

12 ((+8)) (h) To have the right to adequate care and individualized  
13 treatment;

14 ((+9)) (i) To not be denied access to treatment by spiritual  
15 means through prayer in accordance with the tenets and practices of a  
16 church or religious denomination in addition to the treatment  
17 otherwise proposed;

18 (j) Not to consent to the administration of antipsychotic  
19 medications beyond the hearing conducted pursuant to RCW 71.34.750 or  
20 the performance of electroconvulsive treatment or surgery, except  
21 emergency lifesaving surgery, upon him or her, ((and not to have  
22 electro-convulsive treatment or nonemergency surgery in such  
23 circumstance)) unless ordered by a court ((pursuant to a judicial  
24 hearing in which the minor is present and represented by counsel, and  
25 the court shall appoint a psychiatrist, physician assistant,  
26 psychologist, psychiatric advanced registered nurse practitioner, or  
27 physician designated by the minor or the minor's counsel to testify  
28 on behalf of the minor)) under procedures described in RCW

29 71.05.217(1)(j). The minor's parent may exercise this right on the  
30 minor's behalf, and must be informed of any impending treatment;

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

33 (2)(a) Privileges between minors and physicians, physician  
34 assistants, psychologists, or psychiatric advanced registered nurse  
35 practitioners are deemed waived in proceedings under this chapter  
36 relating to the administration of antipsychotic medications. As to  
37 other proceedings under this chapter, the privileges are waived when  
38 a court of competent jurisdiction in its discretion determines that  
39 such waiver is necessary to protect either the detained minor or the  
40 public.

1       (b) The waiver of a privilege under this section is limited to  
2 records or testimony relevant to evaluation of the detained minor for  
3 purposes of a proceeding under this chapter. Upon motion by the  
4 detained minor or on its own motion, the court shall examine a record  
5 or testimony sought by a petitioner to determine whether it is within  
6 the scope of the waiver.

7       (c) The record maker may not be required to testify in order to  
8 introduce medical or psychological records of the detained minor so  
9 long as the requirements of RCW 5.45.020 are met except that portions  
10 of the record which contain opinions as to the detained minor's  
11 mental state must be deleted from such records unless the person  
12 making such conclusions is available for cross-examination.

13       (3) No minor may be presumed incompetent as a consequence of  
14 receiving an evaluation or voluntary or involuntary treatment for a  
15 mental disorder or substance use disorder, under this chapter or any  
16 prior laws of this state dealing with mental illness or substance use  
17 disorders.

18       NEW SECTION. Sec. 69. A new section is added to chapter 71.34  
19 RCW to read as follows:

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

34       **Sec. 70.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to  
35 read as follows:

36       (1) If a minor is not accepted for admission or is released by an  
37 inpatient evaluation and treatment facility, the facility shall  
38 release the minor to the custody of the minor's parent or other

1 responsible person. If not otherwise available, the facility shall  
2 furnish transportation for the minor to the minor's residence or  
3 other appropriate place. If the minor has been arrested, the  
4 evaluation and treatment facility, secure withdrawal management and  
5 stabilization facility, or approved substance use disorder treatment  
6 program shall detain the minor for not more than eight hours at the  
7 request of the peace officer. The program or facility shall make  
8 reasonable attempts to contact the requesting peace officer during  
9 this time to inform the peace officer that the minor is not approved  
10 for admission or is being released in order to enable a peace officer  
11 to return to the facility and take the minor back into custody.

12 (2) If the minor is released to someone other than the minor's  
13 parent, the facility shall make every effort to notify the minor's  
14 parent of the release as soon as possible.

15 (3) No indigent minor may be released to less restrictive  
16 alternative treatment or setting or discharged from inpatient  
17 treatment without suitable clothing, and the authority shall furnish  
18 this clothing. As funds are available, the director may provide  
19 necessary funds for the immediate welfare of indigent minors upon  
20 discharge or release to less restrictive alternative treatment.

21 **Sec. 71.** RCW 71.34.410 and 2019 c 446 s 27 are each amended to  
22 read as follows:

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

38 (2) This section does not relieve a person from giving the  
39 required duty to warn or to take reasonable precautions to provide

1 protection from violent behavior where the minor has communicated an  
2 actual threat of physical violence against a reasonably identifiable  
3 victim or victims. The duty to warn or to take reasonable precautions  
4 to provide protection from violent behavior is discharged if  
5 reasonable efforts are made to communicate the threat to the victim  
6 or victims and to law enforcement personnel.

7 **Sec. 72.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to  
8 read as follows:

9 (1) The authority may use a single bed certification process as  
10 outlined in rule to provide additional treatment capacity for a minor  
11 suffering from a mental disorder for whom an evaluation and treatment  
12 facility, secure withdrawal management and stabilization facility, or  
13 approved substance use disorder treatment program bed is not  
14 available. The facility that is the proposed site of the single bed  
15 certification must be a facility that is willing and able to provide  
16 the person with timely and appropriate treatment either directly or  
17 by arrangement with other public or private agencies.

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

20 (3) A designated crisis responder who submits an application for  
21 a single bed certification for treatment at a facility that is  
22 willing and able to provide timely and appropriate mental health  
23 treatment in good faith belief that the single bed certification is  
24 appropriate may presume that the single bed certification will be  
25 approved for the purpose of completing the detention process and  
26 responding to other emergency calls.

27 (4) The authority may adopt rules implementing this section and  
28 continue to enforce rules it has already adopted except where  
29 inconsistent with this section.

30 NEW SECTION. **Sec. 73.** A new section is added to chapter 71.34  
31 RCW to read as follows:

32 Nothing in this chapter shall prohibit the professional person in  
33 charge of a treatment facility, or his or her professional designee,  
34 from permitting a minor detained for intensive treatment to leave the  
35 facility for prescribed periods during the term of the minor's  
36 detention, under such conditions as may be appropriate.

1       **Sec. 74.** RCW 71.34.500 and 2019 c 381 s 3 are each amended to  
2 read as follows:

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

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

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

24       **Sec. 75.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7  
25 are each reenacted and amended to read as follows:

26       (1) A parent may bring, or authorize the bringing of, his or her  
27 adolescent child to:

28       (a) An evaluation and treatment facility or an inpatient facility  
29 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
30 the professional person examine the adolescent to determine whether  
31 the adolescent has a mental disorder and is in need of inpatient  
32 treatment; or

33       (b) A secure withdrawal management and stabilization facility or  
34 approved substance use disorder treatment program and request that a  
35 substance use disorder assessment be conducted by a professional  
36 person to determine whether the adolescent has a substance use  
37 disorder and is in need of inpatient treatment.

38       (2) The consent of the adolescent is not required for admission,  
39 evaluation, and treatment if a parent provides consent.

1 (3) An appropriately trained professional person may evaluate  
2 whether the adolescent has a (~~mental disorder or has a substance~~  
3 ~~use~~) behavioral health disorder. The evaluation shall be completed  
4 within twenty-four hours of the time the adolescent was brought to  
5 the facility, unless the professional person determines that the  
6 condition of the adolescent necessitates additional time for  
7 evaluation. In no event shall an adolescent be held longer than  
8 seventy-two hours for evaluation. If, in the judgment of the  
9 professional person, it is determined it is a medical necessity for  
10 the adolescent to receive inpatient treatment, the adolescent may be  
11 held for treatment. The facility shall limit treatment to that which  
12 the professional person determines is medically necessary to  
13 stabilize the adolescent's condition until the evaluation has been  
14 completed. Within twenty-four hours of completion of the evaluation,  
15 the professional person shall notify the authority if the adolescent  
16 is held solely for mental health and not substance use disorder  
17 treatment and of the date of admission. If the adolescent is held for  
18 substance use disorder treatment only, the professional person shall  
19 provide notice to the authority which redacts all patient identifying  
20 information about the adolescent unless: (a) The adolescent provides  
21 written consent to the disclosure of the fact of admission and such  
22 other substance use disorder treatment information in the notice; or  
23 (b) permitted by federal law.

24 (4) No provider is obligated to provide treatment to an  
25 adolescent under the provisions of this section except that no  
26 provider may refuse to treat an adolescent under the provisions of  
27 this section solely on the basis that the adolescent has not  
28 consented to the treatment. No provider may admit an adolescent to  
29 treatment under this section unless it is medically necessary.

30 (5) No adolescent receiving inpatient treatment under this  
31 section may be discharged from the facility based solely on his or  
32 her request.

33 (6) Prior to the review conducted under RCW 71.34.610, the  
34 professional person shall notify the adolescent of his or her right  
35 to petition superior court for release from the facility.

36 (~~(7) For the purposes of this section "professional person"~~  
37 ~~means "professional person" as defined in RCW 71.05.020.~~)

38 **Sec. 76.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7  
39 are each reenacted and amended to read as follows:

1 (1) A parent may bring, or authorize the bringing of, his or her  
2 adolescent 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 adolescent to determine whether  
6 the adolescent has a mental disorder and is in need of inpatient  
7 treatment; or

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

13 (2) The consent of the adolescent is not required for admission,  
14 evaluation, and treatment if a parent provides consent.

15 (3) An appropriately trained professional person may evaluate  
16 whether the adolescent has a (~~mental disorder or has a substance~~  
17 ~~use~~) behavioral health disorder. The evaluation shall be completed  
18 within twenty-four hours of the time the adolescent was brought to  
19 the facility, unless the professional person determines that the  
20 condition of the adolescent necessitates additional time for  
21 evaluation. In no event shall an adolescent be held longer than  
22 (~~seventy-two~~) one hundred twenty hours for evaluation. If, in the  
23 judgment of the professional person, it is determined it is a medical  
24 necessity for the adolescent to receive inpatient treatment, the  
25 adolescent may be held for treatment. The facility shall limit  
26 treatment to that which the professional person determines is  
27 medically necessary to stabilize the adolescent's condition until the  
28 evaluation has been completed. Within twenty-four hours of completion  
29 of the evaluation, the professional person shall notify the authority  
30 if the adolescent is held solely for mental health and not substance  
31 use disorder treatment and of the date of admission. If the  
32 adolescent is held for substance use disorder treatment only, the  
33 professional person shall provide notice to the authority which  
34 redacts all patient identifying information about the adolescent  
35 unless: (a) The adolescent provides written consent to the disclosure  
36 of the fact of admission and such other substance use disorder  
37 treatment information in the notice; or (b) permitted by federal law.

38 (4) No provider is obligated to provide treatment to an  
39 adolescent under the provisions of this section except that no  
40 provider may refuse to treat an adolescent under the provisions of



1 this section solely on the basis that the adolescent has not  
2 consented to the treatment. No provider may admit an adolescent to  
3 treatment under this section unless it is medically necessary.

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

7 (6) Prior to the review conducted under RCW 71.34.610, the  
8 professional person shall notify the adolescent of his or her right  
9 to petition superior court for release from the facility.

10 ~~((7) For the purposes of this section "professional person"~~  
11 ~~means "professional person" as defined in RCW 71.05.020.))~~

12 **Sec. 77.** RCW 71.34.650 and 2019 c 381 s 12 are each amended to  
13 read as follows:

14 (1) A parent may bring, or authorize the bringing of, his or her  
15 adolescent child to(~~+~~

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

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

25 (2) The consent of the adolescent is not required for evaluation  
26 if a parent provides consent.

27 (3) The professional person may evaluate whether the adolescent  
28 has a (~~mental disorder or substance use~~) behavioral health disorder  
29 and is in need of outpatient treatment.

30 (4) If a determination is made by a professional person under  
31 this section that an adolescent is in need of outpatient (~~mental~~  
32 ~~health or substance use~~) behavioral health disorder treatment, a  
33 parent of an adolescent may request and receive such outpatient  
34 treatment for his or her adolescent without the consent of the  
35 adolescent for up to twelve outpatient sessions occurring within a  
36 three-month period.

37 (5) Following the treatment periods under subsection (4) of this  
38 section, an adolescent must provide his or her consent for further  
39 treatment with that specific professional person.

1 (6) If a determination is made by a professional person under  
2 this section that an adolescent is in need of treatment in a less  
3 restrictive setting, including partial hospitalization or intensive  
4 outpatient treatment, a parent of an adolescent may request and  
5 receive such treatment for his or her adolescent without the consent  
6 of the adolescent.

7 (a) A professional person providing solely mental health  
8 treatment to an adolescent under this subsection (6) must convene a  
9 treatment review at least every thirty days after treatment begins  
10 that includes the adolescent, parent, and other treatment team  
11 members as appropriate to determine whether continued care under this  
12 subsection is medically necessary.

13 (b) A professional person providing solely mental health  
14 treatment to an adolescent under this subsection (6) shall provide  
15 notification of the adolescent's treatment to an independent reviewer  
16 at the authority within twenty-four hours of the adolescent's first  
17 receipt of treatment under this subsection. At least every forty-five  
18 days after the adolescent's first receipt of treatment under this  
19 subsection, the authority shall conduct a review to determine whether  
20 the current level of treatment is medically necessary.

21 (c) A professional person providing substance use disorder  
22 treatment under this subsection (6) shall convene a treatment review  
23 under (a) of this subsection and provide the notification of the  
24 adolescent's receipt of treatment to an independent reviewer at the  
25 authority as described in (b) of this subsection only if: (i) The  
26 adolescent provides written consent to the disclosure of substance  
27 use disorder treatment information including the fact of his or her  
28 receipt of such treatment; or (ii) permitted by federal law.

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

32 **Sec. 78.** RCW 71.34.700 and 2019 c 446 s 30 and 2019 c 381 s 14  
33 are each reenacted and amended to read as follows:

34 (1) If an adolescent is brought to an evaluation and treatment  
35 facility, secure withdrawal management and stabilization facility  
36 with available space, approved substance use disorder treatment  
37 program with available space, or hospital emergency room for  
38 immediate (~~mental~~) behavioral health services, the professional  
39 person in charge of the facility shall evaluate the adolescent's

1 ((~~mental~~)) condition, determine whether the adolescent suffers from a  
2 ((~~mental~~)) behavioral health disorder, and whether the adolescent is  
3 in need of immediate inpatient treatment.

4 (2) (~~(If an adolescent is brought to a secure withdrawal~~  
5 ~~management and stabilization facility with available space, or a~~  
6 ~~hospital emergency room for immediate substance use disorder~~  
7 ~~treatment, the professional person in charge of the facility shall~~  
8 ~~evaluate the adolescent's condition, determine whether the adolescent~~  
9 ~~suffers from a substance use disorder, and whether the adolescent is~~  
10 ~~in need of immediate inpatient treatment.~~

11 ~~(3))~~ If it is determined under subsection (1) (~~(or (2))~~) of this  
12 section that the adolescent suffers from a ((~~mental disorder or~~  
13 ~~substance use~~)) behavioral health disorder, inpatient treatment is  
14 required, the adolescent is unwilling to consent to voluntary  
15 admission, and the professional person believes that the adolescent  
16 meets the criteria for initial detention ((~~set forth herein~~)), the  
17 facility may detain or arrange for the detention of the adolescent  
18 for up to twelve hours, not including time periods prior to medical  
19 clearance, in order to enable a designated crisis responder to  
20 evaluate the adolescent and commence initial detention proceedings  
21 under the provisions of this chapter.

22 (3) Dismissal of a commitment petition is not the appropriate  
23 remedy for a violation of the timeliness requirements of this  
24 section, based on the purpose of this chapter under RCW 71.34.010,  
25 except in the few cases where the facility staff or the designated  
26 crisis responder have totally disregarded the requirements of this  
27 section.

28 **Sec. 79.** RCW 71.34.700 and 2019 c 446 s 31 and 2019 c 381 s 15  
29 are each reenacted and amended to read as follows:

30 (1) If an adolescent is brought to an evaluation and treatment  
31 facility, secure withdrawal management and stabilization facility,  
32 approved substance use disorder treatment program, or hospital  
33 emergency room for immediate ((~~mental~~)) behavioral health services,  
34 the professional person in charge of the facility shall evaluate the  
35 adolescent's ((~~mental~~)) condition, determine whether the adolescent  
36 suffers from a ((~~mental~~)) behavioral health disorder, and whether the  
37 adolescent is in need of immediate inpatient treatment.

38 (2) (~~(If an adolescent is brought to a secure withdrawal~~  
39 ~~management and stabilization facility or a hospital emergency room~~

1 ~~for immediate substance use disorder treatment, the professional~~  
2 ~~person in charge of the facility shall evaluate the adolescent's~~  
3 ~~condition, determine whether the adolescent suffers from a substance~~  
4 ~~use disorder, and whether the adolescent is in need of immediate~~  
5 ~~inpatient treatment.~~

6 ~~(3))~~ If it is determined under subsection (1) (~~or (2))~~ of this  
7 section that the adolescent suffers from a (~~mental disorder or~~  
8 ~~substance use~~) behavioral health disorder, inpatient treatment is  
9 required, the adolescent is unwilling to consent to voluntary  
10 admission, and the professional person believes that the adolescent  
11 meets the criteria for initial detention (~~set forth herein~~), the  
12 facility may detain or arrange for the detention of the adolescent  
13 for up to twelve hours, not including time periods prior to medical  
14 clearance, in order to enable a designated crisis responder to  
15 evaluate the adolescent and commence initial detention proceedings  
16 under the provisions of this chapter.

17 (3) Dismissal of a commitment petition is not the appropriate  
18 remedy for a violation of the timeliness requirements of this  
19 section, based on the purpose of this chapter under RCW 71.34.010,  
20 except in the few cases where the facility staff or the designated  
21 crisis responder have totally disregarded the requirements of this  
22 section.

23 NEW SECTION. Sec. 80. A new section is added to chapter 71.34  
24 RCW to read as follows:

25 (1) Whenever a designated crisis responder or professional person  
26 is conducting an evaluation under this chapter, the designated crisis  
27 responder or professional person must consider all reasonably  
28 available information from credible witnesses and records regarding:

29 (a) Historical behavior, including history of one or more violent  
30 acts; and

31 (b) Prior commitments under this chapter.

32 (2) Credible witnesses may include family members, landlords,  
33 neighbors, teachers, school personnel, or others with significant  
34 contact and history of involvement with the minor. If the designated  
35 crisis responder relies upon information from a credible witness in  
36 reaching his or her decision to detain the minor, then he or she must  
37 provide contact information for any such witness to the prosecutor.  
38 The designated crisis responder or prosecutor shall provide notice of

1 the date, time, and location of the probable cause hearing to such a  
2 witness.

3 (3) Symptoms and behavior of the minor which standing alone would  
4 not justify civil commitment may support a finding of grave  
5 disability or likelihood of serious harm, when:

6 (a) Such symptoms or behavior are closely associated with  
7 symptoms or behavior which preceded and led to a past incident of  
8 involuntary hospitalization, severe deterioration, or one or more  
9 violent acts;

10 (b) These symptoms or behavior represent a marked and concerning  
11 change in the baseline behavior of the minor; and

12 (c) Without treatment, the continued deterioration of the minor  
13 is probable.

14 NEW SECTION. **Sec. 81.** A new section is added to chapter 71.34  
15 RCW to read as follows:

16 (1) Whenever a designated crisis responder or professional person  
17 is conducting an evaluation under this chapter, the designated crisis  
18 responder or professional person must consider all reasonably  
19 available information from credible witnesses and records regarding:

20 (a) Historical behavior, including history of one or more violent  
21 acts; and

22 (b) Prior commitments under this chapter.

23 (2) Credible witnesses may include family members, landlords,  
24 neighbors, teachers, school personnel, or others with significant  
25 contact and history of involvement with the minor. If the designated  
26 crisis responder relies upon information from a credible witness in  
27 reaching his or her decision to detain the minor, then he or she must  
28 provide contact information for any such witness to the prosecutor.  
29 The designated crisis responder or prosecutor shall provide notice of  
30 the date, time, and location of the probable cause hearing to such a  
31 witness.

32 (3) Symptoms and behavior of the minor which standing alone would  
33 not justify civil commitment may support a finding of grave  
34 disability or likelihood of serious harm, when:

35 (a) Such symptoms or behavior are closely associated with  
36 symptoms or behavior which preceded and led to a past incident of  
37 involuntary hospitalization, severe deterioration from safe behavior,  
38 or one or more violent acts;

1 (b) These symptoms or behavior represent a marked and concerning  
2 change in the baseline behavior of the minor; and

3 (c) Without treatment, the continued deterioration of the minor  
4 is probable.

5 **Sec. 82.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16  
6 are each reenacted and amended to read as follows:

7 (1)(a) ~~((i))~~ When a designated crisis responder receives  
8 information that an adolescent as a result of a ~~((mental))~~ behavioral  
9 health disorder presents a likelihood of serious harm or is gravely  
10 disabled, has investigated the specific facts alleged and of the  
11 credibility of the person or persons providing the information, and  
12 has determined that voluntary admission for inpatient treatment is  
13 not possible, the designated crisis responder may take the  
14 adolescent, or cause the adolescent to be taken, into custody and  
15 transported to an evaluation and treatment facility, secure  
16 withdrawal management and stabilization facility, or approved  
17 substance use disorder treatment program providing inpatient  
18 treatment.

19 ~~((ii) When a designated crisis responder receives information~~  
20 ~~that an adolescent as a result of a substance use disorder presents a~~  
21 ~~likelihood of serious harm or is gravely disabled, has investigated~~  
22 ~~the specific facts alleged and of the credibility of the person or~~  
23 ~~persons providing the information, and has determined that voluntary~~  
24 ~~admission for inpatient treatment is not possible, the designated~~  
25 ~~crisis responder may take the adolescent, or cause the adolescent to~~  
26 ~~be taken, into custody and transported to a secure withdrawal~~  
27 ~~management and stabilization facility or approved substance use~~  
28 ~~disorder treatment program, if))~~ A secure withdrawal management and  
29 stabilization facility or approved substance use disorder treatment  
30 program ~~((is))~~ must be available and ~~((has))~~ have adequate space for  
31 the adolescent.

32 (b) ~~If ((the adolescent is not taken into custody for evaluation~~  
33 ~~and treatment, the parent who has custody of the adolescent may seek~~  
34 ~~review of that decision made by the designated crisis responder in~~  
35 ~~court. The parent shall file notice with the court and provide a copy~~  
36 ~~of the designated crisis responder's report or notes))~~ a designated  
37 crisis responder decides not to detain an adolescent for evaluation  
38 and treatment under RCW 71.34.700(2), or forty-eight hours have  
39 elapsed since a designated crisis responder received a request for

1 investigation and the designated crisis responder has not taken  
2 action to have the adolescent detained, an immediate family member or  
3 guardian or conservator of the adolescent may petition the superior  
4 court for the adolescent's detention using the procedures under RCW  
5 71.05.201 and 71.05.203; however, when the court enters an order of  
6 initial detention, except as otherwise expressly stated in this  
7 chapter, all procedures must be followed as if the order has been  
8 entered under (a) of this subsection.

9 (2)(a) Within twelve hours of the adolescent's arrival at the  
10 evaluation and treatment facility, secure withdrawal management and  
11 stabilization facility, or approved substance use disorder treatment  
12 program, the designated crisis responder shall serve on the  
13 adolescent a copy of the petition for initial detention, notice of  
14 initial detention, and statement of rights. The designated crisis  
15 responder shall file with the court on the next judicial day  
16 following the initial detention the original petition for initial  
17 detention, notice of initial detention, and statement of rights along  
18 with an affidavit of service. The designated crisis responder shall  
19 commence service of the petition for initial detention and notice of  
20 the initial detention on the adolescent's parent and the adolescent's  
21 attorney as soon as possible following the initial detention.

22 (b) If the adolescent is involuntarily detained at an evaluation  
23 and treatment facility, secure withdrawal management and  
24 stabilization facility, or approved substance use disorder treatment  
25 program in a different county from where the adolescent was initially  
26 detained, the facility or program may serve the adolescent, notify  
27 the adolescent's parents and the adolescent's attorney, and file with  
28 the court on the next judicial day following the initial detention  
29 the original petition for initial detention, notice of initial  
30 detention, and statement of rights along with an affidavit of service  
31 when filing with the court at the request of the designated crisis  
32 responder.

33 (3)(a) At the time of initial detention, the designated crisis  
34 responder shall advise the adolescent both orally and in writing that  
35 if admitted to the evaluation and treatment facility, secure  
36 withdrawal management and stabilization facility, or approved  
37 substance use disorder treatment program for inpatient treatment, a  
38 commitment hearing shall be held within seventy-two hours of the  
39 adolescent's provisional acceptance to determine whether probable  
40 cause exists to commit the adolescent for further treatment.

1       **(b)** The adolescent shall be advised that he or she has a right to  
2 communicate immediately with an attorney and that he or she has a  
3 right to have an attorney appointed to represent him or her before  
4 and at the hearing if the adolescent is indigent.

5       (4) Subject to subsection (5) of this section, whenever the  
6 designated crisis responder petitions for detention of an adolescent  
7 under this chapter, an evaluation and treatment facility, secure  
8 withdrawal management and stabilization facility, or approved  
9 substance use disorder treatment program providing seventy-two hour  
10 evaluation and treatment must immediately accept on a provisional  
11 basis the petition and the person. Within twenty-four hours of the  
12 adolescent's arrival, the facility must evaluate the adolescent's  
13 condition and either admit or release the adolescent in accordance  
14 with this chapter.

15       (5) A designated crisis responder may not petition for detention  
16 of an adolescent to a secure withdrawal management and stabilization  
17 facility or approved substance use disorder treatment program unless  
18 there is a secure withdrawal management and stabilization facility or  
19 approved substance use disorder treatment program available and that  
20 has adequate space for the adolescent.

21       (6) If an adolescent is not approved for admission by the  
22 inpatient evaluation and treatment facility, secure withdrawal  
23 management and stabilization facility, or approved substance use  
24 disorder treatment program, the facility shall make such  
25 recommendations and referrals for further care and treatment of the  
26 adolescent as necessary.

27       (7) Dismissal of a commitment petition is not the appropriate  
28 remedy for a violation of the timeliness requirements of this  
29 section, based on the purpose of this chapter under RCW 71.34.010,  
30 except in the few cases where the facility staff or the designated  
31 crisis responder have totally disregarded the requirements of this  
32 section.

33       **Sec. 83.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16  
34 are each reenacted and amended to read as follows:

35       (1) (a) (~~(i)~~) When a designated crisis responder receives  
36 information that an adolescent as a result of a (~~mental~~) behavioral  
37 health disorder presents a likelihood of serious harm or is gravely  
38 disabled, has investigated the specific facts alleged and of the  
39 credibility of the person or persons providing the information, and



1 has determined that voluntary admission for inpatient treatment is  
2 not possible, the designated crisis responder may take the  
3 adolescent, or cause the adolescent to be taken, into custody and  
4 transported to an evaluation and treatment facility, secure  
5 withdrawal management and stabilization facility, or approved  
6 substance use disorder treatment program providing inpatient  
7 treatment.

8 ~~((ii) When a designated crisis responder receives information~~  
9 ~~that an adolescent as a result of a substance use disorder presents a~~  
10 ~~likelihood of serious harm or is gravely disabled, has investigated~~  
11 ~~the specific facts alleged and of the credibility of the person or~~  
12 ~~persons providing the information, and has determined that voluntary~~  
13 ~~admission for inpatient treatment is not possible, the designated~~  
14 ~~crisis responder may take the adolescent, or cause the adolescent to~~  
15 ~~be taken, into custody and transported to a secure withdrawal~~  
16 ~~management and stabilization facility or approved substance use~~  
17 ~~disorder treatment program, if))~~ A secure withdrawal management and  
18 stabilization facility or approved substance use disorder treatment  
19 program ~~((is))~~ must be available and ~~((has))~~ have adequate space for  
20 the adolescent.

21 (b) If ~~((the adolescent is not taken into custody for evaluation~~  
22 ~~and treatment, the parent who has custody of the adolescent may seek~~  
23 ~~review of that decision made by the designated crisis responder in~~  
24 ~~court. The parent shall file notice with the court and provide a copy~~  
25 ~~of the designated crisis responder's report or notes))~~ a designated  
26 crisis responder decides not to detain an adolescent for evaluation  
27 and treatment under RCW 71.34.700(2), or forty-eight hours have  
28 elapsed since a designated crisis responder received a request for  
29 investigation and the designated crisis responder has not taken  
30 action to have the adolescent detained, an immediate family member or  
31 guardian or conservator of the adolescent may petition the superior  
32 court for the adolescent's detention using the procedures under RCW  
33 71.05.201 and 71.05.203; however, when the court enters an order of  
34 initial detention, except as otherwise expressly stated in this  
35 chapter, all procedures must be followed as if the order has been  
36 entered under (a) of this subsection.

37 (2)(a) Within twelve hours of the adolescent's arrival at the  
38 evaluation and treatment facility, secure withdrawal management and  
39 stabilization facility, or approved substance use disorder treatment  
40 program, the designated crisis responder shall serve on the

1 adolescent a copy of the petition for initial detention, notice of  
2 initial detention, and statement of rights. The designated crisis  
3 responder shall file with the court on the next judicial day  
4 following the initial detention the original petition for initial  
5 detention, notice of initial detention, and statement of rights along  
6 with an affidavit of service. The designated crisis responder shall  
7 commence service of the petition for initial detention and notice of  
8 the initial detention on the adolescent's parent and the adolescent's  
9 attorney as soon as possible following the initial detention.

10 (b) If the adolescent is involuntarily detained at an evaluation  
11 and treatment facility, secure withdrawal management and  
12 stabilization facility, or approved substance use disorder treatment  
13 program in a different county from where the adolescent was initially  
14 detained, the facility or program may serve the adolescent, notify  
15 the adolescent's parents and the adolescent's attorney, and file with  
16 the court on the next judicial day following the initial detention  
17 the original petition for initial detention, notice of initial  
18 detention, and statement of rights along with an affidavit of service  
19 when filing with the court at the request of the designated crisis  
20 responder.

21 (3) (a) At the time of initial detention, the designated crisis  
22 responder shall advise the adolescent both orally and in writing that  
23 if admitted to the evaluation and treatment facility, secure  
24 withdrawal management and stabilization facility, or approved  
25 substance use disorder treatment program for inpatient treatment, a  
26 commitment hearing shall be held within (~~seventy-two~~) one hundred  
27 twenty hours of the adolescent's provisional acceptance to determine  
28 whether probable cause exists to commit the adolescent for further  
29 treatment.

30 (b) The adolescent shall be advised that he or she has a right to  
31 communicate immediately with an attorney and that he or she has a  
32 right to have an attorney appointed to represent him or her before  
33 and at the hearing if the adolescent is indigent.

34 (4) Subject to subsection (5) of this section, whenever the  
35 designated crisis responder petitions for detention of an adolescent  
36 under this chapter, an evaluation and treatment facility, secure  
37 withdrawal management and stabilization facility, or approved  
38 substance use disorder treatment program providing (~~seventy-two~~)  
39 one hundred twenty hour evaluation and treatment must immediately  
40 accept on a provisional basis the petition and the person. Within

1 twenty-four hours of the adolescent's arrival, the facility must  
2 evaluate the adolescent's condition and either admit or release the  
3 adolescent in accordance with this chapter.

4 (5) A designated crisis responder may not petition for detention  
5 of an adolescent to a secure withdrawal management and stabilization  
6 facility or approved substance use disorder treatment program unless  
7 there is a secure withdrawal management and stabilization facility or  
8 approved substance use disorder treatment program available and that  
9 has adequate space for the adolescent.

10 (6) If an adolescent is not approved for admission by the  
11 inpatient evaluation and treatment facility, secure withdrawal  
12 management and stabilization facility, or approved substance use  
13 disorder treatment program, the facility shall make such  
14 recommendations and referrals for further care and treatment of the  
15 adolescent as necessary.

16 (7) Dismissal of a commitment petition is not the appropriate  
17 remedy for a violation of the timeliness requirements of this  
18 section, based on the purpose of this chapter under RCW 71.34.010,  
19 except in the few cases where the facility staff or the designated  
20 crisis responder have totally disregarded the requirements of this  
21 section.

22 **Sec. 84.** RCW 71.34.710 and 2019 c 446 s 33 and 2019 c 381 s 17  
23 are each reenacted and amended to read as follows:

24 (1) (a) ~~((i))~~ When a designated crisis responder receives  
25 information that an adolescent as a result of a ~~((mental))~~ behavioral  
26 health disorder presents a likelihood of serious harm or is gravely  
27 disabled, has investigated the specific facts alleged and of the  
28 credibility of the person or persons providing the information, and  
29 has determined that voluntary admission for inpatient treatment is  
30 not possible, the designated crisis responder may take the  
31 adolescent, or cause the adolescent to be taken, into custody and  
32 transported to an evaluation and treatment facility, secure  
33 withdrawal management and stabilization facility, or approved  
34 substance use disorder treatment program providing inpatient  
35 treatment.

36 ~~((ii) When a designated crisis responder receives information~~  
37 ~~that an adolescent as a result of a substance use disorder presents a~~  
38 ~~likelihood of serious harm or is gravely disabled, has investigated~~  
39 ~~the specific facts alleged and of the credibility of the person or~~

1 ~~persons providing the information, and has determined that voluntary~~  
2 ~~admission for inpatient treatment is not possible, the designated~~  
3 ~~crisis responder may take the adolescent, or cause the adolescent to~~  
4 ~~be taken, into custody and transported to a secure withdrawal~~  
5 ~~management and stabilization facility or approved substance use~~  
6 ~~disorder treatment program.)~~)

7 (b) ~~If ((the adolescent is not taken into custody for evaluation~~  
8 ~~and treatment, the parent who has custody of the adolescent may seek~~  
9 ~~review of that decision made by the designated crisis responder in~~  
10 ~~court. The parent shall file notice with the court and provide a copy~~  
11 ~~of the designated crisis responder's report or notes))~~ a designated  
12 crisis responder decides not to detain an adolescent for evaluation  
13 and treatment under RCW 71.34.700(2), or forty-eight hours have  
14 elapsed since a designated crisis responder received a request for  
15 investigation and the designated crisis responder has not taken  
16 action to have the adolescent detained, an immediate family member or  
17 guardian or conservator of the adolescent may petition the superior  
18 court for the adolescent's detention using the procedures under RCW  
19 71.05.201 and 71.05.203; however, when the court enters an order of  
20 initial detention, except as otherwise expressly stated in this  
21 chapter, all procedures must be followed as if the order has been  
22 entered under (a) of this subsection.

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

36 (b) If the adolescent is involuntarily detained at an evaluation  
37 and treatment facility, secure withdrawal management and  
38 stabilization facility, or approved substance use disorder treatment  
39 program in a different county from where the adolescent was initially  
40 detained, the facility or program may serve the adolescent, notify

1 the adolescent's parents and the adolescent's attorney, and file with  
2 the court on the next judicial day following the initial detention  
3 the original petition for initial detention, notice of initial  
4 detention, and statement of rights along with an affidavit of service  
5 when filing with the court at the request of the designated crisis  
6 responder.

7 (3)(a) At the time of initial detention, the designated crisis  
8 responder shall advise the adolescent both orally and in writing that  
9 if admitted to the evaluation and treatment facility, secure  
10 withdrawal management and stabilization facility, or approved  
11 substance use disorder treatment program for inpatient treatment, a  
12 commitment hearing shall be held within (~~seventy-two~~) one hundred  
13 twenty hours of the adolescent's provisional acceptance to determine  
14 whether probable cause exists to commit the adolescent for further  
15 treatment.

16 (b) The adolescent shall be advised that he or she has a right to  
17 communicate immediately with an attorney and that he or she has a  
18 right to have an attorney appointed to represent him or her before  
19 and at the hearing if the adolescent is indigent.

20 (4) Whenever the designated crisis responder petitions for  
21 detention of an adolescent under this chapter, an evaluation and  
22 treatment facility, secure withdrawal management and stabilization  
23 facility, or approved substance use disorder treatment program  
24 providing (~~seventy-two~~) one hundred twenty hour evaluation and  
25 treatment must immediately accept on a provisional basis the petition  
26 and the person. Within twenty-four hours of the adolescent's arrival,  
27 the facility must evaluate the adolescent's condition and either  
28 admit or release the adolescent in accordance with this chapter.

29 (5) If an adolescent is not approved for admission by the  
30 inpatient evaluation and treatment facility, secure withdrawal  
31 management and stabilization facility, or approved substance use  
32 disorder treatment program, the facility shall make such  
33 recommendations and referrals for further care and treatment of the  
34 adolescent as necessary.

35 (6) Dismissal of a commitment petition is not the appropriate  
36 remedy for a violation of the timeliness requirements of this  
37 section, based on the purpose of this chapter under RCW 71.34.010,  
38 except in the few cases where the facility staff or the designated  
39 crisis responder have totally disregarded the requirements of this  
40 section.

1       **Sec. 85.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18  
2 are each reenacted and amended to read as follows:

3       (1) Each minor approved by the facility for inpatient admission  
4 shall be examined and evaluated by a children's mental health  
5 specialist, for minors admitted as a result of a mental disorder, or  
6 by a substance use disorder professional or co-occurring disorder  
7 specialist, for minors admitted as a result of a substance use  
8 disorder, as to the child's mental condition and by a physician,  
9 physician assistant, or psychiatric advanced registered nurse  
10 practitioner as to the child's physical condition within twenty-four  
11 hours of admission. Reasonable measures shall be taken to ensure  
12 medical treatment is provided for any condition requiring immediate  
13 medical attention.

14       (2) If, after examination and evaluation, the children's mental  
15 health specialist or substance use disorder specialist and the  
16 physician, physician assistant, or psychiatric advanced registered  
17 nurse practitioner determine that the initial needs of the minor, if  
18 detained to an evaluation and treatment facility, would be better  
19 served by placement in a substance use disorder treatment program or,  
20 if detained to a secure withdrawal management and stabilization  
21 facility or approved substance use disorder treatment program, would  
22 be better served in an evaluation and treatment facility, then the  
23 minor shall be referred to the more appropriate placement; however a  
24 minor may only be referred to a secure withdrawal management and  
25 stabilization facility or approved substance use disorder treatment  
26 program if there is a secure withdrawal management and stabilization  
27 facility or approved substance use disorder treatment program  
28 available and that has adequate space for the minor.

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

31       (4) During the initial seventy-two hour treatment period, the  
32 minor has a right to associate or receive communications from parents  
33 or others unless the professional person in charge determines that  
34 such communication would be seriously detrimental to the minor's  
35 condition or treatment and so indicates in the minor's clinical  
36 record, and notifies the minor's parents of this determination. (~~It~~  
37 ~~no event may the minor~~) A minor must not be denied the opportunity  
38 to consult an attorney unless there is an immediate risk of harm to  
39 the minor or others.

1 (5) If the evaluation and treatment facility, secure withdrawal  
2 management and stabilization facility, or approved substance use  
3 disorder treatment program admits the minor, it may detain the minor  
4 for evaluation and treatment for a period not to exceed seventy-two  
5 hours from the time of provisional acceptance. The computation of  
6 such seventy-two hour period shall exclude Saturdays, Sundays, and  
7 holidays. This initial treatment period shall not exceed seventy-two  
8 hours except when an application for voluntary inpatient treatment is  
9 received or a petition for fourteen-day commitment is filed.

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

12 **Sec. 86.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18  
13 are each reenacted and amended to read as follows:

14 (1) Each minor approved by the facility for inpatient admission  
15 shall be examined and evaluated by a children's mental health  
16 specialist, for minors admitted as a result of a mental disorder, or  
17 by a substance use disorder professional or co-occurring disorder  
18 specialist, for minors admitted as a result of a substance use  
19 disorder, as to the child's mental condition and by a physician,  
20 physician assistant, or psychiatric advanced registered nurse  
21 practitioner as to the child's physical condition within twenty-four  
22 hours of admission. Reasonable measures shall be taken to ensure  
23 medical treatment is provided for any condition requiring immediate  
24 medical attention.

25 (2) If, after examination and evaluation, the children's mental  
26 health specialist or substance use disorder specialist and the  
27 physician, physician assistant, or psychiatric advanced registered  
28 nurse practitioner determine that the initial needs of the minor, if  
29 detained to an evaluation and treatment facility, would be better  
30 served by placement in a substance use disorder treatment program or,  
31 if detained to a secure withdrawal management and stabilization  
32 facility or approved substance use disorder treatment program, would  
33 be better served in an evaluation and treatment facility, then the  
34 minor shall be referred to the more appropriate placement; however a  
35 minor may only be referred to a secure withdrawal management and  
36 stabilization facility or approved substance use disorder treatment  
37 program if there is a secure withdrawal management and stabilization  
38 facility or approved substance use disorder treatment program  
39 available and that has adequate space for the minor.

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

3 (4) During the initial (~~(seventy-two)~~) one hundred twenty hour  
4 treatment period, the minor has a right to associate or receive  
5 communications from parents or others unless the professional person  
6 in charge determines that such communication would be seriously  
7 detrimental to the minor's condition or treatment and so indicates in  
8 the minor's clinical record, and notifies the minor's parents of this  
9 determination. (~~(In no event may the minor)~~) A minor must not be  
10 denied the opportunity to consult an attorney unless there is an  
11 immediate risk of harm to the minor or others.

12 (5) If the evaluation and treatment facility, secure withdrawal  
13 management and stabilization facility, or approved substance use  
14 disorder treatment program admits the minor, it may detain the minor  
15 for evaluation and treatment for a period not to exceed (~~(seventy-~~  
16 ~~two)~~) one hundred twenty hours from the time of provisional  
17 acceptance. The computation of such (~~(seventy-two)~~) one hundred  
18 twenty hour period shall exclude Saturdays, Sundays, and holidays.  
19 This initial treatment period shall not exceed (~~(seventy-two)~~) one  
20 hundred twenty hours except when an application for voluntary  
21 inpatient treatment is received or a petition for fourteen-day  
22 commitment is filed.

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

25 **Sec. 87.** RCW 71.34.720 and 2019 c 446 s 35 and 2019 c 444 s 19  
26 are each reenacted and amended to read as follows:

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

38 (2) If, after examination and evaluation, the children's mental  
39 health specialist or substance use disorder specialist and the



1 physician, physician assistant, or psychiatric advanced registered  
2 nurse practitioner determine that the initial needs of the minor, if  
3 detained to an evaluation and treatment facility, would be better  
4 served by placement in a substance use disorder treatment program or,  
5 if detained to a secure withdrawal management and stabilization  
6 facility or approved substance use disorder treatment program, would  
7 be better served in an evaluation and treatment facility, then the  
8 minor shall be referred to the more appropriate 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)~~) one hundred twenty hour  
12 treatment period, the minor has a right to associate or receive  
13 communications from parents or others unless the professional person  
14 in charge determines that such communication would be seriously  
15 detrimental to the minor's condition or treatment and so indicates in  
16 the minor's clinical record, and notifies the minor's parents of this  
17 determination. (~~(In no event may the minor)~~) A minor must not be  
18 denied the opportunity to consult an attorney unless there is an  
19 immediate risk of harm to the minor or others.

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

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

33 **Sec. 88.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
34 read as follows:

35 (1) The professional person in charge of an evaluation and  
36 treatment facility, secure withdrawal management and stabilization  
37 facility, or approved substance use disorder treatment program where  
38 a minor has been admitted involuntarily for the initial seventy-two  
39 hour treatment period under this chapter may petition to have a minor

1 committed to an evaluation and treatment facility (~~or, in the case~~  
2 ~~of a minor with a substance use disorder, to~~), a secure withdrawal  
3 management and stabilization facility, or an approved substance use  
4 disorder treatment program for fourteen-day diagnosis, evaluation,  
5 and treatment.

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

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

14 (a) A petition for a fourteen-day commitment shall be signed by:

15 (i) One physician, physician assistant, or psychiatric advanced  
16 registered nurse practitioner; and

17 (ii) One physician, physician assistant, psychiatric advanced  
18 registered nurse practitioner, or mental health professional.

19 (b) If the petition is for substance use disorder treatment, the  
20 petition may be signed by a (~~chemical dependency~~) substance use  
21 disorder professional instead of a mental health professional and by  
22 an advanced registered nurse practitioner instead of a psychiatric  
23 advanced registered nurse practitioner. The person signing the  
24 petition must have examined the minor, and the petition must contain  
25 the following:

26 (i) The name and address of the petitioner;

27 (ii) The name of the minor alleged to meet the criteria for  
28 fourteen-day commitment;

29 (iii) The name, telephone number, and address if known of every  
30 person believed by the petitioner to be legally responsible for the  
31 minor;

32 (iv) A statement that the petitioner has examined the minor and  
33 finds that the minor's condition meets required criteria for  
34 fourteen-day commitment and the supporting facts therefor;

35 (v) A statement that the minor has been advised of the need for  
36 voluntary treatment but has been unwilling or unable to consent to  
37 necessary treatment;

38 (vi) If the petition is for mental health treatment, a statement  
39 that the minor has been advised of the loss of firearm rights if  
40 involuntarily committed;

1 (vii) A statement recommending the appropriate facility or  
2 facilities to provide the necessary treatment; and

3 (viii) A statement concerning whether a less restrictive  
4 alternative to inpatient treatment is in the best interests of the  
5 minor.

6 (c) A copy of the petition shall be personally ~~((delivered to))~~  
7 served on the minor by the petitioner or petitioner's designee. A  
8 copy of the petition shall be ~~((sent))~~ provided to the minor's  
9 attorney and the minor's parent.

10 **Sec. 89.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
11 read as follows:

12 (1) The professional person in charge of an evaluation and  
13 treatment facility, secure withdrawal management and stabilization  
14 facility, or approved substance use disorder treatment program where  
15 a minor has been admitted involuntarily for the initial ~~((seventy-~~  
16 ~~two))~~ one hundred twenty hour treatment period under this chapter may  
17 petition to have a minor committed to an evaluation and treatment  
18 facility ~~((or, in the case of a minor with a substance use disorder,~~  
19 ~~to))~~, a secure withdrawal management and stabilization facility, or  
20 an approved substance use disorder treatment program for fourteen-day  
21 diagnosis, evaluation, and treatment.

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

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

30 (a) A petition for a fourteen-day commitment shall be signed by:

31 (i) One physician, physician assistant, or psychiatric advanced  
32 registered nurse practitioner; and

33 (ii) One physician, physician assistant, psychiatric advanced  
34 registered nurse practitioner, or mental health professional.

35 (b) If the petition is for substance use disorder treatment, the  
36 petition may be signed by a ~~((chemical dependency))~~ substance use  
37 disorder professional instead of a mental health professional and by  
38 an advanced registered nurse practitioner instead of a psychiatric  
39 advanced registered nurse practitioner. The person signing the

1 petition must have examined the minor, and the petition must contain  
2 the following:

3 (i) The name and address of the petitioner;

4 (ii) The name of the minor alleged to meet the criteria for  
5 fourteen-day commitment;

6 (iii) The name, telephone number, and address if known of every  
7 person believed by the petitioner to be legally responsible for the  
8 minor;

9 (iv) A statement that the petitioner has examined the minor and  
10 finds that the minor's condition meets required criteria for  
11 fourteen-day commitment and the supporting facts therefor;

12 (v) A statement that the minor has been advised of the need for  
13 voluntary treatment but has been unwilling or unable to consent to  
14 necessary treatment;

15 (vi) If the petition is for mental health treatment, a statement  
16 that the minor has been advised of the loss of firearm rights if  
17 involuntarily committed;

18 (vii) A statement recommending the appropriate facility or  
19 facilities to provide the necessary treatment; and

20 (viii) A statement concerning whether a less restrictive  
21 alternative to inpatient treatment is in the best interests of the  
22 minor.

23 (c) A copy of the petition shall be personally (~~delivered to~~)  
24 served on the minor by the petitioner or petitioner's designee. A  
25 copy of the petition shall be (~~sent~~) provided to the minor's  
26 attorney and the minor's parent.

27 NEW SECTION. **Sec. 90.** A new section is added to chapter 71.34  
28 RCW to read as follows:

29 (1) In any proceeding for involuntary commitment under this  
30 chapter, the court may continue or postpone such proceeding for a  
31 reasonable time on motion of the respondent for good cause, or on  
32 motion of the prosecuting attorney or the attorney general if:

33 (a) The respondent expressly consents to a continuance or delay  
34 and there is a showing of good cause; or

35 (b) Such continuance is required in the proper administration of  
36 justice and the respondent will not be substantially prejudiced in  
37 the presentation of the respondent's case.

38 (2) The court may on its own motion continue the case when  
39 required in due administration of justice and when the respondent

1 will not be substantially prejudiced in the presentation of the  
2 respondent's case.

3 (3) The court shall state in any order of continuance or  
4 postponement the grounds for the continuance or postponement and  
5 whether detention will be extended.

6 **Sec. 91.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to  
7 read as follows:

8 (1) A commitment hearing shall be held within seventy-two hours  
9 of the minor's admission, excluding Saturday, Sunday, and holidays,  
10 unless a continuance is (~~requested by the minor or the minor's~~  
11 ~~attorney~~) ordered under section 90 of this act.

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

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

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

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

23 (6) At the commitment hearing, the minor shall have the following  
24 rights:

25 (a) To be represented by an attorney;

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

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

28 (7) If the hearing is for commitment for mental health treatment,  
29 the court at the time of the commitment hearing and before an order  
30 of commitment is entered shall inform the minor both orally and in  
31 writing that the failure to make a good faith effort to seek  
32 voluntary treatment as provided in RCW 71.34.730 will result in the  
33 loss of his or her firearm rights if the minor is subsequently  
34 detained for involuntary treatment under this section.

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

38 (9) (~~Rules of evidence shall not apply in fourteen-day~~  
39 ~~commitment hearings.~~

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

3       (a) The minor has a (~~mental disorder or substance use~~)  
4 behavioral health disorder and presents a likelihood of serious harm  
5 or is gravely disabled;

6       (b) The minor is in need of evaluation and treatment of the type  
7 provided by the inpatient evaluation and treatment facility, secure  
8 withdrawal management and stabilization facility, or approved  
9 substance use disorder treatment program to which continued inpatient  
10 care is sought or is in need of less restrictive alternative  
11 treatment found to be in the best interests of the minor or others;

12       (c) The minor is unwilling or unable in good faith to consent to  
13 voluntary treatment; and

14       (d) If commitment is for a substance use disorder, there is an  
15 available secure withdrawal management and stabilization facility or  
16 approved substance use disorder treatment program with adequate space  
17 for the minor.

18       (~~(11)~~) (10) If the court finds that the minor meets the  
19 criteria for a fourteen-day commitment, the court shall either  
20 authorize commitment of the minor for inpatient treatment or for less  
21 restrictive alternative treatment upon such conditions as are  
22 necessary. If the court determines that the minor does not meet the  
23 criteria for a fourteen-day commitment, the minor shall be released.

24       (~~(12)~~) (11)(a) Nothing in this section prohibits the  
25 professional person in charge of the facility from releasing the  
26 minor at any time, when, in the opinion of the professional person in  
27 charge of the facility, further inpatient treatment is no longer  
28 necessary. The release may be subject to reasonable conditions if  
29 appropriate.

30       (b) Whenever a minor is released under this section, the  
31 professional person in charge shall within three days, notify the  
32 court in writing of the release.

33       (~~(13)~~) (12) A minor who has been committed for fourteen days  
34 shall be released at the end of that period unless a petition for one  
35 hundred eighty-day commitment is pending before the court.

36       **Sec. 92.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to  
37 read as follows:

38       (1) A commitment hearing shall be held within (~~seventy-two~~) one  
39 hundred twenty hours of the minor's admission, excluding Saturday,

1 Sunday, and holidays, unless a continuance is (~~requested by the~~  
2 ~~minor or the minor's attorney~~) ordered under section 90 of this act.

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

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

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

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

14 (6) At the commitment hearing, the minor shall have the following  
15 rights:

16 (a) To be represented by an attorney;

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

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

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

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

29 (~~Rules of evidence shall not apply in fourteen-day~~  
30 ~~commitment hearings.~~

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

33 (a) The minor has a (~~mental disorder or substance use~~)  
34 behavioral health disorder and presents a likelihood of serious harm  
35 or is gravely disabled;

36 (b) The minor is in need of evaluation and treatment of the type  
37 provided by the inpatient evaluation and treatment facility, secure  
38 withdrawal management and stabilization facility, or approved  
39 substance use disorder treatment program to which continued inpatient

1 care is sought or is in need of less restrictive alternative  
2 treatment found to be in the best interests of the minor or others;

3 (c) The minor is unwilling or unable in good faith to consent to  
4 voluntary treatment; and

5 (d) If commitment is for a substance use disorder, there is an  
6 available secure withdrawal management and stabilization facility or  
7 approved substance use disorder treatment program with adequate space  
8 for the minor.

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

15 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
16 professional person in charge of the facility from releasing the  
17 minor at any time, when, in the opinion of the professional person in  
18 charge of the facility, further inpatient treatment is no longer  
19 necessary. The release may be subject to reasonable conditions if  
20 appropriate.

21 (b) Whenever a minor is released under this section, the  
22 professional person in charge shall within three days, notify the  
23 court in writing of the release.

24 ~~((13))~~ (12) A minor who has been committed for fourteen days  
25 shall be released at the end of that period unless a petition for one  
26 hundred eighty-day commitment is pending before the court.

27 **Sec. 93.** RCW 71.34.740 and 2019 c 446 s 38 are each amended to  
28 read as follows:

29 (1) A commitment hearing shall be held within ~~((seventy-two))~~ one  
30 hundred twenty hours of the minor's admission, excluding Saturday,  
31 Sunday, and holidays, unless a continuance is ~~((requested by the~~  
32 ~~minor or the minor's attorney))~~ ordered under section 90 of this act.

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

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



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

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

7 (6) At the commitment hearing, the minor shall have the following  
8 rights:

9 (a) To be represented by an attorney;

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

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

12 (7) If the hearing is for commitment for mental health treatment,  
13 the court at the time of the commitment hearing and before an order  
14 of commitment is entered shall inform the minor both orally and in  
15 writing that the failure to make a good faith effort to seek  
16 voluntary treatment as provided in RCW 71.34.730 will result in the  
17 loss of his or her firearm rights if the minor is subsequently  
18 detained for involuntary treatment under this section.

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

22 (9) ~~((Rules of evidence shall not apply in fourteen-day  
23 commitment hearings.~~

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

26 (a) The minor has a ~~((mental disorder or substance use))~~  
27 behavioral health disorder and presents a likelihood of serious harm  
28 or is gravely disabled;

29 (b) The minor is in need of evaluation and treatment of the type  
30 provided by the inpatient evaluation and treatment facility, secure  
31 withdrawal management and stabilization facility, or approved  
32 substance use disorder treatment program to which continued inpatient  
33 care is sought or is in need of less restrictive alternative  
34 treatment found to be in the best interests of the minor or others;  
35 and

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

38 ~~((11))~~ (10) If the court finds that the minor meets the  
39 criteria for a fourteen-day commitment, the court shall either  
40 authorize commitment of the minor for inpatient treatment or for less

1 restrictive alternative treatment upon such conditions as are  
2 necessary. If the court determines that the minor does not meet the  
3 criteria for a fourteen-day commitment, the minor shall be released.

4 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
5 professional person in charge of the facility from releasing the  
6 minor at any time, when, in the opinion of the professional person in  
7 charge of the facility, further inpatient treatment is no longer  
8 necessary. The release may be subject to reasonable conditions if  
9 appropriate.

10 (b) Whenever a minor is released under this section, the  
11 professional person in charge shall within three days, notify the  
12 court in writing of the release.

13 ~~((13))~~ (12) A minor who has been committed for fourteen days  
14 shall be released at the end of that period unless a petition for one  
15 hundred eighty-day commitment is pending before the court.

16 **Sec. 94.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008  
17 are each reenacted and amended to read as follows:

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

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

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

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

31 (c) A statement that the petitioner is the professional person in  
32 charge of the evaluation and treatment facility, secure withdrawal  
33 management and stabilization facility, or approved substance use  
34 disorder treatment program responsible for the treatment of the  
35 minor;

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

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

38 (3) The petition shall be supported by accompanying affidavits  
39 signed by: (a) Two examining physicians, one of whom shall be a child

1 psychiatrist, or two psychiatric advanced registered nurse  
2 practitioners, one of whom shall be a child and adolescent or family  
3 psychiatric advanced registered nurse practitioner. If the petition  
4 is for substance use disorder treatment, the petition may be signed  
5 by a (~~chemical dependency~~) substance use disorder professional  
6 instead of a mental health professional and by an advanced registered  
7 nurse practitioner instead of a psychiatric advanced registered nurse  
8 practitioner, or two physician assistants, one of whom must be  
9 supervised by a child psychiatrist; (b) one children's mental health  
10 specialist and either an examining physician, physician assistant, or  
11 a psychiatric advanced registered nurse practitioner; or (c) two  
12 among an examining physician, physician assistant, and a psychiatric  
13 advanced registered nurse practitioner, one of which needs to be a  
14 child psychiatrist, a physician assistant supervised by a child  
15 psychiatrist, or a child and adolescent psychiatric nurse  
16 practitioner. The affidavits shall describe in detail the behavior of  
17 the detained minor which supports the petition and shall state  
18 whether a less restrictive alternative to inpatient treatment is in  
19 the best interests of the minor.

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

28 (5) At the time of filing, the court shall set a date within  
29 seven days for the hearing on the petition. (~~The court may continue  
30 the hearing upon the written request of the minor or the minor's  
31 attorney for not more than ten days.~~) If the hearing is not  
32 commenced within thirty days after the filing of the petition,  
33 including extensions of time requested by the detained person or his  
34 or her attorney or the court in the administration of justice under  
35 section 90 of this act, the minor must be released. The minor or the  
36 parents shall be afforded the same rights as in a fourteen-day  
37 commitment hearing. Treatment of the minor shall continue pending the  
38 proceeding.

39 (6) For one hundred eighty-day commitment:

1 (a) The court must find by clear, cogent, and convincing evidence  
2 that the minor:

3 (i) Is suffering from a mental disorder or substance use  
4 disorder;

5 (ii) Presents a likelihood of serious harm or is gravely  
6 disabled; and

7 (iii) Is in need of further treatment that only can be provided  
8 in a one hundred eighty-day commitment.

9 (b) If commitment is for a substance use disorder, the court must  
10 find that there is an available approved substance use disorder  
11 treatment program that has adequate space for the minor.

12 (7) In determining whether an inpatient or less restrictive  
13 alternative commitment is appropriate, great weight must be given to  
14 evidence of a prior history or pattern of decompensation and  
15 discontinuation of treatment resulting in: (a) Repeated  
16 hospitalizations; or (b) repeated peace officer interventions  
17 resulting in juvenile charges. Such evidence may be used to provide a  
18 factual basis for concluding that the minor would not receive, if  
19 released, such care as is essential for his or her health or safety.

20 (8)(a) If the court finds that the criteria for commitment are  
21 met and that less restrictive treatment in a community setting is not  
22 appropriate or available, the court shall order the minor committed  
23 to the custody of the director for further inpatient mental health  
24 treatment, to an approved substance use disorder treatment program  
25 for further substance use disorder treatment, or to a private  
26 treatment and evaluation facility for inpatient mental health or  
27 substance use disorder treatment if the minor's parents have assumed  
28 responsibility for payment for the treatment. If the court finds that  
29 a less restrictive alternative is in the best interest of the minor,  
30 the court shall order less restrictive alternative treatment upon  
31 such conditions as necessary.

32 (b) If the court determines that the minor does not meet the  
33 criteria for one hundred eighty-day commitment, the minor shall be  
34 released.

35 ((+8)) (9) Successive one hundred eighty-day commitments are  
36 permissible on the same grounds and under the same procedures as the  
37 original one hundred eighty-day commitment. Such petitions shall be  
38 filed at least ((five)) three days prior to the expiration of the  
39 previous one hundred eighty-day commitment order.

1       **Sec. 95.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009  
2 are each reenacted and amended to read as follows:

3       (1) At any time during the minor's period of fourteen-day  
4 commitment, the professional person in charge may petition the court  
5 for an order requiring the minor to undergo an additional one hundred  
6 eighty-day period of treatment. The evidence in support of the  
7 petition shall be presented by the county prosecutor unless the  
8 petition is filed by the professional person in charge of a state-  
9 operated facility in which case the evidence shall be presented by  
10 the attorney general.

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

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

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

16       (c) A statement that the petitioner is the professional person in  
17 charge of the evaluation and treatment facility, secure withdrawal  
18 management and stabilization facility, or approved substance use  
19 disorder treatment program responsible for the treatment of the  
20 minor;

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

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

23       (3) The petition shall be supported by accompanying affidavits  
24 signed by: (a) Two examining physicians, one of whom shall be a child  
25 psychiatrist, or two psychiatric advanced registered nurse  
26 practitioners, one of whom shall be a child and adolescent or family  
27 psychiatric advanced registered nurse practitioner. If the petition  
28 is for substance use disorder treatment, the petition may be signed  
29 by a (~~chemical dependency~~) substance use disorder professional  
30 instead of a mental health professional and by an advanced registered  
31 nurse practitioner instead of a psychiatric advanced registered nurse  
32 practitioner, or two physician assistants, one of whom must be  
33 supervised by a child psychiatrist; (b) one children's mental health  
34 specialist and either an examining physician, physician assistant, or  
35 a psychiatric advanced registered nurse practitioner; or (c) two  
36 among an examining physician, physician assistant, and a psychiatric  
37 advanced registered nurse practitioner, one of which needs to be a  
38 child psychiatrist, a physician assistant supervised by a child  
39 psychiatrist, or a child and adolescent psychiatric nurse  
40 practitioner. The affidavits shall describe in detail the behavior of

1 the detained minor which supports the petition and shall state  
2 whether a less restrictive alternative to inpatient treatment is in  
3 the best interests of the minor.

4 (4) The petition for one hundred eighty-day commitment shall be  
5 filed with the clerk of the court at least three days before the  
6 expiration of the fourteen-day commitment period. The petitioner or  
7 the petitioner's designee shall within twenty-four hours of filing  
8 serve a copy of the petition on the minor and notify the minor's  
9 attorney and the minor's parent. A copy of the petition shall be  
10 provided to such persons at least twenty-four hours prior to the  
11 hearing.

12 (5) At the time of filing, the court shall set a date within  
13 seven days for the hearing on the petition. (~~The court may continue~~  
14 ~~the hearing upon the written request of the minor or the minor's~~  
15 ~~attorney for not more than ten days.)) If the hearing is not  
16 commenced within thirty days after the filing of the petition,  
17 including extensions of time requested by the detained person or his  
18 or her attorney or the court in the administration of justice under  
19 section 90 of this act, the minor must be released. The minor or the  
20 parents shall be afforded the same rights as in a fourteen-day  
21 commitment hearing. Treatment of the minor shall continue pending the  
22 proceeding.~~

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

25 (a) Is suffering from a mental disorder or substance use  
26 disorder;

27 (b) Presents a likelihood of serious harm or is gravely disabled;  
28 and

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

31 (7) In determining whether an inpatient or less restrictive  
32 alternative commitment is appropriate, great weight must be given to  
33 evidence of a prior history or pattern of decompensation and  
34 discontinuation of treatment resulting in: (a) Repeated  
35 hospitalizations; or (b) repeated peace officer interventions  
36 resulting in juvenile charges. Such evidence may be used to provide a  
37 factual basis for concluding that the minor would not receive, if  
38 released, such care as is essential for his or her health or safety.

39 (8)(a) If the court finds that the criteria for commitment are  
40 met and that less restrictive treatment in a community setting is not

1 appropriate or available, the court shall order the minor committed  
2 to the custody of the director for further inpatient mental health  
3 treatment, to an approved substance use disorder treatment program  
4 for further substance use disorder treatment, or to a private  
5 treatment and evaluation facility for inpatient mental health or  
6 substance use disorder treatment if the minor's parents have assumed  
7 responsibility for payment for the treatment. If the court finds that  
8 a less restrictive alternative is in the best interest of the minor,  
9 the court shall order less restrictive alternative treatment upon  
10 such conditions as necessary.

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

14 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are  
15 permissible on the same grounds and under the same procedures as the  
16 original one hundred eighty-day commitment. Such petitions shall be  
17 filed at least ~~((five))~~ three days prior to the expiration of the  
18 previous one hundred eighty-day commitment order.

19 NEW SECTION. **Sec. 96.** A new section is added to chapter 71.34  
20 RCW to read as follows:

21 (1) Less restrictive alternative treatment, at a minimum, must  
22 include the following services:

23 (a) Assignment of a care coordinator;

24 (b) An intake evaluation with the provider of the less  
25 restrictive alternative treatment;

26 (c) A psychiatric evaluation;

27 (d) A schedule of regular contacts with the provider of the less  
28 restrictive alternative treatment services for the duration of the  
29 order;

30 (e) A transition plan addressing access to continued services at  
31 the expiration of the order;

32 (f) An individual crisis plan; and

33 (g) Notification to the care coordinator assigned in (a) of this  
34 subsection if reasonable efforts to engage the client fail to produce  
35 substantial compliance with court-ordered treatment conditions.

36 (2) Less restrictive alternative treatment may include the  
37 following additional services:

38 (a) Medication management;

39 (b) Psychotherapy;

- 1 (c) Nursing;
- 2 (d) Substance abuse counseling;
- 3 (e) Residential treatment; and
- 4 (f) Support for housing, benefits, education, and employment.

5 (3) If the minor was provided with involuntary medication during  
6 the involuntary commitment period, the less restrictive alternative  
7 treatment order may authorize the less restrictive alternative  
8 treatment provider or its designee to administer involuntary  
9 antipsychotic medication to the person if the provider has attempted  
10 and failed to obtain the informed consent of the person and there is  
11 a concurring medical opinion approving the medication by a  
12 psychiatrist, physician assistant working with a supervising  
13 psychiatrist, psychiatric advanced registered nurse practitioner, or  
14 physician or physician assistant in consultation with an independent  
15 mental health professional with prescribing authority.

16 (4) Less restrictive alternative treatment must be administered  
17 by a provider that is certified or licensed to provide or coordinate  
18 the full scope of services required under the less restrictive  
19 alternative order and that has agreed to assume this responsibility.

20 (5) The care coordinator assigned to a minor ordered to less  
21 restrictive alternative treatment must submit an individualized plan  
22 for the minor's treatment services to the court that entered the  
23 order. An initial plan must be submitted as soon as possible  
24 following the intake evaluation and a revised plan must be submitted  
25 upon any subsequent modification in which a type of service is  
26 removed from or added to the treatment plan.

27 (6) For the purpose of this section, "care coordinator" means a  
28 clinical practitioner who coordinates the activities of less  
29 restrictive alternative treatment. The care coordinator coordinates  
30 activities with the designated crisis responders that are necessary  
31 for enforcement and continuation of less restrictive alternative  
32 treatment orders and is responsible for coordinating service  
33 activities with other agencies and establishing and maintaining a  
34 therapeutic relationship with the individual on a continuing basis.

35 **Sec. 97.** RCW 71.34.780 and 2019 c 446 s 41 are each amended to  
36 read as follows:

37 (1) If the professional person in charge of an outpatient  
38 treatment program, a designated crisis responder, or the director or  
39 secretary, as appropriate, determines that a minor is failing to



1 adhere to the conditions of the court order for less restrictive  
2 alternative treatment or the conditions for the conditional release,  
3 or that substantial deterioration in the minor's functioning has  
4 occurred, the designated crisis responder, or the director or  
5 secretary, as appropriate, may order that the minor(~~(, if committed~~  
6 ~~for mental health treatment,)~~) be taken into custody and transported  
7 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
8 ~~for substance use disorder treatment, be taken into custody and~~  
9 ~~transported to)), a secure withdrawal management and stabilization  
10 facility, or an approved substance use disorder treatment program  
11 ((if there is an available)). A secure withdrawal management and  
12 stabilization facility or approved substance use disorder treatment  
13 program that has adequate space for the minor must be available.~~

14 (2) (a) The designated crisis responder (~~(or the))~~, director, or  
15 secretary, as appropriate, shall file the order of apprehension and  
16 detention and serve it upon the minor and notify the minor's parent  
17 and the minor's attorney, if any, of the detention within two days of  
18 return. At the time of service the minor shall be informed of the  
19 right to a hearing and to representation by an attorney. The  
20 designated crisis responder or the director or secretary, as  
21 appropriate, may modify or rescind the order of apprehension and  
22 detention at any time prior to the hearing.

23 (b) If the minor is involuntarily detained for revocation at an  
24 evaluation and treatment facility, secure withdrawal management and  
25 stabilization facility, or approved substance use disorder treatment  
26 program in a different county from where the minor was initially  
27 detained, the facility or program may file the order of apprehension,  
28 serve it on the minor and notify the minor's parents and the minor's  
29 attorney at the request of the designated crisis responder.

30 (3) A petition for revocation of less restrictive alternative  
31 treatment shall be filed by the designated crisis responder or the  
32 director (~~(or))~~, secretary, or facility, as appropriate, with the  
33 court in the county (~~(ordering the less restrictive alternative~~  
34 ~~treatment))~~ where the minor is detained. The court shall conduct the  
35 hearing in that county. A petition for revocation of conditional  
36 release (~~(may be filed with the court in the county ordering~~  
37 ~~inpatient treatment or the county where the minor on conditional~~  
38 ~~release is residing))~~ must be filed in the county where the minor is  
39 detained. A petition shall describe the behavior of the minor  
40 indicating violation of the conditions or deterioration of routine

1 functioning and a dispositional recommendation. (~~Upon motion for~~  
2 ~~good cause, the hearing may be transferred to the county of the~~  
3 ~~minor's residence or to the county in which the alleged violations~~  
4 ~~occurred.~~) The hearing shall be held within seven days of the  
5 minor's return. The issues to be determined are whether the minor did  
6 or did not adhere to the conditions of the less restrictive  
7 alternative treatment or conditional release, or whether the minor's  
8 routine functioning has substantially deteriorated, and, if so,  
9 whether the conditions of less restrictive alternative treatment or  
10 conditional release should be modified or, subject to subsection (4)  
11 of this section, whether the minor should be returned to inpatient  
12 treatment. Pursuant to the determination of the court, the minor  
13 shall be returned to less restrictive alternative treatment or  
14 conditional release on the same or modified conditions or shall be  
15 returned to inpatient treatment. If the minor is returned to  
16 inpatient treatment, RCW 71.34.760 regarding the director's placement  
17 responsibility shall apply. The hearing may be waived by the minor  
18 and the minor returned to inpatient treatment or to less restrictive  
19 alternative treatment or conditional release on the same or modified  
20 conditions.

21 (4) A court may not order the return of a minor to inpatient  
22 treatment in a secure withdrawal management and stabilization  
23 facility or approved substance use disorder treatment program unless  
24 there is a secure withdrawal management and stabilization facility or  
25 approved substance use disorder treatment program available with  
26 adequate space for the minor.

27 **Sec. 98.** RCW 71.34.780 and 2019 c 446 s 42 are each amended to  
28 read as follows:

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

1 ~~transported to~~), a secure withdrawal management and stabilization  
2 facility, or an approved substance use disorder treatment program.

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

12 (b) If the minor is involuntarily detained for revocation at an  
13 evaluation and treatment facility, secure withdrawal management and  
14 stabilization facility, or approved substance use disorder treatment  
15 program in a different county from where the minor was initially  
16 detained, the facility or program may file the order of apprehension,  
17 serve it on the minor and notify the minor's parents and the minor's  
18 attorney at the request of the designated crisis responder.

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

1 court, the minor shall be returned to less restrictive alternative  
2 treatment or conditional release on the same or modified conditions  
3 or shall be returned to inpatient treatment. If the minor is returned  
4 to inpatient treatment, RCW 71.34.760 regarding the director's  
5 placement responsibility shall apply. The hearing may be waived by  
6 the minor and the minor returned to inpatient treatment or to less  
7 restrictive alternative treatment or conditional release on the same  
8 or modified conditions.

9 NEW SECTION. **Sec. 99.** A new section is added to chapter 71.34  
10 RCW to read as follows:

11 The legislature recognizes the inherent authority of the  
12 judiciary under Article IV, section 1 of the state Constitution to  
13 establish rules regarding access to court records, and respectfully  
14 requests the Washington state supreme court to adopt rules regarding  
15 potential access for the following entities to the files and records  
16 of court proceedings under this chapter and chapter 71.05 RCW:

- 17 (1) The department;
- 18 (2) The department of health;
- 19 (3) The authority;
- 20 (4) The state hospitals as defined in RCW 72.23.010;
- 21 (5) Any person who is the subject of a petition;
- 22 (6) The attorney or guardian of the person;
- 23 (7) Resource management services for that person; and
- 24 (8) Service providers authorized to receive such information by  
25 resource management services.

26 NEW SECTION. **Sec. 100.** A new section is added to chapter 71.34  
27 RCW to read as follows:

28 For purposes of this chapter, at any hearing the petitioner, the  
29 respondent, the witnesses, the interpreters, and the presiding  
30 judicial officer may be present and participate either in person or  
31 by video, as determined by the court. The term "video" as used in  
32 this section includes any functional equivalent. At any hearing  
33 conducted by video, the technology used must permit the judicial  
34 officer, counsel, all parties, and the witnesses to be able to see,  
35 hear, and speak, when authorized, during the hearing; to allow  
36 attorneys to use exhibits or other materials during the hearing; and  
37 to allow the respondent's counsel to be in the same location as the  
38 respondent unless otherwise requested by the respondent or the

1 respondent's counsel. Witnesses in a proceeding may also appear in  
2 court through other means, including telephonically, pursuant to the  
3 requirements of superior court civil rule 43. Notwithstanding the  
4 foregoing, the court, upon its own motion or upon a motion for good  
5 cause by any party, may require all parties and witnesses to  
6 participate in the hearing in person rather than by video. In ruling  
7 on any such motion, the court may allow in-person or video testimony;  
8 and the court may consider, among other things, whether the  
9 respondent's alleged behavioral health disorder affects the  
10 respondent's ability to perceive or participate in the proceeding by  
11 video.

12 NEW SECTION. **Sec. 101.** A new section is added to chapter 71.05  
13 RCW to read as follows:

14 For purposes of this chapter, at any hearing the petitioner, the  
15 respondent, the witnesses, the interpreters, and the presiding  
16 judicial officer may be present and participate either in person or  
17 by video, as determined by the court. The term "video" as used in  
18 this section includes any functional equivalent. At any hearing  
19 conducted by video, the technology used must permit the judicial  
20 officer, counsel, all parties, and the witnesses to be able to see,  
21 hear, and speak, when authorized, during the hearing; to allow  
22 attorneys to use exhibits or other materials during the hearing; and  
23 to allow the respondent's counsel to be in the same location as the  
24 respondent unless otherwise requested by the respondent or the  
25 respondent's counsel. Witnesses in a proceeding may also appear in  
26 court through other means, including telephonically, pursuant to the  
27 requirements of superior court civil rule 43. Notwithstanding the  
28 foregoing, the court, upon its own motion or upon a motion for good  
29 cause by any party, may require all parties and witnesses to  
30 participate in the hearing in person rather than by video. In ruling  
31 on any such motion, the court may allow in-person or video testimony;  
32 and the court may consider, among other things, whether the  
33 respondent's alleged behavioral health disorder affects the  
34 respondent's ability to perceive or participate in the proceeding by  
35 video.

36 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.34  
37 RCW to read as follows:

1 In addition to the responsibility provided for by RCW 43.20B.330,  
2 the parents of a minor person who is involuntarily detained pursuant  
3 to this chapter for the purpose of treatment and evaluation outside  
4 of a facility maintained and operated by the department shall be  
5 responsible for the cost of such care and treatment. In the event  
6 that an individual is unable to pay for such treatment or in the  
7 event payment would result in a substantial hardship upon the  
8 individual or his or her family, then the county of residence of such  
9 person shall be responsible for such costs. If it is not possible to  
10 determine the county of residence of the person, the cost shall be  
11 borne by the county where the person was originally detained. The  
12 department, or the authority, as appropriate, shall, pursuant to  
13 chapter 34.05 RCW, adopt standards as to (1) inability to pay in  
14 whole or in part, (2) a definition of substantial hardship, and (3)  
15 appropriate payment schedules. Financial responsibility with respect  
16 to services and facilities of the department shall continue to be as  
17 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

18 NEW SECTION. **Sec. 103.** A new section is added to chapter 71.05  
19 RCW to read as follows:

20 (1) An involuntary treatment act work group is established to  
21 evaluate the effect of changes to this chapter and chapter 71.34 RCW  
22 and to evaluate vulnerabilities in the crisis system.

23 (2) The work group shall:

24 (a) Commencing July 1, 2020, meet at least three times to: (i)  
25 Identify and evaluate systems and procedures that may be required to  
26 implement one hundred twenty hour initial detention; (ii) develop  
27 recommendations to implement one hundred twenty hour initial  
28 detention statewide; and (iii) disseminate the recommendations to  
29 stakeholders and report them to the governor and appropriate  
30 committees of the legislature by January 1, 2021.

31 (b) Commencing January 1, 2021, meet at least six times to  
32 evaluate: (i) The implementation of one hundred twenty hour initial  
33 detention, and the effects, if any, on involuntary behavioral health  
34 treatment capacity statewide, including the frequency of detentions,  
35 commitments, revocations of less restrictive alternative treatment,  
36 conditional release orders, single bed certifications, and no-bed  
37 reports under RCW 71.05.750; (ii) other issues related to  
38 implementation of this act; and (iii) other vulnerabilities in the  
39 involuntary treatment system.

1 (c) (i) Develop recommendations for operating the crisis system  
2 based on the evaluations in (b) of this subsection; and (ii)  
3 disseminate those recommendations to stakeholders and report them to  
4 the governor and the appropriate committees of the legislature no  
5 later than June 30, 2022.

6 (3) The work group shall be convened by the authority and shall  
7 receive technical and data gathering support from the authority, the  
8 department, and the department of social and health services as  
9 needed. The membership must consist of not more than eighteen members  
10 appointed by the governor, reflecting statewide representation,  
11 diverse viewpoints, and experience with involuntary treatment cases.  
12 Appointed members must include but not be limited to:

13 (a) Representatives of the authority, the department, and the  
14 department of social and health services;

15 (b) Certified short-term civil commitment providers and providers  
16 who accept single bed certification under RCW 71.05.745;

17 (c) Certified long-term inpatient care providers for involuntary  
18 patients or providers with experience providing community long-term  
19 inpatient care for involuntary patients;

20 (d) Prosecuting attorneys;

21 (e) Defense attorneys;

22 (f) Family members and persons with lived experience of  
23 behavioral health disorders;

24 (g) At least two behavioral health peers with lived experience of  
25 civil commitment;

26 (h) The Washington state office of the attorney general;

27 (i) Advocates for persons with behavioral health disorders;

28 (j) Designated crisis responders;

29 (k) Behavioral health administrative services organizations;

30 (l) Managed care organizations;

31 (m) Law enforcement; and

32 (n) Judicial officers in involuntary treatment cases.

33 (4) Interested legislators and legislative staff may participate  
34 in the work group. The governor must request participation in the  
35 work group by a representative of tribal governments.

36 (5) The work group shall choose cochairs from among its members  
37 and receive staff support from the authority.

38 (6) This section expires June 30, 2022.

1        NEW SECTION.    **Sec. 104.**    The following acts or parts of acts are  
2 each repealed:

3        (1) RCW 71.05.360 (Rights of involuntarily detained persons) and  
4 2019 c 446 s 13 and 2017 3rd sp.s. c 14 s 20; and

5        (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)  
6 and 1989 c 120 s 9.

7        NEW SECTION.    **Sec. 105.**    RCW 71.05.525 is recodified as a section  
8 in chapter 71.34 RCW.

9        NEW SECTION.    **Sec. 106.**    Sections 12, 15, 25, 31, 33, 35, 38, 54,  
10 75, 82, 85, 88, and 91 of this act expire January 1, 2021.

11       NEW SECTION.    **Sec. 107.**    Sections 13, 16, 19 through 23, 26, 32,  
12 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92 of this act take effect  
13 January 1, 2021.

14       NEW SECTION.    **Sec. 108.**    Sections 13, 16, 26, 39, 45, 55, 78, 83,  
15 86, 92, 94, and 97 of this act expire July 1, 2026.

16       NEW SECTION.    **Sec. 109.**    Sections 14, 17, 27, 40, 46, 56, 79, 84,  
17 87, 93, 95, and 98 of this act take effect July 1, 2026.

18       NEW SECTION.    **Sec. 110.**    (1) Sections 4 and 28 of this act take  
19 effect when monthly single-bed certifications authorized under RCW  
20 71.05.745 fall below 200 reports for 3 consecutive months.

21       (2) The health care authority must provide written notice of the  
22 effective date of sections 4 and 28 of this act to affected parties,  
23 the chief clerk of the house of representatives, the secretary of the  
24 senate, the office of the code reviser, and others as deemed  
25 appropriate by the authority.

26       NEW SECTION.    **Sec. 111.**    (1) Sections 64 and 81 of this act take  
27 effect when the average wait time for children's long-term inpatient  
28 placement admission is 30 days or less for two consecutive quarters.

29       (2) The health care authority must provide written notice of the  
30 effective date of sections 64 and 81 of this act to affected parties,  
31 the chief clerk of the house of representatives, the secretary of the  
32 senate, the office of the code reviser, and others as deemed  
33 appropriate by the authority.



1       **Sec. 112.** RCW 70.02.010 and 2019 c 325 s 5019 are each amended  
2 to read as follows:

3       CONFORMING AMENDMENTS. The definitions in this section apply  
4 throughout this chapter unless the context clearly requires  
5 otherwise.

6       (1) "Admission" has the same meaning as in RCW 71.05.020.

7       (2) "Audit" means an assessment, evaluation, determination, or  
8 investigation of a health care provider by a person not employed by  
9 or affiliated with the provider to determine compliance with:

10       (a) Statutory, regulatory, fiscal, medical, or scientific  
11 standards;

12       (b) A private or public program of payments to a health care  
13 provider; or

14       (c) Requirements for licensing, accreditation, or certification.

15       (3) "Authority" means the Washington state health care authority.

16       (4) "Commitment" has the same meaning as in RCW 71.05.020.

17       (5) "Custody" has the same meaning as in RCW 71.05.020.

18       (6) "Deidentified" means health information that does not  
19 identify an individual and with respect to which there is no  
20 reasonable basis to believe that the information can be used to  
21 identify an individual.

22       (7) "Department" means the department of social and health  
23 services.

24       (8) "Designated crisis responder" has the same meaning as in RCW  
25 71.05.020 or 71.34.020, as applicable.

26       (9) "Detention" or "detain" has the same meaning as in RCW  
27 71.05.020.

28       (10) "Directory information" means information disclosing the  
29 presence, and for the purpose of identification, the name, location  
30 within a health care facility, and the general health condition of a  
31 particular patient who is a patient in a health care facility or who  
32 is currently receiving emergency health care in a health care  
33 facility.

34       (11) "Discharge" has the same meaning as in RCW 71.05.020.

35       (12) "Evaluation and treatment facility" has the same meaning as  
36 in RCW 71.05.020 or 71.34.020, as applicable.

37       (13) "Federal, state, or local law enforcement authorities" means  
38 an officer of any agency or authority in the United States, a state,  
39 a tribe, a territory, or a political subdivision of a state, a tribe,  
40 or a territory who is empowered by law to: (a) Investigate or conduct

1 an official inquiry into a potential criminal violation of law; or  
2 (b) prosecute or otherwise conduct a criminal proceeding arising from  
3 an alleged violation of law.

4 (14) "General health condition" means the patient's health status  
5 described in terms of "critical," "poor," "fair," "good,"  
6 "excellent," or terms denoting similar conditions.

7 (15) "Health care" means any care, service, or procedure provided  
8 by a health care provider:

9 (a) To diagnose, treat, or maintain a patient's physical or  
10 mental condition; or

11 (b) That affects the structure or any function of the human body.

12 (16) "Health care facility" means a hospital, clinic, nursing  
13 home, laboratory, office, or similar place where a health care  
14 provider provides health care to patients.

15 (17) "Health care information" means any information, whether  
16 oral or recorded in any form or medium, that identifies or can  
17 readily be associated with the identity of a patient and directly  
18 relates to the patient's health care, including a patient's  
19 deoxyribonucleic acid and identified sequence of chemical base pairs.  
20 The term includes any required accounting of disclosures of health  
21 care information.

22 (18) "Health care operations" means any of the following  
23 activities of a health care provider, health care facility, or third-  
24 party payor to the extent that the activities are related to  
25 functions that make an entity a health care provider, a health care  
26 facility, or a third-party payor:

27 (a) Conducting: Quality assessment and improvement activities,  
28 including outcomes evaluation and development of clinical guidelines,  
29 if the obtaining of generalizable knowledge is not the primary  
30 purpose of any studies resulting from such activities; population-  
31 based activities relating to improving health or reducing health care  
32 costs, protocol development, case management and care coordination,  
33 contacting of health care providers and patients with information  
34 about treatment alternatives; and related functions that do not  
35 include treatment;

36 (b) Reviewing the competence or qualifications of health care  
37 professionals, evaluating practitioner and provider performance and  
38 third-party payor performance, conducting training programs in which  
39 students, trainees, or practitioners in areas of health care learn  
40 under supervision to practice or improve their skills as health care

1 providers, training of nonhealth care professionals, accreditation,  
2 certification, licensing, or credentialing activities;

3 (c) Underwriting, premium rating, and other activities relating  
4 to the creation, renewal, or replacement of a contract of health  
5 insurance or health benefits, and ceding, securing, or placing a  
6 contract for reinsurance of risk relating to claims for health care,  
7 including stop-loss insurance and excess of loss insurance, if any  
8 applicable legal requirements are met;

9 (d) Conducting or arranging for medical review, legal services,  
10 and auditing functions, including fraud and abuse detection and  
11 compliance programs;

12 (e) Business planning and development, such as conducting cost-  
13 management and planning-related analyses related to managing and  
14 operating the health care facility or third-party payor, including  
15 formulary development and administration, development, or improvement  
16 of methods of payment or coverage policies; and

17 (f) Business management and general administrative activities of  
18 the health care facility, health care provider, or third-party payor  
19 including, but not limited to:

20 (i) Management activities relating to implementation of and  
21 compliance with the requirements of this chapter;

22 (ii) Customer service, including the provision of data analyses  
23 for policy holders, plan sponsors, or other customers, provided that  
24 health care information is not disclosed to such policy holder, plan  
25 sponsor, or customer;

26 (iii) Resolution of internal grievances;

27 (iv) The sale, transfer, merger, or consolidation of all or part  
28 of a health care provider, health care facility, or third-party payor  
29 with another health care provider, health care facility, or third-  
30 party payor or an entity that following such activity will become a  
31 health care provider, health care facility, or third-party payor, and  
32 due diligence related to such activity; and

33 (v) Consistent with applicable legal requirements, creating  
34 deidentified health care information or a limited dataset for the  
35 benefit of the health care provider, health care facility, or third-  
36 party payor.

37 (19) "Health care provider" means a person who is licensed,  
38 certified, registered, or otherwise authorized by the law of this  
39 state to provide health care in the ordinary course of business or  
40 practice of a profession.

1 (20) "Human immunodeficiency virus" or "HIV" has the same meaning  
2 as in RCW 70.24.017.

3 (21) "Imminent" has the same meaning as in RCW 71.05.020.

4 (22) "Information and records related to mental health services"  
5 means a type of health care information that relates to all  
6 information and records compiled, obtained, or maintained in the  
7 course of providing services by a mental health service agency or  
8 mental health professional to persons who are receiving or have  
9 received services for mental illness. The term includes mental health  
10 information contained in a medical bill, registration records, as  
11 defined in RCW 70.97.010, and all other records regarding the person  
12 maintained by the department, by the authority, by behavioral health  
13 administrative services organizations and their staff, managed care  
14 organizations contracted with the authority under chapter 74.09 RCW  
15 and their staff, and by treatment facilities. The term further  
16 includes documents of legal proceedings under chapter 71.05, 71.34,  
17 or 10.77 RCW, or somatic health care information. For health care  
18 information maintained by a hospital as defined in RCW 70.41.020 or a  
19 health care facility or health care provider that participates with a  
20 hospital in an organized health care arrangement defined under  
21 federal law, "information and records related to mental health  
22 services" is limited to information and records of services provided  
23 by a mental health professional or information and records of  
24 services created by a hospital-operated community behavioral health  
25 program as defined in RCW 71.24.025. The term does not include  
26 psychotherapy notes.

27 (23) "Information and records related to sexually transmitted  
28 diseases" means a type of health care information that relates to the  
29 identity of any person upon whom an HIV antibody test or other  
30 sexually transmitted infection test is performed, the results of such  
31 tests, and any information relating to diagnosis of or treatment for  
32 any confirmed sexually transmitted infections.

33 (24) "Institutional review board" means any board, committee, or  
34 other group formally designated by an institution, or authorized  
35 under federal or state law, to review, approve the initiation of, or  
36 conduct periodic review of research programs to assure the protection  
37 of the rights and welfare of human research subjects.

38 (25) "Legal counsel" has the same meaning as in RCW 71.05.020.

39 (26) "Local public health officer" has the same meaning as in RCW  
40 70.24.017.

1 (27) "Maintain," as related to health care information, means to  
2 hold, possess, preserve, retain, store, or control that information.

3 (28) "Mental health professional" means a psychiatrist,  
4 psychologist, psychiatric advanced registered nurse practitioner,  
5 psychiatric nurse, or social worker, and such other mental health  
6 professionals as may be defined by rules adopted by the secretary of  
7 health under chapter 71.05 RCW, whether that person works in a  
8 private or public setting.

9 (29) "Mental health service agency" means a public or private  
10 agency that provides services to persons with mental disorders as  
11 defined under RCW 71.05.020 or 71.34.020 and receives funding from  
12 public sources. This includes evaluation and treatment facilities as  
13 defined in RCW 71.34.020, community mental health service delivery  
14 systems, or community behavioral health programs, as defined in RCW  
15 71.24.025, and facilities conducting competency evaluations and  
16 restoration under chapter 10.77 RCW.

17 (30) "Minor" has the same meaning as in RCW 71.34.020.

18 (31) "Parent" has the same meaning as in RCW 71.34.020.

19 (32) "Patient" means an individual who receives or has received  
20 health care. The term includes a deceased individual who has received  
21 health care.

22 (33) "Payment" means:

23 (a) The activities undertaken by:

24 (i) A third-party payor to obtain premiums or to determine or  
25 fulfill its responsibility for coverage and provision of benefits by  
26 the third-party payor; or

27 (ii) A health care provider, health care facility, or third-party  
28 payor, to obtain or provide reimbursement for the provision of health  
29 care; and

30 (b) The activities in (a) of this subsection that relate to the  
31 patient to whom health care is provided and that include, but are not  
32 limited to:

33 (i) Determinations of eligibility or coverage, including  
34 coordination of benefits or the determination of cost-sharing  
35 amounts, and adjudication or subrogation of health benefit claims;

36 (ii) Risk adjusting amounts due based on enrollee health status  
37 and demographic characteristics;

38 (iii) Billing, claims management, collection activities,  
39 obtaining payment under a contract for reinsurance, including stop-

1 loss insurance and excess of loss insurance, and related health care  
2 data processing;

3 (iv) Review of health care services with respect to medical  
4 necessity, coverage under a health plan, appropriateness of care, or  
5 justification of charges;

6 (v) Utilization review activities, including precertification and  
7 preauthorization of services, and concurrent and retrospective review  
8 of services; and

9 (vi) Disclosure to consumer reporting agencies of any of the  
10 following health care information relating to collection of premiums  
11 or reimbursement:

12 (A) Name and address;

13 (B) Date of birth;

14 (C) Social security number;

15 (D) Payment history;

16 (E) Account number; and

17 (F) Name and address of the health care provider, health care  
18 facility, and/or third-party payor.

19 (34) "Person" means an individual, corporation, business trust,  
20 estate, trust, partnership, association, joint venture, government,  
21 governmental subdivision or agency, or any other legal or commercial  
22 entity.

23 (35) "Professional person" has the same meaning as in RCW  
24 71.05.020.

25 (36) "Psychiatric advanced registered nurse practitioner" has the  
26 same meaning as in RCW 71.05.020.

27 (37) "Psychotherapy notes" means notes recorded, in any medium,  
28 by a mental health professional documenting or analyzing the contents  
29 of conversations during a private counseling session or group, joint,  
30 or family counseling session, and that are separated from the rest of  
31 the individual's medical record. The term excludes mediation  
32 prescription and monitoring, counseling session start and stop times,  
33 the modalities and frequencies of treatment furnished, results of  
34 clinical tests, and any summary of the following items: Diagnosis,  
35 functional status, the treatment plan, symptoms, prognosis, and  
36 progress to date.

37 (38) "Reasonable fee" means the charges for duplicating or  
38 searching the record, but shall not exceed sixty-five cents per page  
39 for the first thirty pages and fifty cents per page for all other  
40 pages. In addition, a clerical fee for searching and handling may be

1 charged not to exceed fifteen dollars. These amounts shall be  
2 adjusted biennially in accordance with changes in the consumer price  
3 index, all consumers, for Seattle-Tacoma metropolitan statistical  
4 area as determined by the secretary of health. However, where editing  
5 of records by a health care provider is required by statute and is  
6 done by the provider personally, the fee may be the usual and  
7 customary charge for a basic office visit.

8 (39) "Release" has the same meaning as in RCW 71.05.020.

9 (40) "Resource management services" has the same meaning as in  
10 RCW 71.05.020.

11 (41) "Serious violent offense" has the same meaning as in RCW  
12 (~~71.05.020~~) 9.94A.030.

13 (42) "Sexually transmitted infection" or "sexually transmitted  
14 disease" has the same meaning as "sexually transmitted disease" in  
15 RCW 70.24.017.

16 (43) "Test for a sexually transmitted disease" has the same  
17 meaning as in RCW 70.24.017.

18 (44) "Third-party payor" means an insurer regulated under Title  
19 48 RCW authorized to transact business in this state or other  
20 jurisdiction, including a health care service contractor, and health  
21 maintenance organization; or an employee welfare benefit plan,  
22 excluding fitness or wellness plans; or a state or federal health  
23 benefit program.

24 (45) "Treatment" means the provision, coordination, or management  
25 of health care and related services by one or more health care  
26 providers or health care facilities, including the coordination or  
27 management of health care by a health care provider or health care  
28 facility with a third party; consultation between health care  
29 providers or health care facilities relating to a patient; or the  
30 referral of a patient for health care from one health care provider  
31 or health care facility to another.

32 (46) "Managed care organization" has the same meaning as provided  
33 in RCW 71.24.025.

34 **Sec. 113.** RCW 5.60.060 and 2019 c 98 s 1 are each amended to  
35 read as follows:

36 CONFORMING AMENDMENTS. (1) A spouse or domestic partner shall not  
37 be examined for or against his or her spouse or domestic partner,  
38 without the consent of the spouse or domestic partner; nor can either  
39 during marriage or during the domestic partnership or afterward, be

1 without the consent of the other, examined as to any communication  
2 made by one to the other during the marriage or the domestic  
3 partnership. But this exception shall not apply to a civil action or  
4 proceeding by one against the other, nor to a criminal action or  
5 proceeding for a crime committed by one against the other, nor to a  
6 criminal action or proceeding against a spouse or domestic partner if  
7 the marriage or the domestic partnership occurred subsequent to the  
8 filing of formal charges against the defendant, nor to a criminal  
9 action or proceeding for a crime committed by said spouse or domestic  
10 partner against any child of whom said spouse or domestic partner is  
11 the parent or guardian, nor to a proceeding under chapter 71.05 or  
12 71.09 RCW: PROVIDED, That the spouse or the domestic partner of a  
13 person sought to be detained under chapter 71.05 or 71.09 RCW may not  
14 be compelled to testify and shall be so informed by the court prior  
15 to being called as a witness.

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

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

25 (3) A member of the clergy, a Christian Science practitioner  
26 listed in the Christian Science Journal, or a priest shall not,  
27 without the consent of a person making the confession or sacred  
28 confidence, be examined as to any confession or sacred confidence  
29 made to him or her in his or her professional character, in the  
30 course of discipline enjoined by the church to which he or she  
31 belongs.

32 (4) Subject to the limitations under RCW (~~(71.05.360 (8) and~~  
33 ~~(9))~~) 71.05.217 (6) and (7), a physician or surgeon or osteopathic  
34 physician or surgeon or podiatric physician or surgeon shall not,  
35 without the consent of his or her patient, be examined in a civil  
36 action as to any information acquired in attending such patient,  
37 which was necessary to enable him or her to prescribe or act for the  
38 patient, except as follows:

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



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

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

10 (6) (a) A peer support group counselor shall not, without consent  
11 of the first responder or jail staff person making the communication,  
12 be compelled to testify about any communication made to the counselor  
13 by the first responder or jail staff person while receiving  
14 counseling. The counselor must be designated as such by the agency  
15 employing the first responder or jail staff person prior to the  
16 incident that results in counseling. The privilege only applies when  
17 the communication was made to the counselor while acting in his or  
18 her capacity as a peer support group counselor. The privilege does  
19 not apply if the counselor was an initial responding first responder  
20 or jail staff person, a witness, or a party to the incident which  
21 prompted the delivery of peer support group counseling services to  
22 the first responder or jail staff person.

23 (b) For purposes of this section:

24 (i) "First responder" means:

25 (A) A law enforcement officer;

26 (B) A limited authority law enforcement officer;

27 (C) A firefighter;

28 (D) An emergency services dispatcher or recordkeeper;

29 (E) Emergency medical personnel, as licensed or certified by this  
30 state; or

31 (F) A member or former member of the Washington national guard  
32 acting in an emergency response capacity pursuant to chapter 38.52  
33 RCW.

34 (ii) "Law enforcement officer" means a general authority  
35 Washington peace officer as defined in RCW 10.93.020;

36 (iii) "Limited authority law enforcement officer" means a limited  
37 authority Washington peace officer as defined in RCW 10.93.020 who is  
38 employed by the department of corrections, state parks and recreation  
39 commission, department of natural resources, liquor and cannabis  
40 board, or Washington state gambling commission; and

1 (iv) "Peer support group counselor" means:

2 (A) A first responder or jail staff person or a civilian employee  
3 of a first responder entity or agency, local jail, or state agency  
4 who has received training to provide emotional and moral support and  
5 counseling to a first responder or jail staff person who needs those  
6 services as a result of an incident in which the first responder or  
7 jail staff person was involved while acting in his or her official  
8 capacity; or

9 (B) A nonemployee counselor who has been designated by the first  
10 responder entity or agency, local jail, or state agency to provide  
11 emotional and moral support and counseling to a first responder or  
12 jail staff person who needs those services as a result of an incident  
13 in which the first responder or jail staff person was involved while  
14 acting in his or her official capacity.

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

18 (a) For purposes of this section, "sexual assault advocate" means  
19 the employee or volunteer from a community sexual assault program or  
20 underserved populations provider, victim assistance unit, program, or  
21 association, that provides information, medical or legal advocacy,  
22 counseling, or support to victims of sexual assault, who is  
23 designated by the victim to accompany the victim to the hospital or  
24 other health care facility and to proceedings concerning the alleged  
25 assault, including police and prosecution interviews and court  
26 proceedings.

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

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

1 (a) For purposes of this section, "domestic violence advocate"  
2 means an employee or supervised volunteer from a community-based  
3 domestic violence program or human services program that provides  
4 information, advocacy, counseling, crisis intervention, emergency  
5 shelter, or support to victims of domestic violence and who is not  
6 employed by, or under the direct supervision of, a law enforcement  
7 agency, a prosecutor's office, or the child protective services  
8 section of the department of (~~social and health services~~) children,  
9 youth, and families as defined in RCW 26.44.020.

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

24 (9) A mental health counselor, independent clinical social  
25 worker, or marriage and family therapist licensed under chapter  
26 18.225 RCW may not disclose, or be compelled to testify about, any  
27 information acquired from persons consulting the individual in a  
28 professional capacity when the information was necessary to enable  
29 the individual to render professional services to those persons  
30 except:

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

33 (b) If the person waives the privilege by bringing charges  
34 against the mental health counselor licensed under chapter 18.225  
35 RCW;

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

39 (d) As required under chapter 26.44 or 74.34 RCW or RCW  
40 (~~(71.05.360 (8) and (9))~~) 71.05.217 (6) or (7); or

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

7 (10) An individual who acts as a sponsor providing guidance,  
8 emotional support, and counseling in an individualized manner to a  
9 person participating in an alcohol or drug addiction recovery  
10 fellowship may not testify in any civil action or proceeding about  
11 any communication made by the person participating in the addiction  
12 recovery fellowship to the individual who acts as a sponsor except  
13 with the written authorization of that person or, in the case of  
14 death or disability, the person's personal representative.

15 **Sec. 114.** RCW 71.12.570 and 2012 c 117 s 440 are each amended to  
16 read as follows:

17 CONFORMING AMENDMENTS. No person in an establishment as defined  
18 in this chapter shall be restrained from sending written  
19 communications of the fact of his or her detention in such  
20 establishment to a friend, relative, or other person. The physician  
21 in charge of such person and the person in charge of such  
22 establishment shall send each such communication to the person to  
23 whom it is addressed. All persons in an establishment shall have no  
24 less than all rights secured to involuntarily detained persons by RCW  
25 (~~71.05.360~~ and) 71.05.217 and to voluntarily admitted or committed  
26 persons pursuant to RCW 71.05.050 and 71.05.380.

27 **Sec. 115.** RCW 18.225.105 and 2005 c 504 s 707 are each amended  
28 to read as follows:

29 CONFORMING AMENDMENTS. A person licensed under this chapter shall  
30 not disclose the written acknowledgment of the disclosure statement  
31 pursuant to RCW 18.225.100, nor any information acquired from persons  
32 consulting the individual in a professional capacity when the  
33 information was necessary to enable the individual to render  
34 professional services to those persons except:

35 (1) With the written authorization of that person or, in the case  
36 of death or disability, the person's personal representative;

37 (2) If the person waives the privilege by bringing charges  
38 against the person licensed under this chapter;

1 (3) In response to a subpoena from the secretary. The secretary  
2 may subpoena only records related to a complaint or report under RCW  
3 18.130.050;

4 (4) As required under chapter 26.44 or 74.34 RCW or RCW  
5 (~~71.05.360 (8) and (9)~~) 71.05.217 (6) and (7); or

6 (5) To any individual if the person licensed under this chapter  
7 reasonably believes that disclosure will avoid or minimize an  
8 imminent danger to the health or safety of the individual or any  
9 other individual; however, there is no obligation on the part of the  
10 provider to so disclose.

11 **Sec. 116.** RCW 18.83.110 and 2016 sp.s. c 29 s 414 are each  
12 amended to read as follows:

13 CONFORMING AMENDMENTS. Confidential communications between a  
14 client and a psychologist shall be privileged against compulsory  
15 disclosure to the same extent and subject to the same conditions as  
16 confidential communications between attorney and client, but this  
17 exception is subject to the limitations under RCW (~~71.05.360 (8) and~~  
18 ~~(9)~~) 71.05.217 (6) and (7)."

19 Correct the title.

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