

2SHB 1907 - S COMM AMD

By Subcommittee on Behavioral Health

ADOPTED AS AMENDED 04/17/2019

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

3 "NEW SECTION. **Sec. 1.** Within existing resources, the health
4 care authority shall develop an addendum to the designated crisis
5 responder statewide protocols adopted pursuant to RCW 71.05.214 in
6 consultation with representatives of designated crisis responders,
7 the department of social and health services, local government, law
8 enforcement, county and city prosecutors, public defenders, and
9 groups concerned with mental illness and substance use disorders. The
10 addendum must update the current protocols to address the
11 implementation of the integration of mental health and substance use
12 disorder treatment systems, to include general processes for
13 referrals and investigations of individuals with substance use
14 disorders and the applicability of commitment criteria to individuals
15 with substance use disorders. The authority shall adopt and submit
16 the addendum to the governor and the legislature by December 1, 2019.

17 **Sec. 2.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and
18 2018 c 201 s 3001 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

13 (7) "Chemical dependency" means:

14 (a) Alcoholism;

15 (b) Drug addiction; or

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

18 (8) "Chemical dependency professional" means a person certified
19 as a chemical dependency professional by the department under chapter
20 18.205 RCW;

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

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

26 (11) "Crisis stabilization unit" means a short-term facility or a
27 portion of a facility licensed or certified by the department under
28 RCW 71.24.035, such as an evaluation and treatment facility or a
29 hospital, which has been designed to assess, diagnose, and treat
30 individuals experiencing an acute crisis without the use of long-term
31 hospitalization;

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

36 (13) "Department" means the department of health;

37 (14) "Designated crisis responder" means a mental health
38 professional appointed by the county, an entity appointed by the
39 county, or the behavioral health organization to perform the duties
40 specified in this chapter;

1 (15) "Detention" or "detain" means the lawful confinement of a
2 person, under the provisions of this chapter;

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

11 (17) "Developmental disability" means that condition defined in
12 RCW 71A.10.020(5);

13 (18) "Director" means the director of the authority;

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

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

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

36 (22) "Gravely disabled" means a condition in which a person, as a
37 result of a mental disorder, or as a result of the use of alcohol or
38 other psychoactive chemicals: (a) Is in danger of serious physical
39 harm resulting from a failure to provide for his or her essential
40 human needs of health or safety; or (b) manifests severe

1 deterioration in routine functioning evidenced by repeated and
2 escalating loss of cognitive or volitional control over his or her
3 actions and is not receiving such care as is essential for his or her
4 health or safety;

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

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

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

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

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

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

9 (b) The conditions and strategies necessary to achieve the
10 purposes of habilitation;

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

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

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

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

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

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

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

32 (30) "In need of assisted outpatient behavioral health treatment"
33 means that a person, as a result of a mental disorder or substance
34 use disorder: (a) Has been committed by a court to detention for
35 involuntary behavioral health treatment during the preceding thirty-
36 six months; (b) is unlikely to voluntarily participate in outpatient
37 treatment without an order for less restrictive alternative
38 treatment, based on a history of nonadherence with treatment or in
39 view of the person's current behavior; (c) is likely to benefit from
40 less restrictive alternative treatment; and (d) requires less

1 restrictive alternative treatment to prevent a relapse,
2 decompensation, or deterioration that is likely to result in the
3 person presenting a likelihood of serious harm or the person becoming
4 gravely disabled within a reasonably short period of time;

5 (31) "Judicial commitment" means a commitment by a court pursuant
6 to the provisions of this chapter;

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

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

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

17 (35) "Likelihood of serious harm" means:

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

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

29 (36) "Medical clearance" means a physician or other health care
30 provider has determined that a person is medically stable and ready
31 for referral to the designated crisis responder;

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

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

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

14 (40) "Peace officer" means a law enforcement official of a public
15 agency or governmental unit, and includes persons specifically given
16 peace officer powers by any state law, local ordinance, or judicial
17 order of appointment;

18 (41) "Physician assistant" means a person licensed as a physician
19 assistant under chapter 18.57A or 18.71A RCW;

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

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

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

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

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

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

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

15 (48) "Release" means legal termination of the commitment under
16 the provisions of this chapter;

17 (49) "Resource management services" has the meaning given in
18 chapter 71.24 RCW;

19 (50) "Secretary" means the secretary of the department of health,
20 or his or her designee;

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

29 (a) (~~(Provides for intoxicated persons)~~) Provide the following
30 services:

31 (i) (~~(Evaluation and)~~) Assessment and treatment, provided by
32 certified chemical dependency professionals;

33 (ii) Clinical stabilization services;

34 (iii) Acute or subacute detoxification services for intoxicated
35 individuals; and

36 (~~(iii)~~) (iv) Discharge assistance provided by certified
37 chemical dependency professionals, including facilitating transitions
38 to appropriate voluntary or involuntary inpatient services or to less
39 restrictive alternatives as appropriate for the individual;

1 (b) Include(~~s~~) security measures sufficient to protect the
2 patients, staff, and community; and

3 (c) (~~is~~) Be licensed or certified as such by the department of
4 health;

5 (52) "Serious violent offense" has the same meaning as provided
6 in RCW 9.94A.030;

7 (53) "Social worker" means a person with a master's or further
8 advanced degree from a social work educational program accredited and
9 approved as provided in RCW 18.320.010;

10 (54) "Substance use disorder" means a cluster of cognitive,
11 behavioral, and physiological symptoms indicating that an individual
12 continues using the substance despite significant substance-related
13 problems. The diagnosis of a substance use disorder is based on a
14 pathological pattern of behaviors related to the use of the
15 substances;

16 (55) "Therapeutic court personnel" means the staff of a mental
17 health court or other therapeutic court which has jurisdiction over
18 defendants who are dually diagnosed with mental disorders, including
19 court personnel, probation officers, a court monitor, prosecuting
20 attorney, or defense counsel acting within the scope of therapeutic
21 court duties;

22 (56) "Treatment records" include registration and all other
23 records concerning persons who are receiving or who at any time have
24 received services for mental illness, which are maintained by the
25 department of social and health services, the department, the
26 authority, behavioral health organizations and their staffs, and by
27 treatment facilities. Treatment records include mental health
28 information contained in a medical bill including but not limited to
29 mental health drugs, a mental health diagnosis, provider name, and
30 dates of service stemming from a medical service. Treatment records
31 do not include notes or records maintained for personal use by a
32 person providing treatment services for the department of social and
33 health services, the department, the authority, behavioral health
34 organizations, or a treatment facility if the notes or records are
35 not available to others;

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

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

3 (58) "Violent act" means behavior that resulted in homicide,
4 attempted suicide, nonfatal injuries, or substantial damage to
5 property.

6 **Sec. 3.** RCW 71.05.050 and 2016 sp.s. c 29 s 207 are each amended
7 to read as follows:

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

23 (2) If the professional staff of any public or private agency or
24 hospital regards a person voluntarily admitted who requests discharge
25 as presenting, as a result of a mental disorder or substance use
26 disorder, an imminent likelihood of serious harm, or is gravely
27 disabled, they may detain such person for sufficient time to notify
28 the designated crisis responder of such person's condition to enable
29 the designated crisis responder to authorize such person being
30 further held in custody or transported to an evaluation and treatment
31 center, secure ~~((detoxification))~~ withdrawal management and
32 stabilization facility, or approved substance use disorder treatment
33 program pursuant to the provisions of this chapter, which shall in
34 ordinary circumstances be no later than the next judicial day.

35 (3) If a person is brought to the emergency room of a public or
36 private agency or hospital for observation or treatment, the person
37 refuses voluntary admission, and the professional staff of the public
38 or private agency or hospital regard such person as presenting as a
39 result of a mental disorder or substance use disorder an imminent

1 likelihood of serious harm, or as presenting an imminent danger
2 because of grave disability, they may detain such person for
3 sufficient time to notify the designated crisis responder of such
4 person's condition to enable the designated crisis responder to
5 authorize such person being further held in custody or transported to
6 an evaluation treatment center, secure ((~~detoxification~~)) withdrawal
7 management and stabilization facility, or approved substance use
8 disorder treatment program pursuant to the conditions in this
9 chapter, but which time shall be no more than six hours from the time
10 the professional staff notify the designated crisis responder of the
11 need for evaluation, not counting time periods prior to medical
12 clearance.

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

18 **Sec. 4.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to
19 read as follows:

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

38 (2) (a) An order to detain a person with a mental disorder to a
39 designated evaluation and treatment facility, or to detain a person

1 with a substance use disorder to a secure (~~detoxification~~)
2 withdrawal management and stabilization facility or approved
3 substance use disorder treatment program, for not more than a
4 seventy-two-hour evaluation and treatment period may be issued by a
5 judge of the superior court upon request of a designated crisis
6 responder, subject to (d) of this subsection, whenever it appears to
7 the satisfaction of a judge of the 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 (~~detoxification~~) withdrawal management and stabilization facility
21 or approved substance use disorder treatment program unless there is
22 an available secure (~~detoxification~~) withdrawal management and
23 stabilization facility or approved substance use disorder treatment
24 program that has adequate space for the person.

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

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

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

18 **Sec. 5.** RCW 71.05.150 and 2018 c 291 s 5 are each amended to
19 read as follows:

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

38 (2) (a) An order to detain a person with a mental disorder to a
39 designated evaluation and treatment facility, or to detain a person

1 with a substance use disorder to a secure ((detoxification))
2 withdrawal management and stabilization facility or approved
3 substance use disorder treatment program, for not more than a
4 seventy-two-hour evaluation and treatment period may be issued by a
5 judge of the superior court upon request of a designated crisis
6 responder 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 (3) The designated crisis responder shall then serve or cause to
20 be served on such person, his or her guardian, and conservator, if
21 any, a copy of the order together with a notice of rights, and a
22 petition for initial detention. After service on such person the
23 designated crisis responder shall file the return of service in court
24 and provide copies of all papers in the court file to the evaluation
25 and treatment facility, secure ((detoxification)) withdrawal
26 management and stabilization facility, or approved substance use
27 disorder treatment program, and the designated attorney. The
28 designated crisis responder shall notify the court and the
29 prosecuting attorney that a probable cause hearing will be held
30 within seventy-two hours of the date and time of outpatient
31 evaluation or admission to the evaluation and treatment facility,
32 secure ((detoxification)) withdrawal management and stabilization
33 facility, or approved substance use disorder treatment program. The
34 person shall be permitted to be accompanied by one or more of his or
35 her relatives, friends, an attorney, a personal physician, or other
36 professional or religious advisor to the place of evaluation. An
37 attorney accompanying the person to the place of evaluation shall be
38 permitted to be present during the admission evaluation. Any other
39 individual accompanying the person may be present during the
40 admission evaluation. The facility may exclude the individual if his

1 or her presence would present a safety risk, delay the proceedings,
2 or otherwise interfere with the evaluation.

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

12 **Sec. 6.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each amended
13 to read as follows:

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

24 (2) When a designated crisis responder receives information
25 alleging that a person, as the result of substance use disorder,
26 presents an imminent likelihood of serious harm, or is in imminent
27 danger because of being gravely disabled, after investigation and
28 evaluation of the specific facts alleged and of the reliability and
29 credibility of the person or persons providing the information if
30 any, the designated crisis responder may take the person, or cause by
31 oral or written order the person to be taken, into emergency custody
32 in a secure (~~(detoxification)~~) withdrawal management and
33 stabilization facility or approved substance use disorder treatment
34 program for not more than seventy-two hours as described in RCW
35 71.05.180, if a secure (~~(detoxification)~~) withdrawal management and
36 stabilization facility or approved substance use disorder treatment
37 program is available and has adequate space for the person.

38 (3) (a) Subject to (b) of this subsection, a peace officer may
39 take or cause such person to be taken into custody and immediately

1 delivered to a triage facility, crisis stabilization unit, evaluation
2 and treatment facility, secure ((~~detoxification~~)) withdrawal
3 management and stabilization facility, approved substance use
4 disorder treatment program, or the emergency department of a local
5 hospital under the following circumstances:

6 (i) Pursuant to subsection (1) or (2) of this section; or

7 (ii) When he or she has reasonable cause to believe that such
8 person is suffering from a mental disorder or substance use disorder
9 and presents an imminent likelihood of serious harm or is in imminent
10 danger because of being gravely disabled.

11 (b) A peace officer's delivery of a person, based on a substance
12 use disorder, to a secure ((~~detoxification~~)) withdrawal management
13 and stabilization facility or approved substance use disorder
14 treatment program is subject to the availability of a secure
15 ((~~detoxification~~)) withdrawal management and stabilization facility
16 or approved substance use disorder treatment program with adequate
17 space for the person.

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

26 (5) Within three hours after arrival, not counting time periods
27 prior to medical clearance, the person must be examined by a mental
28 health professional. Within twelve hours of notice of the need for
29 evaluation, not counting time periods prior to medical clearance, the
30 designated crisis responder must determine whether the individual
31 meets detention criteria. If the individual is detained, the
32 designated crisis responder shall file a petition for detention or a
33 supplemental petition as appropriate and commence service on the
34 designated attorney for the detained person. If the individual is
35 released to the community, the mental health service provider shall
36 inform the peace officer of the release within a reasonable period of
37 time after the release if the peace officer has specifically
38 requested notification and provided contact information to the
39 provider.

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

7 **Sec. 7.** RCW 71.05.153 and 2016 sp.s. c 29 s 213 are each amended
8 to read as follows:

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

19 (2) When a designated crisis responder receives information
20 alleging that a person, as the result of substance use disorder,
21 presents an imminent likelihood of serious harm, or is in imminent
22 danger because of being gravely disabled, after investigation and
23 evaluation of the specific facts alleged and of the reliability and
24 credibility of the person or persons providing the information if
25 any, the designated crisis responder may take the person, or cause by
26 oral or written order the person to be taken, into emergency custody
27 in a secure ((detoxification)) withdrawal management and
28 stabilization facility or approved substance use disorder treatment
29 program for not more than seventy-two hours as described in RCW
30 71.05.180.

31 (3) A peace officer may take or cause such person to be taken
32 into custody and immediately delivered to a triage facility, crisis
33 stabilization unit, evaluation and treatment facility, secure
34 ((detoxification)) withdrawal management and stabilization facility,
35 approved substance use disorder treatment program, or the emergency
36 department of a local hospital under the following circumstances:

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

38 (b) When he or she has reasonable cause to believe that such
39 person is suffering from a mental disorder or substance use disorder

1 and presents an imminent likelihood of serious harm or is in imminent
2 danger because of being gravely disabled.

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

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

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

31 **Sec. 8.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 15 are each
32 amended to read as follows:

33 (1) Each person involuntarily detained and accepted or admitted
34 at an evaluation and treatment facility, secure ((~~detoxification~~))
35 withdrawal management and stabilization facility, or approved
36 substance use disorder treatment program:

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

1 (i) One physician, physician assistant, or advanced registered
2 nurse practitioner; and

3 (ii) One mental health professional. If the person is detained
4 for substance use disorder evaluation and treatment, the person may
5 be examined by a chemical dependency professional instead of a mental
6 health professional; and

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

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

1 (3) An evaluation and treatment center, secure (~~detoxification~~)
2 withdrawal management and stabilization facility, or approved
3 substance use disorder treatment program admitting or accepting any
4 person pursuant to this chapter whose physical condition reveals the
5 need for hospitalization shall assure that such person is transferred
6 to an appropriate hospital for evaluation or admission for treatment.
7 Notice of such fact shall be given to the court, the designated
8 attorney, and the designated crisis responder and the court shall
9 order such continuance in proceedings under this chapter as may be
10 necessary, but in no event may this continuance be more than fourteen
11 days.

12 **Sec. 9.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 16 are each
13 amended to read as follows:

14 (1) Each person involuntarily detained and accepted or admitted
15 at an evaluation and treatment facility, secure (~~detoxification~~)
16 withdrawal management and stabilization facility, or approved
17 substance use disorder treatment program:

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

21 (i) One physician, physician assistant, or advanced registered
22 nurse practitioner; and

23 (ii) One mental health professional. If the person is detained
24 for substance use disorder evaluation and treatment, the person may
25 be examined by a chemical dependency professional instead of a mental
26 health professional; and

27 (b) Shall receive such treatment and care as his or her condition
28 requires including treatment on an outpatient basis for the period
29 that he or she is detained, except that, beginning twenty-four hours
30 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
31 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may
32 refuse psychiatric medications, but may not refuse: (i) Any other
33 medication previously prescribed by a person licensed under Title 18
34 RCW; or (ii) emergency lifesaving treatment, and the individual shall
35 be informed at an appropriate time of his or her right of such
36 refusal. The person shall be detained up to seventy-two hours, if, in
37 the opinion of the professional person in charge of the facility, or
38 his or her professional designee, the person presents a likelihood of
39 serious harm, or is gravely disabled. A person who has been detained

1 for seventy-two hours shall no later than the end of such period be
2 released, unless referred for further care on a voluntary basis, or
3 detained pursuant to court order for further treatment as provided in
4 this chapter.

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

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

27 **Sec. 10.** RCW 71.05.220 and 2016 sp.s. c 29 s 229 are each
28 amended to read as follows:

29 At the time a person is involuntarily admitted to an evaluation
30 and treatment facility, secure (~~(detoxification)~~) withdrawal
31 management and stabilization facility, or approved substance use
32 disorder treatment program, the professional person in charge or his
33 or her designee shall take reasonable precautions to inventory and
34 safeguard the personal property of the person detained. A copy of the
35 inventory, signed by the staff member making it, shall be given to
36 the person detained and shall, in addition, be open to inspection to
37 any responsible relative, subject to limitations, if any,
38 specifically imposed by the detained person. For purposes of this
39 section, "responsible relative" includes the guardian, conservator,

1 attorney, spouse, parent, adult child, or adult brother or sister of
2 the person. The facility shall not disclose the contents of the
3 inventory to any other person without the consent of the patient or
4 order of the court.

5 **Sec. 11.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009
6 are each reenacted and amended to read as follows:

7 (1) If a petition is filed for fourteen day involuntary treatment
8 or ninety days of less restrictive alternative treatment, the court
9 shall hold a probable cause hearing within seventy-two hours of the
10 initial detention of such person as determined in RCW 71.05.180, or
11 at a time determined under RCW 71.05.148. If requested by the person
12 or his or her attorney, the hearing may be postponed for a period not
13 to exceed forty-eight hours. The hearing may also be continued
14 subject to the conditions set forth in RCW 71.05.210 or subject to
15 the petitioner's showing of good cause for a period not to exceed
16 twenty-four hours.

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

24 (3)(a) Subject to (b) of this subsection, at the conclusion of
25 the probable cause hearing, if the court finds by a preponderance of
26 the evidence that such person, as the result of a mental disorder or
27 substance use disorder, presents a likelihood of serious harm, or is
28 gravely disabled, and, after considering less restrictive
29 alternatives to involuntary detention and treatment, finds that no
30 such alternatives are in the best interests of such person or others,
31 the court shall order that such person be detained for involuntary
32 treatment not to exceed fourteen days in a facility licensed or
33 certified to provide treatment by the department.

34 (b) Commitment for up to fourteen days based on a substance use
35 disorder must be to either a secure (~~detoxification~~) withdrawal
36 management and stabilization facility or an approved substance use
37 disorder treatment program. A court may only enter a commitment order
38 based on a substance use disorder if there is an available secure
39 (~~detoxification~~) withdrawal management and stabilization facility

1 or approved substance use disorder treatment program with adequate
2 space for the person.

3 (c) At the conclusion of the probable cause hearing, if the court
4 finds by a preponderance of the evidence that such person, as the
5 result of a mental disorder or substance use disorder, presents a
6 likelihood of serious harm, or is gravely disabled, but that
7 treatment in a less restrictive setting than detention is in the best
8 interest of such person or others, the court shall order an
9 appropriate less restrictive alternative course of treatment for not
10 to exceed ninety days.

11 (d) If the court finds by a preponderance of the evidence that
12 such person, as the result of a mental disorder or substance use
13 disorder, is in need of assisted outpatient behavioral health
14 treatment, and that the person does not present a likelihood of
15 serious harm or grave disability, the court shall order an
16 appropriate less restrictive alternative course of treatment not to
17 exceed ninety days.

18 (4) An order for less restrictive alternative treatment must name
19 the mental health service provider responsible for identifying the
20 services the person will receive in accordance with RCW 71.05.585,
21 and must include a requirement that the person cooperate with the
22 services planned by the mental health service provider.

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

33 **Sec. 12.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010
34 are each reenacted and amended to read as follows:

35 (1) If a petition is filed for fourteen day involuntary treatment
36 or ninety days of less restrictive alternative treatment, the court
37 shall hold a probable cause hearing within seventy-two hours of the
38 initial detention of such person as determined in RCW 71.05.180, or
39 at a time determined under RCW 71.05.148. If requested by the person

1 or his or her attorney, the hearing may be postponed for a period not
2 to exceed forty-eight hours. The hearing may also be continued
3 subject to the conditions set forth in RCW 71.05.210 or subject to
4 the petitioner's showing of good cause for a period not to exceed
5 twenty-four hours.

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

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

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

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 disorder, presents a
30 likelihood of serious harm, or is gravely disabled, but that
31 treatment in a less restrictive setting than detention is in the best
32 interest of such person or others, the court shall order an
33 appropriate less restrictive alternative course of treatment for not
34 to exceed 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 disorder, is in need of assisted outpatient behavioral health
38 treatment, and that the person does not present a likelihood of
39 serious harm or grave disability, the court shall order an

1 appropriate less restrictive alternative course of treatment not to
2 exceed ninety days.

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

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

18 **Sec. 13.** RCW 71.05.360 and 2017 3rd sp.s. c 14 s 20 are each
19 amended to read as follows:

20 (1)(a) Every person involuntarily detained or committed under the
21 provisions of this chapter shall be entitled to all the rights set
22 forth in this chapter, which shall be prominently posted in the
23 facility, and shall retain all rights not denied him or her under
24 this chapter except as chapter 9.41 RCW may limit the right of a
25 person to purchase or possess a firearm or to qualify for a concealed
26 pistol license if the person is committed under RCW 71.05.240 or
27 71.05.320 for mental health treatment.

28 (b) No person shall be presumed incompetent as a consequence of
29 receiving an evaluation or voluntary or involuntary treatment for a
30 mental disorder or substance use disorder, under this chapter or any
31 prior laws of this state dealing with mental illness or substance use
32 disorders. Competency shall not be determined or withdrawn except
33 under the provisions of chapter 10.77 or 11.88 RCW.

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

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

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

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

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

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

32 (b) The person has a right to communicate immediately with an
33 attorney; has a right to have an attorney appointed to represent him
34 or her before and at the probable cause hearing if he or she is
35 indigent; and has the right to be told the name and address of the
36 attorney that the mental health professional has designated pursuant
37 to this chapter;

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

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

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

7 (6) When proceedings are initiated under RCW 71.05.153, no later
8 than twelve hours after such person is admitted to the evaluation and
9 treatment facility, secure ((~~detoxification~~)) withdrawal management
10 and stabilization facility, or approved substance use disorder
11 treatment program the personnel of the facility or the designated
12 crisis responder shall serve on such person a copy of the petition
13 for initial detention and the name, business address, and phone
14 number of the designated attorney and shall forthwith commence
15 service of a copy of the petition for initial detention on the
16 designated attorney.

17 (7) The judicial hearing described in subsection (5) of this
18 section is hereby authorized, and shall be held according to the
19 provisions of subsection (5) of this section and rules promulgated by
20 the supreme court.

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

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

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

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

26 (d) To remain silent;

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

28 (9) Privileges between patients and physicians, physician
29 assistants, psychologists, or psychiatric advanced registered nurse
30 practitioners are deemed waived in proceedings under this chapter
31 relating to the administration of antipsychotic medications. As to
32 other proceedings under this chapter, the privileges shall be waived
33 when a court of competent jurisdiction in its discretion determines
34 that such waiver is necessary to protect either the detained person
35 or the public.

36 The waiver of a privilege under this section is limited to
37 records or testimony relevant to evaluation of the detained person
38 for purposes of a proceeding under this chapter. Upon motion by the
39 detained person or on its own motion, the court shall examine a

1 record or testimony sought by a petitioner to determine whether it is
2 within the scope of the waiver.

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

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

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

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

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

21 (d) To have visitors at reasonable times;

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

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

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

30 (h) Not to consent to the administration of antipsychotic
31 medications and not to thereafter be administered antipsychotic
32 medications unless ordered by a court under RCW 71.05.217 or pursuant
33 to an administrative hearing under RCW 71.05.215;

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

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

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

4 (11) Every person involuntarily detained shall immediately be
5 informed of his or her right to a hearing to review the legality of
6 his or her detention and of his or her right to counsel, by the
7 professional person in charge of the facility providing evaluation
8 and treatment, or his or her designee, and, when appropriate, by the
9 court. If the person so elects, the court shall immediately appoint
10 an attorney to assist him or her.

11 (12) A person challenging his or her detention or his or her
12 attorney shall have the right to designate and have the court appoint
13 a reasonably available independent physician, physician assistant,
14 psychiatric advanced registered nurse practitioner, or other
15 professional person to examine the person detained, the results of
16 which examination may be used in the proceeding. The person shall, if
17 he or she is financially able, bear the cost of such expert
18 examination, otherwise such expert examination shall be at public
19 expense.

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

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

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

30 **Sec. 14.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026
31 are each reenacted and amended to read as follows:

32 (1) Either an agency or facility designated to monitor or provide
33 services under a less restrictive alternative order or conditional
34 release order, or a designated crisis responder, may take action to
35 enforce, modify, or revoke a less restrictive alternative or
36 conditional release order. The agency, facility, or designated crisis
37 responder must determine that:

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

1 (b) Substantial deterioration in the person's functioning has
2 occurred;

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

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

7 (2) Actions taken under this section must include a flexible
8 range of responses of varying levels of intensity appropriate to the
9 circumstances and consistent with the interests of the individual and
10 the public in personal autonomy, safety, recovery, and compliance.
11 Available actions may include, but are not limited to, any of the
12 following:

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

16 (b) To increase the intensity of outpatient services provided to
17 the person by increasing the frequency of contacts with the provider,
18 referring the person for an assessment for assertive community
19 services, or by other means;

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

30 (d) To cause the person to be transported by a peace officer,
31 designated crisis responder, or other means to the agency or facility
32 monitoring or providing services under the court order, or to a
33 triage facility, crisis stabilization unit, emergency department, or
34 to an evaluation and treatment facility if the person is committed
35 for mental health treatment, or to a secure (~~detoxification~~)
36 withdrawal management and stabilization facility with available space
37 or an approved substance use disorder treatment program with
38 available space if the person is committed for substance use disorder
39 treatment. The person may be detained at the facility for up to
40 twelve hours for the purpose of an evaluation to determine whether

1 modification, revocation, or commitment proceedings are necessary and
2 appropriate to stabilize the person and prevent decompensation,
3 deterioration, or physical harm. Temporary detention for evaluation
4 under this subsection is intended to occur only following a pattern
5 of noncompliance or the failure of reasonable attempts at outreach
6 and engagement, and may occur only when in the clinical judgment of a
7 designated crisis responder or the professional person in charge of
8 an agency or facility designated to monitor less restrictive
9 alternative services temporary detention is appropriate. This
10 subsection does not limit the ability or obligation to pursue
11 revocation procedures under subsection (4) of this section in
12 appropriate circumstances; and

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

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

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

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

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

25 (d) Except as provided in subsection (6) of this section, the
26 issues for the court to determine are whether: (i) The person adhered
27 to the terms and conditions of the court order; (ii) substantial
28 deterioration in the person's functioning has occurred; (iii) there
29 is evidence of substantial decompensation with a reasonable
30 probability that the decompensation can be reversed by further
31 inpatient treatment; or (iv) there is a likelihood of serious harm;
32 and, if any of the above conditions apply, whether the court should
33 reinstate or modify the person's less restrictive alternative or
34 conditional release order or order the person's detention for
35 inpatient treatment. The person may waive the court hearing and allow
36 the court to enter a stipulated order upon the agreement of all
37 parties. If the court orders detention for inpatient treatment, the
38 treatment period may be for no longer than the period authorized in
39 the original court order. A court may not issue an order to detain a
40 person for inpatient treatment in a secure (~~detoxification~~)

1 withdrawal management and stabilization facility or approved
2 substance use disorder treatment program under this subsection unless
3 there is a secure (~~(detoxification)~~) withdrawal management and
4 stabilization facility or approved substance use disorder treatment
5 program available and with adequate space for the person.

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

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

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

39 (c) The issues for the court to determine are whether to continue
40 the detention of the person for inpatient treatment or whether the

1 court should reinstate or modify the person's less restrictive
2 alternative order or order the person's detention for inpatient
3 treatment. To continue detention after the seventy-two hour period,
4 the court must find that the person, as a result of a mental disorder
5 or substance use disorder, presents a likelihood of serious harm or
6 is gravely disabled and, after considering less restrictive
7 alternatives to involuntary detention and treatment, that no such
8 alternatives are in the best interest of the person or others.

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

16 **Sec. 15.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027
17 are each reenacted and amended to read as follows:

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

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

26 (b) Substantial deterioration in the person's functioning has
27 occurred;

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

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

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

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

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

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

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

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

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

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

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

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

1 under RCW 71.05.148, order the person to be apprehended and taken
2 into custody and temporary detention for inpatient evaluation in an
3 evaluation and treatment facility in or near the county in which he
4 or she is receiving outpatient treatment if the person is committed
5 for mental health treatment, or, if the person is committed for
6 substance use disorder treatment, in a secure (~~detoxification~~)
7 withdrawal management and stabilization facility or approved
8 substance use disorder treatment program if either is available in or
9 near the county in which he or she is receiving outpatient treatment.
10 Proceedings under this subsection may be initiated without ordering
11 the apprehension and detention of the person.

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

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

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

34 **Sec. 16.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to
35 read as follows:

36 (1)(a) By April 1, 2018, the authority, by rule, must combine the
37 functions of a designated mental health professional and designated
38 chemical dependency specialist by establishing a designated crisis
39 responder who is authorized to conduct investigations, detain persons

1 up to seventy-two hours to the proper facility, and carry out the
2 other functions identified in this chapter and chapter 71.34 RCW. The
3 behavioral health organizations shall provide training to the
4 designated crisis responders as required by the authority.

5 (b) (i) To qualify as a designated crisis responder, a person must
6 have received chemical dependency training as determined by the
7 department and be a:

8 (A) Psychiatrist, psychologist, physician assistant working with
9 a supervising psychiatrist, psychiatric advanced registered nurse
10 practitioner, or social worker;

11 (B) Person who is licensed by the department as a mental health
12 counselor or mental health counselor associate, or marriage and
13 family therapist or marriage and family therapist associate;

14 (C) Person with a master's degree or further advanced degree in
15 counseling or one of the social sciences from an accredited college
16 or university and who have, in addition, at least two years of
17 experience in direct treatment of persons with mental illness or
18 emotional disturbance, such experience gained under the direction of
19 a mental health professional;

20 (D) Person who meets the waiver criteria of RCW 71.24.260, which
21 waiver was granted before 1986;

22 (E) Person who had an approved waiver to perform the duties of a
23 mental health professional that was requested by the regional support
24 network and granted by the department of social and health services
25 before July 1, 2001; or

26 (F) Person who has been granted an exception of the minimum
27 requirements of a mental health professional by the department
28 consistent with rules adopted by the secretary.

29 (ii) Training must include chemical dependency training specific
30 to the duties of a designated crisis responder, including diagnosis
31 of substance abuse and dependence and assessment of risk associated
32 with substance use.

33 (c) The authority must develop a transition process for any
34 person who has been designated as a designated mental health
35 professional or a designated chemical dependency specialist before
36 April 1, 2018, to be converted to a designated crisis responder. The
37 behavioral health organizations shall provide training, as required
38 by the authority, to persons converting to designated crisis
39 responders, which must include both mental health and chemical

1 dependency training applicable to the designated crisis responder
2 role.

3 (2)(a) The authority must ensure that at least one sixteen-bed
4 secure ((~~detoxification~~)) withdrawal management and stabilization
5 facility is operational by April 1, 2018, and that at least two
6 sixteen-bed secure ((~~detoxification~~)) withdrawal management and
7 stabilization facilities are operational by April 1, 2019.

8 (b) If, at any time during the implementation of secure
9 ((~~detoxification~~)) withdrawal management and stabilization facility
10 capacity, federal funding becomes unavailable for federal match for
11 services provided in secure ((~~detoxification~~)) withdrawal management
12 and stabilization facilities, then the authority must cease any
13 expansion of secure ((~~detoxification~~)) withdrawal management and
14 stabilization facilities until further direction is provided by the
15 legislature.

16 **Sec. 17.** RCW 71.05.190 and 2016 sp.s. c 29 s 220 are each
17 amended to read as follows:

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

32 **Sec. 18.** RCW 71.05.180 and 2016 sp.s. c 29 s 219 are each
33 amended to read as follows:

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

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

3 **Sec. 19.** RCW 71.05.160 and 2016 sp.s. c 29 s 217 are each
4 amended to read as follows:

5 Any facility receiving a person pursuant to RCW 71.05.150 or
6 71.05.153 shall require the designated crisis responder to prepare a
7 petition for initial detention stating the circumstances under which
8 the person's condition was made known and stating that there is
9 evidence, as a result of his or her personal observation or
10 investigation, that the actions of the person for which application
11 is made constitute a likelihood of serious harm, or that he or she is
12 gravely disabled, and stating the specific facts known to him or her
13 as a result of his or her personal observation or investigation, upon
14 which he or she bases the belief that such person should be detained
15 for the purposes and under the authority of this chapter.

16 If a person is involuntarily placed in an evaluation and
17 treatment facility, secure ((~~detoxification~~)) withdrawal management
18 and stabilization facility, or approved substance use disorder
19 treatment program pursuant to RCW 71.05.150 or 71.05.153, on the next
20 judicial day following the initial detention, the designated crisis
21 responder shall file with the court and serve the designated attorney
22 of the detained person the petition or supplemental petition for
23 initial detention, proof of service of notice, and a copy of a notice
24 of emergency detention.

25 **Sec. 20.** RCW 71.05.157 and 2016 sp.s. c 29 s 216 are each
26 amended to read as follows:

27 (1) When a designated crisis responder is notified by a jail that
28 a defendant or offender who was subject to a discharge review under
29 RCW 71.05.232 is to be released to the community, the designated
30 crisis responder shall evaluate the person within seventy-two hours
31 of release.

32 (2) When an offender is under court-ordered treatment in the
33 community and the supervision of the department of corrections, and
34 the treatment provider becomes aware that the person is in violation
35 of the terms of the court order, the treatment provider shall notify
36 the designated crisis responder and the department of corrections of
37 the violation and request an evaluation for purposes of revocation of
38 the less restrictive alternative.

1 (3) When a designated crisis responder becomes aware that an
2 offender who is under court-ordered treatment in the community and
3 the supervision of the department of corrections is in violation of a
4 treatment order or a condition of supervision that relates to public
5 safety, or the designated crisis responder detains a person under
6 this chapter, the designated crisis responder shall notify the
7 person's treatment provider and the department of corrections.

8 (4) When an offender who is confined in a state correctional
9 facility or is under supervision of the department of corrections in
10 the community is subject to a petition for involuntary treatment
11 under this chapter, the petitioner shall notify the department of
12 corrections and the department of corrections shall provide
13 documentation of its risk assessment or other concerns to the
14 petitioner and the court if the department of corrections classified
15 the offender as a high risk or high needs offender.

16 (5) Nothing in this section creates a duty on any treatment
17 provider or designated crisis responder to provide offender
18 supervision.

19 (6) No jail or state correctional facility may be considered a
20 less restrictive alternative to an evaluation and treatment facility,
21 secure ((detoxification)) withdrawal management and stabilization
22 facility, or approved substance use disorder treatment program.

23 **Sec. 21.** RCW 71.05.148 and 2018 c 291 s 3 are each amended to
24 read as follows:

25 This section establishes a process for initial evaluation and
26 filing of a petition for assisted outpatient behavioral health
27 treatment, but however does not preclude the filing of a petition for
28 assisted outpatient behavioral health treatment following a period of
29 inpatient detention in appropriate circumstances:

30 (1) The designated crisis responder must personally interview the
31 person, unless the person refuses an interview, and determine whether
32 the person will voluntarily receive appropriate evaluation and
33 treatment at a mental health facility, secure ((detoxification))
34 withdrawal management and stabilization facility, or approved
35 substance use disorder treatment program.

36 (2) The designated crisis responder must investigate and evaluate
37 the specific facts alleged and the reliability or credibility of any
38 person providing information. The designated crisis responder may
39 spend up to forty-eight hours to complete the investigation, provided

1 that the person may not be held for investigation for any period
2 except as authorized by RCW 71.05.050 or 71.05.153.

3 (3) If the designated crisis responder finds that the person is
4 in need of assisted outpatient behavioral health treatment, they may
5 file a petition requesting the court to enter an order for up to
6 ninety days (~~(to 90 days)~~) of less restrictive alternative treatment. The
7 petition must include:

8 (a) A statement of the circumstances under which the person's
9 condition was made known and stating that there is evidence, as a
10 result of the designated crisis responder's personal observation or
11 investigation, that the person is in need of assisted outpatient
12 behavioral health treatment, and stating the specific facts known as
13 a result of personal observation or investigation, upon which the
14 designated crisis responder bases this belief;

15 (b) The declaration of additional witnesses, if any, supporting
16 the petition for assisted outpatient behavioral health treatment;

17 (c) A designation of retained counsel for the person or, if
18 counsel is appointed, the name, business address, and telephone
19 number of the attorney appointed to represent the person;

20 (d) The name of an agency or facility which agreed to assume the
21 responsibility of providing less restrictive alternative treatment if
22 the petition is granted by the court;

23 (e) A summons to appear in court at a specific time and place
24 within five judicial days for a probable cause hearing, except as
25 provided in subsection (4) of this section.

26 (4) If the person is in the custody of jail or prison at the time
27 of the investigation, a petition for assisted outpatient behavioral
28 health treatment may be used to facilitate continuity of care after
29 release from custody or the diversion of criminal charges as follows:

30 (a) If the petition is filed in anticipation of the person's
31 release from custody, the summons may be for a date up to five
32 judicial days following the person's anticipated release date,
33 provided that a clear time and place for the hearing is provided; or

34 (b) The hearing may be held prior to the person's release from
35 custody, provided that (i) the filing of the petition does not extend
36 the time the person would otherwise spend in the custody of jail or
37 prison; (ii) the charges or custody of the person is not a pretext to
38 detain the person for the purpose of the involuntary commitment
39 hearing; and (iii) the person's release from custody must be expected
40 to swiftly follow the adjudication of the petition. In this

1 circumstance, the time for hearing is shortened to three judicial
2 days after the filing of the petition.

3 (5) The petition must be served upon the person and the person's
4 counsel with a notice of applicable rights. Proof of service must be
5 filed with the court.

6 (6) A petition for assisted outpatient behavioral health
7 treatment filed under this section must be adjudicated under RCW
8 71.05.240.

9 **Sec. 22.** RCW 71.05.120 and 2016 sp.s. c 29 s 208 and 2016 c 158
10 s 4 are each reenacted and amended to read as follows:

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

26 (2) Peace officers and their employing agencies are not liable
27 for the referral of a person, or the failure to refer a person, to a
28 mental health agency pursuant to a policy adopted pursuant to RCW
29 71.05.457 if such action or inaction is taken in good faith and
30 without gross negligence.

31 (3) This section does not relieve a person from giving the
32 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the
33 duty to warn or to take reasonable precautions to provide protection
34 from violent behavior where the patient has communicated an actual
35 threat of physical violence against a reasonably identifiable victim
36 or victims. The duty to warn or to take reasonable precautions to
37 provide protection from violent behavior is discharged if reasonable
38 efforts are made to communicate the threat to the victim or victims
39 and to law enforcement personnel.

1 **Sec. 23.** RCW 71.24.037 and 2018 c 201 s 4005 are each amended to
2 read as follows:

3 (1) The secretary shall by rule establish state minimum standards
4 for licensed or certified behavioral health service providers and
5 services, whether those service providers and services are licensed
6 or certified to provide solely mental health services, substance use
7 disorder treatment services, or services to persons with co-occurring
8 disorders.

9 (2) Minimum standards for licensed or certified behavioral health
10 service providers shall, at a minimum, establish: Qualifications for
11 staff providing services directly to persons with mental disorders,
12 substance use disorders, or both, the intended result of each
13 service, and the rights and responsibilities of persons receiving
14 behavioral health services pursuant to this chapter. The secretary
15 shall provide for deeming of licensed or certified behavioral health
16 service providers as meeting state minimum standards as a result of
17 accreditation by a recognized behavioral health accrediting body
18 recognized and having a current agreement with the department.

19 (3) Minimum standards for community support services and resource
20 management services shall include at least qualifications for
21 resource management services, client tracking systems, and the
22 transfer of patient information between behavioral health service
23 providers.

24 (4) The department may suspend, revoke, limit, restrict, or
25 modify an approval, or refuse to grant approval, for failure to meet
26 the provisions of this chapter, or the standards adopted under this
27 chapter. RCW 43.70.115 governs notice of a license or certification
28 denial, revocation, suspension, or modification and provides the
29 right to an adjudicative proceeding.

30 (5) No licensed or certified behavioral health service provider
31 may advertise or represent itself as a licensed or certified
32 behavioral health service provider if approval has not been granted,
33 has been denied, suspended, revoked, or canceled.

34 (6) Licensure or certification as a behavioral health service
35 provider is effective for one calendar year from the date of issuance
36 of the license or certification. The license or certification must
37 specify the types of services provided by the behavioral health
38 service provider that meet the standards adopted under this chapter.
39 Renewal of a license or certification must be made in accordance with

1 this section for initial approval and in accordance with the
2 standards set forth in rules adopted by the secretary.

3 (7) Licensure or certification as a licensed or certified
4 behavioral health service provider must specify the types of services
5 provided that meet the standards adopted under this chapter. Renewal
6 of a license or certification must be made in accordance with this
7 section for initial approval and in accordance with the standards set
8 forth in rules adopted by the secretary.

9 (8) The department shall develop a process by which a provider
10 may obtain dual licensure as an evaluation and treatment facility and
11 secure withdrawal management and stabilization facility.

12 (9) Licensed or certified behavioral health service providers may
13 not provide types of services for which the licensed or certified
14 behavioral health service provider has not been certified. Licensed
15 or certified behavioral health service providers may provide services
16 for which approval has been sought and is pending, if approval for
17 the services has not been previously revoked or denied.

18 ((9)) (10) The department periodically shall inspect licensed
19 or certified behavioral health service providers at reasonable times
20 and in a reasonable manner.

21 ((10)) (11) Upon petition of the department and after a hearing
22 held upon reasonable notice to the facility, the superior court may
23 issue a warrant to an officer or employee of the department
24 authorizing him or her to enter and inspect at reasonable times, and
25 examine the books and accounts of, any licensed or certified
26 behavioral health service provider refusing to consent to inspection
27 or examination by the department or which the department has
28 reasonable cause to believe is operating in violation of this
29 chapter.

30 ((11)) (12) The department shall maintain and periodically
31 publish a current list of licensed or certified behavioral health
32 service providers.

33 ((12)) (13) Each licensed or certified behavioral health
34 service provider shall file with the department or the authority upon
35 request, data, statistics, schedules, and information the department
36 or the authority reasonably requires. A licensed or certified
37 behavioral health service provider that without good cause fails to
38 furnish any data, statistics, schedules, or information as requested,
39 or files fraudulent returns thereof, may have its license or
40 certification revoked or suspended.

1 (~~(13)~~) (14) The authority shall use the data provided in
2 subsection (~~(12)~~) (13) of this section to evaluate each program
3 that admits children to inpatient substance use disorder treatment
4 upon application of their parents. The evaluation must be done at
5 least once every twelve months. In addition, the authority shall
6 randomly select and review the information on individual children who
7 are admitted on application of the child's parent for the purpose of
8 determining whether the child was appropriately placed into substance
9 use disorder treatment based on an objective evaluation of the
10 child's condition and the outcome of the child's treatment.

11 (~~(14)~~) (15) Any settlement agreement entered into between the
12 department and licensed or certified behavioral health service
13 providers to resolve administrative complaints, license or
14 certification violations, license or certification suspensions, or
15 license or certification revocations may not reduce the number of
16 violations reported by the department unless the department
17 concludes, based on evidence gathered by inspectors, that the
18 licensed or certified behavioral health service provider did not
19 commit one or more of the violations.

20 (~~(15)~~) (16) In cases in which a behavioral health service
21 provider that is in violation of licensing or certification standards
22 attempts to transfer or sell the behavioral health service provider
23 to a family member, the transfer or sale may only be made for the
24 purpose of remedying license or certification violations and
25 achieving full compliance with the terms of the license or
26 certification. Transfers or sales to family members are prohibited in
27 cases in which the purpose of the transfer or sale is to avoid
28 liability or reset the number of license or certification violations
29 found before the transfer or sale. If the department finds that the
30 owner intends to transfer or sell, or has completed the transfer or
31 sale of, ownership of the behavioral health service provider to a
32 family member solely for the purpose of resetting the number of
33 violations found before the transfer or sale, the department may not
34 renew the behavioral health service provider's license or
35 certification or issue a new license or certification to the
36 behavioral health service provider.

37 **Sec. 24.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to
38 read as follows:

1 Unless the context clearly requires otherwise, the definitions in
2 this section apply throughout this chapter.

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

9 (2) "Approved substance use disorder treatment program" means a
10 program for minors with substance use disorders provided by a
11 treatment program licensed or certified by the department of health
12 as meeting standards adopted under chapter 71.24 RCW.

13 (3) "Authority" means the Washington state health care authority.

14 (4) "Chemical dependency" means:

15 (a) Alcoholism;

16 (b) Drug addiction; or

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

19 (5) "Chemical dependency professional" means a person certified
20 as a chemical dependency professional by the department of health
21 under chapter 18.205 RCW.

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

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

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

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

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

39 (9) "Department" means the department of social and health
40 services.

1 (10) "Designated crisis responder" means a person designated by a
2 behavioral health organization to perform the duties specified in
3 this chapter.

4 (11) "Director" means the director of the authority.

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

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

22 (14) "Evaluation and treatment program" means the total system of
23 services and facilities coordinated and approved by a county or
24 combination of counties for the evaluation and treatment of minors
25 under this chapter.

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

34 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
35 health care provided within a general hospital, psychiatric hospital,
36 residential treatment facility licensed or certified by the
37 department of health as an evaluation and treatment facility for
38 minors, secure ~~((detoxification))~~ withdrawal management and
39 stabilization facility for minors, or approved substance use disorder
40 treatment program for minors.

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

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

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

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

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

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

38 (23) "Minor" means any person under the age of eighteen years.

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

4 (25) "Parent" means:

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

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

10 (26) "Private agency" means any person, partnership, corporation,
11 or association that is not a public agency, whether or not financed
12 in whole or in part by public funds, that constitutes an evaluation
13 and treatment facility or private institution, or hospital, or
14 approved substance use disorder treatment program, that is conducted
15 for, or includes a distinct unit, floor, or ward conducted for, the
16 care and treatment of persons with mental illness, substance use
17 disorders, or both mental illness and substance use disorders.

18 (27) "Physician assistant" means a person licensed as a physician
19 assistant under chapter 18.57A or 18.71A RCW.

20 (28) "Professional person in charge" or "professional person"
21 means a physician, other mental health professional, or other person
22 empowered by an evaluation and treatment facility, secure
23 (~~(detoxification)~~) withdrawal management and stabilization facility,
24 or approved substance use disorder treatment program with authority
25 to make admission and discharge decisions on behalf of that facility.

26 (29) "Psychiatric nurse" means a registered nurse who has
27 experience in the direct treatment of persons who have a mental
28 illness or who are emotionally disturbed, such experience gained
29 under the supervision of a mental health professional.

30 (30) "Psychiatrist" means a person having a license as a
31 physician in this state who has completed residency training in
32 psychiatry in a program approved by the American Medical Association
33 or the American Osteopathic Association, and is board eligible or
34 board certified in psychiatry.

35 (31) "Psychologist" means a person licensed as a psychologist
36 under chapter 18.83 RCW.

37 (32) "Public agency" means any evaluation and treatment facility
38 or institution, or hospital, or approved substance use disorder
39 treatment program that is conducted for, or includes a distinct unit,
40 floor, or ward conducted for, the care and treatment of persons with

1 mental illness, substance use disorders, or both mental illness and
2 substance use disorders if the agency is operated directly by
3 federal, state, county, or municipal government, or a combination of
4 such governments.

5 (33) "Responsible other" means the minor, the minor's parent or
6 estate, or any other person legally responsible for support of the
7 minor.

8 (34) "Secretary" means the secretary of the department or
9 secretary's designee.

10 (35) "Secure ~~((detoxification))~~ withdrawal management and
11 stabilization facility" means a facility operated by either a public
12 or private agency or by the program of an agency ~~((that))~~ which
13 provides care to voluntary individuals and individuals involuntarily
14 detained and committed under this chapter for whom there is a
15 likelihood of serious harm or who are gravely disabled due to the
16 presence of a substance use disorder. Secure withdrawal management
17 and stabilization facilities must:

18 (a) ~~((Provides for intoxicated minors))~~ Provide the following
19 services:

20 (i) ~~((Evaluation and))~~ Assessment and treatment, provided by
21 certified chemical dependency professionals;

22 (ii) Clinical stabilization services;

23 (iii) Acute or subacute detoxification services for intoxicated
24 individuals; and

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

29 (b) Include~~((s))~~ security measures sufficient to protect the
30 patients, staff, and community; and

31 (c) ~~((Is))~~ Be licensed or certified as such by the department of
32 health.

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

36 (37) "Start of initial detention" means the time of arrival of
37 the minor at the first evaluation and treatment facility, secure
38 ~~((detoxification))~~ withdrawal management and stabilization facility,
39 or approved substance use disorder treatment program offering
40 inpatient treatment if the minor is being involuntarily detained at

1 the time. With regard to voluntary patients, "start of initial
2 detention" means the time at which the minor gives notice of intent
3 to leave under the provisions of this chapter.

4 (38) "Substance use disorder" means a cluster of cognitive,
5 behavioral, and physiological symptoms indicating that an individual
6 continues using the substance despite significant substance-related
7 problems. The diagnosis of a substance use disorder is based on a
8 pathological pattern of behaviors related to the use of the
9 substances.

10 **Sec. 25.** RCW 71.34.375 and 2018 c 201 s 5005 are each amended to
11 read as follows:

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

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

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

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

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

37 **Sec. 26.** RCW 71.05.435 and 2018 c 201 s 3020 are each amended to
38 read as follows:

1 (1) Whenever a person who is the subject of an involuntary
2 commitment order under this chapter is discharged from an evaluation
3 and treatment facility, state hospital, secure ~~((detoxification))~~
4 withdrawal management and stabilization facility, or approved
5 substance use disorder treatment program providing involuntary
6 treatment services, the entity discharging the person shall provide
7 notice of the person's discharge to the designated crisis responder
8 office responsible for the initial commitment and the designated
9 crisis responder office that serves the county in which the person is
10 expected to reside. The entity discharging the person must also
11 provide these offices with a copy of any less restrictive order or
12 conditional release order entered in conjunction with the discharge
13 of the person, unless the entity discharging the person has entered
14 into a memorandum of understanding obligating another entity to
15 provide these documents.

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

22 (3) The authority shall maintain and make available an updated
23 list of contact information for designated crisis responder offices
24 around the state.

25 **Sec. 27.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each
26 amended to read as follows:

27 No public or private agency or governmental entity, nor officer
28 of a public or private agency, nor the superintendent, or
29 professional person in charge, his or her professional designee or
30 attending staff of any such agency, nor any public official
31 performing functions necessary to the administration of this chapter,
32 nor peace officer responsible for detaining a person under this
33 chapter, nor any designated crisis responder, nor professional
34 person, nor evaluation and treatment facility, nor secure
35 ~~((detoxification))~~ withdrawal management and stabilization facility,
36 nor approved substance use disorder treatment program shall be
37 civilly or criminally liable for performing actions authorized in
38 this chapter with regard to the decision of whether to admit,
39 release, or detain a person for evaluation and treatment: PROVIDED,

1 That such duties were performed in good faith and without gross
2 negligence.

3 **Sec. 28.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to
4 read as follows:

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

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

11 (b) A secure (~~(detoxification)~~) withdrawal management and
12 stabilization facility or approved substance use disorder treatment
13 program and request that a substance use disorder assessment be
14 conducted by a professional person to determine whether the minor has
15 a substance use disorder and is in need of inpatient treatment.

16 (2) The consent of the minor is not required for admission,
17 evaluation, and treatment if the parent brings the minor to the
18 facility.

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

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

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

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

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

8 **Sec. 29.** RCW 71.34.660 and 2016 sp.s. c 29 s 266 are each
9 amended to read as follows:

10 A minor child shall have no cause of action against an evaluation
11 and treatment facility, secure (~~(detoxification)~~) withdrawal
12 management and stabilization facility, approved substance use
13 disorder treatment program, inpatient facility, or provider of
14 outpatient mental health treatment or outpatient substance use
15 disorder treatment for admitting or accepting the minor in good faith
16 for evaluation or treatment under RCW 71.34.600 or 71.34.650 based
17 solely upon the fact that the minor did not consent to evaluation or
18 treatment if the minor's parent has consented to the evaluation or
19 treatment.

20 **Sec. 30.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each
21 amended to read as follows:

22 (1) If a minor, thirteen years or older, is brought to an
23 evaluation and treatment facility or hospital emergency room for
24 immediate mental health services, the professional person in charge
25 of the facility shall evaluate the minor's mental condition,
26 determine whether the minor suffers from a mental disorder, and
27 whether the minor is in need of immediate inpatient treatment.

28 (2) If a minor, thirteen years or older, is brought to a secure
29 (~~(detoxification)~~) withdrawal management and stabilization facility
30 with available space, or a hospital emergency room for immediate
31 substance use disorder treatment, the professional person in charge
32 of the facility shall evaluate the minor's condition, determine
33 whether the minor suffers from substance use disorder, and whether
34 the minor is in need of immediate inpatient treatment.

35 (3) If it is determined under subsection (1) or (2) of this
36 section that the minor suffers from a mental disorder or substance
37 use disorder, inpatient treatment is required, the minor is unwilling
38 to consent to voluntary admission, and the professional person

1 believes that the minor meets the criteria for initial detention set
2 forth herein, the facility may detain or arrange for the detention of
3 the minor for up to twelve hours in order to enable a designated
4 crisis responder to evaluate the minor and commence initial detention
5 proceedings under the provisions of this chapter.

6 **Sec. 31.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each
7 amended to read as follows:

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

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

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

30 **Sec. 32.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
31 amended to read as follows:

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

1 cause the minor to be taken, into custody and transported to an
2 evaluation and treatment facility providing inpatient treatment.

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

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

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

34 (3) At the time of initial detention, the designated crisis
35 responder shall advise the minor both orally and in writing that if
36 admitted to the evaluation and treatment facility, secure
37 (~~detoxification~~) withdrawal management and stabilization facility,
38 or approved substance use disorder treatment program for inpatient
39 treatment, a commitment hearing shall be held within seventy-two

1 hours of the minor's provisional acceptance to determine whether
2 probable cause exists to commit the minor for further treatment.

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

7 (4) Subject to subsection (5) of this section, whenever the
8 designated crisis responder petitions for detention of a minor under
9 this chapter, an evaluation and treatment facility, secure
10 (~~detoxification~~) withdrawal management and stabilization facility,
11 or approved substance use disorder treatment program providing
12 seventy-two hour evaluation and treatment must immediately accept on
13 a provisional basis the petition and the person. Within twenty-four
14 hours of the minor's arrival, the facility must evaluate the minor's
15 condition and either admit or release the minor in accordance with
16 this chapter.

17 (5) A designated crisis responder may not petition for detention
18 of a minor to a secure (~~detoxification~~) withdrawal management and
19 stabilization facility or approved substance use disorder treatment
20 program unless there is a secure (~~detoxification~~) withdrawal
21 management and stabilization facility or approved substance use
22 disorder treatment program available and that has adequate space for
23 the minor.

24 (6) If a minor is not approved for admission by the inpatient
25 evaluation and treatment facility, secure (~~detoxification~~)
26 withdrawal management and stabilization facility, or approved
27 substance use disorder treatment program, the facility shall make
28 such recommendations and referrals for further care and treatment of
29 the minor as necessary.

30 **Sec. 33.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each
31 amended to read as follows:

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

1 cause the minor to be taken, into custody and transported to an
2 evaluation and treatment facility providing inpatient treatment.

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

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

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

31 (3) At the time of initial detention, the designated crisis
32 responder shall advise the minor both orally and in writing that if
33 admitted to the evaluation and treatment facility, secure
34 (~~detoxification~~) withdrawal management and stabilization facility,
35 or approved substance use disorder treatment program for inpatient
36 treatment, a commitment hearing shall be held within seventy-two
37 hours of the minor's provisional acceptance to determine whether
38 probable cause exists to commit the minor for further treatment.

39 The minor shall be advised that he or she has a right to
40 communicate immediately with an attorney and that he or she has a

1 right to have an attorney appointed to represent him or her before
2 and at the hearing if the minor is indigent.

3 (4) Whenever the designated crisis responder petitions for
4 detention of a minor under this chapter, an evaluation and treatment
5 facility, secure ((~~detoxification~~)) withdrawal management and
6 stabilization facility, or approved substance use disorder treatment
7 program providing seventy-two hour evaluation and treatment must
8 immediately accept on a provisional basis the petition and the
9 person. Within twenty-four hours of the minor's arrival, the facility
10 must evaluate the minor's condition and either admit or release the
11 minor in accordance with this chapter.

12 (5) If a minor is not approved for admission by the inpatient
13 evaluation and treatment facility, secure ((~~detoxification~~))
14 withdrawal management and stabilization facility, or approved
15 substance use disorder treatment program, the facility shall make
16 such recommendations and referrals for further care and treatment of
17 the minor as necessary.

18 **Sec. 34.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to
19 read as follows:

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

30 (2) If, after examination and evaluation, the children's mental
31 health specialist or substance use disorder specialist and the
32 physician, physician assistant, or psychiatric advanced registered
33 nurse practitioner determine that the initial needs of the minor, if
34 detained to an evaluation and treatment facility, would be better
35 served by placement in a substance use disorder treatment program or,
36 if detained to a secure ((~~detoxification~~)) withdrawal management and
37 stabilization facility or approved substance use disorder treatment
38 program, would be better served in an evaluation and treatment
39 facility, then the minor shall be referred to the more appropriate

1 placement; however a minor may only be referred to a secure
2 (~~detoxification~~) withdrawal management and stabilization facility
3 or approved substance use disorder treatment program if there is a
4 secure (~~detoxification~~) withdrawal management and stabilization
5 facility or approved substance use disorder treatment program
6 available and that has adequate space for the minor.

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

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

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

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

28 **Sec. 35.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to
29 read as follows:

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

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

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

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

21 (5) If the evaluation and treatment facility, secure
22 (~~detoxification~~) withdrawal management and stabilization facility,
23 or approved substance use disorder treatment program admits the
24 minor, it may detain the minor for evaluation and treatment for a
25 period not to exceed seventy-two hours from the time of provisional
26 acceptance. The computation of such seventy-two hour period shall
27 exclude Saturdays, Sundays, and holidays. This initial treatment
28 period shall not exceed seventy-two hours except when an application
29 for voluntary inpatient treatment is received or a petition for
30 fourteen-day 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. 36.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155
34 s 20 are each reenacted and amended to read as follows:

35 (1) The professional person in charge of an evaluation and
36 treatment facility, secure (~~detoxification~~) withdrawal management
37 and stabilization facility, or approved substance use disorder
38 treatment program where a minor has been admitted involuntarily for
39 the initial seventy-two hour treatment period under this chapter may

1 petition to have a minor committed to an evaluation and treatment
2 facility or, in the case of a minor with a substance use disorder, to
3 a secure (~~detoxification~~) withdrawal management and stabilization
4 facility or approved substance use disorder treatment program for
5 fourteen-day diagnosis, evaluation, 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) (~~Two physicians; (ii) one physician and a mental health~~
16 ~~professional; (iii) one physician assistant and a mental health~~
17 ~~professional; or (iv) one psychiatric advanced registered nurse~~
18 ~~practitioner and a mental health professional~~) One physician,
19 physician assistant, or psychiatric advanced registered nurse
20 practitioner; and

21 (ii) One physician, physician assistant, psychiatric advanced
22 registered nurse practitioner, or mental health professional.

23 (b) If the petition is for substance use disorder treatment, the
24 petition may be signed by a chemical dependency professional instead
25 of a mental health professional and by an advanced registered nurse
26 practitioner instead of a psychiatric advanced registered nurse
27 practitioner. The person signing the petition must have examined the
28 minor, and the petition must contain the following:

29 (~~(A)~~) (i) The name and address of the petitioner;

30 (~~(B)~~) (ii) The name of the minor alleged to meet the criteria
31 for fourteen-day commitment;

32 (~~(C)~~) (iii) The name, telephone number, and address if known of
33 every person believed by the petitioner to be legally responsible for
34 the minor;

35 (~~(D)~~) (iv) A statement that the petitioner has examined the
36 minor and finds that the minor's condition meets required criteria
37 for fourteen-day commitment and the supporting facts therefor;

38 (~~(E)~~) (v) A statement that the minor has been advised of the
39 need for voluntary treatment but has been unwilling or unable to
40 consent to necessary treatment;

1 (~~(F)~~) (vi) If the petition is for mental health treatment, a
2 statement that the minor has been advised of the loss of firearm
3 rights if involuntarily committed;

4 (~~(G)~~) (vii) A statement recommending the appropriate facility
5 or facilities to provide the necessary treatment; and

6 (~~(H)~~) (viii) A statement concerning whether a less restrictive
7 alternative to inpatient treatment is in the best interests of the
8 minor.

9 (~~(b)~~) (c) A copy of the petition shall be personally delivered
10 to the minor by the petitioner or petitioner's designee. A copy of
11 the petition shall be sent to the minor's attorney and the minor's
12 parent.

13 **Sec. 37.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each
14 amended to read as follows:

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

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

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

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

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

30 (6) At the commitment hearing, the minor shall have the following
31 rights:

32 (a) To be represented by an attorney;

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

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

35 (7) If the hearing is for commitment for mental health treatment,
36 the court at the time of the commitment hearing and before an order
37 of commitment is entered shall inform the minor both orally and in
38 writing that the failure to make a good faith effort to seek
39 voluntary treatment as provided in RCW 71.34.730 will result in the

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

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

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

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

10 (a) The minor has a mental disorder or substance use disorder and
11 presents a likelihood of serious harm or is gravely disabled;

12 (b) The minor is in need of evaluation and treatment of the type
13 provided by the inpatient evaluation and treatment facility, secure
14 (~~(detoxification)~~) withdrawal management and stabilization facility,
15 or approved substance use disorder treatment program to which
16 continued inpatient care is sought or is in need of less restrictive
17 alternative treatment found to be in the best interests of the minor;

18 (c) The minor is unwilling or unable in good faith to consent to
19 voluntary treatment; and

20 (d) If commitment is for a substance use disorder, there is an
21 available secure (~~(detoxification)~~) withdrawal management and
22 stabilization facility or approved substance use disorder treatment
23 program with adequate space for the minor.

24 (11) If the court finds that the minor meets the criteria for a
25 fourteen-day commitment, the court shall either authorize commitment
26 of the minor for inpatient treatment or for less restrictive
27 alternative treatment upon such conditions as are necessary. If the
28 court determines that the minor does not meet the criteria for a
29 fourteen-day commitment, the minor shall be released.

30 (12) Nothing in this section prohibits the professional person in
31 charge of the facility from releasing the minor at any time, when, in
32 the opinion of the professional person in charge of the facility,
33 further inpatient treatment is no longer necessary. The release may
34 be subject to reasonable conditions if appropriate.

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

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

1 **Sec. 38.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each
2 amended to read as follows:

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

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

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

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

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

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

20 (a) To be represented by an attorney;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 **Sec. 39.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155
26 s 21 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

8 (3) The petition shall be supported by accompanying affidavits
9 signed by: (a) Two examining physicians, one of whom shall be a child
10 psychiatrist, or two psychiatric advanced registered nurse
11 practitioners, one of whom shall be a child and adolescent or family
12 psychiatric advanced registered nurse practitioner. If the petition
13 is for substance use disorder treatment, the petition may be signed
14 by a chemical dependency professional instead of a mental health
15 professional and by an advanced registered nurse practitioner instead
16 of a psychiatric advanced registered nurse practitioner, or two
17 physician assistants, one of whom must be supervised by a child
18 psychiatrist; (b) one children's mental health specialist and either
19 an examining physician, physician assistant, or a psychiatric
20 advanced registered nurse practitioner; or (c) two among an examining
21 physician, physician assistant, and a psychiatric advanced registered
22 nurse practitioner, one of which needs to be a child
23 psychiatrist(~~(+)~~), a physician assistant supervised by a child
24 psychiatrist, or a child and adolescent psychiatric nurse
25 practitioner. The affidavits shall describe in detail the behavior of
26 the detained minor which supports the petition and shall state
27 whether a less restrictive alternative to inpatient treatment is in
28 the best interests of the minor.

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

37 (5) At the time of filing, the court shall set a date within
38 seven days for the hearing on the petition. The court may continue
39 the hearing upon the written request of the minor or the minor's
40 attorney for not more than ten days. The minor or the parents shall

1 be afforded the same rights as in a fourteen-day commitment hearing.
2 Treatment of the minor shall continue pending the proceeding.

3 (6) For one hundred eighty-day commitment:

4 (a) The court must find by clear, cogent, and convincing evidence
5 that the minor:

6 (i) Is suffering from a mental disorder or substance use
7 disorder;

8 (ii) Presents a likelihood of serious harm or is gravely
9 disabled; and

10 (iii) Is in need of further treatment that only can be provided
11 in a one hundred eighty-day commitment.

12 (b) If commitment is for a substance use disorder, the court must
13 find that there is an available approved substance use disorder
14 treatment program that has adequate space for the minor.

15 (7) If the court finds that the criteria for commitment are met
16 and that less restrictive treatment in a community setting is not
17 appropriate or available, the court shall order the minor committed
18 to the custody of the secretary for further inpatient mental health
19 treatment, to an approved substance use disorder treatment program
20 for further substance use disorder treatment, or to a private
21 treatment and evaluation facility for inpatient mental health or
22 substance use disorder treatment if the minor's parents have assumed
23 responsibility for payment for the treatment. If the court finds that
24 a less restrictive alternative is in the best interest of the minor,
25 the court shall order less restrictive alternative treatment upon
26 such conditions as necessary.

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

29 (8) Successive one hundred eighty-day commitments are permissible
30 on the same grounds and under the same procedures as the original one
31 hundred eighty-day commitment. Such petitions shall be filed at least
32 five days prior to the expiration of the previous one hundred eighty-
33 day commitment order.

34 **Sec. 40.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each
35 amended to read as follows:

36 (1) At any time during the minor's period of fourteen-day
37 commitment, the professional person in charge may petition the court
38 for an order requiring the minor to undergo an additional one hundred
39 eighty-day period of treatment. The evidence in support of the

1 petition shall be presented by the county prosecutor unless the
2 petition is filed by the professional person in charge of a state-
3 operated facility in which case the evidence shall be presented by
4 the attorney general.

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

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

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

10 (c) A statement that the petitioner is the professional person in
11 charge of the evaluation and treatment facility, secure
12 (~~(detoxification)~~) withdrawal management and stabilization facility,
13 or approved substance use disorder treatment program responsible for
14 the treatment of the minor;

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

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

17 (3) The petition shall be supported by accompanying affidavits
18 signed by: (a) Two examining physicians, one of whom shall be a child
19 psychiatrist, or two psychiatric advanced registered nurse
20 practitioners, one of whom shall be a child and adolescent or family
21 psychiatric advanced registered nurse practitioner. If the petition
22 is for substance use disorder treatment, the petition may be signed
23 by a chemical dependency professional instead of a mental health
24 professional and by an advanced registered nurse practitioner instead
25 of a psychiatric advanced registered nurse practitioner, or two
26 physician assistants, one of whom must be supervised by a child
27 psychiatrist; (b) one children's mental health specialist and either
28 an examining physician, physician assistant, or a psychiatric
29 advanced registered nurse practitioner; or (c) two among an examining
30 physician, physician assistant, and a psychiatric advanced registered
31 nurse practitioner, one of which needs to be a child
32 psychiatrist(~~(+)~~), a physician assistant supervised by a child
33 psychiatrist, or a child and adolescent psychiatric nurse
34 practitioner. The affidavits shall describe in detail the behavior of
35 the detained minor which supports the petition and shall state
36 whether a less restrictive alternative to inpatient treatment is in
37 the best interests of the minor.

38 (4) The petition for one hundred eighty-day commitment shall be
39 filed with the clerk of the court at least three days before the
40 expiration of the fourteen-day commitment period. The petitioner or

1 the petitioner's designee shall within twenty-four hours of filing
2 serve a copy of the petition on the minor and notify the minor's
3 attorney and the minor's parent. A copy of the petition shall be
4 provided to such persons at least twenty-four hours prior to the
5 hearing.

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

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

14 (a) Is suffering from a mental disorder or substance use
15 disorder;

16 (b) Presents a likelihood of serious harm or is gravely disabled;
17 and

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

20 (7) If the court finds that the criteria for commitment are met
21 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 secretary 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 If the court determines that the minor does not meet the criteria
33 for one hundred eighty-day commitment, the minor shall be released.

34 (8) Successive one hundred eighty-day commitments are permissible
35 on the same grounds and under the same procedures as the original one
36 hundred eighty-day commitment. Such petitions shall be filed at least
37 five days prior to the expiration of the previous one hundred eighty-
38 day commitment order.

1 **Sec. 41.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to
2 read as follows:

3 (1) If the professional person in charge of an outpatient
4 treatment program, a designated crisis responder, or the director or
5 secretary, as appropriate, determines that a minor is failing to
6 adhere to the conditions of the court order for less restrictive
7 alternative treatment or the conditions for the conditional release,
8 or that substantial deterioration in the minor's functioning has
9 occurred, the designated crisis responder, or the director or
10 secretary, as appropriate, may order that the minor, if committed for
11 mental health treatment, be taken into custody and transported to an
12 inpatient evaluation and treatment facility or, if committed for
13 substance use disorder treatment, be taken into custody and
14 transported to a secure ((detoxification)) withdrawal management and
15 stabilization facility or approved substance use disorder treatment
16 program if there is an available secure ((detoxification)) withdrawal
17 management and stabilization facility or approved substance use
18 disorder treatment program that has adequate space for the minor.

19 (2) The designated crisis responder or the director or secretary,
20 as appropriate, shall file the order of apprehension and detention
21 and serve it upon the minor and notify the minor's parent and the
22 minor's attorney, if any, of the detention within two days of return.
23 At the time of service the minor shall be informed of the right to a
24 hearing and to representation by an attorney. The designated crisis
25 responder or the director or secretary, as appropriate, may modify or
26 rescind the order of apprehension and detention at any time prior to
27 the hearing.

28 (3) A petition for revocation of less restrictive alternative
29 treatment shall be filed by the designated crisis responder or the
30 director or secretary, as appropriate, with the court in the county
31 ordering the less restrictive alternative treatment. The court shall
32 conduct the hearing in that county. A petition for revocation of
33 conditional release may be filed with the court in the county
34 ordering inpatient treatment or the county where the minor on
35 conditional release is residing. A petition shall describe the
36 behavior of the minor indicating violation of the conditions or
37 deterioration of routine functioning and a dispositional
38 recommendation. Upon motion for good cause, the hearing may be
39 transferred to the county of the minor's residence or to the county
40 in which the alleged violations occurred. The hearing shall be held

1 within seven days of the minor's return. The issues to be determined
2 are whether the minor did or did not adhere to the conditions of the
3 less restrictive alternative treatment or conditional release, or
4 whether the minor's routine functioning has substantially
5 deteriorated, and, if so, whether the conditions of less restrictive
6 alternative treatment or conditional release should be modified or,
7 subject to subsection (4) of this section, whether the minor should
8 be returned to inpatient treatment. Pursuant to the determination of
9 the court, the minor shall be returned to less restrictive
10 alternative treatment or conditional release on the same or modified
11 conditions or shall be returned to inpatient treatment. If the minor
12 is returned to inpatient treatment, RCW 71.34.760 regarding the
13 director's placement responsibility shall apply. The hearing may be
14 waived by the minor and the minor returned to inpatient treatment or
15 to less restrictive alternative treatment or conditional release on
16 the same or modified conditions.

17 (4) A court may not order the return of a minor to inpatient
18 treatment in a secure ((~~detoxification~~)) withdrawal management and
19 stabilization facility or approved substance use disorder treatment
20 program unless there is a secure ((~~detoxification~~)) withdrawal
21 management and stabilization facility or approved substance use
22 disorder treatment program available with adequate space for the
23 minor.

24 **Sec. 42.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to
25 read as follows:

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

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

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

38 NEW SECTION. **Sec. 43.** Sections 4, 6, 8, 11, 14, 30, 32, 34, 37,
39 39, and 41 of this act expire July 1, 2026.

1 NEW SECTION. **Sec. 44.** Sections 5, 7, 9, 12, 15, 31, 33, 35, 38,
2 40, and 42 of this act take effect July 1, 2026."

2SHB 1907 - S COMM AMD

By Subcommittee on Behavioral Health

ADOPTED AS AMENDED 04/17/2019

3 On page 1, line 1 of the title, after "system;" strike the
4 remainder of the title and insert "amending RCW 71.05.050, 71.05.150,
5 71.05.150, 71.05.153, 71.05.153, 71.05.210, 71.05.210, 71.05.220,
6 71.05.360, 71.05.760, 71.05.190, 71.05.180, 71.05.160, 71.05.157,
7 71.05.148, 71.24.037, 71.34.020, 71.34.375, 71.05.435, 71.34.410,
8 71.34.600, 71.34.660, 71.34.700, 71.34.700, 71.34.710, 71.34.710,
9 71.34.720, 71.34.720, 71.34.740, 71.34.740, 71.34.750, 71.34.780, and
10 71.34.780; reenacting and amending RCW 71.05.020, 71.05.240,
11 71.05.240, 71.05.590, 71.05.590, 71.05.120, 71.34.730, and 71.34.750;
12 creating a new section; providing an effective date; and providing an
13 expiration date."

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