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**HOUSE BILL 1907**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Representatives Davis, Appleton, Doglio, Ryu, Goodman, and Jinkins

Read first time 02/05/19. Referred to Committee on Civil Rights & Judiciary.

1 AN ACT Relating to the substance use disorder treatment system;  
2 amending RCW 71.05.050, 71.05.150, 71.05.150, 71.05.153, 71.05.153,  
3 71.05.210, 71.05.210, 71.05.220, 71.05.360, 71.05.760, 71.05.190,  
4 71.05.180, 71.05.160, 71.05.157, 71.05.148, 71.24.037, 71.34.020,  
5 71.34.375, 71.05.435, 71.34.410, 71.34.600, 71.34.660, 71.34.700,  
6 71.34.700, 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.740,  
7 71.34.740, 71.34.750, 71.34.780, and 71.34.780; reenacting and  
8 amending RCW 71.05.020, 71.05.240, 71.05.240, 71.05.590, 71.05.590,  
9 71.05.120, 71.34.730, and 71.34.750; adding a new section to chapter  
10 71.05 RCW; adding new sections to chapter 71.24 RCW; providing an  
11 effective date; and providing an expiration date.

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

13 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.05  
14 RCW to read as follows:

15 Subject to the availability of amounts appropriated for this  
16 specific purpose, the authority may provide technical assistance to  
17 staff at secure withdrawal management and stabilization facilities  
18 and approved substance use disorder treatment programs to improve  
19 suicide assessment, treatment, and management in the treatment  
20 milieu.

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

3       The definitions in this section apply throughout this chapter  
4 unless the context clearly requires otherwise.

5       (1) "Admission" or "admit" means a decision by a physician,  
6 physician assistant, or psychiatric advanced registered nurse  
7 practitioner that a person should be examined or treated as a patient  
8 in a hospital;

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

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

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

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

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

27       (7) "Chemical dependency" means:

28       (a) Alcoholism;

29       (b) Drug addiction; or

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

32       (8) "Chemical dependency professional" means a person certified  
33 as a chemical dependency professional by the department under chapter  
34 18.205 RCW;

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

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

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

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

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

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

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

18 (16) "Developmental disabilities professional" means a person who  
19 has specialized training and three years of experience in directly  
20 treating or working with persons with developmental disabilities and  
21 is a psychiatrist, physician assistant working with a supervising  
22 psychiatrist, psychologist, psychiatric advanced registered nurse  
23 practitioner, or social worker, and such other developmental  
24 disabilities professionals as may be defined by rules adopted by the  
25 secretary of the department of social and health services;

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

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

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

32 (20) "Drug addiction" means a disease, characterized by a  
33 dependency on psychoactive chemicals, loss of control over the amount  
34 and circumstances of use, symptoms of tolerance, physiological or  
35 psychological withdrawal, or both, if use is reduced or discontinued,  
36 and impairment of health or disruption of social or economic  
37 functioning;

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

1 care, and timely and appropriate inpatient care to persons suffering  
2 from a mental disorder, and which is licensed or certified as such by  
3 the department. The authority may certify single beds as temporary  
4 evaluation and treatment beds under RCW 71.05.745. A physically  
5 separate and separately operated portion of a state hospital may be  
6 designated as an evaluation and treatment facility. A facility which  
7 is part of, or operated by, the department of social and health  
8 services or any federal agency will not require certification. No  
9 correctional institution or facility, or jail, shall be an evaluation  
10 and treatment facility within the meaning of this chapter;

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

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

28 (24) "Hearing" means any proceeding conducted in open court. For  
29 purposes of this chapter, at any hearing the petitioner, the  
30 respondent, the witnesses, and the presiding judicial officer may be  
31 present and participate either in person or by video, as determined  
32 by the court. The term "video" as used herein shall include any  
33 functional equivalent. At any hearing conducted by video, the  
34 technology used must permit the judicial officer, counsel, all  
35 parties, and the witnesses to be able to see, hear, and speak, when  
36 authorized, during the hearing; to allow attorneys to use exhibits or  
37 other materials during the hearing; and to allow respondent's counsel  
38 to be in the same location as the respondent unless otherwise  
39 requested by the respondent or the respondent's counsel. Witnesses in  
40 a proceeding may also appear in court through other means, including

1 telephonically, pursuant to the requirements of superior court civil  
2 rule 43. Notwithstanding the foregoing, the court, upon its own  
3 motion or upon a motion for good cause by any party, may require all  
4 parties and witnesses to participate in the hearing in person rather  
5 than by video. In ruling on any such motion, the court may allow in-  
6 person or video testimony; and the court may consider, among other  
7 things, whether the respondent's alleged mental illness affects the  
8 respondent's ability to perceive or participate in the proceeding by  
9 video;

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

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

18 (27) "Individualized service plan" means a plan prepared by a  
19 developmental disabilities professional with other professionals as a  
20 team, for a person with developmental disabilities, which shall  
21 state:

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

24 (b) The conditions and strategies necessary to achieve the  
25 purposes of habilitation;

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

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

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

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

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

38 (28) "Information related to mental health services" means all  
39 information and records compiled, obtained, or maintained in the  
40 course of providing services to either voluntary or involuntary

1 recipients of services by a mental health service provider. This may  
2 include documents of legal proceedings under this chapter or chapter  
3 71.34 or 10.77 RCW, or somatic health care information;

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

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

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

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

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

29 (34) "Licensed physician" means a person licensed to practice  
30 medicine or osteopathic medicine and surgery in the state of  
31 Washington;

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

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

1 property of others, as evidenced by behavior which has caused  
2 substantial loss or damage to the property of others; ((~~or~~))

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

5 (c) A reasonable certainty that the person will suffer severe  
6 physical or mental harm as manifested by recent behavior  
7 demonstrating an inability to avoid risk or to protect the person  
8 adequately from impairment or injury;

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

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

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

21 (39) "Mental health service provider" means a public or private  
22 agency that provides mental health services to persons with mental  
23 disorders or substance use disorders as defined under this section  
24 and receives funding from public sources. This includes, but is not  
25 limited to, hospitals licensed under chapter 70.41 RCW, evaluation  
26 and treatment facilities as defined in this section, community mental  
27 health service delivery systems or behavioral health programs as  
28 defined in RCW 71.24.025, facilities conducting competency  
29 evaluations and restoration under chapter 10.77 RCW, approved  
30 substance use disorder treatment programs as defined in this section,  
31 secure ((~~detoxification~~)) withdrawal management and stabilization  
32 facilities as defined in this section, and correctional facilities  
33 operated by state and local governments;

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

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

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

9 (43) "Professional person" means a mental health professional,  
10 chemical dependency professional, or designated crisis responder and  
11 shall also mean a physician, physician assistant, psychiatric  
12 advanced registered nurse practitioner, registered nurse, and such  
13 others as may be defined by rules adopted by the secretary pursuant  
14 to the provisions of this chapter;

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

19 (45) "Psychiatrist" means a person having a license as a  
20 physician and surgeon in this state who has in addition completed  
21 three years of graduate training in psychiatry in a program approved  
22 by the American medical association or the American osteopathic  
23 association and is certified or eligible to be certified by the  
24 American board of psychiatry and neurology;

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

27 (47) "Public agency" means any evaluation and treatment facility  
28 or institution, secure (~~detoxification~~) withdrawal management and  
29 stabilization facility, approved substance use disorder treatment  
30 program, or hospital which is conducted for, or includes a department  
31 or ward conducted for, the care and treatment of persons with mental  
32 illness, substance use disorders, or both mental illness and  
33 substance use disorders, if the agency is operated directly by  
34 federal, state, county, or municipal government, or a combination of  
35 such governments;

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

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



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

3 (51) "Secure (~~detoxification~~) withdrawal management and  
4 stabilization facility" means a facility operated by either a public  
5 or private agency or by the program of an agency that:

6 (a) Provides for intoxicated persons:

7 (i) Evaluation and assessment, provided by certified chemical  
8 dependency professionals;

9 (ii) Acute or subacute detoxification services; and

10 (iii) Discharge assistance provided by certified chemical  
11 dependency professionals, including facilitating transitions to  
12 appropriate voluntary or involuntary inpatient services or to less  
13 restrictive alternatives as appropriate for the individual;

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

16 (c) Is licensed or certified as such by the department of health;

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

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

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

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

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

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

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

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

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

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

35 (2) If the professional staff of any public or private agency or  
36 hospital regards a person voluntarily admitted who requests discharge  
37 as presenting, as a result of a mental disorder or substance use  
38 disorder, an imminent likelihood of serious harm, or is gravely  
39 disabled, they may detain such person for sufficient time to notify

1 the designated crisis responder of such person's condition to enable  
2 the designated crisis responder to authorize such person being  
3 further held in custody or transported to an evaluation and treatment  
4 center, secure ((~~detoxification~~)) withdrawal management and  
5 stabilization facility, or approved substance use disorder treatment  
6 program pursuant to the provisions of this chapter, which shall in  
7 ordinary circumstances be no later than the next judicial day.

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

25 (4) 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 crisis responder has  
29 totally disregarded the requirements of this section.

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

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

1 treatment, if satisfied that the allegations are true and that the  
2 person will not voluntarily seek appropriate treatment, file a  
3 petition for initial detention under this section or a petition for  
4 involuntary outpatient behavioral health treatment under RCW  
5 71.05.148. Before filing the petition, the designated crisis  
6 responder must personally interview the person, unless the person  
7 refuses an interview, and determine whether the person will  
8 voluntarily receive appropriate evaluation and treatment at an  
9 evaluation and treatment facility, crisis stabilization unit, triage  
10 facility, or approved substance use disorder treatment program.

11 (2) (a) An order to detain a person with a mental disorder to a  
12 designated evaluation and treatment facility, or to detain a person  
13 with a substance use disorder to a secure ~~((detoxification))~~  
14 withdrawal management and stabilization facility or approved  
15 substance use disorder treatment program, for not more than a  
16 seventy-two-hour evaluation and treatment period may be issued by a  
17 judge of the superior court upon request of a designated crisis  
18 responder, subject to (d) of this subsection, whenever it appears to  
19 the satisfaction of a judge of the superior court:

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

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

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

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

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

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

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

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

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

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

1 treatment, if satisfied that the allegations are true and that the  
2 person will not voluntarily seek appropriate treatment, file a  
3 petition for initial detention under this section or a petition for  
4 involuntary outpatient behavioral health treatment under RCW  
5 71.05.148. Before filing the petition, the designated crisis  
6 responder must personally interview the person, unless the person  
7 refuses an interview, and determine whether the person will  
8 voluntarily receive appropriate evaluation and treatment at an  
9 evaluation and treatment facility, crisis stabilization unit, triage  
10 facility, or approved substance use disorder treatment program.

11 (2) (a) An order to detain a person with a mental disorder to a  
12 designated evaluation and treatment facility, or to detain a person  
13 with a substance use disorder to a secure ~~((detoxification))~~  
14 withdrawal management and stabilization facility or approved  
15 substance use disorder treatment program, for not more than a  
16 seventy-two-hour evaluation and treatment period may be issued by a  
17 judge of the superior court upon request of a designated crisis  
18 responder whenever it appears to the satisfaction of a judge of the  
19 superior court:

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

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

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

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

31 (3) The designated crisis responder shall then serve or cause to  
32 be served on such person, his or her guardian, and conservator, if  
33 any, a copy of the order together with a notice of rights, and a  
34 petition for initial detention. After service on such person the  
35 designated crisis responder shall file the return of service in court  
36 and provide copies of all papers in the court file to the evaluation  
37 and treatment facility, secure ~~((detoxification))~~ withdrawal  
38 management and stabilization facility, or approved substance use  
39 disorder treatment program, and the designated attorney. The  
40 designated crisis responder shall notify the court and the

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

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

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

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

36 (2) When a designated crisis responder receives information  
37 alleging that a person, as the result of substance use disorder,  
38 presents an imminent likelihood of serious harm, or is in imminent  
39 danger because of being gravely disabled, after investigation and

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

11 (3) (a) Subject to (b) of this subsection, a peace officer may  
12 take or cause such person to be taken into custody and immediately  
13 delivered to a triage facility, crisis stabilization unit, evaluation  
14 and treatment facility, secure ((~~detoxification~~)) withdrawal  
15 management and stabilization facility, approved substance use  
16 disorder treatment program, or the emergency department of a local  
17 hospital under the following circumstances:

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

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

23 (b) A peace officer's delivery of a person, based on a substance  
24 use disorder, to a secure ((~~detoxification~~)) withdrawal management  
25 and stabilization facility or approved substance use disorder  
26 treatment program is subject to the availability of a secure  
27 ((~~detoxification~~)) withdrawal management and stabilization facility  
28 or approved substance use disorder treatment program with adequate  
29 space for the person.

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

38 (5) Within three hours after arrival, not counting time periods  
39 prior to medical clearance, the person must be examined by a mental  
40 health professional. Within twelve hours of notice of the need for



1 evaluation, not counting time periods prior to medical clearance, the  
2 designated crisis responder must determine whether the individual  
3 meets detention criteria. If the individual is detained, the  
4 designated crisis responder shall file a petition for detention or a  
5 supplemental petition as appropriate and commence service on the  
6 designated attorney for the detained person. If the individual is  
7 released to the community, the mental health service provider shall  
8 inform the peace officer of the release within a reasonable period of  
9 time after the release if the peace officer has specifically  
10 requested notification and provided contact information to the  
11 provider.

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

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

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

30 (2) When a designated crisis responder receives information  
31 alleging that a person, as the result of substance use disorder,  
32 presents an imminent likelihood of serious harm, or is in imminent  
33 danger because of being gravely disabled, after investigation and  
34 evaluation of the specific facts alleged and of the reliability and  
35 credibility of the person or persons providing the information if  
36 any, the designated crisis responder may take the person, or cause by  
37 oral or written order the person to be taken, into emergency custody  
38 in a secure (~~(detoxification)~~) withdrawal management and  
39 stabilization facility or approved substance use disorder treatment

1 program for not more than seventy-two hours as described in RCW  
2 71.05.180.

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

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

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

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

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

36 (6) Dismissal of a commitment petition is not the appropriate  
37 remedy for a violation of the timeliness requirements of this section  
38 based on the intent of this chapter under RCW 71.05.010 except in the  
39 few cases where the facility staff or designated mental health

1 professional has totally disregarded the requirements of this  
2 section.

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

5 (1) Each person involuntarily detained and accepted or admitted  
6 at an evaluation and treatment facility, secure (~~detoxification~~)  
7 withdrawal management and stabilization facility, or approved  
8 substance use disorder treatment program:

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

12 (i) One physician, physician assistant, or advanced registered  
13 nurse practitioner; and

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

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

35 (2) If, after examination and evaluation, the mental health  
36 professional or chemical dependency professional and licensed  
37 physician, physician assistant, or psychiatric advanced registered  
38 nurse practitioner determine that the initial needs of the person, if  
39 detained to an evaluation and treatment facility, would be better

1 served by placement in a substance use disorder treatment program,  
2 or, if detained to a secure (~~(detoxification)~~) withdrawal management  
3 and stabilization facility or approved substance use disorder  
4 treatment program, would be better served in an evaluation and  
5 treatment facility than the person shall be referred to the more  
6 appropriate placement; however, a person may only be referred to a  
7 secure (~~(detoxification)~~) withdrawal management and stabilization  
8 facility or approved substance use disorder treatment program if  
9 there is an available secure (~~(detoxification)~~) withdrawal management  
10 and stabilization facility or approved substance use disorder  
11 treatment program with adequate space for the person.

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

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

25 (1) Each person involuntarily detained and accepted or admitted  
26 at an evaluation and treatment facility, secure (~~(detoxification)~~)  
27 withdrawal management and stabilization facility, or approved  
28 substance use disorder treatment program:

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

32 (i) One physician, physician assistant, or advanced registered  
33 nurse practitioner; and

34 (ii) One mental health professional. If the person is detained  
35 for substance use disorder evaluation and treatment, the person may  
36 be examined by a chemical dependency professional instead of a mental  
37 health professional; and

38 (b) Shall receive such treatment and care as his or her condition  
39 requires including treatment on an outpatient basis for the period

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

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

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

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

1 At the time a person is involuntarily admitted to an evaluation  
2 and treatment facility, secure ((~~detoxification~~)) withdrawal  
3 management and stabilization facility, or approved substance use  
4 disorder treatment program, the professional person in charge or his  
5 or her designee shall take reasonable precautions to inventory and  
6 safeguard the personal property of the person detained. A copy of the  
7 inventory, signed by the staff member making it, shall be given to  
8 the person detained and shall, in addition, be open to inspection to  
9 any responsible relative, subject to limitations, if any,  
10 specifically imposed by the detained person. For purposes of this  
11 section, "responsible relative" includes the guardian, conservator,  
12 attorney, spouse, parent, adult child, or adult brother or sister of  
13 the person. The facility shall not disclose the contents of the  
14 inventory to any other person without the consent of the patient or  
15 order of the court.

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

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

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

35 (3)(a) Subject to (b) of this subsection, at the conclusion of  
36 the probable cause hearing, if the court finds by a preponderance of  
37 the evidence that such person, as the result of a mental disorder or  
38 substance use disorder, presents a likelihood of serious harm, or is  
39 gravely disabled, and, after considering less restrictive

1 alternatives to involuntary detention and treatment, finds that no  
2 such alternatives are in the best interests of such person or others,  
3 the court shall order that such person be detained for involuntary  
4 treatment not to exceed fourteen days in a facility licensed or  
5 certified to provide treatment by the department.

6 (b) Commitment for up to fourteen days based on a substance use  
7 disorder must be to either a secure ((~~detoxification~~)) withdrawal  
8 management and stabilization facility or an approved substance use  
9 disorder treatment program. A court may only enter a commitment order  
10 based on a substance use disorder if there is an available secure  
11 ((~~detoxification~~)) withdrawal management and stabilization facility  
12 or approved substance use disorder treatment program with adequate  
13 space for the person.

14 (c) At the conclusion of the probable cause hearing, if the court  
15 finds by a preponderance of the evidence that such person, as the  
16 result of a mental disorder or substance use disorder, presents a  
17 likelihood of serious harm, or is gravely disabled, but that  
18 treatment in a less restrictive setting than detention is in the best  
19 interest of such person or others, the court shall order an  
20 appropriate less restrictive alternative course of treatment for not  
21 to exceed ninety days.

22 (d) If the court finds by a preponderance of the evidence that  
23 such person, as the result of a mental disorder or substance use  
24 disorder, is in need of assisted outpatient behavioral health  
25 treatment, and that the person does not present a likelihood of  
26 serious harm or grave disability, the court shall order an  
27 appropriate less restrictive alternative course of treatment not to  
28 exceed ninety days.

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

34 (5) The court shall specifically state to such person and give  
35 such person notice in writing that if involuntary treatment beyond  
36 the fourteen day period or beyond the ninety days of less restrictive  
37 treatment is to be sought, such person will have the right to a full  
38 hearing or jury trial as required by RCW 71.05.310. If the commitment  
39 is for mental health treatment, the court shall also state to the  
40 person and provide written notice that the person is barred from the

1 possession of firearms and that the prohibition remains in effect  
2 until a court restores his or her right to possess a firearm under  
3 RCW 9.41.047.

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

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

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

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

33 (b) Commitment for up to fourteen days based on a substance use  
34 disorder must be to either a secure ((detoxification)) withdrawal  
35 management and stabilization facility or an approved substance use  
36 disorder treatment program.

37 (c) At the conclusion of the probable cause hearing, if the court  
38 finds by a preponderance of the evidence that such person, as the  
39 result of a mental disorder or substance use disorder, presents a



1 likelihood of serious harm, or is gravely disabled, but that  
2 treatment in a less restrictive setting than detention is in the best  
3 interest of such person or others, the court shall order an  
4 appropriate less restrictive alternative course of treatment for not  
5 to exceed ninety days.

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

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

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

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

30 (1)(a) Every person involuntarily detained or committed under the  
31 provisions of this chapter shall be entitled to all the rights set  
32 forth in this chapter, which shall be prominently posted in the  
33 facility, and shall retain all rights not denied him or her under  
34 this chapter except as chapter 9.41 RCW may limit the right of a  
35 person to purchase or possess a firearm or to qualify for a concealed  
36 pistol license if the person is committed under RCW 71.05.240 or  
37 71.05.320 for mental health treatment.

38 (b) No person shall be presumed incompetent as a consequence of  
39 receiving an evaluation or voluntary or involuntary treatment for a

1 mental disorder or substance use disorder, under this chapter or any  
2 prior laws of this state dealing with mental illness or substance use  
3 disorders. Competency shall not be determined or withdrawn except  
4 under the provisions of chapter 10.77 or 11.88 RCW.

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

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

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

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

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

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

1 (b) The person has a right to communicate immediately with an  
2 attorney; has a right to have an attorney appointed to represent him  
3 or her before and at the probable cause hearing if he or she is  
4 indigent; and has the right to be told the name and address of the  
5 attorney that the mental health professional has designated pursuant  
6 to this chapter;

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

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

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

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

25 (7) The judicial hearing described in subsection (5) of this  
26 section is hereby authorized, and shall be held according to the  
27 provisions of subsection (5) of this section and rules promulgated by  
28 the supreme court.

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

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

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

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

34 (d) To remain silent;

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

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

1 when a court of competent jurisdiction in its discretion determines  
2 that such waiver is necessary to protect either the detained person  
3 or the public.

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

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

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

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

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

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

28 (d) To have visitors at reasonable times;

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

32 (f) To have ready access to letter writing materials, including  
33 stamps, and to send and receive uncensored correspondence through the  
34 mails;

35 (g) To discuss treatment plans and decisions with professional  
36 persons;

37 (h) Not to consent to the administration of antipsychotic  
38 medications and not to thereafter be administered antipsychotic  
39 medications unless ordered by a court under RCW 71.05.217 or pursuant  
40 to an administrative hearing under RCW 71.05.215;

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

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

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

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

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

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

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

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

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

37 (1) Either an agency or facility designated to monitor or provide  
38 services under a less restrictive alternative order or conditional  
39 release order, or a designated crisis responder, may take action to

1 enforce, modify, or revoke a less restrictive alternative or  
2 conditional release order. The agency, facility, or designated crisis  
3 responder must determine that:

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

6 (b) Substantial deterioration in the person's functioning has  
7 occurred;

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

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

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

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

21 (b) To increase the intensity of outpatient services provided to  
22 the person by increasing the frequency of contacts with the provider,  
23 referring the person for an assessment for assertive community  
24 services, or by other means;

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

35 (d) To cause the person to be transported by a peace officer,  
36 designated crisis responder, or other means to the agency or facility  
37 monitoring or providing services under the court order, or to a  
38 triage facility, crisis stabilization unit, emergency department, or  
39 to an evaluation and treatment facility if the person is committed  
40 for mental health treatment, or to a secure ((detoxification))

1 withdrawal management and stabilization facility with available space  
2 or an approved substance use disorder treatment program with  
3 available space if the person is committed for substance use disorder  
4 treatment. The person may be detained at the facility for up to  
5 twelve hours for the purpose of an evaluation to determine whether  
6 modification, revocation, or commitment proceedings are necessary and  
7 appropriate to stabilize the person and prevent decompensation,  
8 deterioration, or physical harm. Temporary detention for evaluation  
9 under this subsection is intended to occur only following a pattern  
10 of noncompliance or the failure of reasonable attempts at outreach  
11 and engagement, and may occur only when in the clinical judgment of a  
12 designated crisis responder or the professional person in charge of  
13 an agency or facility designated to monitor less restrictive  
14 alternative services temporary detention is appropriate. This  
15 subsection does not limit the ability or obligation to pursue  
16 revocation procedures under subsection (4) of this section in  
17 appropriate circumstances; and

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

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

29 (4) (a) Except as provided in subsection (6) of this section, a  
30 designated crisis responder or the secretary of the department of  
31 social and health services may upon their own motion or notification  
32 by the facility or agency designated to provide outpatient care order  
33 a person subject to a court order under this chapter to be  
34 apprehended and taken into custody and temporary detention in an  
35 evaluation and treatment facility in or near the county in which he  
36 or she is receiving outpatient treatment if the person is committed  
37 for mental health treatment, or, if the person is committed for  
38 substance use disorder treatment, in a secure (~~detoxification~~)  
39 withdrawal management and stabilization facility or approved  
40 substance use disorder treatment program if either is available in or

1 near the county in which he or she is receiving outpatient treatment  
2 and has adequate space. Proceedings under this subsection (4) may be  
3 initiated without ordering the apprehension and detention of the  
4 person.

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

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

29 (d) Except as provided in subsection (6) of this section, the  
30 issues for the court to determine are whether: (i) The person adhered  
31 to the terms and conditions of the court order; (ii) substantial  
32 deterioration in the person's functioning has occurred; (iii) there  
33 is evidence of substantial decompensation with a reasonable  
34 probability that the decompensation can be reversed by further  
35 inpatient treatment; or (iv) there is a likelihood of serious harm;  
36 and, if any of the above conditions apply, whether the court should  
37 reinstate or modify the person's less restrictive alternative or  
38 conditional release order or order the person's detention for  
39 inpatient treatment. The person may waive the court hearing and allow  
40 the court to enter a stipulated order upon the agreement of all



1 parties. If the court orders detention for inpatient treatment, the  
2 treatment period may be for no longer than the period authorized in  
3 the original court order. A court may not issue an order to detain a  
4 person for inpatient treatment in a secure ((~~detoxification~~))  
5 withdrawal management and stabilization facility or approved  
6 substance use disorder treatment program under this subsection unless  
7 there is a secure ((~~detoxification~~)) withdrawal management and  
8 stabilization facility or approved substance use disorder treatment  
9 program available and with adequate space for the person.

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

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

36 (b) A person detained under this subsection may be held for  
37 evaluation for up to seventy-two hours, excluding weekends and  
38 holidays, pending a court hearing. If the person is not detained, the  
39 hearing must be scheduled within seventy-two hours of service on the  
40 person. The designated crisis responder or the secretary may modify

1 or rescind the order at any time prior to commencement of the court  
2 hearing.

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

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

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

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

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

30 (b) Substantial deterioration in the person's functioning has  
31 occurred;

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

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

36 (2) Actions taken under this section must include a flexible  
37 range of responses of varying levels of intensity appropriate to the  
38 circumstances and consistent with the interests of the individual and  
39 the public in personal autonomy, safety, recovery, and compliance.

1 Available actions may include, but are not limited to, any of the  
2 following:

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

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

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

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

1 to pursue revocation procedures under subsection (4) of this section  
2 in appropriate circumstances; and

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

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

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

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

39 (c) The designated crisis responder or secretary of the  
40 department of social and health services shall file a revocation

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

13 (d) Except as provided in subsection (6) of this section, the  
14 issues for the court to determine are whether: (i) The person adhered  
15 to the terms and conditions of the court order; (ii) substantial  
16 deterioration in the person's functioning has occurred; (iii) there  
17 is evidence of substantial decompensation with a reasonable  
18 probability that the decompensation can be reversed by further  
19 inpatient treatment; or (iv) there is a likelihood of serious harm;  
20 and, if any of the above conditions apply, whether the court should  
21 reinstate or modify the person's less restrictive alternative or  
22 conditional release order or order the person's detention for  
23 inpatient treatment. The person may waive the court hearing and allow  
24 the court to enter a stipulated order upon the agreement of all  
25 parties. If the court orders detention for inpatient treatment, the  
26 treatment period may be for no longer than the period authorized in  
27 the original court order.

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

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

1 alternative treatment order under RCW 71.05.320 subsequent to an  
2 order for assisted outpatient behavioral health treatment entered  
3 under RCW 71.05.148, order the person to be apprehended and taken  
4 into custody and temporary detention for inpatient evaluation in an  
5 evaluation and treatment facility in or near the county in which he  
6 or she is receiving outpatient treatment if the person is committed  
7 for mental health treatment, or, if the person is committed for  
8 substance use disorder treatment, in a secure (~~detoxification~~)  
9 withdrawal management and stabilization facility or approved  
10 substance use disorder treatment program if either is available in or  
11 near the county in which he or she is receiving outpatient treatment.  
12 Proceedings under this subsection may be initiated without ordering  
13 the apprehension and detention of the person.

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

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

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

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

38 (1)(a) By April 1, 2018, the authority, by rule, must combine the  
39 functions of a designated mental health professional and designated

1 chemical dependency specialist by establishing a designated crisis  
2 responder who is authorized to conduct investigations, detain persons  
3 up to seventy-two hours to the proper facility, and carry out the  
4 other functions identified in this chapter and chapter 71.34 RCW. The  
5 behavioral health organizations shall provide training to the  
6 designated crisis responders as required by the authority.

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

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

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

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

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

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

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

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

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

1 responders, which must include both mental health and chemical  
2 dependency training applicable to the designated crisis responder  
3 role.

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

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

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

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

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

35 If the evaluation and treatment facility, secure  
36 (~~(detoxification)~~) withdrawal management and stabilization facility,  
37 or approved substance use disorder treatment program admits the  
38 person, it may detain him or her for evaluation and treatment for a



1 period not to exceed seventy-two hours from the time of acceptance as  
2 set forth in RCW 71.05.170. The computation of such seventy-two hour  
3 period shall exclude Saturdays, Sundays and holidays.

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

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

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

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

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

33 (2) When an offender is under court-ordered treatment in the  
34 community and the supervision of the department of corrections, and  
35 the treatment provider becomes aware that the person is in violation  
36 of the terms of the court order, the treatment provider shall notify  
37 the designated crisis responder and the department of corrections of

1 the violation and request an evaluation for purposes of revocation of  
2 the less restrictive alternative.

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

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

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

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

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

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

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

38 (2) The designated crisis responder must investigate and evaluate  
39 the specific facts alleged and the reliability or credibility of any

1 person providing information. The designated crisis responder may  
2 spend up to forty-eight hours to complete the investigation, provided  
3 that the person may not be held for investigation for any period  
4 except as authorized by RCW 71.05.050 or 71.05.153.

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

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

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

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

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

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

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

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

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

1 hearing; and (iii) the person's release from custody must be expected  
2 to swiftly follow the adjudication of the petition. In this  
3 circumstance, the time for hearing is shortened to three judicial  
4 days after the filing of the petition.

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

8 (6) A petition for assisted outpatient behavioral health  
9 treatment filed under this section must be adjudicated under RCW  
10 71.05.240.

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

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

28 (2) Peace officers and their employing agencies are not liable  
29 for the referral of a person, or the failure to refer a person, to a  
30 mental health agency pursuant to a policy adopted pursuant to RCW  
31 71.05.457 if such action or inaction is taken in good faith and  
32 without gross negligence.

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

1 efforts are made to communicate the threat to the victim or victims  
2 and to law enforcement personnel.

3 NEW SECTION. **Sec. 23.** A new section is added to chapter 71.24  
4 RCW to read as follows:

5 Subject to the availability of amounts appropriated for this  
6 specific purpose, the director shall require that medicaid payment  
7 for health care services furnished by an approved substance use  
8 disorder treatment program for services delivered through either a  
9 provider contract with the behavioral health organization on a fee-  
10 for-service basis, or under a contract with a medicaid managed health  
11 care organization, be at a rate not less than one hundred percent of  
12 the payment rate that applies to services furnished by a licensed  
13 evaluation and treatment facility in the same region.

14 NEW SECTION. **Sec. 24.** A new section is added to chapter 71.24  
15 RCW to read as follows:

16 Subject to the availability of amounts appropriated for this  
17 specific purpose, the director shall require that medicaid payment  
18 for health care services furnished by a community hospital providing  
19 substance use disorder treatment services delivered through either a  
20 provider contract with a behavioral health organization on a fee-for-  
21 service basis, or under a contract with a medicaid managed health  
22 care organization, be at a rate not less than one hundred percent of  
23 the payment rate that applies to services furnished by a licensed  
24 free-standing approved substance use disorder treatment program in  
25 the same region.

26 NEW SECTION. **Sec. 25.** A new section is added to chapter 71.24  
27 RCW to read as follows:

28 The authority shall develop a reimbursement methodology for  
29 ambulance services when transporting a person to an approved  
30 substance use disorder treatment program. Subject to the availability  
31 of amounts appropriated for this specific purpose, medicaid payment  
32 for services furnished by a licensed ambulance service provider with  
33 either a provider contract with a behavioral health organization on a  
34 fee-for-service basis, or under a contract with a medicaid managed  
35 health care organization, must be at a rate not less than one hundred  
36 percent of the medicaid payment rate that applies to those services  
37 and providers in the same region.

1           **Sec. 26.** 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. 27.** 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:

13 (a) Provides for intoxicated minors:

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

16 (ii) Acute or subacute detoxification services; and

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

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

23 (c) Is licensed or certified as such by the department of health.

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

27 (37) "Start of initial detention" means the time of arrival of  
28 the minor at the first evaluation and treatment facility, secure  
29 (~~detoxification~~) withdrawal management and stabilization facility,  
30 or approved substance use disorder treatment program offering  
31 inpatient treatment if the minor is being involuntarily detained at  
32 the time. With regard to voluntary patients, "start of initial  
33 detention" means the time at which the minor gives notice of intent  
34 to leave under the provisions of this chapter.

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

1       **Sec. 28.** RCW 71.34.375 and 2018 c 201 s 5005 are each amended to  
2 read as follows:

3       (1) If a parent or guardian, for the purpose of mental health  
4 treatment, substance use disorder treatment, or evaluation, brings  
5 his or her minor child to an evaluation and treatment facility, a  
6 hospital emergency room, an inpatient facility licensed under chapter  
7 72.23 RCW, an inpatient facility licensed under chapter 70.41 or  
8 71.12 RCW operating inpatient psychiatric beds for minors, a secure  
9 (~~detoxification~~) withdrawal management and stabilization facility,  
10 or an approved substance use disorder treatment program, the facility  
11 is required to promptly provide written and verbal notice of all  
12 statutorily available treatment options contained in this chapter.  
13 The notice need not be given more than once if written and verbal  
14 notice has already been provided and documented by the facility.

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

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

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

23       (3) The department of health shall produce, and make available,  
24 the written notification that must include, at a minimum, the  
25 information contained in subsection (2) of this section. The  
26 department of health must revise the written notification as  
27 necessary to reflect changes in the law.

28       **Sec. 29.** RCW 71.05.435 and 2018 c 201 s 3020 are each amended to  
29 read as follows:

30       (1) Whenever a person who is the subject of an involuntary  
31 commitment order under this chapter is discharged from an evaluation  
32 and treatment facility, state hospital, secure (~~detoxification~~)  
33 withdrawal management and stabilization facility, or approved  
34 substance use disorder treatment program providing involuntary  
35 treatment services, the entity discharging the person shall provide  
36 notice of the person's discharge to the designated crisis responder  
37 office responsible for the initial commitment and the designated  
38 crisis responder office that serves the county in which the person is  
39 expected to reside. The entity discharging the person must also

1 provide these offices with a copy of any less restrictive order or  
2 conditional release order entered in conjunction with the discharge  
3 of the person, unless the entity discharging the person has entered  
4 into a memorandum of understanding obligating another entity to  
5 provide these documents.

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

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

15 **Sec. 30.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each  
16 amended to read as follows:

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

32 **Sec. 31.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to  
33 read as follows:

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

36 (a) An evaluation and treatment facility or an inpatient facility  
37 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that

1 the professional person examine the minor to determine whether the  
2 minor has a mental disorder and is in need of inpatient treatment; or

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

8 (2) The consent of the minor is not required for admission,  
9 evaluation, and treatment if the parent brings the minor to the  
10 facility.

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

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

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

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

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



1       **Sec. 32.**     RCW 71.34.660 and 2016 sp.s. c 29 s 266 are each  
2 amended to read as follows:

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

13       **Sec. 33.**     RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each  
14 amended to read as follows:

15       (1) If a minor, thirteen years or older, is brought to an  
16 evaluation and treatment facility or hospital emergency room for  
17 immediate mental health services, the professional person in charge  
18 of the facility shall evaluate the minor's mental condition,  
19 determine whether the minor suffers from a mental disorder, and  
20 whether the minor is in need of immediate inpatient treatment.

21       (2) If a minor, thirteen years or older, is brought to a secure  
22 ((~~detoxification~~)) withdrawal management and stabilization facility  
23 with available space, or a hospital emergency room for immediate  
24 substance use disorder treatment, the professional person in charge  
25 of the facility shall evaluate the minor's condition, determine  
26 whether the minor suffers from substance use disorder, and whether  
27 the minor is in need of immediate inpatient treatment.

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

37       **Sec. 34.**     RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each  
38 amended to read as follows:

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

7 (2) If a minor, thirteen years or older, is brought to a secure  
8 (~~(detoxification))~~ withdrawal management and stabilization facility  
9 or a hospital emergency room for immediate substance use disorder  
10 treatment, the professional person in charge of the facility shall  
11 evaluate the minor's condition, determine whether the minor suffers  
12 from substance use disorder, and whether the minor is in need of  
13 immediate inpatient treatment.

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

23 **Sec. 35.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each  
24 amended to read as follows:

25 (1)(a)(i) When a designated crisis responder receives information  
26 that a minor, thirteen years or older, as a result of a mental  
27 disorder presents a likelihood of serious harm or is gravely  
28 disabled, has investigated the specific facts alleged and of the  
29 credibility of the person or persons providing the information, and  
30 has determined that voluntary admission for inpatient treatment is  
31 not possible, the designated crisis responder may take the minor, or  
32 cause the minor to be taken, into custody and transported to an  
33 evaluation and treatment facility providing inpatient treatment.

34 (ii) When a designated crisis responder receives information that  
35 a minor, thirteen years or older, as a result of substance use  
36 disorder presents a likelihood of serious harm or is gravely  
37 disabled, has investigated the specific facts alleged and of the  
38 credibility of the person or persons providing the information, and  
39 has determined that voluntary admission for inpatient treatment is

1 not possible, the designated crisis responder may take the minor, or  
2 cause the minor to be taken, into custody and transported to a secure  
3 (~~detoxification~~) withdrawal management and stabilization facility  
4 or approved substance use disorder treatment program, if a secure  
5 (~~detoxification~~) withdrawal management and stabilization facility  
6 or approved substance use disorder treatment program is available and  
7 has adequate space for the minor.

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

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

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

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

38 (4) Subject to subsection (5) of this section, whenever the  
39 designated crisis responder petitions for detention of a minor under  
40 this chapter, an evaluation and treatment facility, secure

1 ((~~detoxification~~)) withdrawal management and stabilization facility,  
2 or approved substance use disorder treatment program providing  
3 seventy-two hour evaluation and treatment must immediately accept on  
4 a provisional basis the petition and the person. Within twenty-four  
5 hours of the minor's arrival, the facility must evaluate the minor's  
6 condition and either admit or release the minor in accordance with  
7 this chapter.

8 (5) A designated crisis responder may not petition for detention  
9 of a minor to a secure ((~~detoxification~~)) withdrawal management and  
10 stabilization facility or approved substance use disorder treatment  
11 program unless there is a secure ((~~detoxification~~)) withdrawal  
12 management and stabilization facility or approved substance use  
13 disorder treatment program available and that has adequate space for  
14 the minor.

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

21 **Sec. 36.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each  
22 amended to read as follows:

23 (1) (a) (i) When a designated crisis responder receives information  
24 that a minor, thirteen years or older, as a result of a mental  
25 disorder presents a likelihood of serious harm or is gravely  
26 disabled, has investigated the specific facts alleged and of the  
27 credibility of the person or persons providing the information, and  
28 has determined that voluntary admission for inpatient treatment is  
29 not possible, the designated crisis responder may take the minor, or  
30 cause the minor to be taken, into custody and transported to an  
31 evaluation and treatment facility providing inpatient treatment.

32 (ii) When a designated crisis responder receives information that  
33 a minor, thirteen years or older, as a result of substance use  
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  
39 cause the minor to be taken, into custody and transported to a secure

1 ((~~detoxification~~)) withdrawal management and stabilization facility  
2 or approved substance use disorder treatment program.

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

8 (2) Within twelve hours of the minor's arrival at the evaluation  
9 and treatment facility, secure ((~~detoxification~~)) withdrawal  
10 management and stabilization facility, or approved substance use  
11 disorder treatment program, the designated crisis responder shall  
12 serve on the minor a copy of the petition for initial detention,  
13 notice of initial detention, and statement of rights. The designated  
14 crisis responder shall file with the court on the next judicial day  
15 following the initial detention the original petition for initial  
16 detention, notice of initial detention, and statement of rights along  
17 with an affidavit of service. The designated crisis responder shall  
18 commence service of the petition for initial detention and notice of  
19 the initial detention on the minor's parent and the minor's attorney  
20 as soon as possible following the initial detention.

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

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

33 (4) Whenever the designated crisis responder petitions for  
34 detention of a minor under this chapter, an evaluation and treatment  
35 facility, secure ((~~detoxification~~)) withdrawal management and  
36 stabilization facility, or approved substance use disorder treatment  
37 program providing seventy-two hour evaluation and treatment must  
38 immediately accept on a provisional basis the petition and the  
39 person. Within twenty-four hours of the minor's arrival, the facility

1 must evaluate the minor's condition and either admit or release the  
2 minor in accordance with this chapter.

3 (5) If a minor is not approved for admission by the inpatient  
4 evaluation and treatment facility, secure (~~detoxification~~)  
5 withdrawal management and stabilization facility, or approved  
6 substance use disorder treatment program, the facility shall make  
7 such recommendations and referrals for further care and treatment of  
8 the minor as necessary.

9 **Sec. 37.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to  
10 read as follows:

11 (1) Each minor approved by the facility for inpatient admission  
12 shall be examined and evaluated by a children's mental health  
13 specialist, for minors admitted as a result of a mental disorder, or  
14 by a chemical dependency professional, for minors admitted as a  
15 result of a substance use disorder, as to the child's mental  
16 condition and by a physician, physician assistant, or psychiatric  
17 advanced registered nurse practitioner as to the child's physical  
18 condition within twenty-four hours of admission. Reasonable measures  
19 shall be taken to ensure medical treatment is provided for any  
20 condition requiring immediate medical attention.

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

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

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

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

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

20 **Sec. 38.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to  
21 read as follows:

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

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

1 program, would be better served in an evaluation and treatment  
2 facility, then the minor shall be referred to the more appropriate  
3 placement.

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

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

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

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

25 **Sec. 39.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
26 s 20 are each reenacted and amended to read as follows:

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

37 If the professional person in charge of the facility does not  
38 petition to have the minor committed, the parent who has custody of  
39 the minor may seek review of that decision in court. The parent shall



1 file notice with the court and provide a copy of the treatment and  
2 evaluation facility's report.

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

6 (a) A petition for a fourteen-day commitment shall be signed by:

7 (i) Two physicians; (ii) one physician and a mental health  
8 professional; (iii) one physician assistant and a mental health  
9 professional; or (iv) one psychiatric advanced registered nurse  
10 practitioner and a mental health professional. The person signing the  
11 petition must have examined the minor, and the petition must contain  
12 the following:

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

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

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

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

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

25 (F) If the petition is for mental health treatment, a statement  
26 that the minor has been advised of the loss of firearm rights if  
27 involuntarily committed;

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

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

32 (b) A copy of the petition shall be personally delivered to the  
33 minor by the petitioner or petitioner's designee. A copy of the  
34 petition shall be sent to the minor's attorney and the minor's  
35 parent.

36 **Sec. 40.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each  
37 amended to read as follows:

38 (1) A commitment hearing shall be held within seventy-two hours  
39 of the minor's admission, excluding Saturday, Sunday, and holidays,

1 unless a continuance is requested by the minor or the minor's  
2 attorney.

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

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

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

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

14 (6) At the commitment hearing, the minor shall have the following  
15 rights:

16 (a) To be represented by an attorney;

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

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

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

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

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

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

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

35 (b) The minor is in need of evaluation and treatment of the type  
36 provided by the inpatient evaluation and treatment facility, secure  
37 (~~detoxification~~) withdrawal management and stabilization facility,  
38 or approved substance use disorder treatment program to which  
39 continued inpatient care is sought or is in need of less restrictive  
40 alternative treatment found to be in the best interests of the minor;

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

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

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

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

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

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

24 **Sec. 41.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each  
25 amended to read as follows:

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

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

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

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

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

4 (6) At the commitment hearing, the minor shall have the following  
5 rights:

6 (a) To be represented by an attorney;

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

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

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

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

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

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

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

25 (b) The minor is in need of evaluation and treatment of the type  
26 provided by the inpatient evaluation and treatment facility, secure  
27 (~~detoxification~~) withdrawal management and stabilization facility,  
28 or approved substance use disorder treatment program to which  
29 continued inpatient care is sought or is in need of less restrictive  
30 alternative treatment found to be in the best interests of the minor;  
31 and

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

34 (11) If the court finds that the minor meets the criteria for a  
35 fourteen-day commitment, the court shall either authorize commitment  
36 of the minor for inpatient treatment or for less restrictive  
37 alternative treatment upon such conditions as are necessary. If the  
38 court determines that the minor does not meet the criteria for a  
39 fourteen-day commitment, the minor shall be released.

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

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

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

12 **Sec. 42.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155  
13 s 21 are each reenacted and amended to read as follows:

14 (1) At any time during the minor's period of fourteen-day  
15 commitment, the professional person in charge may petition the court  
16 for an order requiring the minor to undergo an additional one hundred  
17 eighty-day period of treatment. The evidence in support of the  
18 petition shall be presented by the county prosecutor unless the  
19 petition is filed by the professional person in charge of a state-  
20 operated facility in which case the evidence shall be presented by  
21 the attorney general.

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

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

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

27 (c) A statement that the petitioner is the professional person in  
28 charge of the evaluation and treatment facility, secure  
29 (~~(detoxification)~~) withdrawal management and stabilization facility,  
30 or approved substance use disorder treatment program responsible for  
31 the treatment of the minor;

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

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

34 (3) The petition shall be supported by accompanying affidavits  
35 signed by: (a) Two examining physicians, one of whom shall be a child  
36 psychiatrist, or two psychiatric advanced registered nurse  
37 practitioners, one of whom shall be a child and adolescent or family  
38 psychiatric advanced registered nurse practitioner, or two physician  
39 assistants, one of whom must be supervised by a child psychiatrist;

1 (b) one children's mental health specialist and either an examining  
2 physician, physician assistant, or a psychiatric advanced registered  
3 nurse practitioner; or (c) two among an examining physician,  
4 physician assistant, and a psychiatric advanced registered nurse  
5 practitioner, one of which needs to be a child psychiatrist(~~(+)~~),  
6 a physician assistant supervised by a child psychiatrist, or a child  
7 and adolescent psychiatric nurse practitioner. The affidavits shall  
8 describe in detail the behavior of the detained minor which supports  
9 the petition and shall state whether a less restrictive alternative  
10 to inpatient treatment is in the best interests of the minor.

11 (4) The petition for one hundred eighty-day commitment shall be  
12 filed with the clerk of the court at least three days before the  
13 expiration of the fourteen-day commitment period. The petitioner or  
14 the petitioner's designee shall within twenty-four hours of filing  
15 serve a copy of the petition on the minor and notify the minor's  
16 attorney and the minor's parent. A copy of the petition shall be  
17 provided to such persons at least twenty-four hours prior to the  
18 hearing.

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

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

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

28 (i) Is suffering from a mental disorder or substance use  
29 disorder;

30 (ii) Presents a likelihood of serious harm or is gravely  
31 disabled; and

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

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

37 (7) If the court finds that the criteria for commitment are met  
38 and that less restrictive treatment in a community setting is not  
39 appropriate or available, the court shall order the minor committed  
40 to the custody of the secretary for further inpatient mental health

1 treatment, to an approved substance use disorder treatment program  
2 for further substance use disorder treatment, or to a private  
3 treatment and evaluation facility for inpatient mental health or  
4 substance use disorder treatment if the minor's parents have assumed  
5 responsibility for payment for the treatment. If the court finds that  
6 a less restrictive alternative is in the best interest of the minor,  
7 the court shall order less restrictive alternative treatment upon  
8 such conditions as necessary.

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

11 (8) Successive one hundred eighty-day commitments are permissible  
12 on the same grounds and under the same procedures as the original one  
13 hundred eighty-day commitment. Such petitions shall be filed at least  
14 five days prior to the expiration of the previous one hundred eighty-  
15 day commitment order.

16 **Sec. 43.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each  
17 amended to read as follows:

18 (1) At any time during the minor's period of fourteen-day  
19 commitment, the professional person in charge may petition the court  
20 for an order requiring the minor to undergo an additional one hundred  
21 eighty-day period of treatment. The evidence in support of the  
22 petition shall be presented by the county prosecutor unless the  
23 petition is filed by the professional person in charge of a state-  
24 operated facility in which case the evidence shall be presented by  
25 the attorney general.

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

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

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

31 (c) A statement that the petitioner is the professional person in  
32 charge of the evaluation and treatment facility, secure  
33 (~~(detoxification)~~) withdrawal management and stabilization facility,  
34 or approved substance use disorder treatment program responsible for  
35 the treatment of the minor;

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

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

38 (3) The petition shall be supported by accompanying affidavits  
39 signed by: (a) Two examining physicians, one of whom shall be a child

1 psychiatrist, or two psychiatric advanced registered nurse  
2 practitioners, one of whom shall be a child and adolescent or family  
3 psychiatric advanced registered nurse practitioner, or two physician  
4 assistants, one of whom must be supervised by a child psychiatrist;  
5 (b) one children's mental health specialist and either an examining  
6 physician, physician assistant, or a psychiatric advanced registered  
7 nurse practitioner; or (c) two among an examining physician,  
8 physician assistant, and a psychiatric advanced registered nurse  
9 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a  
10 physician assistant supervised by a child psychiatrist, or a child  
11 and adolescent psychiatric nurse practitioner. The affidavits shall  
12 describe in detail the behavior of the detained minor which supports  
13 the petition and shall state whether a less restrictive alternative  
14 to inpatient treatment is in the best interests of the minor.

15 (4) The petition for one hundred eighty-day commitment shall be  
16 filed with the clerk of the court at least three days before the  
17 expiration of the fourteen-day commitment period. The petitioner or  
18 the petitioner's designee shall within twenty-four hours of filing  
19 serve a copy of the petition on the minor and notify the minor's  
20 attorney and the minor's parent. A copy of the petition shall be  
21 provided to such persons at least twenty-four hours prior to the  
22 hearing.

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

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

31 (a) Is suffering from a mental disorder or substance use  
32 disorder;

33 (b) Presents a likelihood of serious harm or is gravely disabled;  
34 and

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

37 (7) If the court finds that the criteria for commitment are met  
38 and that less restrictive treatment in a community setting is not  
39 appropriate or available, the court shall order the minor committed  
40 to the custody of the secretary for further inpatient mental health



1 treatment, to an approved substance use disorder treatment program  
2 for further substance use disorder treatment, or to a private  
3 treatment and evaluation facility for inpatient mental health or  
4 substance use disorder treatment if the minor's parents have assumed  
5 responsibility for payment for the treatment. If the court finds that  
6 a less restrictive alternative is in the best interest of the minor,  
7 the court shall order less restrictive alternative treatment upon  
8 such conditions as necessary.

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

11 (8) Successive one hundred eighty-day commitments are permissible  
12 on the same grounds and under the same procedures as the original one  
13 hundred eighty-day commitment. Such petitions shall be filed at least  
14 five days prior to the expiration of the previous one hundred eighty-  
15 day commitment order.

16 **Sec. 44.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to  
17 read as follows:

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

34 (2) The designated crisis responder or the director or secretary,  
35 as appropriate, shall file the order of apprehension and detention  
36 and serve it upon the minor and notify the minor's parent and the  
37 minor's attorney, if any, of the detention within two days of return.  
38 At the time of service the minor shall be informed of the right to a  
39 hearing and to representation by an attorney. The designated crisis

1 responder or the director or secretary, as appropriate, may modify or  
2 rescind the order of apprehension and detention at any time prior to  
3 the hearing.

4 (3) A petition for revocation of less restrictive alternative  
5 treatment shall be filed by the designated crisis responder or the  
6 director or secretary, as appropriate, with the court in the county  
7 ordering the less restrictive alternative treatment. The court shall  
8 conduct the hearing in that county. A petition for revocation of  
9 conditional release may be filed with the court in the county  
10 ordering inpatient treatment or the county where the minor on  
11 conditional release is residing. A petition shall describe the  
12 behavior of the minor indicating violation of the conditions or  
13 deterioration of routine functioning and a dispositional  
14 recommendation. Upon motion for good cause, the hearing may be  
15 transferred to the county of the minor's residence or to the county  
16 in which the alleged violations occurred. The hearing shall be held  
17 within seven days of the minor's return. The issues to be determined  
18 are whether the minor did or did not adhere to the conditions of the  
19 less restrictive alternative treatment or conditional release, or  
20 whether the minor's routine functioning has substantially  
21 deteriorated, and, if so, whether the conditions of less restrictive  
22 alternative treatment or conditional release should be modified or,  
23 subject to subsection (4) of this section, whether the minor should  
24 be returned to inpatient treatment. Pursuant to the determination of  
25 the court, the minor shall be returned to less restrictive  
26 alternative treatment or conditional release on the same or modified  
27 conditions or shall be returned to inpatient treatment. If the minor  
28 is returned to inpatient treatment, RCW 71.34.760 regarding the  
29 director's placement responsibility shall apply. The hearing may be  
30 waived by the minor and the minor returned to inpatient treatment or  
31 to less restrictive alternative treatment or conditional release on  
32 the same or modified conditions.

33 (4) A court may not order the return of a minor to inpatient  
34 treatment in a secure (~~(detoxification)~~) withdrawal management and  
35 stabilization facility or approved substance use disorder treatment  
36 program unless there is a secure (~~(detoxification)~~) withdrawal  
37 management and stabilization facility or approved substance use  
38 disorder treatment program available with adequate space for the  
39 minor.

1       **Sec. 45.** RCW 71.34.780 and 2018 c 201 s 5021 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.

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

26       (3) A petition for revocation of less restrictive alternative  
27 treatment shall be filed by the designated crisis responder or the  
28 director or secretary, as appropriate, with the court in the county  
29 ordering the less restrictive alternative treatment. The court shall  
30 conduct the hearing in that county. A petition for revocation of  
31 conditional release may be filed with the court in the county  
32 ordering inpatient treatment or the county where the minor on  
33 conditional release is residing. A petition shall describe the  
34 behavior of the minor indicating violation of the conditions or  
35 deterioration of routine functioning and a dispositional  
36 recommendation. Upon motion for good cause, the hearing may be  
37 transferred to the county of the minor's residence or to the county  
38 in which the alleged violations occurred. The hearing shall be held  
39 within seven days of the minor's return. The issues to be determined  
40 are whether the minor did or did not adhere to the conditions of the

1 less restrictive alternative treatment or conditional release, or  
2 whether the minor's routine functioning has substantially  
3 deteriorated, and, if so, whether the conditions of less restrictive  
4 alternative treatment or conditional release should be modified or  
5 whether the minor should be returned to inpatient treatment. Pursuant  
6 to the determination of the court, the minor shall be returned to  
7 less restrictive alternative treatment or conditional release on the  
8 same or modified conditions or shall be returned to inpatient  
9 treatment. If the minor is returned to inpatient treatment, RCW  
10 71.34.760 regarding the director's placement responsibility shall  
11 apply. The hearing may be waived by the minor and the minor returned  
12 to inpatient treatment or to less restrictive alternative treatment  
13 or conditional release on the same or modified conditions.

14 NEW SECTION. **Sec. 46.** Sections 4, 6, 8, 11, 14, 33, 35, 37, 40,  
15 42, and 44 of this act expire July 1, 2026.

16 NEW SECTION. **Sec. 47.** Sections 5, 7, 9, 12, 15, 34, 36, 38, 41,  
17 43, and 45 of this act take effect July 1, 2026.

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