

CERTIFICATION OF ENROLLMENT  
**SECOND SUBSTITUTE HOUSE BILL 1907**

66th Legislature  
2019 Regular Session

Passed by the House April 24, 2019  
Yeas 94 Nays 0

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**Speaker of the House of Representatives**

Passed by the Senate April 17, 2019  
Yeas 48 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1907** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**SECOND SUBSTITUTE HOUSE BILL 1907**

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AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

**State of Washington                      66th Legislature                      2019 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Davis, Appleton, Doglio, Ryu, Goodman, and Jenkins)

READ FIRST TIME 03/01/19.

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, 71.34.780, 18.130.175, 43.43.842,  
8 18.130.055, and 18.19.210; reenacting and amending RCW 71.05.020,  
9 71.05.240, 71.05.240, 71.05.590, 71.05.590, 71.05.120, 71.34.730, and  
10 71.34.750; adding a new section to chapter 18.19 RCW; adding a new  
11 chapter to Title 70 RCW; creating a new section; providing effective  
12 dates; providing expiration dates; and declaring an emergency.

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

14            NEW SECTION.    **Sec. 1.** Within existing resources, the health care  
15 authority shall develop an addendum to the designated crisis  
16 responder statewide protocols adopted pursuant to RCW 71.05.214 in  
17 consultation with representatives of designated crisis responders,  
18 the department of social and health services, local government, law  
19 enforcement, county and city prosecutors, public defenders, and  
20 groups concerned with mental illness and substance use disorders. The  
21 addendum must update the current protocols to address the

1 implementation of the integration of mental health and substance use  
2 disorder treatment systems, to include general processes for  
3 referrals and investigations of individuals with substance use  
4 disorders and the applicability of commitment criteria to individuals  
5 with substance use disorders. The authority shall adopt and submit  
6 the addendum to the governor and the legislature by December 1, 2019.

7 **Sec. 2.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and  
8 2018 c 201 s 3001 are each reenacted and amended to read as follows:

9 The definitions in this section apply throughout this chapter  
10 unless the context clearly requires otherwise.

11 (1) "Admission" or "admit" means a decision by a physician,  
12 physician assistant, or psychiatric advanced registered nurse  
13 practitioner that a person should be examined or treated as a patient  
14 in a hospital;

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

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

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

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

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

33 (7) "Chemical dependency" means:

34 (a) Alcoholism;

35 (b) Drug addiction; or

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

1 (8) "Chemical dependency professional" means a person certified  
2 as a chemical dependency professional by the department under chapter  
3 18.205 RCW;

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

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

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

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

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

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

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

26 (16) "Developmental disabilities professional" means a person who  
27 has specialized training and three years of experience in directly  
28 treating or working with persons with developmental disabilities and  
29 is a psychiatrist, physician assistant working with a supervising  
30 psychiatrist, psychologist, psychiatric advanced registered nurse  
31 practitioner, or social worker, and such other developmental  
32 disabilities professionals as may be defined by rules adopted by the  
33 secretary of the department of social and health services;

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

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

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

1 (20) "Drug addiction" means a disease, characterized by a  
2 dependency on psychoactive chemicals, loss of control over the amount  
3 and circumstances of use, symptoms of tolerance, physiological or  
4 psychological withdrawal, or both, if use is reduced or discontinued,  
5 and impairment of health or disruption of social or economic  
6 functioning;

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

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

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

37 (24) "Hearing" means any proceeding conducted in open court. For  
38 purposes of this chapter, at any hearing the petitioner, the  
39 respondent, the witnesses, and the presiding judicial officer may be  
40 present and participate either in person or by video, as determined

1 by the court. The term "video" as used herein shall include any  
2 functional equivalent. At any hearing conducted by video, the  
3 technology used must permit the judicial officer, counsel, all  
4 parties, and the witnesses to be able to see, hear, and speak, when  
5 authorized, during the hearing; to allow attorneys to use exhibits or  
6 other materials during the hearing; and to allow respondent's counsel  
7 to be in the same location as the respondent unless otherwise  
8 requested by the respondent or the respondent's counsel. Witnesses in  
9 a proceeding may also appear in court through other means, including  
10 telephonically, pursuant to the requirements of superior court civil  
11 rule 43. Notwithstanding the foregoing, the court, upon its own  
12 motion or upon a motion for good cause by any party, may require all  
13 parties and witnesses to participate in the hearing in person rather  
14 than by video. In ruling on any such motion, the court may allow in-  
15 person or video testimony; and the court may consider, among other  
16 things, whether the respondent's alleged mental illness affects the  
17 respondent's ability to perceive or participate in the proceeding by  
18 video;

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

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

27 (27) "Individualized service plan" means a plan prepared by a  
28 developmental disabilities professional with other professionals as a  
29 team, for a person with developmental disabilities, which shall  
30 state:

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

33 (b) The conditions and strategies necessary to achieve the  
34 purposes of habilitation;

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

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

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

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

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

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

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

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

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

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

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

1 (34) "Licensed physician" means a person licensed to practice  
2 medicine or osteopathic medicine and surgery in the state of  
3 Washington;

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

5 (a) A substantial risk that: (i) Physical harm will be inflicted  
6 by a person upon his or her own person, as evidenced by threats or  
7 attempts to commit suicide or inflict physical harm on oneself; (ii)  
8 physical harm will be inflicted by a person upon another, as  
9 evidenced by behavior which has caused such harm or which places  
10 another person or persons in reasonable fear of sustaining such harm;  
11 or (iii) physical harm will be inflicted by a person upon the  
12 property of others, as evidenced by behavior which has caused  
13 substantial loss or damage to the property of others; or

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

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

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

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

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



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

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

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

15 (43) "Professional person" means a mental health professional,  
16 chemical dependency professional, or designated crisis responder and  
17 shall also mean a physician, physician assistant, psychiatric  
18 advanced registered nurse practitioner, registered nurse, and such  
19 others as may be defined by rules adopted by the secretary pursuant  
20 to the provisions of this chapter;

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

25 (45) "Psychiatrist" means a person having a license as a  
26 physician and surgeon in this state who has in addition completed  
27 three years of graduate training in psychiatry in a program approved  
28 by the American medical association or the American osteopathic  
29 association and is certified or eligible to be certified by the  
30 American board of psychiatry and neurology;

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

33 (47) "Public agency" means any evaluation and treatment facility  
34 or institution, secure (~~detoxification~~) withdrawal management and  
35 stabilization facility, approved substance use disorder treatment  
36 program, or hospital which is conducted for, or includes a department  
37 or ward conducted for, the care and treatment of persons with mental  
38 illness, substance use disorders, or both mental illness and  
39 substance use disorders, if the agency is operated directly by

1 federal, state, county, or municipal government, or a combination of  
2 such governments;

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

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

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

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

17 (a) ~~((Provides for intoxicated persons))~~ Provide the following  
18 services:

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

21 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

1 pathological pattern of behaviors related to the use of the  
2 substances;

3 (55) "Therapeutic court personnel" means the staff of a mental  
4 health court or other therapeutic court which has jurisdiction over  
5 defendants who are dually diagnosed with mental disorders, including  
6 court personnel, probation officers, a court monitor, prosecuting  
7 attorney, or defense counsel acting within the scope of therapeutic  
8 court duties;

9 (56) "Treatment records" include registration and all other  
10 records concerning persons who are receiving or who at any time have  
11 received services for mental illness, which are maintained by the  
12 department of social and health services, the department, the  
13 authority, behavioral health organizations and their staffs, and by  
14 treatment facilities. Treatment records include mental health  
15 information contained in a medical bill including but not limited to  
16 mental health drugs, a mental health diagnosis, provider name, and  
17 dates of service stemming from a medical service. Treatment records  
18 do not include notes or records maintained for personal use by a  
19 person providing treatment services for the department of social and  
20 health services, the department, the authority, behavioral health  
21 organizations, or a treatment facility if the notes or records are  
22 not available to others;

23 (57) "Triage facility" means a short-term facility or a portion  
24 of a facility licensed or certified by the department under RCW  
25 71.24.035, which is designed as a facility to assess and stabilize an  
26 individual or determine the need for involuntary commitment of an  
27 individual, and must meet department residential treatment facility  
28 standards. A triage facility may be structured as a voluntary or  
29 involuntary placement facility;

30 (58) "Violent act" means behavior that resulted in homicide,  
31 attempted suicide, nonfatal injuries, or substantial damage to  
32 property.

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

35 (1) Nothing in this chapter shall be construed to limit the right  
36 of any person to apply voluntarily to any public or private agency or  
37 practitioner for treatment of a mental disorder or substance use  
38 disorder, either by direct application or by referral. Any person  
39 voluntarily admitted for inpatient treatment to any public or private

1 agency shall be released immediately upon his or her request. Any  
2 person voluntarily admitted for inpatient treatment to any public or  
3 private agency shall orally be advised of the right to immediate  
4 discharge, and further advised of such rights in writing as are  
5 secured to them pursuant to this chapter and their rights of access  
6 to attorneys, courts, and other legal redress. Their condition and  
7 status shall be reviewed at least once each one hundred eighty days  
8 for evaluation as to the need for further treatment or possible  
9 discharge, at which time they shall again be advised of their right  
10 to discharge upon request.

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

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

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

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

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

26 (2)(a) An order to detain a person with a mental disorder to a  
27 designated evaluation and treatment facility, or to detain a person  
28 with a substance use disorder to a secure ~~((detoxification))~~  
29 withdrawal management and stabilization facility or approved  
30 substance use disorder treatment program, for not more than a  
31 seventy-two-hour evaluation and treatment period may be issued by a  
32 judge of the superior court upon request of a designated crisis  
33 responder, subject to (d) of this subsection, whenever it appears to  
34 the satisfaction of a judge of the superior court:

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

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

38 (b) The petition for initial detention, signed under penalty of  
39 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the  
2 order.

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

7 (d) A court may not issue an order to detain a person to a secure  
8 (~~(detoxification)~~) withdrawal management and stabilization facility  
9 or approved substance use disorder treatment program unless there is  
10 an available secure (~~(detoxification)~~) withdrawal management and  
11 stabilization facility or approved substance use disorder treatment  
12 program that has adequate space for the person.

13 (3) The designated crisis responder shall then serve or cause to  
14 be served on such person, his or her guardian, and conservator, if  
15 any, a copy of the order together with a notice of rights, and a  
16 petition for initial detention. After service on such person the  
17 designated crisis responder shall file the return of service in court  
18 and provide copies of all papers in the court file to the evaluation  
19 and treatment facility, secure (~~(detoxification)~~) withdrawal  
20 management and stabilization facility, or approved substance use  
21 disorder treatment program, and the designated attorney. The  
22 designated crisis responder shall notify the court and the  
23 prosecuting attorney that a probable cause hearing will be held  
24 within seventy-two hours of the date and time of outpatient  
25 evaluation or admission to the evaluation and treatment facility,  
26 secure (~~(detoxification)~~) withdrawal management and stabilization  
27 facility, or approved substance use disorder treatment program. The  
28 person shall be permitted to be accompanied by one or more of his or  
29 her relatives, friends, an attorney, a personal physician, or other  
30 professional or religious advisor to the place of evaluation. An  
31 attorney accompanying the person to the place of evaluation shall be  
32 permitted to be present during the admission evaluation. Any other  
33 individual accompanying the person may be present during the  
34 admission evaluation. The facility may exclude the individual if his  
35 or her presence would present a safety risk, delay the proceedings,  
36 or otherwise interfere with the evaluation.

37 (4) The designated crisis responder may notify a peace officer to  
38 take such person or cause such person to be taken into custody and  
39 placed in an evaluation and treatment facility, secure  
40 (~~(detoxification)~~) withdrawal management and stabilization facility,

1 or approved substance use disorder treatment program. At the time  
2 such person is taken into custody there shall commence to be served  
3 on such person, his or her guardian, and conservator, if any, a copy  
4 of the original order together with a notice of rights and a petition  
5 for initial detention.

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

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

26 (2)(a) An order to detain a person with a mental disorder to a  
27 designated evaluation and treatment facility, or to detain a person  
28 with a substance use disorder to a secure ~~((detoxification))~~  
29 withdrawal management and stabilization facility or approved  
30 substance use disorder treatment program, for not more than a  
31 seventy-two-hour evaluation and treatment period may be issued by a  
32 judge of the superior court upon request of a designated crisis  
33 responder whenever it appears to the satisfaction of a judge of the  
34 superior court:

- 35 (i) That there is probable cause to support the petition; and
- 36 (ii) That the person has refused or failed to accept appropriate  
37 evaluation and treatment voluntarily.

38 (b) The petition for initial detention, signed under penalty of  
39 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the  
2 order.

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

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

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



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

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

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

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

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

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

39       (b) A peace officer's delivery of a person, based on a substance  
40 use disorder, to a secure ((~~detoxification~~)) withdrawal management

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

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

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

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

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

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

1 of the specific facts alleged and of the reliability and credibility  
2 of the person or persons providing the information if any, the  
3 designated crisis responder may take such person, or cause by oral or  
4 written order such person to be taken into emergency custody in an  
5 evaluation and treatment facility for not more than seventy-two hours  
6 as described in RCW 71.05.180.

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

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

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

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

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

20 (1) Each person involuntarily detained and accepted or admitted  
21 at an evaluation and treatment facility, secure (~~detoxification~~)  
22 withdrawal management and stabilization facility, or approved  
23 substance use disorder treatment program:

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

27 (i) One physician, physician assistant, or advanced registered  
28 nurse practitioner; and

29 (ii) One mental health professional. If the person is detained  
30 for substance use disorder evaluation and treatment, the person may  
31 be examined by a chemical dependency professional instead of a mental  
32 health professional; and

33 (b) Shall receive such treatment and care as his or her condition  
34 requires including treatment on an outpatient basis for the period  
35 that he or she is detained, except that, beginning twenty-four hours  
36 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
37 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
38 refuse psychiatric medications, but may not refuse: (i) Any other  
39 medication previously prescribed by a person licensed under Title 18

1 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
2 be informed at an appropriate time of his or her right of such  
3 refusal. The person shall be detained up to seventy-two hours, if, in  
4 the opinion of the professional person in charge of the facility, or  
5 his or her professional designee, the person presents a likelihood of  
6 serious harm, or is gravely disabled. A person who has been detained  
7 for seventy-two hours shall no later than the end of such period be  
8 released, unless referred for further care on a voluntary basis, or  
9 detained pursuant to court order for further treatment as provided in  
10 this chapter.

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

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

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

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

8 (i) One physician, physician assistant, or advanced registered  
9 nurse practitioner; and

10 (ii) One mental health professional. If the person is detained  
11 for substance use disorder evaluation and treatment, the person may  
12 be examined by a chemical dependency professional instead of a mental  
13 health professional; and

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

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

1 treatment facility then the person shall be referred to the more  
2 appropriate placement.

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

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

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

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

33 (1) If a petition is filed for fourteen day involuntary treatment  
34 or ninety days of less restrictive alternative treatment, the court  
35 shall hold a probable cause hearing within seventy-two hours of the  
36 initial detention of such person as determined in RCW 71.05.180, or  
37 at a time determined under RCW 71.05.148. If requested by the person  
38 or his or her attorney, the hearing may be postponed for a period not

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

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

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

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

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

38 (d) If the court finds by a preponderance of the evidence that  
39 such person, as the result of a mental disorder or substance use  
40 disorder, is in need of assisted outpatient behavioral health



1 treatment, and that the person does not present a likelihood of  
2 serious harm or grave disability, the court shall order an  
3 appropriate less restrictive alternative course of treatment not to  
4 exceed ninety days.

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

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

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

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

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

1           (3) (a) Subject to (b) of this subsection, at the conclusion of  
2 the probable cause hearing, if the court finds by a preponderance of  
3 the evidence that such person, as the result of a mental disorder or  
4 substance use disorder, presents a likelihood of serious harm, or is  
5 gravely disabled, and, after considering less restrictive  
6 alternatives to involuntary detention and treatment, finds that no  
7 such alternatives are in the best interests of such person or others,  
8 the court shall order that such person be detained for involuntary  
9 treatment not to exceed fourteen days in a facility licensed or  
10 certified to provide treatment by the department.

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

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

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

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

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

1 person and provide written notice that the person is barred from the  
2 possession of firearms and that the prohibition remains in effect  
3 until a court restores his or her right to possess a firearm under  
4 RCW 9.41.047.

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

7 (1) (a) Every person involuntarily detained or committed under the  
8 provisions of this chapter shall be entitled to all the rights set  
9 forth in this chapter, which shall be prominently posted in the  
10 facility, and shall retain all rights not denied him or her under  
11 this chapter except as chapter 9.41 RCW may limit the right of a  
12 person to purchase or possess a firearm or to qualify for a concealed  
13 pistol license if the person is committed under RCW 71.05.240 or  
14 71.05.320 for mental health treatment.

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

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

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

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

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

37 (5) Whenever any person is detained for evaluation and treatment  
38 pursuant to this chapter, both the person and, if possible, a  
39 responsible member of his or her immediate family, personal

1 representative, guardian, or conservator, if any, shall be advised as  
2 soon as possible in writing or orally, by the officer or person  
3 taking him or her into custody or by personnel of the evaluation and  
4 treatment facility, secure ((~~detoxification~~)) withdrawal management  
5 and stabilization facility, or approved substance use disorder  
6 treatment program where the person is detained that unless the person  
7 is released or voluntarily admits himself or herself for treatment  
8 within seventy-two hours of the initial detention:

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

17 (b) The person has a right to communicate immediately with an  
18 attorney; has a right to have an attorney appointed to represent him  
19 or her before and at the probable cause hearing if he or she is  
20 indigent; and has the right to be told the name and address of the  
21 attorney that the mental health professional has designated pursuant  
22 to this chapter;

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

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

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

31 (6) When proceedings are initiated under RCW 71.05.153, no later  
32 than twelve hours after such person is admitted to the evaluation and  
33 treatment facility, secure ((~~detoxification~~)) withdrawal management  
34 and stabilization facility, or approved substance use disorder  
35 treatment program the personnel of the facility or the designated  
36 crisis responder shall serve on such person a copy of the petition  
37 for initial detention and the name, business address, and phone  
38 number of the designated attorney and shall forthwith commence  
39 service of a copy of the petition for initial detention on the  
40 designated attorney.

1 (7) The judicial hearing described in subsection (5) of this  
2 section is hereby authorized, and shall be held according to the  
3 provisions of subsection (5) of this section and rules promulgated by  
4 the supreme court.

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

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

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

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

10 (d) To remain silent;

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

12 (9) Privileges between patients and physicians, physician  
13 assistants, psychologists, or psychiatric advanced registered nurse  
14 practitioners are deemed waived in proceedings under this chapter  
15 relating to the administration of antipsychotic medications. As to  
16 other proceedings under this chapter, the privileges shall be waived  
17 when a court of competent jurisdiction in its discretion determines  
18 that such waiver is necessary to protect either the detained person  
19 or the public.

20 The waiver of a privilege under this section is limited to  
21 records or testimony relevant to evaluation of the detained person  
22 for purposes of a proceeding under this chapter. Upon motion by the  
23 detained person or on its own motion, the court shall examine a  
24 record or testimony sought by a petitioner to determine whether it is  
25 within the scope of the waiver.

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

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

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

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

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

5 (d) To have visitors at reasonable times;

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

9 (f) To have ready access to letter writing materials, including  
10 stamps, and to send and receive uncensored correspondence through the  
11 mails;

12 (g) To discuss treatment plans and decisions with professional  
13 persons;

14 (h) Not to consent to the administration of antipsychotic  
15 medications and not to thereafter be administered antipsychotic  
16 medications unless ordered by a court under RCW 71.05.217 or pursuant  
17 to an administrative hearing under RCW 71.05.215;

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

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

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

26 (11) Every person involuntarily detained shall immediately be  
27 informed of his or her right to a hearing to review the legality of  
28 his or her detention and of his or her right to counsel, by the  
29 professional person in charge of the facility providing evaluation  
30 and treatment, or his or her designee, and, when appropriate, by the  
31 court. If the person so elects, the court shall immediately appoint  
32 an attorney to assist him or her.

33 (12) A person challenging his or her detention or his or her  
34 attorney shall have the right to designate and have the court appoint  
35 a reasonably available independent physician, physician assistant,  
36 psychiatric advanced registered nurse practitioner, or other  
37 professional person to examine the person detained, the results of  
38 which examination may be used in the proceeding. The person shall, if  
39 he or she is financially able, bear the cost of such expert

1 examination, otherwise such expert examination shall be at public  
2 expense.

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

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

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

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

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

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

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

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

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

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

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

38 (b) To increase the intensity of outpatient services provided to  
39 the person by increasing the frequency of contacts with the provider,

1 referring the person for an assessment for assertive community  
2 services, or by other means;

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

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

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



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

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

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

33 (c) The designated crisis responder or secretary of the  
34 department of social and health services shall file a revocation  
35 petition and order of apprehension and detention with the court of  
36 the county where the person is currently located or being detained.  
37 The designated crisis responder shall serve the person and their  
38 attorney, guardian, and conservator, if any. The person has the same  
39 rights with respect to notice, hearing, and counsel as in any  
40 involuntary treatment proceeding, except as specifically set forth in

1 this section. There is no right to jury trial. The venue for  
2 proceedings is the county where the petition is filed. Notice of the  
3 filing must be provided to the court that originally ordered  
4 commitment, if different from the court where the petition for  
5 revocation is filed, within two judicial days of the person's  
6 detention.

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

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. If the person is not detained, the  
17 hearing must be scheduled within seventy-two hours of service on the  
18 person. The designated crisis responder or the secretary may modify  
19 or rescind the order at any time prior to commencement of the court  
20 hearing.

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

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

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

1 (1) Either an agency or facility designated to monitor or provide  
2 services under a less restrictive alternative order or conditional  
3 release order, or a designated crisis responder, may take action to  
4 enforce, modify, or revoke a less restrictive alternative or  
5 conditional release order. The agency, facility, or designated crisis  
6 responder must determine that:

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

9 (b) Substantial deterioration in the person's functioning has  
10 occurred;

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

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

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

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

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

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

38 (d) To cause the person to be transported by a peace officer,  
39 designated crisis responder, or other means to the agency or facility  
40 monitoring or providing services under the court order, or to a

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

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

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

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

1 withdrawal management and stabilization facility or approved  
2 substance use disorder treatment program if either is available in or  
3 near the county in which he or she is receiving outpatient treatment.  
4 Proceedings under this subsection (4) may be initiated without  
5 ordering the apprehension and detention of the person.

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

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

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

1 the court to enter a stipulated order upon the agreement of all  
2 parties. If the court orders detention for inpatient treatment, the  
3 treatment period may be for no longer than the period authorized in  
4 the original court order.

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

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

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

36 (c) The issues for the court to determine are whether to continue  
37 the detention of the person for inpatient treatment or whether the  
38 court should reinstate or modify the person's less restrictive  
39 alternative order or order the person's detention for inpatient  
40 treatment. To continue detention after the seventy-two hour period,

1 the court must find that the person, as a result of a mental disorder  
2 or substance use disorder, presents a likelihood of serious harm or  
3 is gravely disabled and, after considering less restrictive  
4 alternatives to involuntary detention and treatment, that no such  
5 alternatives are in the best interest of the person or others.

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

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

15 (1) (a) By April 1, 2018, the authority, by rule, must combine the  
16 functions of a designated mental health professional and designated  
17 chemical dependency specialist by establishing a designated crisis  
18 responder who is authorized to conduct investigations, detain persons  
19 up to seventy-two hours to the proper facility, and carry out the  
20 other functions identified in this chapter and chapter 71.34 RCW. The  
21 behavioral health organizations shall provide training to the  
22 designated crisis responders as required by the authority.

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

26 (A) Psychiatrist, psychologist, physician assistant working with  
27 a supervising psychiatrist, psychiatric advanced registered nurse  
28 practitioner, or social worker;

29 (B) Person who is licensed by the department as a mental health  
30 counselor or mental health counselor associate, or marriage and  
31 family therapist or marriage and family therapist associate;

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

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



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

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

8 (ii) Training must include chemical dependency training specific  
9 to the duties of a designated crisis responder, including diagnosis  
10 of substance abuse and dependence and assessment of risk associated  
11 with substance use.

12 (c) The authority must develop a transition process for any  
13 person who has been designated as a designated mental health  
14 professional or a designated chemical dependency specialist before  
15 April 1, 2018, to be converted to a designated crisis responder. The  
16 behavioral health organizations shall provide training, as required  
17 by the authority, to persons converting to designated crisis  
18 responders, which must include both mental health and chemical  
19 dependency training applicable to the designated crisis responder  
20 role.

21 (2)(a) The authority must ensure that at least one sixteen-bed  
22 secure ((~~detoxification~~)) withdrawal management and stabilization  
23 facility is operational by April 1, 2018, and that at least two  
24 sixteen-bed secure ((~~detoxification~~)) withdrawal management and  
25 stabilization facilities are operational by April 1, 2019.

26 (b) If, at any time during the implementation of secure  
27 ((~~detoxification~~)) withdrawal management and stabilization facility  
28 capacity, federal funding becomes unavailable for federal match for  
29 services provided in secure ((~~detoxification~~)) withdrawal management  
30 and stabilization facilities, then the authority must cease any  
31 expansion of secure ((~~detoxification~~)) withdrawal management and  
32 stabilization facilities until further direction is provided by the  
33 legislature.

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

36 If the person is not approved for admission by a facility  
37 providing seventy-two hour evaluation and treatment, and the  
38 individual has not been arrested, the facility shall furnish  
39 transportation, if not otherwise available, for the person to his or

1 her place of residence or other appropriate place. If the individual  
2 has been arrested, the evaluation and treatment facility, secure  
3 (~~detoxification~~) withdrawal management and stabilization facility,  
4 or approved substance use disorder treatment program shall detain the  
5 individual for not more than eight hours at the request of the peace  
6 officer. The facility shall make reasonable attempts to contact the  
7 requesting peace officer during this time to inform the peace officer  
8 that the person is not approved for admission in order to enable a  
9 peace officer to return to the facility and take the individual back  
10 into custody.

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

13 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 person, it may detain him or her for evaluation and treatment for a  
17 period not to exceed seventy-two hours from the time of acceptance as  
18 set forth in RCW 71.05.170. The computation of such seventy-two hour  
19 period shall exclude Saturdays, Sundays and holidays.

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

22 Any facility receiving a person pursuant to RCW 71.05.150 or  
23 71.05.153 shall require the designated crisis responder to prepare a  
24 petition for initial detention stating the circumstances under which  
25 the person's condition was made known and stating that there is  
26 evidence, as a result of his or her personal observation or  
27 investigation, that the actions of the person for which application  
28 is made constitute a likelihood of serious harm, or that he or she is  
29 gravely disabled, and stating the specific facts known to him or her  
30 as a result of his or her personal observation or investigation, upon  
31 which he or she bases the belief that such person should be detained  
32 for the purposes and under the authority of this chapter.

33 If a person is involuntarily placed in an evaluation and  
34 treatment facility, secure (~~detoxification~~) withdrawal management  
35 and stabilization facility, or approved substance use disorder  
36 treatment program pursuant to RCW 71.05.150 or 71.05.153, on the next  
37 judicial day following the initial detention, the designated crisis  
38 responder shall file with the court and serve the designated attorney

1 of the detained person the petition or supplemental petition for  
2 initial detention, proof of service of notice, and a copy of a notice  
3 of emergency detention.

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

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

11 (2) When an offender is under court-ordered treatment in the  
12 community and the supervision of the department of corrections, and  
13 the treatment provider becomes aware that the person is in violation  
14 of the terms of the court order, the treatment provider shall notify  
15 the designated crisis responder and the department of corrections of  
16 the violation and request an evaluation for purposes of revocation of  
17 the less restrictive alternative.

18 (3) When a designated crisis responder becomes aware that an  
19 offender who is under court-ordered treatment in the community and  
20 the supervision of the department of corrections is in violation of a  
21 treatment order or a condition of supervision that relates to public  
22 safety, or the designated crisis responder detains a person under  
23 this chapter, the designated crisis responder shall notify the  
24 person's treatment provider and the department of corrections.

25 (4) When an offender who is confined in a state correctional  
26 facility or is under supervision of the department of corrections in  
27 the community is subject to a petition for involuntary treatment  
28 under this chapter, the petitioner shall notify the department of  
29 corrections and the department of corrections shall provide  
30 documentation of its risk assessment or other concerns to the  
31 petitioner and the court if the department of corrections classified  
32 the offender as a high risk or high needs offender.

33 (5) Nothing in this section creates a duty on any treatment  
34 provider or designated crisis responder to provide offender  
35 supervision.

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

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

3       This section establishes a process for initial evaluation and  
4 filing of a petition for assisted outpatient behavioral health  
5 treatment, but however does not preclude the filing of a petition for  
6 assisted outpatient behavioral health treatment following a period of  
7 inpatient detention in appropriate circumstances:

8       (1) The designated crisis responder must personally interview the  
9 person, unless the person refuses an interview, and determine whether  
10 the person will voluntarily receive appropriate evaluation and  
11 treatment at a mental health facility, secure ~~((detoxification))~~  
12 withdrawal management and stabilization facility, or approved  
13 substance use disorder treatment program.

14       (2) The designated crisis responder must investigate and evaluate  
15 the specific facts alleged and the reliability or credibility of any  
16 person providing information. The designated crisis responder may  
17 spend up to forty-eight hours to complete the investigation, provided  
18 that the person may not be held for investigation for any period  
19 except as authorized by RCW 71.05.050 or 71.05.153.

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

25       (a) A statement of the circumstances under which the person's  
26 condition was made known and stating that there is evidence, as a  
27 result of the designated crisis responder's personal observation or  
28 investigation, that the person is in need of assisted outpatient  
29 behavioral health treatment, and stating the specific facts known as  
30 a result of personal observation or investigation, upon which the  
31 designated crisis responder bases this belief;

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

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

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

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

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

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

12 (b) The hearing may be held prior to the person's release from  
13 custody, provided that (i) the filing of the petition does not extend  
14 the time the person would otherwise spend in the custody of jail or  
15 prison; (ii) the charges or custody of the person is not a pretext to  
16 detain the person for the purpose of the involuntary commitment  
17 hearing; and (iii) the person's release from custody must be expected  
18 to swiftly follow the adjudication of the petition. In this  
19 circumstance, the time for hearing is shortened to three judicial  
20 days after the filing of the petition.

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

24 (6) A petition for assisted outpatient behavioral health  
25 treatment filed under this section must be adjudicated under RCW  
26 71.05.240.

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

29 (1) No officer of a public or private agency, nor the  
30 superintendent, professional person in charge, his or her  
31 professional designee, or attending staff of any such agency, nor any  
32 public official performing functions necessary to the administration  
33 of this chapter, nor peace officer responsible for detaining a person  
34 pursuant to this chapter, nor any designated crisis responder, nor  
35 the state, a unit of local government, an evaluation and treatment  
36 facility, a secure ((detoxification)) withdrawal management and  
37 stabilization facility, or an approved substance use disorder  
38 treatment program shall be civilly or criminally liable for  
39 performing duties pursuant to this chapter with regard to the

1 decision of whether to admit, discharge, release, administer  
2 antipsychotic medications, or detain a person for evaluation and  
3 treatment: PROVIDED, That such duties were performed in good faith  
4 and without gross negligence.

5 (2) Peace officers and their employing agencies are not liable  
6 for the referral of a person, or the failure to refer a person, to a  
7 mental health agency pursuant to a policy adopted pursuant to RCW  
8 71.05.457 if such action or inaction is taken in good faith and  
9 without gross negligence.

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

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

21 (1) The secretary shall by rule establish state minimum standards  
22 for licensed or certified behavioral health service providers and  
23 services, whether those service providers and services are licensed  
24 or certified to provide solely mental health services, substance use  
25 disorder treatment services, or services to persons with co-occurring  
26 disorders.

27 (2) Minimum standards for licensed or certified behavioral health  
28 service providers shall, at a minimum, establish: Qualifications for  
29 staff providing services directly to persons with mental disorders,  
30 substance use disorders, or both, the intended result of each  
31 service, and the rights and responsibilities of persons receiving  
32 behavioral health services pursuant to this chapter. The secretary  
33 shall provide for deeming of licensed or certified behavioral health  
34 service providers as meeting state minimum standards as a result of  
35 accreditation by a recognized behavioral health accrediting body  
36 recognized and having a current agreement with the department.

37 (3) Minimum standards for community support services and resource  
38 management services shall include at least qualifications for  
39 resource management services, client tracking systems, and the

1 transfer of patient information between behavioral health service  
2 providers.

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

9 (5) No licensed or certified behavioral health service provider  
10 may advertise or represent itself as a licensed or certified  
11 behavioral health service provider if approval has not been granted,  
12 has been denied, suspended, revoked, or canceled.

13 (6) Licensure or certification as a behavioral health service  
14 provider is effective for one calendar year from the date of issuance  
15 of the license or certification. The license or certification must  
16 specify the types of services provided by the behavioral health  
17 service provider that meet the standards adopted under this chapter.  
18 Renewal of a license or certification must be made in accordance with  
19 this section for initial approval and in accordance with the  
20 standards set forth in rules adopted by the secretary.

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

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

30 (9) Licensed or certified behavioral health service providers may  
31 not provide types of services for which the licensed or certified  
32 behavioral health service provider has not been certified. Licensed  
33 or certified behavioral health service providers may provide services  
34 for which approval has been sought and is pending, if approval for  
35 the services has not been previously revoked or denied.

36 ~~((9))~~ (10) The department periodically shall inspect licensed  
37 or certified behavioral health service providers at reasonable times  
38 and in a reasonable manner.

39 ~~((10))~~ (11) Upon petition of the department and after a hearing  
40 held upon reasonable notice to the facility, the superior court may

1 issue a warrant to an officer or employee of the department  
2 authorizing him or her to enter and inspect at reasonable times, and  
3 examine the books and accounts of, any licensed or certified  
4 behavioral health service provider refusing to consent to inspection  
5 or examination by the department or which the department has  
6 reasonable cause to believe is operating in violation of this  
7 chapter.

8 ~~((11))~~ (12) The department shall maintain and periodically  
9 publish a current list of licensed or certified behavioral health  
10 service providers.

11 ~~((12))~~ (13) Each licensed or certified behavioral health  
12 service provider shall file with the department or the authority upon  
13 request, data, statistics, schedules, and information the department  
14 or the authority reasonably requires. A licensed or certified  
15 behavioral health service provider that without good cause fails to  
16 furnish any data, statistics, schedules, or information as requested,  
17 or files fraudulent returns thereof, may have its license or  
18 certification revoked or suspended.

19 ~~((13))~~ (14) The authority shall use the data provided in  
20 subsection ~~((12))~~ (13) of this section to evaluate each program  
21 that admits children to inpatient substance use disorder treatment  
22 upon application of their parents. The evaluation must be done at  
23 least once every twelve months. In addition, the authority shall  
24 randomly select and review the information on individual children who  
25 are admitted on application of the child's parent for the purpose of  
26 determining whether the child was appropriately placed into substance  
27 use disorder treatment based on an objective evaluation of the  
28 child's condition and the outcome of the child's treatment.

29 ~~((14))~~ (15) Any settlement agreement entered into between the  
30 department and licensed or certified behavioral health service  
31 providers to resolve administrative complaints, license or  
32 certification violations, license or certification suspensions, or  
33 license or certification revocations may not reduce the number of  
34 violations reported by the department unless the department  
35 concludes, based on evidence gathered by inspectors, that the  
36 licensed or certified behavioral health service provider did not  
37 commit one or more of the violations.

38 ~~((15))~~ (16) In cases in which a behavioral health service  
39 provider that is in violation of licensing or certification standards  
40 attempts to transfer or sell the behavioral health service provider



1 to a family member, the transfer or sale may only be made for the  
2 purpose of remedying license or certification violations and  
3 achieving full compliance with the terms of the license or  
4 certification. Transfers or sales to family members are prohibited in  
5 cases in which the purpose of the transfer or sale is to avoid  
6 liability or reset the number of license or certification violations  
7 found before the transfer or sale. If the department finds that the  
8 owner intends to transfer or sell, or has completed the transfer or  
9 sale of, ownership of the behavioral health service provider to a  
10 family member solely for the purpose of resetting the number of  
11 violations found before the transfer or sale, the department may not  
12 renew the behavioral health service provider's license or  
13 certification or issue a new license or certification to the  
14 behavioral health service provider.

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

17 Unless the context clearly requires otherwise, the definitions in  
18 this section apply throughout this chapter.

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

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

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

30 (4) "Chemical dependency" means:

31 (a) Alcoholism;

32 (b) Drug addiction; or

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

35 (5) "Chemical dependency professional" means a person certified  
36 as a chemical dependency professional by the department of health  
37 under chapter 18.205 RCW.

38 (6) "Child psychiatrist" means a person having a license as a  
39 physician and surgeon in this state, who has had graduate training in

1 child psychiatry in a program approved by the American Medical  
2 Association or the American Osteopathic Association, and who is board  
3 eligible or board certified in child psychiatry.

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

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

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

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

16 (9) "Department" means the department of social and health  
17 services.

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

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

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

28 (13) "Evaluation and treatment facility" means a public or  
29 private facility or unit that is licensed or certified by the  
30 department of health to provide emergency, inpatient, residential, or  
31 outpatient mental health evaluation and treatment services for  
32 minors. A physically separate and separately-operated portion of a  
33 state hospital may be designated as an evaluation and treatment  
34 facility for minors. A facility which is part of or operated by the  
35 state or federal agency does not require licensure or certification.  
36 No correctional institution or facility, juvenile court detention  
37 facility, or jail may be an evaluation and treatment facility within  
38 the meaning of this chapter.

39 (14) "Evaluation and treatment program" means the total system of  
40 services and facilities coordinated and approved by a county or

1 combination of counties for the evaluation and treatment of minors  
2 under this chapter.

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

11 (16) "Inpatient treatment" means twenty-four-hour-per-day mental  
12 health care provided within a general hospital, psychiatric hospital,  
13 residential treatment facility licensed or certified by the  
14 department of health as an evaluation and treatment facility for  
15 minors, secure ((detoxification)) withdrawal management and  
16 stabilization facility for minors, or approved substance use disorder  
17 treatment program for minors.

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

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

24 (19) "Likelihood of serious harm" means either: (a) A substantial  
25 risk that physical harm will be inflicted by an individual upon his  
26 or her own person, as evidenced by threats or attempts to commit  
27 suicide or inflict physical harm on oneself; (b) a substantial risk  
28 that physical harm will be inflicted by an individual upon another,  
29 as evidenced by behavior which has caused such harm or which places  
30 another person or persons in reasonable fear of sustaining such harm;  
31 or (c) a substantial risk that physical harm will be inflicted by an  
32 individual upon the property of others, as evidenced by behavior  
33 which has caused substantial loss or damage to the property of  
34 others.

35 (20) "Medical necessity" for inpatient care means a requested  
36 service which is reasonably calculated to: (a) Diagnose, correct,  
37 cure, or alleviate a mental disorder or substance use disorder; or  
38 (b) prevent the progression of a substance use disorder that  
39 endangers life or causes suffering and pain, or results in illness or  
40 infirmity or threatens to cause or aggravate a handicap, or causes

1 physical deformity or malfunction, and there is no adequate less  
2 restrictive alternative available.

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

9 (22) "Mental health professional" means a psychiatrist,  
10 psychiatric advanced registered nurse practitioner, physician  
11 assistant working with a supervising psychiatrist, psychologist,  
12 psychiatric nurse, or social worker, and such other mental health  
13 professionals as may be defined by rules adopted by the secretary of  
14 the department of health under this chapter.

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

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

19 (25) "Parent" means:

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

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

25 (26) "Private agency" means any person, partnership, corporation,  
26 or association that is not a public agency, whether or not financed  
27 in whole or in part by public funds, that constitutes an evaluation  
28 and treatment facility or private institution, or hospital, or  
29 approved substance use disorder treatment program, that is conducted  
30 for, or includes a distinct unit, floor, or ward conducted for, the  
31 care and treatment of persons with mental illness, substance use  
32 disorders, or both mental illness and substance use disorders.

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

35 (28) "Professional person in charge" or "professional person"  
36 means a physician, other mental health professional, or other person  
37 empowered by an evaluation and treatment facility, secure  
38 (~~(detoxification)~~) withdrawal management and stabilization facility,  
39 or approved substance use disorder treatment program with authority  
40 to make admission and discharge decisions on behalf of that facility.

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

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

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

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

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

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

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

33 (a) ~~((Provides for intoxicated minors))~~ Provide the following  
34 services:

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

37 (ii) Clinical stabilization services;

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

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

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

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

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

12       (37) "Start of initial detention" means the time of arrival of  
13 the minor at the first evaluation and treatment facility, secure  
14 (~~detoxification~~) withdrawal management and stabilization facility,  
15 or approved substance use disorder treatment program offering  
16 inpatient treatment if the minor is being involuntarily detained at  
17 the time. With regard to voluntary patients, "start of initial  
18 detention" means the time at which the minor gives notice of intent  
19 to leave under the provisions of this chapter.

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

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

28       (1) If a parent or guardian, for the purpose of mental health  
29 treatment, substance use disorder treatment, or evaluation, brings  
30 his or her minor child to an evaluation and treatment facility, a  
31 hospital emergency room, an inpatient facility licensed under chapter  
32 72.23 RCW, an inpatient facility licensed under chapter 70.41 or  
33 71.12 RCW operating inpatient psychiatric beds for minors, a secure  
34 (~~detoxification~~) withdrawal management and stabilization facility,  
35 or an approved substance use disorder treatment program, the facility  
36 is required to promptly provide written and verbal notice of all  
37 statutorily available treatment options contained in this chapter.  
38 The notice need not be given more than once if written and verbal  
39 notice has already been provided and documented by the facility.

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

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

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

9 (3) The department of health shall produce, and make available,  
10 the written notification that must include, at a minimum, the  
11 information contained in subsection (2) of this section. The  
12 department of health must revise the written notification as  
13 necessary to reflect changes in the law.

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

16 (1) Whenever a person who is the subject of an involuntary  
17 commitment order under this chapter is discharged from an evaluation  
18 and treatment facility, state hospital, secure ~~((detoxification))~~  
19 withdrawal management and stabilization facility, or approved  
20 substance use disorder treatment program providing involuntary  
21 treatment services, the entity discharging the person shall provide  
22 notice of the person's discharge to the designated crisis responder  
23 office responsible for the initial commitment and the designated  
24 crisis responder office that serves the county in which the person is  
25 expected to reside. The entity discharging the person must also  
26 provide these offices with a copy of any less restrictive order or  
27 conditional release order entered in conjunction with the discharge  
28 of the person, unless the entity discharging the person has entered  
29 into a memorandum of understanding obligating another entity to  
30 provide these documents.

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

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

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

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

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

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

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

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

31       (2) The consent of the minor is not required for admission,  
32 evaluation, and treatment if the parent brings the minor to the  
33 facility.

34       (3) An appropriately trained professional person may evaluate  
35 whether the minor has a mental disorder or has a substance use  
36 disorder. The evaluation shall be completed within twenty-four hours  
37 of the time the minor was brought to the facility, unless the  
38 professional person determines that the condition of the minor  
39 necessitates additional time for evaluation. In no event shall a



1 minor be held longer than seventy-two hours for evaluation. If, in  
2 the judgment of the professional person, it is determined it is a  
3 medical necessity for the minor to receive inpatient treatment, the  
4 minor may be held for treatment. The facility shall limit treatment  
5 to that which the professional person determines is medically  
6 necessary to stabilize the minor's condition until the evaluation has  
7 been completed. Within twenty-four hours of completion of the  
8 evaluation, the professional person shall notify the authority if the  
9 child is held for treatment and of the date of admission.

10 (4) No provider is obligated to provide treatment to a minor  
11 under the provisions of this section except that no provider may  
12 refuse to treat a minor under the provisions of this section solely  
13 on the basis that the minor has not consented to the treatment. No  
14 provider may admit a minor to treatment under this section unless it  
15 is medically necessary.

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

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

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

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

25 A minor child shall have no cause of action against an evaluation  
26 and treatment facility, secure ~~((detoxification))~~ withdrawal  
27 management and stabilization facility, approved substance use  
28 disorder treatment program, inpatient facility, or provider of  
29 outpatient mental health treatment or outpatient substance use  
30 disorder treatment for admitting or accepting the minor in good faith  
31 for evaluation or treatment under RCW 71.34.600 or 71.34.650 based  
32 solely upon the fact that the minor did not consent to evaluation or  
33 treatment if the minor's parent has consented to the evaluation or  
34 treatment.

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

37 (1) If a minor, thirteen years or older, is brought to an  
38 evaluation and treatment facility or hospital emergency room for

1 immediate mental health services, the professional person in charge  
2 of the facility shall evaluate the minor's mental condition,  
3 determine whether the minor suffers from a mental disorder, and  
4 whether the minor is in need of immediate inpatient treatment.

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

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

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

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

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

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

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

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

8 (1) (a) (i) When a designated crisis responder receives information  
9 that a minor, thirteen years or older, as a result of a mental  
10 disorder presents a likelihood of serious harm or is gravely  
11 disabled, has investigated the specific facts alleged and of the  
12 credibility of the person or persons providing the information, and  
13 has determined that voluntary admission for inpatient treatment is  
14 not possible, the designated crisis responder may take the minor, or  
15 cause the minor to be taken, into custody and transported to an  
16 evaluation and treatment facility providing inpatient treatment.

17 (ii) When a designated crisis responder receives information that  
18 a minor, thirteen years or older, as a result of substance use  
19 disorder presents a likelihood of serious harm or is gravely  
20 disabled, has investigated the specific facts alleged and of the  
21 credibility of the person or persons providing the information, and  
22 has determined that voluntary admission for inpatient treatment is  
23 not possible, the designated crisis responder may take the minor, or  
24 cause the minor to be taken, into custody and transported to a secure  
25 (~~(detoxification)~~) withdrawal management and stabilization facility  
26 or approved substance use disorder treatment program, if a secure  
27 (~~(detoxification)~~) withdrawal management and stabilization facility  
28 or approved substance use disorder treatment program is available and  
29 has adequate space for the minor.

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

35 (2) Within twelve hours of the minor's arrival at the evaluation  
36 and treatment facility, secure (~~(detoxification)~~) withdrawal  
37 management and stabilization facility, or approved substance use  
38 disorder treatment program, the designated crisis responder shall  
39 serve on the minor a copy of the petition for initial detention,

1 notice of initial detention, and statement of rights. The designated  
2 crisis responder shall file with the court on the next judicial day  
3 following the initial detention the original petition for initial  
4 detention, notice of initial detention, and statement of rights along  
5 with an affidavit of service. The designated crisis responder shall  
6 commence service of the petition for initial detention and notice of  
7 the initial detention on the minor's parent and the minor's attorney  
8 as soon as possible following the initial detention.

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

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

21 (4) Subject to subsection (5) of this section, whenever the  
22 designated crisis responder petitions for detention of a minor under  
23 this chapter, an evaluation and treatment facility, secure  
24 (~~detoxification~~) withdrawal management and stabilization facility,  
25 or approved substance use disorder treatment program providing  
26 seventy-two hour evaluation and treatment must immediately accept on  
27 a provisional basis the petition and the person. Within twenty-four  
28 hours of the minor's arrival, the facility must evaluate the minor's  
29 condition and either admit or release the minor in accordance with  
30 this chapter.

31 (5) A designated crisis responder may not petition for detention  
32 of a minor to a secure (~~detoxification~~) withdrawal management and  
33 stabilization facility or approved substance use disorder treatment  
34 program unless there is a secure (~~detoxification~~) withdrawal  
35 management and stabilization facility or approved substance use  
36 disorder treatment program available and that has adequate space for  
37 the minor.

38 (6) If a minor is not approved for admission by the inpatient  
39 evaluation and treatment facility, secure (~~detoxification~~)  
40 withdrawal management and stabilization facility, or approved

1 substance use disorder treatment program, the facility shall make  
2 such recommendations and referrals for further care and treatment of  
3 the minor as necessary.

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

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

15 (ii) When a designated crisis responder receives information that  
16 a minor, thirteen years or older, as a result of substance use  
17 disorder presents a likelihood of serious harm or is gravely  
18 disabled, has investigated the specific facts alleged and of the  
19 credibility of the person or persons providing the information, and  
20 has determined that voluntary admission for inpatient treatment is  
21 not possible, the designated crisis responder may take the minor, or  
22 cause the minor to be taken, into custody and transported to a secure  
23 (~~detoxification~~) withdrawal management and stabilization facility  
24 or approved substance use disorder treatment program.

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

30 (2) Within twelve hours of the minor's arrival at the evaluation  
31 and treatment facility, secure (~~detoxification~~) withdrawal  
32 management and stabilization facility, or approved substance use  
33 disorder treatment program, the designated crisis responder shall  
34 serve on the minor a copy of the petition for initial detention,  
35 notice of initial detention, and statement of rights. The designated  
36 crisis responder shall file with the court on the next judicial day  
37 following the initial detention the original petition for initial  
38 detention, notice of initial detention, and statement of rights along  
39 with an affidavit of service. The designated crisis responder shall

1 commence service of the petition for initial detention and notice of  
2 the initial detention on the minor's parent and the minor's attorney  
3 as soon as possible following the initial detention.

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

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

16 (4) Whenever the designated crisis responder petitions for  
17 detention of a minor under this chapter, an evaluation and treatment  
18 facility, secure (~~detoxification~~) withdrawal management and  
19 stabilization facility, or approved substance use disorder treatment  
20 program providing seventy-two hour evaluation and treatment must  
21 immediately accept on a provisional basis the petition and the  
22 person. Within twenty-four hours of the minor's arrival, the facility  
23 must evaluate the minor's condition and either admit or release the  
24 minor in accordance with this chapter.

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

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

33 (1) Each minor approved by the facility for inpatient admission  
34 shall be examined and evaluated by a children's mental health  
35 specialist, for minors admitted as a result of a mental disorder, or  
36 by a chemical dependency professional, for minors admitted as a  
37 result of a substance use disorder, as to the child's mental  
38 condition and by a physician, physician assistant, or psychiatric  
39 advanced registered nurse practitioner as to the child's physical

1 condition within twenty-four hours of admission. Reasonable measures  
2 shall be taken to ensure medical treatment is provided for any  
3 condition requiring immediate medical attention.

4 (2) If, after examination and evaluation, the children's mental  
5 health specialist or substance use disorder specialist and the  
6 physician, physician assistant, or psychiatric advanced registered  
7 nurse practitioner determine that the initial needs of the minor, if  
8 detained to an evaluation and treatment facility, would be better  
9 served by placement in a substance use disorder treatment program or,  
10 if detained to a secure (~~detoxification~~) withdrawal management and  
11 stabilization facility or approved substance use disorder treatment  
12 program, would be better served in an evaluation and treatment  
13 facility, then the minor shall be referred to the more appropriate  
14 placement; however a minor may only be referred to a secure  
15 (~~detoxification~~) withdrawal management and stabilization facility  
16 or approved substance use disorder treatment program if there is a  
17 secure (~~detoxification~~) withdrawal management and stabilization  
18 facility or approved substance use disorder treatment program  
19 available and that has adequate space for the minor.

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

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

29 (5) If the evaluation and treatment facility, secure  
30 (~~detoxification~~) withdrawal management and stabilization facility,  
31 or approved substance use disorder treatment program admits the  
32 minor, it may detain the minor for evaluation and treatment for a  
33 period not to exceed seventy-two hours from the time of provisional  
34 acceptance. The computation of such seventy-two hour period shall  
35 exclude Saturdays, Sundays, and holidays. This initial treatment  
36 period shall not exceed seventy-two hours except when an application  
37 for voluntary inpatient treatment is received or a petition for  
38 fourteen-day commitment is filed.

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

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

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

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

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

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

33           (5) If the evaluation and treatment facility, secure  
34 (~~detoxification~~) withdrawal management and stabilization facility,  
35 or approved substance use disorder treatment program admits the  
36 minor, it may detain the minor for evaluation and treatment for a  
37 period not to exceed seventy-two hours from the time of provisional  
38 acceptance. The computation of such seventy-two hour period shall  
39 exclude Saturdays, Sundays, and holidays. This initial treatment  
40 period shall not exceed seventy-two hours except when an application



1 for voluntary inpatient treatment is received or a petition for  
2 fourteen-day commitment is filed.

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

5 **Sec. 36.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
6 s 20 are each reenacted and amended to read as follows:

7 (1) The professional person in charge of an evaluation and  
8 treatment facility, secure ~~((detoxification))~~ withdrawal management  
9 and stabilization facility, or approved substance use disorder  
10 treatment program where a minor has been admitted involuntarily for  
11 the initial seventy-two hour treatment period under this chapter may  
12 petition to have a minor committed to an evaluation and treatment  
13 facility or, in the case of a minor with a substance use disorder, to  
14 a secure ~~((detoxification))~~ withdrawal management and stabilization  
15 facility or approved substance use disorder treatment program for  
16 fourteen-day diagnosis, evaluation, and treatment.

17 If the professional person in charge of the facility does not  
18 petition to have the minor committed, the parent who has custody of  
19 the minor may seek review of that decision in court. The parent shall  
20 file notice with the court and provide a copy of the treatment and  
21 evaluation facility's report.

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

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

26 (i) ~~((Two physicians; (ii) one physician and a mental health~~  
27 ~~professional; (iii) one physician assistant and a mental health~~  
28 ~~professional; or (iv) one psychiatric advanced registered nurse~~  
29 ~~practitioner and a mental health professional))~~ One physician,  
30 physician assistant, or psychiatric advanced registered nurse  
31 practitioner; and

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

34 (b) If the petition is for substance use disorder treatment, the  
35 petition may be signed by a chemical dependency professional instead  
36 of a mental health professional and by an advanced registered nurse  
37 practitioner instead of a psychiatric advanced registered nurse  
38 practitioner. The person signing the petition must have examined the  
39 minor, and the petition must contain the following:

- 1       ~~((A))~~ (i) The name and address of the petitioner;
- 2       ~~((B))~~ (ii) The name of the minor alleged to meet the criteria  
3 for fourteen-day commitment;
- 4       ~~((C))~~ (iii) The name, telephone number, and address if known of  
5 every person believed by the petitioner to be legally responsible for  
6 the minor;
- 7       ~~((D))~~ (iv) A statement that the petitioner has examined the  
8 minor and finds that the minor's condition meets required criteria  
9 for fourteen-day commitment and the supporting facts therefor;
- 10       ~~((E))~~ (v) A statement that the minor has been advised of the  
11 need for voluntary treatment but has been unwilling or unable to  
12 consent to necessary treatment;
- 13       ~~((F))~~ (vi) If the petition is for mental health treatment, a  
14 statement that the minor has been advised of the loss of firearm  
15 rights if involuntarily committed;
- 16       ~~((G))~~ (vii) A statement recommending the appropriate facility  
17 or facilities to provide the necessary treatment; and
- 18       ~~((H))~~ (viii) A statement concerning whether a less restrictive  
19 alternative to inpatient treatment is in the best interests of the  
20 minor.
- 21       ~~((b))~~ (c) A copy of the petition shall be personally delivered  
22 to the minor by the petitioner or petitioner's designee. A copy of  
23 the petition shall be sent to the minor's attorney and the minor's  
24 parent.

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

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

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

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

36       (4) The minor shall be present at the commitment hearing unless  
37 the minor, with the assistance of the minor's attorney, waives the  
38 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 (c) The minor is unwilling or unable in good faith to consent to  
32 voluntary treatment; and

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

37 (11) If the court finds that the minor meets the criteria for a  
38 fourteen-day commitment, the court shall either authorize commitment  
39 of the minor for inpatient treatment or for less restrictive  
40 alternative treatment upon such conditions as are necessary. If the

1 court determines that the minor does not meet the criteria for a  
2 fourteen-day commitment, the minor shall be released.

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

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

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

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

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

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

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

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

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

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

33 (a) To be represented by an attorney;

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

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

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

1 voluntary treatment as provided in RCW 71.34.730 will result in the  
2 loss of his or her firearm rights if the minor is subsequently  
3 detained for involuntary treatment under this section.

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

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

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

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

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

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

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

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

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

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

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

3       (1) At any time during the minor's period of fourteen-day  
4 commitment, the professional person in charge may petition the court  
5 for an order requiring the minor to undergo an additional one hundred  
6 eighty-day period of treatment. The evidence in support of the  
7 petition shall be presented by the county prosecutor unless the  
8 petition is filed by the professional person in charge of a state-  
9 operated facility in which case the evidence shall be presented by  
10 the attorney general.

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

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

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

16       (c) A statement that the petitioner is the professional person in  
17 charge of the evaluation and treatment facility, secure  
18 (~~(detoxification)~~) withdrawal management and stabilization facility,  
19 or approved substance use disorder treatment program responsible for  
20 the treatment of the minor;

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

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

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

1 the detained minor which supports the petition and shall state  
2 whether a less restrictive alternative to inpatient treatment is in  
3 the best interests of the minor.

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

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

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

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

21 (i) Is suffering from a mental disorder or substance use  
22 disorder;

23 (ii) Presents a likelihood of serious harm or is gravely  
24 disabled; and

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

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

30 (7) If the court finds that the criteria for commitment are met  
31 and that less restrictive treatment in a community setting is not  
32 appropriate or available, the court shall order the minor committed  
33 to the custody of the secretary for further inpatient mental health  
34 treatment, to an approved substance use disorder treatment program  
35 for further substance use disorder treatment, or to a private  
36 treatment and evaluation facility for inpatient mental health or  
37 substance use disorder treatment if the minor's parents have assumed  
38 responsibility for payment for the treatment. If the court finds that  
39 a less restrictive alternative is in the best interest of the minor,

1 the court shall order less restrictive alternative treatment upon  
2 such conditions as necessary.

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

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

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

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

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

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

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

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

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

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

32 (3) The petition shall be supported by accompanying affidavits  
33 signed by: (a) Two examining physicians, one of whom shall be a child  
34 psychiatrist, or two psychiatric advanced registered nurse  
35 practitioners, one of whom shall be a child and adolescent or family  
36 psychiatric advanced registered nurse practitioner. If the petition  
37 is for substance use disorder treatment, the petition may be signed  
38 by a chemical dependency professional instead of a mental health  
39 professional and by an advanced registered nurse practitioner instead



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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 rescind the order of apprehension and detention at any time prior to  
2 the hearing.

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

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

1       **Sec. 42.** 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 **Sec. 43.** RCW 18.130.175 and 2006 c 99 s 7 are each amended to  
15 read as follows:

16 (1) In lieu of disciplinary action under RCW 18.130.160 and if  
17 the disciplining authority determines that the unprofessional conduct  
18 may be the result of substance abuse, the disciplining authority may  
19 refer the license holder to a voluntary substance abuse monitoring  
20 program approved by the disciplining authority.

21 The cost of the treatment shall be the responsibility of the  
22 license holder, but the responsibility does not preclude payment by  
23 an employer, existing insurance coverage, or other sources. Primary  
24 alcoholism or other drug addiction treatment shall be provided by  
25 approved treatment programs under RCW 70.96A.020 or by any other  
26 provider approved by the entity or the commission. However, nothing  
27 shall prohibit the disciplining authority from approving additional  
28 services and programs as an adjunct to primary alcoholism or other  
29 drug addiction treatment. The disciplining authority may also approve  
30 the use of out-of-state programs. Referral of the license holder to  
31 the program shall be done only with the consent of the license  
32 holder. Referral to the program may also include probationary  
33 conditions for a designated period of time. If the license holder  
34 does not consent to be referred to the program or does not  
35 successfully complete the program, the disciplining authority may  
36 take appropriate action under RCW 18.130.160 which includes  
37 suspension of the license unless or until the disciplining authority,  
38 in consultation with the director of the voluntary substance abuse  
39 monitoring program, determines the license holder is able to practice

1 safely. The secretary shall adopt uniform rules for the evaluation by  
2 the ((~~disciplinary~~—[disciplining])) disciplining authority of a  
3 relapse or program violation on the part of a license holder in the  
4 substance abuse monitoring program. The evaluation shall encourage  
5 program participation with additional conditions, in lieu of  
6 disciplinary action, when the ((~~disciplinary~~—[disciplining]))  
7 disciplining authority determines that the license holder is able to  
8 continue to practice with reasonable skill and safety.

9 (2) In addition to approving substance abuse monitoring programs  
10 that may receive referrals from the disciplining authority, the  
11 disciplining authority may establish by rule requirements for  
12 participation of license holders who are not being investigated or  
13 monitored by the disciplining authority for substance abuse. License  
14 holders voluntarily participating in the approved programs without  
15 being referred by the disciplining authority shall not be subject to  
16 disciplinary action under RCW 18.130.160 for their substance abuse,  
17 and shall not have their participation made known to the disciplining  
18 authority, if they meet the requirements of this section and the  
19 program in which they are participating.

20 (3) The license holder shall sign a waiver allowing the program  
21 to release information to the disciplining authority if the licensee  
22 does not comply with the requirements of this section or is unable to  
23 practice with reasonable skill or safety. The substance abuse program  
24 shall report to the disciplining authority any license holder who  
25 fails to comply with the requirements of this section or the program  
26 or who, in the opinion of the program, is unable to practice with  
27 reasonable skill or safety. License holders shall report to the  
28 disciplining authority if they fail to comply with this section or do  
29 not complete the program's requirements. License holders may, upon  
30 the agreement of the program and disciplining authority, reenter the  
31 program if they have previously failed to comply with this section.

32 (4) The treatment and pretreatment records of license holders  
33 referred to or voluntarily participating in approved programs shall  
34 be confidential, shall be exempt from chapter 42.56 RCW, and shall  
35 not be subject to discovery by subpoena or admissible as evidence  
36 except for monitoring records reported to the disciplining authority  
37 for cause as defined in subsection (3) of this section. Monitoring  
38 records relating to license holders referred to the program by the  
39 disciplining authority or relating to license holders reported to the  
40 disciplining authority by the program for cause, shall be released to

1 the disciplining authority at the request of the disciplining  
2 authority. Records held by the disciplining authority under this  
3 section shall be exempt from chapter 42.56 RCW and shall not be  
4 subject to discovery by subpoena except by the license holder.

5 (5) "Substance abuse," as used in this section, means the  
6 impairment, as determined by the disciplining authority, of a license  
7 holder's professional services by an addiction to, a dependency on,  
8 or the use of alcohol, legend drugs, or controlled substances.

9 (6) This section does not affect an employer's right or ability  
10 to make employment-related decisions regarding a license holder. This  
11 section does not restrict the authority of the disciplining authority  
12 to take disciplinary action for any other unprofessional conduct.

13 (7) A person who, in good faith, reports information or takes  
14 action in connection with this section is immune from civil liability  
15 for reporting information or taking the action.

16 (a) The immunity from civil liability provided by this section  
17 shall be liberally construed to accomplish the purposes of this  
18 section and the persons entitled to immunity shall include:

19 (i) An approved monitoring treatment program;

20 (ii) The professional association operating the program;

21 (iii) Members, employees, or agents of the program or  
22 association;

23 (iv) Persons reporting a license holder as being possibly  
24 impaired or providing information about the license holder's  
25 impairment; and

26 (v) Professionals supervising or monitoring the course of the  
27 impaired license holder's treatment or rehabilitation.

28 (b) The courts are strongly encouraged to impose sanctions on  
29 clients and their attorneys whose allegations under this subsection  
30 are not made in good faith and are without either reasonable  
31 objective, substantive grounds, or both.

32 (c) The immunity provided in this section is in addition to any  
33 other immunity provided by law.

34 (8) In the case of a person who is applying to be an agency  
35 affiliated counselor registered under chapter 18.19 RCW and practices  
36 or intends to practice as a peer counselor in an agency, as defined  
37 in RCW 18.19.020, if the person is:

38 (a) Less than one year in recovery from a substance use disorder,  
39 the duration of time that the person may be required to participate  
40 in the voluntary substance abuse monitoring program may not exceed

1 the amount of time necessary for the person to achieve one year in  
2 recovery; or

3 (b) At least one year in recovery from a substance use disorder,  
4 the person may not be required to participate in the substance abuse  
5 monitoring program.

6 **Sec. 44.** RCW 43.43.842 and 2014 c 88 s 1 are each amended to  
7 read as follows:

8 (1)(a) The secretary of social and health services and the  
9 secretary of health shall adopt additional requirements for the  
10 licensure or relicensure of agencies, facilities, and licensed  
11 individuals who provide care and treatment to vulnerable adults,  
12 including nursing pools registered under chapter 18.52C RCW. These  
13 additional requirements shall ensure that any person associated with  
14 a licensed agency or facility having unsupervised access with a  
15 vulnerable adult shall not be the respondent in an active protective  
16 order under RCW 74.34.130, nor have been: (i) Convicted of a crime  
17 against persons as defined in RCW 43.43.830, except as provided in  
18 this section; (ii) convicted of crimes relating to financial  
19 exploitation as defined in RCW 43.43.830, except as provided in this  
20 section; or (iii) found in any disciplinary board final decision to  
21 have abused a vulnerable adult under RCW 43.43.830.

22 (b) A person associated with a licensed agency or facility who  
23 has unsupervised access with a vulnerable adult shall make the  
24 disclosures specified in RCW 43.43.834(2). The person shall make the  
25 disclosures in writing, sign, and swear to the contents under penalty  
26 of perjury. The person shall, in the disclosures, specify all crimes  
27 against children or other persons, all crimes relating to financial  
28 exploitation, and all crimes relating to drugs as defined in RCW  
29 43.43.830, committed by the person.

30 (2) The rules adopted under this section shall permit the  
31 licensee to consider the criminal history of an applicant for  
32 employment in a licensed facility when the applicant has one or more  
33 convictions for a past offense and:

34 (a) The offense was simple assault, assault in the fourth degree,  
35 or the same offense as it may be renamed, and three or more years  
36 have passed between the most recent conviction and the date of  
37 application for employment;



1 (b) The offense was prostitution, or the same offense as it may  
2 be renamed, and three or more years have passed between the most  
3 recent conviction and the date of application for employment;

4 (c) The offense was theft in the third degree, or the same  
5 offense as it may be renamed, and three or more years have passed  
6 between the most recent conviction and the date of application for  
7 employment;

8 (d) The offense was theft in the second degree, or the same  
9 offense as it may be renamed, and five or more years have passed  
10 between the most recent conviction and the date of application for  
11 employment;

12 (e) The offense was forgery, or the same offense as it may be  
13 renamed, and five or more years have passed between the most recent  
14 conviction and the date of application for employment;

15 (f) The department of social and health services reviewed the  
16 employee's otherwise disqualifying criminal history through the  
17 department of social and health services' background assessment  
18 review team process conducted in 2002, and determined that such  
19 employee could remain in a position covered by this section; or

20 (g) The otherwise disqualifying conviction or disposition has  
21 been the subject of a pardon, annulment, or other equivalent  
22 procedure.

23 The offenses set forth in (a) through (g) of this subsection do  
24 not automatically disqualify an applicant from employment by a  
25 licensee. Nothing in this section may be construed to require the  
26 employment of any person against a licensee's judgment.

27 (3) The rules adopted pursuant to subsection (2) of this section  
28 may not allow a licensee to automatically deny an applicant with a  
29 conviction for an offense set forth in subsection (2) of this section  
30 for a position as an agency affiliated counselor registered under  
31 chapter 18.19 RCW practicing as a peer counselor in an agency or  
32 facility if:

33 (a) At least one year has passed between the applicant's most  
34 recent conviction for an offense set forth in subsection (2) of this  
35 section and the date of application for employment;

36 (b) The offense was committed as a result of the person's  
37 substance use or untreated mental health symptoms; and

38 (c) The applicant is at least one year in recovery from a  
39 substance use disorder, whether through abstinence or stability on

1 medication-assisted therapy, or in recovery from mental health  
2 challenges.

3 (4) In consultation with law enforcement personnel, the secretary  
4 of social and health services and the secretary of health shall  
5 investigate, or cause to be investigated, the conviction record and  
6 the protection proceeding record information under this chapter of  
7 the staff of each agency or facility under their respective  
8 jurisdictions seeking licensure or relicensure. An individual  
9 responding to a criminal background inquiry request from his or her  
10 employer or potential employer shall disclose the information about  
11 his or her criminal history under penalty of perjury. The secretaries  
12 shall use the information solely for the purpose of determining  
13 eligibility for licensure or relicensure. Criminal justice agencies  
14 shall provide the secretaries such information as they may have and  
15 that the secretaries may require for such purpose.

16 NEW SECTION. **Sec. 45.** A new section is added to chapter 18.19  
17 RCW to read as follows:

18 The department may not automatically deny an applicant for  
19 registration under this chapter for a position as an agency  
20 affiliated counselor practicing as a peer counselor in an agency or  
21 facility based on a conviction history consisting of convictions for  
22 simple assault, assault in the fourth degree, prostitution, theft in  
23 the third degree, theft in the second degree, or forgery, the same  
24 offenses as they may be renamed, or substantially equivalent offenses  
25 committed in other states or jurisdictions if:

26 (1) At least one year has passed between the applicant's most  
27 recent conviction for an offense set forth in this section and the  
28 date of application for employment;

29 (2) The offense was committed as a result of the person's  
30 substance use or untreated mental health symptoms; and

31 (3) The applicant is at least one year in recovery from a  
32 substance use disorder, whether through abstinence or stability on  
33 medication-assisted therapy, or in recovery from mental health  
34 challenges.

35 **Sec. 46.** RCW 18.130.055 and 2016 c 81 s 12 are each amended to  
36 read as follows:

37 (1) The disciplining authority may deny an application for  
38 licensure or grant a license with conditions if the applicant:

1 (a) Has had his or her license to practice any health care  
2 profession suspended, revoked, or restricted, by competent authority  
3 in any state, federal, or foreign jurisdiction;

4 (b) Has committed any act defined as unprofessional conduct for a  
5 license holder under RCW 18.130.180, except as provided in RCW  
6 9.97.020;

7 (c) Has been convicted or is subject to current prosecution or  
8 pending charges of a crime involving moral turpitude or a crime  
9 identified in RCW 43.43.830, except as provided in RCW 9.97.020 and  
10 section 45 of this act. For purposes of this section, conviction  
11 includes all instances in which a plea of guilty or nolo contendere  
12 is the basis for the conviction and all proceedings in which the  
13 prosecution or sentence has been deferred or suspended. At the  
14 request of an applicant for an original license whose conviction is  
15 under appeal, the disciplining authority may defer decision upon the  
16 application during the pendency of such a prosecution or appeal;

17 (d) Fails to prove that he or she is qualified in accordance with  
18 the provisions of this chapter, the chapters identified in RCW  
19 18.130.040(2), or the rules adopted by the disciplining authority; or

20 (e) Is not able to practice with reasonable skill and safety to  
21 consumers by reason of any mental or physical condition.

22 (i) The disciplining authority may require the applicant, at his  
23 or her own expense, to submit to a mental, physical, or psychological  
24 examination by one or more licensed health professionals designated  
25 by the disciplining authority. The disciplining authority shall  
26 provide written notice of its requirement for a mental or physical  
27 examination that includes a statement of the specific conduct, event,  
28 or circumstances justifying an examination and a statement of the  
29 nature, purpose, scope, and content of the intended examination. If  
30 the applicant fails to submit to the examination or provide the  
31 results of the examination or any required waivers, the disciplining  
32 authority may deny the application.

33 (ii) An applicant governed by this chapter is deemed to have  
34 given consent to submit to a mental, physical, or psychological  
35 examination when directed in writing by the disciplining authority  
36 and further to have waived all objections to the admissibility or use  
37 of the examining health professional's testimony or examination  
38 reports by the disciplining authority on the grounds that the  
39 testimony or reports constitute privileged communications.

1 (2) The provisions of RCW 9.95.240 and chapter 9.96A RCW do not  
2 apply to a decision to deny a license under this section.

3 (3) The disciplining authority shall give written notice to the  
4 applicant of the decision to deny a license or grant a license with  
5 conditions in response to an application for a license. The notice  
6 must state the grounds and factual basis for the action and be served  
7 upon the applicant.

8 (4) A license applicant who is aggrieved by the decision to deny  
9 the license or grant the license with conditions has the right to an  
10 adjudicative proceeding. The application for adjudicative proceeding  
11 must be in writing, state the basis for contesting the adverse  
12 action, include a copy of the adverse notice, and be served on and  
13 received by the department within twenty-eight days of the decision.  
14 The license applicant has the burden to establish, by a preponderance  
15 of evidence, that the license applicant is qualified in accordance  
16 with the provisions of this chapter, the chapters identified in RCW  
17 18.130.040(2), and the rules adopted by the disciplining authority.

18 **Sec. 47.** RCW 18.19.210 and 2013 c 338 s 6 are each amended to  
19 read as follows:

20 (1)(a) An applicant for registration as an agency affiliated  
21 counselor who applies to the department within (~~seven~~) thirty days  
22 of employment by an agency may work as an agency affiliated counselor  
23 (~~for up to sixty days~~) while the application is processed. The  
24 applicant must (~~stop working on the sixtieth day of employment if~~  
25 ~~the registration has not been granted for any reason~~) provide  
26 required documentation within reasonable time limits established by  
27 the department, and if the applicant does not do so, the applicant  
28 must stop working.

29 (b) The applicant may not provide unsupervised counseling prior  
30 to completion of a criminal background check performed by either the  
31 employer or the secretary. For purposes of this subsection,  
32 "unsupervised" means the supervisor is not physically present at the  
33 location where the counseling occurs.

34 (2) Agency affiliated counselors shall notify the department if  
35 they are either no longer employed by the agency identified on their  
36 application or are now employed with another agency, or both. Agency  
37 affiliated counselors may not engage in the practice of counseling  
38 unless they are currently affiliated with an agency.



1 grandfathering of current individuals who hold the peer support  
2 counselor certification. The sunrise review must evaluate the effect  
3 of these modifications on professionalism, portability, scope of  
4 practice, approved practice locations, workforce, bidirectional  
5 integration, and appropriate deployment of peer support services  
6 throughout the health system.

7 (2) The department of health shall conduct a sunrise review under  
8 chapter 18.120 RCW to evaluate the need for creation of an advanced  
9 peer support specialist credential to provide a license to perform  
10 peer support services in the areas of mental health, substance use  
11 disorders, and forensic behavioral health. The requirements for this  
12 credential must be accessible to persons in recovery and:

13 (a) Integrate with and complement the attributes of the peer  
14 counselor certification program administered by the Washington state  
15 health care authority under section 48 of this act;

16 (b) Provide education, experience, and training requirements that  
17 are more stringent than the requirements for the peer counselor  
18 certification program but less extensive than the requirements for  
19 licensure or certification under other credentials related to  
20 behavioral health which are administered by the department of health;

21 (c) Provide oversight, structure, discipline, and continuing  
22 education requirements typical for other professional licenses and  
23 certifications;

24 (d) Allow advanced peer support specialists to maximize the scope  
25 of practice suitable to their skills, lived experience, education,  
26 and training;

27 (e) Allow advanced peer support specialists to practice and  
28 receive reimbursement in behavioral health capitation rates in the  
29 full range of settings in which clients receive behavioral health  
30 services which are appropriate for their participation;

31 (f) Provide a path for career progression to more advanced  
32 credentials for those who are interested in pursuing them; and

33 (g) Incorporate consideration of common barriers to certification  
34 and licensure related to criminal history and recovery from  
35 behavioral health disorders experienced by peers and accommodate  
36 applicants who have these lived experiences to the greatest extent  
37 consistent with prudence and client safety.

38 (3) This section expires June 30, 2021.

1        NEW SECTION.    **Sec. 53.**    Sections 48 through 52 of this act  
2    constitute a new chapter in Title 70 RCW.

3        NEW SECTION.    **Sec. 54.**    Sections 48 through 53 of this act are  
4    necessary for the immediate preservation of the public peace, health,  
5    or safety, or support of the state government and its existing public  
6    institutions, and take effect July 1, 2019.

7        NEW SECTION.    **Sec. 55.**    Sections 4, 6, 8, 11, 14, 30, 32, 34, 37,  
8    39, and 41 of this act expire July 1, 2026.

9        NEW SECTION.    **Sec. 56.**    Sections 5, 7, 9, 12, 15, 31, 33, 35, 38,  
10    40, and 42 of this act take effect July 1, 2026.

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