
SECOND SUBSTITUTE SENATE BILL 5720

State of Washington

66th Legislature

2019 Regular Session

By Senate Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Kuderer, and Nguyen)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to the involuntary treatment act; amending RCW
2 71.05.010, 71.05.012, 71.05.025, 71.05.026, 71.05.027, 71.05.030,
3 71.05.040, 71.05.050, 71.05.100, 71.05.132, 71.05.150, 71.05.150,
4 71.05.150, 71.05.153, 71.05.153, 71.05.153, 71.05.160, 71.05.170,
5 71.05.180, 71.05.190, 71.05.195, 71.05.201, 71.05.210, 71.05.210,
6 71.05.212, 71.05.214, 71.05.215, 71.05.217, 71.05.217, 71.05.230,
7 71.05.230, 71.05.235, 71.05.235, 71.05.280, 71.05.290, 71.05.300,
8 71.05.310, 71.05.320, 71.05.320, 71.05.380, 71.05.445, 71.05.455,
9 71.05.457, 71.05.458, 71.05.525, 71.05.530, 71.05.585, 71.05.720,
10 71.05.740, 71.05.745, 71.05.750, 71.05.760, 71.34.010, 71.34.020,
11 71.34.305, 71.34.310, 71.34.355, 71.34.365, 71.34.410, 71.34.420,
12 71.34.500, 71.34.600, 71.34.600, 71.34.650, 71.34.700, 71.34.700,
13 71.34.710, 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.720,
14 71.34.740, 71.34.740, 71.34.740, 71.34.750, 71.34.780, and 71.34.780;
15 reenacting and amending RCW 71.05.020, 71.05.120, 71.05.240,
16 71.05.240, 71.05.590, 71.05.590, 71.05.590, 71.34.730, 71.34.730, and
17 71.34.750; adding new sections to chapter 71.05 RCW; adding new
18 sections to chapter 71.34 RCW; recodifying RCW 71.05.525; repealing
19 RCW 71.05.360 and 71.34.370; providing effective dates; and providing
20 expiration dates.

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

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

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

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

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

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

16 (d) To safeguard individual rights;

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

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

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

24 (2) When construing the requirements of this chapter the court
25 must focus on the merits of the petition, except where requirements
26 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d
27 259, 281 (2002). A presumption in favor of deciding petitions on
28 their merits furthers both public and private interests because the
29 mental and physical well-being of individuals as well as public
30 safety may be implicated by the decision to release an individual and
31 discontinue his or her treatment.

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

34 It is the intent of the legislature to enhance continuity of care
35 for persons with serious (~~mental~~) behavioral health disorders that
36 can be controlled or stabilized in a less restrictive alternative
37 commitment. Within the guidelines stated in *In re LaBelle* 107 Wn. 2d
38 196 (1986), the legislature intends to encourage appropriate

1 interventions at a point when there is the best opportunity to
2 restore the person to or maintain satisfactory functioning.

3 For persons with a prior history or pattern of repeated
4 hospitalizations or law enforcement interventions due to
5 decompensation, the consideration of prior (~~mental~~) history is
6 particularly relevant in determining whether the person would
7 receive, if released, such care as is essential for his or her health
8 or safety.

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

14 **Sec. 3.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and
15 2018 c 201 s 3001 are each reenacted and amended to read as follows:

16 The definitions in this section apply throughout this chapter
17 unless the context clearly requires otherwise.

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

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

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

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

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

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

1 (7) (~~"Chemical dependency"~~) "Substance use disorder" means:
2 (a) Alcoholism;
3 (b) Drug addiction; or
4 (c) Dependence on alcohol and one or more psychoactive chemicals,
5 as the context requires;
6 (8) "Chemical dependency professional" means a person certified
7 as a chemical dependency professional by the department under chapter
8 18.205 RCW;
9 (9) "Commitment" means the determination by a court that a person
10 should be detained for a period of either evaluation or treatment, or
11 both, in an inpatient or a less restrictive setting;
12 (10) "Conditional release" means a revocable modification of a
13 commitment, which may be revoked upon violation of any of its terms;
14 (11) "Crisis stabilization unit" means a short-term facility or a
15 portion of a facility licensed or certified by the department under
16 RCW 71.24.035, such as an evaluation and treatment facility or a
17 hospital, which has been designed to assess, diagnose, and treat
18 individuals experiencing an acute crisis without the use of long-term
19 hospitalization;
20 (12) "Custody" means involuntary detention under the provisions
21 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
22 unconditional release from commitment from a facility providing
23 involuntary care and treatment;
24 (13) "Department" means the department of health;
25 (14) "Designated crisis responder" means a mental health
26 professional appointed by the county, an entity appointed by the
27 county, or the behavioral health organization to perform the duties
28 specified in this chapter;
29 (15) "Detention" or "detain" means the lawful confinement of a
30 person, under the provisions of this chapter;
31 (16) "Developmental disabilities professional" means a person who
32 has specialized training and three years of experience in directly
33 treating or working with persons with developmental disabilities and
34 is a psychiatrist, physician assistant working with a supervising
35 psychiatrist, psychologist, psychiatric advanced registered nurse
36 practitioner, or social worker, and such other developmental
37 disabilities professionals as may be defined by rules adopted by the
38 secretary of the department of social and health services;
39 (17) "Developmental disability" means that condition defined in
40 RCW 71A.10.020(5);

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

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

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

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

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

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

1 (24) "Hearing" means any proceeding conducted in open court(
2 ~~For purposes of this chapter, at any hearing the petitioner, the~~
3 ~~respondent, the witnesses, and the presiding judicial officer may be~~
4 ~~present and participate either in person or by video, as determined~~
5 ~~by the court. The term "video" as used herein shall include any~~
6 ~~functional equivalent. At any hearing conducted by video, the~~
7 ~~technology used must permit the judicial officer, counsel, all~~
8 ~~parties, and the witnesses to be able to see, hear, and speak, when~~
9 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~
10 ~~other materials during the hearing; and to allow respondent's counsel~~
11 ~~to be in the same location as the respondent unless otherwise~~
12 ~~requested by the respondent or the respondent's counsel. Witnesses in~~
13 ~~a proceeding may also appear in court through other means, including~~
14 ~~telephonically, pursuant to the requirements of superior court civil~~
15 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~
16 ~~motion or upon a motion for good cause by any party, may require all~~
17 ~~parties and witnesses to participate in the hearing in person rather~~
18 ~~than by video. In ruling on any such motion, the court may allow in-~~
19 ~~person or video testimony; and the court may consider, among other~~
20 ~~things, whether the respondent's alleged mental illness affects the~~
21 ~~respondent's ability to perceive or participate in the proceeding by~~
22 ~~video)) that conforms to the requirements of section 99 of this act;~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (32) "Legal counsel" means attorneys and staff employed by county
37 prosecutor offices or the state attorney general acting in their
38 capacity as legal representatives of public (~~mental~~) behavioral
39 health (~~and substance use disorder~~) service providers under RCW
40 71.05.130;

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

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

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

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

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

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

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

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

32 (39) "~~(Mental)~~ Behavioral health service provider" means a
33 public or private agency that provides mental health, substance use
34 disorder, or co-occurring disorder services to persons with (~~mental~~
35 ~~disorders or substance use~~) behavioral health disorders as defined
36 under this section and receives funding from public sources. This
37 includes, but is not limited to, hospitals licensed under chapter
38 70.41 RCW, evaluation and treatment facilities as defined in this
39 section, community mental health service delivery systems or
40 behavioral health programs as defined in RCW 71.24.025, facilities

1 conducting competency evaluations and restoration under chapter 10.77
2 RCW, approved substance use disorder treatment programs as defined in
3 this section, secure detoxification facilities as defined in this
4 section, and correctional facilities operated by state and local
5 governments;

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

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

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

21 (43) "Professional person" means a mental health professional,
22 chemical dependency professional, or designated crisis responder and
23 shall also mean a physician, physician assistant, psychiatric
24 advanced registered nurse practitioner, registered nurse, and such
25 others as may be defined by rules adopted by the secretary pursuant
26 to the provisions of this chapter;

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

31 (45) "Psychiatrist" means a person having a license as a
32 physician and surgeon in this state who has in addition completed
33 three years of graduate training in psychiatry in a program approved
34 by the American medical association or the American osteopathic
35 association and is certified or eligible to be certified by the
36 American board of psychiatry and neurology;

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

39 (47) "Public agency" means any evaluation and treatment facility
40 or institution, secure detoxification facility, approved substance

1 use disorder treatment program, or hospital which is conducted for,
2 or includes a department or ward conducted for, the care and
3 treatment of persons with (~~mental illness, substance use disorders,~~
4 ~~or both mental illness and substance use~~) behavioral health
5 disorders, if the agency is operated directly by federal, state,
6 county, or municipal government, or a combination of such
7 governments;

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

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

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

14 (51) "Secure detoxification facility" means a facility operated
15 by either a public or private agency or by the program of an agency
16 that:

17 (a) Provides for intoxicated persons:

18 (i) Evaluation and assessment, provided by certified chemical
19 dependency professionals;

20 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

33 ~~((54))~~ (53) "Substance use disorder" means a cluster of
34 cognitive, behavioral, and physiological symptoms indicating that an
35 individual continues using the substance despite significant
36 substance-related problems. The diagnosis of a substance use disorder
37 is based on a pathological pattern of behaviors related to the use of
38 the substances;

39 ~~((55))~~ (54) "Therapeutic court personnel" means the staff of a
40 mental health court or other therapeutic court which has jurisdiction

1 over defendants who are dually diagnosed with mental disorders,
2 including court personnel, probation officers, a court monitor,
3 prosecuting attorney, or defense counsel acting within the scope of
4 therapeutic court duties;

5 ~~((56))~~ (55) "Treatment records" include registration and all
6 other records concerning persons who are receiving or who at any time
7 have received services for ~~((mental illness))~~ behavioral health
8 disorders, which are maintained by the department of social and
9 health services, the department, the authority, behavioral health
10 organizations and their staffs, and by treatment facilities.
11 Treatment records include mental health information contained in a
12 medical bill including but not limited to mental health drugs, a
13 mental health diagnosis, provider name, and dates of service stemming
14 from a medical service. Treatment records do not include notes or
15 records maintained for personal use by a person providing treatment
16 services for the department of social and health services, the
17 department, the authority, behavioral health organizations, or a
18 treatment facility if the notes or records are not available to
19 others;

20 ~~((57))~~ (56) "Triage facility" means a short-term facility or a
21 portion of a facility licensed or certified by the department under
22 RCW 71.24.035, which is designed as a facility to assess and
23 stabilize an individual or determine the need for involuntary
24 commitment of an individual, and must meet department residential
25 treatment facility standards. A triage facility may be structured as
26 a voluntary or involuntary placement facility;

27 ~~((58))~~ (57) "Violent act" means behavior that resulted in
28 homicide, attempted suicide, ~~((nonfatal injuries))~~ injury, or
29 substantial loss or damage to property;

30 (58) "Behavioral health disorder" means either a mental disorder
31 as defined in this section, a substance use disorder as defined in
32 this section, or a co-occurring mental disorder and substance use
33 disorder;

34 (59) "Severe deterioration from safe behavior" means that a
35 person will, if not treated, suffer or continue to suffer severe and
36 abnormal mental, emotional, or physical distress, and this distress
37 is associated with significant impairment of judgment, reason, or
38 behavior;

39 (60) "Written order of apprehension" means an order of the court
40 for a peace officer to deliver the named person in the order to a

1 facility or emergency room as determined by the designated crisis
2 responder. Such orders shall be entered into the Washington crime
3 information center database.

4 **Sec. 4.** RCW 71.05.025 and 2016 sp.s. c 29 s 205 are each amended
5 to read as follows:

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

23 **Sec. 5.** RCW 71.05.026 and 2018 c 201 s 3002 are each amended to
24 read as follows:

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

29 (2) Except as expressly provided in contracts entered into
30 between the authority and the behavioral health organizations after
31 March 29, 2006, the entities identified in subsection (3) of this
32 section shall have no claim for declaratory relief, injunctive
33 relief, judicial review under chapter 34.05 RCW, or civil liability
34 against the state or state agencies for actions or inactions
35 performed pursuant to the administration of this chapter with regard
36 to the following: (a) The allocation or payment of federal or state
37 funds; (b) the use or allocation of state hospital beds; or (c)
38 financial responsibility for the provision of inpatient ((~~mental~~))

1 behavioral health (~~(care or inpatient substance use)~~) disorder
2 treatment and care.

3 (3) This section applies to counties, behavioral health
4 organizations, and entities which contract to provide behavioral
5 health organization services and their subcontractors, agents, or
6 employees.

7 **Sec. 6.** RCW 71.05.027 and 2018 c 201 s 3003 are each amended to
8 read as follows:

9 (1) Not later than January 1, 2007, all persons providing
10 treatment under this chapter shall also implement the integrated
11 comprehensive screening and assessment process for (~~(chemical~~
12 ~~dependency and mental)~~) behavioral health disorders adopted pursuant
13 to RCW 71.24.630 and shall document the numbers of clients with co-
14 occurring mental disorders and substance (~~(abuse)~~) use disorders
15 based on a quadrant system of low and high needs.

16 (2) Treatment providers and behavioral health organizations who
17 fail to implement the integrated comprehensive screening and
18 assessment process for (~~(chemical dependency and mental)~~) behavioral
19 health disorders (~~(by July 1, 2007,)~~) shall be subject to contractual
20 penalties established under RCW 71.24.630.

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

23 Persons suffering from a (~~(mental)~~) behavioral health disorder
24 may not be involuntarily committed for treatment of such disorder
25 except pursuant to provisions of this chapter, chapter 10.77 RCW,
26 chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW
27 72.68.031 through 72.68.037, or pursuant to court ordered evaluation
28 and treatment not to exceed ninety days pending a criminal trial or
29 sentencing.

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

32 Persons with developmental disabilities, impaired by substance
33 use disorder, or suffering from dementia shall not be detained for
34 evaluation and treatment or judicially committed solely by reason of
35 that condition unless such condition causes a person to be gravely
36 disabled or (~~(as a result of a mental disorder such condition exists~~
37 ~~that constitutes)~~) to present a likelihood of serious harm. However,

1 persons with developmental disabilities, impaired by substance use
2 disorder, or suffering from dementia and who otherwise meet the
3 criteria for detention or judicial commitment are not ineligible for
4 detention or commitment based on this condition alone.

5 **Sec. 9.** RCW 71.05.050 and 2016 sp.s. c 29 s 207 are each amended
6 to read as follows:

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

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

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

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

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

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

18 In addition to the responsibility provided for by RCW 43.20B.330,
19 any person, or his or her estate, or his or her spouse, (~~or the~~
20 ~~parents of a minor person~~) who is involuntarily detained pursuant to
21 this chapter for the purpose of treatment and evaluation outside of a
22 facility maintained and operated by the department of social and
23 health services shall be responsible for the cost of such care and
24 treatment. In the event that an individual is unable to pay for such
25 treatment or in the event payment would result in a substantial
26 hardship upon the individual or his or her family, then the county of
27 residence of such person shall be responsible for such costs. If it
28 is not possible to determine the county of residence of the person,
29 the cost shall be borne by the county where the person was originally
30 detained. The department of social and health services, or the
31 authority, as appropriate, shall, pursuant to chapter 34.05 RCW,
32 adopt standards as to (1) inability to pay in whole or in part, (2) a
33 definition of substantial hardship, and (3) appropriate payment
34 schedules. Financial responsibility with respect to services and
35 facilities of the department of social and health services shall
36 continue to be as provided in RCW 43.20B.320 through 43.20B.360 and
37 43.20B.370.

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

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

17 (2) Peace officers and their employing agencies are not liable
18 for the referral of a person, or the failure to refer a person, to a
19 (~~mental~~) behavioral health agency pursuant to a policy adopted
20 pursuant to RCW 71.05.457 if such action or inaction is taken in good
21 faith and without gross negligence.

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

31 **Sec. 12.** RCW 71.05.132 and 2016 sp.s. c 29 s 209 are each
32 amended to read as follows:

33 When any court orders a person to receive treatment under this
34 chapter, the order shall include a statement that if the person is,
35 or becomes, subject to supervision by the department of corrections,
36 the person must notify the treatment provider and the person's
37 (~~mental health~~) treatment (~~information and substance use disorder~~
38 ~~treatment information~~) records must be shared with the department of
39 corrections for the duration of the offender's incarceration and

1 supervision, under RCW 71.05.445. Upon a petition by a person who
2 does not have a history of one or more violent acts, the court may,
3 for good cause, find that public safety would not be enhanced by the
4 sharing of this person's information.

5 **Sec. 13.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to
6 read as follows:

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

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

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

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

37 (b) The petition for initial detention, signed under penalty of
38 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 facility or approved substance use disorder treatment
9 program unless there is an available secure detoxification facility
10 or approved substance use disorder treatment program that has
11 adequate space for the person.

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

34 (4) The designated crisis responder may notify a peace officer to
35 take such person or cause such person to be taken into custody and
36 placed in an evaluation and treatment facility, secure detoxification
37 facility, or approved substance use disorder treatment program. At
38 the time such person is taken into custody there shall commence to be
39 served on such person, his or her guardian, and conservator, if any,

1 a copy of the original order together with a notice of rights and a
2 petition for initial detention.

3 **Sec. 14.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to
4 read as follows:

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

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

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

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

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

5 (d) A court may not issue an order to detain a person to a secure
6 detoxification facility or approved substance use disorder treatment
7 program unless there is an available secure detoxification facility
8 or approved substance use disorder treatment program that has
9 adequate space for the person.

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

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

1 **Sec. 15.** RCW 71.05.150 and 2018 c 291 s 5 are each amended to
2 read as follows:

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

21 (2) (a) (~~An~~) A written order of apprehension to detain a person
22 with a (~~mental~~) behavioral health disorder to a designated
23 evaluation and treatment facility, (~~or to detain a person with a~~
24 ~~substance use disorder to~~) a secure detoxification facility, or an
25 approved substance use disorder treatment program, for a period of
26 not more than (~~a seventy-two hour~~) five days for evaluation and
27 treatment (~~period~~), may be issued by a judge of the superior court
28 upon request of a designated crisis responder whenever it appears to
29 the satisfaction of a judge of the superior court:

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

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

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

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

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

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

32 **Sec. 16.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each
33 amended to read as follows:

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

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

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

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

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

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

39 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,
40 evaluation and treatment facility, emergency department of a local

1 hospital, triage facility that has elected to operate as an
2 involuntary facility, secure detoxification facility, or approved
3 substance use disorder treatment program by peace officers pursuant
4 to subsection ~~((3))~~ (2) of this section may be held by the facility
5 for a period of up to twelve hours, not counting time periods prior
6 to medical clearance.

7 ~~((5))~~ (4) Within three hours after arrival, not counting time
8 periods prior to medical clearance, the person must be examined by a
9 mental health professional or chemical dependency professional.
10 Within twelve hours of notice of the need for evaluation, not
11 counting time periods prior to medical clearance, the designated
12 crisis responder must determine whether the individual meets
13 detention criteria. If the individual is detained, the designated
14 crisis responder shall file a petition for detention or a
15 supplemental petition as appropriate and commence service on the
16 designated attorney for the detained person. If the individual is
17 released to the community, the ~~((mental))~~ behavioral health service
18 provider shall inform the peace officer of the release within a
19 reasonable period of time after the release if the peace officer has
20 specifically requested notification and provided contact information
21 to the provider.

22 ~~((6))~~ (5) Dismissal of a commitment petition is not the
23 appropriate remedy for a violation of the timeliness requirements of
24 this section based on the intent of this chapter under RCW 71.05.010
25 except in the few cases where the facility staff or designated
26 ~~((mental health professional))~~ crisis responder has totally
27 disregarded the requirements of this section.

28 **Sec. 17.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each
29 amended to read as follows:

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

1 the person, or approved substance use disorder treatment program if
2 available with adequate space for the person, for not more than
3 ~~((seventy-two hours))~~ five days as described in RCW 71.05.180.

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

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

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

29 (b) A peace officer's delivery of a person, ~~((based on a~~
30 ~~substance use disorder,))~~ to a secure detoxification facility or
31 approved substance use disorder treatment program is subject to the
32 availability of a secure detoxification facility or approved
33 substance use disorder treatment program with adequate space for the
34 person.

35 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,
36 evaluation and treatment facility, emergency department of a local
37 hospital, triage facility that has elected to operate as an
38 involuntary facility, secure detoxification facility, or approved
39 substance use disorder treatment program by peace officers pursuant
40 to subsection ~~((3))~~ (2) of this section may be held by the facility

1 for a period of up to twelve hours, not counting time periods prior
2 to medical clearance.

3 ~~((+5))~~ (4) Within three hours after arrival, not counting time
4 periods prior to medical clearance, the person must be examined by a
5 mental health professional or chemical dependency professional.
6 Within twelve hours of notice of the need for evaluation, not
7 counting time periods prior to medical clearance, the designated
8 crisis responder must determine whether the individual meets
9 detention criteria. If the individual is detained, the designated
10 crisis responder shall file a petition for detention or a
11 supplemental petition as appropriate and commence service on the
12 designated attorney for the detained person. If the individual is
13 released to the community, the ~~((mental))~~ behavioral health service
14 provider shall inform the peace officer of the release within a
15 reasonable period of time after the release if the peace officer has
16 specifically requested notification and provided contact information
17 to the provider.

18 ~~((+6))~~ (5) Dismissal of a commitment petition is not the
19 appropriate remedy for a violation of the timeliness requirements of
20 this section based on the intent of this chapter under RCW 71.05.010
21 except in the few cases where the facility staff or designated
22 ~~((mental—health—professional))~~ crisis responder has totally
23 disregarded the requirements of this section.

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

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

38 ~~((When a designated crisis responder receives information~~
39 ~~alleging that a person, as the result of substance use disorder,~~

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

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

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

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

22 (~~(4))~~ (3) Persons delivered to a crisis stabilization unit,
23 evaluation and treatment facility, emergency department of a local
24 hospital, triage facility that has elected to operate as an
25 involuntary facility, secure detoxification facility, or approved
26 substance use disorder treatment program by peace officers pursuant
27 to subsection (~~(3))~~ (2) of this section may be held by the facility
28 for a period of up to twelve hours, not counting time periods prior
29 to medical clearance.

30 (~~(5))~~ (4) Within three hours after arrival, not counting time
31 periods prior to medical clearance, the person must be examined by a
32 mental health professional or chemical dependency professional,
33 whichever is more appropriate to the person's presentation. Within
34 twelve hours of notice of the need for evaluation, not counting time
35 periods prior to medical clearance, the designated crisis responder
36 must determine whether the individual meets detention criteria. If
37 the individual is detained, the designated crisis responder shall
38 file a petition for detention or a supplemental petition as
39 appropriate and commence service on the designated attorney for the
40 detained person. If the individual is released to the community, the

1 (~~mental~~) behavioral health service provider shall inform the peace
2 officer of the release within a reasonable period of time after the
3 release if the peace officer has specifically requested notification
4 and provided contact information to the provider.

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

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

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

24 (2)(a) If a person is involuntarily placed in an evaluation and
25 treatment facility, secure detoxification facility, or approved
26 substance use disorder treatment program pursuant to RCW 71.05.150 or
27 71.05.153, on the next judicial day following the initial detention,
28 the designated crisis responder shall file with the court and serve
29 the designated attorney of the detained person the petition or
30 supplemental petition for initial detention, proof of service of
31 notice, and a copy of a notice of emergency detention.

32 (b) If the person is involuntarily detained at an evaluation and
33 treatment facility, secure detoxification facility, or approved
34 substance use disorder treatment program in a different county from
35 where the person was initially detained, the facility or program may
36 file with the court and serve the designated attorney of the detained
37 person the petition or supplemental petition for initial detention,
38 proof of service of notice, and a copy of a notice of emergency

1 detention at the request of the evaluating designated crisis
2 responder.

3 **Sec. 20.** RCW 71.05.170 and 2016 sp.s. c 29 s 218 are each
4 amended to read as follows:

5 Whenever the designated crisis responder petitions for detention
6 of a person whose actions constitute a likelihood of serious harm, or
7 who is gravely disabled, the facility providing (~~(seventy-two hour)~~)
8 five-day evaluation and treatment must immediately accept on a
9 provisional basis the petition and the person. The facility shall
10 then evaluate the person's condition and admit, detain, transfer, or
11 discharge such person in accordance with RCW 71.05.210. The facility
12 shall notify in writing the court and the designated crisis responder
13 of the date and time of the initial detention of each person
14 involuntarily detained in order that a probable cause hearing shall
15 be held no later than (~~(seventy-two hours)~~) five days after
16 detention.

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

19 **Sec. 21.** RCW 71.05.180 and 2016 sp.s. c 29 s 219 are each
20 amended to read as follows:

21 If the evaluation and treatment facility, secure detoxification
22 facility, or approved substance use disorder treatment program admits
23 the person, it may detain him or her for evaluation and treatment for
24 a period not to exceed (~~(seventy-two hours)~~) five days from the time
25 of acceptance as set forth in RCW 71.05.170. The computation of such
26 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,
27 Sundays, and holidays.

28 **Sec. 22.** RCW 71.05.190 and 2016 sp.s. c 29 s 220 are each
29 amended to read as follows:

30 If the person is not approved for admission by a facility
31 providing (~~(seventy-two hour)~~) five-day evaluation and treatment, and
32 the individual has not been arrested, the facility shall furnish
33 transportation, if not otherwise available, for the person to his or
34 her place of residence or other appropriate place. If the individual
35 has been arrested, the evaluation and treatment facility, secure
36 detoxification facility, or approved substance use disorder treatment
37 program shall detain the individual for not more than eight hours at

1 the request of the peace officer. The facility shall make reasonable
2 attempts to contact the requesting peace officer during this time to
3 inform the peace officer that the person is not approved for
4 admission in order to enable a peace officer to return to the
5 facility and take the individual back into custody.

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

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

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

24 (b) A warrant issued by a magistrate in the state in which the
25 person was found not guilty by reason of insanity indicating that the
26 person has fled from detention, commitment, or conditional release in
27 that state and authorizing the detention of the person within the
28 state in which the person was found not guilty by reason of insanity;

29 (c) A statement from the executive authority of the state in
30 which the person was found not guilty by reason of insanity
31 requesting that the person be returned to the requesting state and
32 agreeing to facilitate the transfer of the person to the requesting
33 state.

34 (2) The person shall be entitled to a probable cause hearing
35 within the time limits applicable to other detentions under this
36 chapter and shall be afforded the rights described in this chapter
37 including the right to counsel. At the probable cause hearing, the
38 court shall determine the identity of the person and whether the
39 other requirements of this section are met. If the court so finds,

1 the court may order continued detention in a treatment facility for
2 up to thirty days for the purpose of the transfer of the person to
3 the custody or care of the requesting state. The court may order a
4 less restrictive alternative to detention only under conditions which
5 ensure the person's safe transfer to the custody or care of the
6 requesting state within thirty days without undue risk to the safety
7 of the person or others.

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

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

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

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

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

37 (b) The petition must contain:

38 (i) A description of the relationship between the petitioner and
39 the person; and

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

3 (4) The court shall, within one judicial day, review the petition
4 to determine whether the petition raises sufficient evidence to
5 support the allegation. If the court so finds, it shall provide a
6 copy of the petition to the designated crisis responder agency with
7 an order for the agency to provide the court, within one judicial
8 day, with a written sworn statement describing the basis for the
9 decision not to seek initial detention and a copy of all information
10 material to the designated crisis responder's current decision.

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

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

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

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

1 receive if the person were detained by a designated crisis responder.
2 An order for initial detention under this section expires one hundred
3 eighty days from issuance.

4 (9) Except as otherwise expressly stated in this chapter, all
5 procedures must be followed as if the order had been entered under
6 RCW 71.05.150. RCW 71.05.160 does not apply if detention was
7 initiated under the process set forth in this section.

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

11 **Sec. 25.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 15 are each
12 amended to read as follows:

13 (1) Each person involuntarily detained and accepted or admitted
14 at an evaluation and treatment facility, secure detoxification
15 facility, or approved substance use disorder treatment program:

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

19 (i) One physician, physician assistant, or advanced registered
20 nurse practitioner; and

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

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

1 referred for further care on a voluntary basis, or detained pursuant
2 to court order for further treatment as provided in this chapter.

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

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

27 **Sec. 26.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 16 are each
28 amended to read as follows:

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

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

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

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

1 be examined by a chemical dependency professional instead of a mental
2 health professional; and

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

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

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

1 **Sec. 27.** RCW 71.05.212 and 2018 c 291 s 13 are each amended to
2 read as follows:

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

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

10 (b) Historical behavior, including history of one or more violent
11 acts;

12 (c) Prior determinations of incompetency or insanity under
13 chapter 10.77 RCW; and

14 (d) Prior commitments under this chapter.

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

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

29 (a) Such symptoms or behavior are closely associated with
30 symptoms or behavior which preceded and led to a past incident of
31 involuntary hospitalization, severe deterioration from safe behavior,
32 or one or more violent acts;

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

35 (c) Without treatment, the continued deterioration of the
36 respondent is probable.

37 (4) When conducting an evaluation for offenders identified under
38 RCW 72.09.370, the designated crisis responder or professional person
39 shall consider an offender's history of judicially required or

1 administratively ordered antipsychotic medication while in
2 confinement.

3 **Sec. 28.** RCW 71.05.214 and 2018 c 201 s 3007 are each amended to
4 read as follows:

5 The authority shall develop statewide protocols to be utilized by
6 professional persons and designated crisis responders in
7 administration of this chapter and chapters 10.77 and 71.34 RCW. The
8 protocols shall be updated at least every three years. The protocols
9 shall provide uniform development and application of criteria in
10 evaluation and commitment recommendations, of persons who have, or
11 are alleged to have, (~~mental disorders or substance use~~) behavioral
12 health disorders and are subject to this chapter.

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

21 **Sec. 29.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to
22 read as follows:

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

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

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

35 (b) For short-term treatment up to thirty days, the right to
36 refuse antipsychotic medications unless there is an additional
37 concurring medical opinion approving medication by a psychiatrist,
38 physician assistant working with a supervising psychiatrist,

1 psychiatric advanced registered nurse practitioner, or physician or
2 physician assistant in consultation with a mental health professional
3 with prescriptive authority.

4 (c) For continued treatment beyond thirty days through the
5 hearing on any petition filed under (~~RCW 71.05.217~~) section 32 of
6 this act, the right to periodic review of the decision to medicate by
7 the medical director or designee.

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

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

22 **Sec. 30.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to
23 read as follows:

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

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

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

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

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

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

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

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

8 (h) To discuss treatment plans and decisions with professional
9 persons;

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

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

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

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

36 ~~(c) The person shall be present at any hearing on a request to~~
37 ~~administer antipsychotic medication or electroconvulsant therapy~~
38 ~~filed pursuant to this subsection. The person has the right: (i) To~~
39 ~~be represented by an attorney; (ii) to present evidence; (iii) to~~
40 ~~cross-examine witnesses; (iv) to have the rules of evidence enforced;~~

1 ~~(v) to remain silent; (vi) to view and copy all petitions and reports~~
2 ~~in the court file; and (vii) to be given reasonable notice and an~~
3 ~~opportunity to prepare for the hearing. The court may appoint a~~
4 ~~psychiatrist, physician assistant working with a supervising~~
5 ~~psychiatrist, psychiatric advanced registered nurse practitioner,~~
6 ~~psychologist within their scope of practice, physician assistant, or~~
7 ~~physician to examine and testify on behalf of such person. The court~~
8 ~~shall appoint a psychiatrist, physician assistant working with a~~
9 ~~supervising psychiatrist, psychiatric advanced registered nurse~~
10 ~~practitioner, psychologist within their scope of practice, physician~~
11 ~~assistant, or physician designated by such person or the person's~~
12 ~~counsel to testify on behalf of the person in cases where an order~~
13 ~~for electroconvulsant therapy is sought.~~

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

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

23 ~~(f) Antipsychotic medication may be administered to a~~
24 ~~nonconsenting person detained or committed pursuant to this chapter~~
25 ~~without a court order pursuant to RCW 71.05.215(2) or under the~~
26 ~~following circumstances:~~

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

28 ~~(ii) Medically acceptable alternatives to administration of~~
29 ~~antipsychotic medications are not available, have not been~~
30 ~~successful, or are not likely to be effective; and~~

31 ~~(iii) In the opinion of the physician, physician assistant, or~~
32 ~~psychiatric advanced registered nurse practitioner with~~
33 ~~responsibility for treatment of the person, or his or her designee,~~
34 ~~the person's condition constitutes an emergency requiring the~~
35 ~~treatment be instituted before a judicial hearing as authorized~~
36 ~~pursuant to this section can be held.~~

37 ~~If antipsychotic medications are administered over a person's~~
38 ~~lack of consent pursuant to this subsection, a petition for an order~~
39 ~~authorizing the administration of antipsychotic medications shall be~~
40 ~~filed on the next judicial day. The hearing shall be held within two~~

1 ~~judicial days. If deemed necessary by the physician, physician~~
2 ~~assistant, or psychiatric advanced registered nurse practitioner with~~
3 ~~responsibility for the treatment of the person, administration of~~
4 ~~antipsychotic medications may continue until the hearing is held;~~

5 ~~(8))~~ under section 32 of this act;

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

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

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

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

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

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

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

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

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

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

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

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

5 (g) To view and copy all petitions and reports in the court file;
6 and

7 (h) To refuse psychiatric medications, including antipsychotic
8 medication beginning twenty-four hours prior to the probable cause
9 hearing.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (h) To discuss treatment plans and decisions with professional
26 persons;

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

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

36 ~~(a) The administration of antipsychotic medication or~~
37 ~~electroconvulsant therapy shall not be ordered unless the petitioning~~
38 ~~party proves by clear, cogent, and convincing evidence that there~~
39 ~~exists a compelling state interest that justifies overriding the~~
40 ~~patient's lack of consent to the administration of antipsychotic~~

1 ~~medications or electroconvulsant therapy, that the proposed treatment~~
2 ~~is necessary and effective, and that medically acceptable alternative~~
3 ~~forms of treatment are not available, have not been successful, or~~
4 ~~are not likely to be effective.~~

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

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

31 ~~(d) An order for the administration of antipsychotic medications~~
32 ~~entered following a hearing conducted pursuant to this section shall~~
33 ~~be effective for the period of the current involuntary treatment~~
34 ~~order, and any interim period during which the person is awaiting~~
35 ~~trial or hearing on a new petition for involuntary treatment or~~
36 ~~involuntary medication.~~

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

1 ~~(f) Antipsychotic medication may be administered to a~~
2 ~~nonconsenting person detained or committed pursuant to this chapter~~
3 ~~without a court order pursuant to RCW 71.05.215(2) or under the~~
4 ~~following circumstances:~~

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

6 ~~(ii) Medically acceptable alternatives to administration of~~
7 ~~antipsychotic medications are not available, have not been~~
8 ~~successful, or are not likely to be effective; and~~

9 ~~(iii) In the opinion of the physician, physician assistant, or~~
10 ~~psychiatric advanced registered nurse practitioner with~~
11 ~~responsibility for treatment of the person, or his or her designee,~~
12 ~~the person's condition constitutes an emergency requiring the~~
13 ~~treatment be instituted before a judicial hearing as authorized~~
14 ~~pursuant to this section can be held.~~

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

23 ~~(8)) under section 32 of this act;~~

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

27 ~~((9)) (1) Not to have psychosurgery performed on him or her~~
28 ~~under any circumstances.~~

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

33 ~~(3) No person may be presumed incompetent as a consequence of~~
34 ~~receiving evaluation or treatment for a behavioral health disorder.~~
35 ~~Competency may not be determined or withdrawn except under the~~
36 ~~provisions of chapter 10.77 or 11.88 RCW.~~

37 ~~(4) Subject to RCW 71.05.745 and related regulations, persons~~
38 ~~receiving evaluation or treatment under this chapter must be given a~~
39 ~~reasonable choice of an available physician, physician assistant,~~

1 psychiatric advanced registered nurse practitioner, or other
2 professional person qualified to provide such services.

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

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

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

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

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

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

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

24 (g) To view and copy all petitions and reports in the court file;
25 and

26 (h) To refuse psychiatric medications, including antipsychotic
27 medication beginning twenty-four hours prior to the probable cause
28 hearing.

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

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

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

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

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

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

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

21 NEW SECTION. Sec. 32. A new section is added to chapter 71.05
22 RCW to read as follows:

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

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

1 (3) The person shall be present at any hearing on a request to
2 administer antipsychotic medication or electroconvulsant therapy
3 filed pursuant to this subsection. The person has the right: (a) To
4 be represented by an attorney; (b) to present evidence; (c) to cross-
5 examine witnesses; (d) to have the rules of evidence enforced; (e) to
6 remain silent; (f) to view and copy all petitions and reports in the
7 court file; and (g) to be given reasonable notice and an opportunity
8 to prepare for the hearing. The court may appoint a psychiatrist,
9 physician assistant working with a supervising psychiatrist,
10 psychiatric advanced registered nurse practitioner, psychologist
11 within their scope of practice, physician assistant, or physician to
12 examine and testify on behalf of such person. The court shall appoint
13 a psychiatrist, physician assistant working with a supervising
14 psychiatrist, psychiatric advanced registered nurse practitioner,
15 psychologist within their scope of practice, physician assistant, or
16 physician designated by such person or the person's counsel to
17 testify on behalf of the person in cases where an order for
18 electroconvulsant therapy is sought.

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

25 (5) Any person detained pursuant to RCW 71.05.320(4), who
26 subsequently refuses antipsychotic medication, is entitled to the
27 procedures set forth in this subsection.

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

32 (a) A person presents an imminent likelihood of serious harm;

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

36 (c) In the opinion of the physician, physician assistant, or
37 psychiatric advanced registered nurse practitioner with
38 responsibility for treatment of the person, or his or her designee,
39 the person's condition constitutes an emergency requiring the
40 treatment be instituted before a judicial hearing as authorized

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

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

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

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

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

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

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

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

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

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

1 of a mental health professional and by an advanced registered nurse
2 practitioner instead of a psychiatric advanced registered nurse
3 practitioner. The persons signing the petition must have examined the
4 person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 than the next judicial day. At the hearing the superior court shall
2 review the determination of the designated crisis responder and
3 determine whether an order should be entered requiring the person to
4 be evaluated at an evaluation and treatment facility. No person
5 referred to an evaluation and treatment facility may be held at the
6 facility longer than seventy-two hours.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (~~(4) The individual shall have the rights specified in RCW~~
35 ~~71.05.360 (8) and (9).))~~

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

38 (1) In any proceeding for involuntary commitment under this
39 chapter, the court may continue or postpone such proceeding for a

1 reasonable time on motion of the respondent for good cause, or on
2 motion of the prosecuting attorney or the attorney general if:

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

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

8 (2) The court may on its own motion continue the case when
9 required in due administration of justice and when the respondent
10 will not be substantially prejudiced in the presentation of the
11 respondent's case.

12 (3) The court shall state in any order of continuance or
13 postponement the grounds for the continuance or postponement and
14 whether detention will be extended.

15 **Sec. 38.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009
16 are each reenacted and amended to read as follows:

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

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

34 (3) If the person or his or her attorney alleges, prior to the
35 commencement of the hearing, that the person has in good faith
36 volunteered for treatment, the petitioner must show, by preponderance
37 of the evidence, that the person has not in good faith volunteered
38 for appropriate treatment. In order to qualify as a good faith

1 volunteer, the person must abide by procedures and a treatment plan
2 as prescribed by a treatment facility and professional staff.

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

14 (b) (~~Commitment for up to fourteen days based on a substance use~~
15 ~~disorder must be to either a secure detoxification facility or an~~
16 ~~approved substance use disorder treatment program.~~) A court may only
17 (~~enter a commitment~~) order (~~based on a substance use disorder if~~
18 ~~there is an available~~) commitment to a secure detoxification
19 facility or approved substance use disorder treatment program if
20 there is an available facility with adequate space for the person.

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

29 (d) If the court finds by a preponderance of the evidence that
30 such person, as the result of a (~~mental disorder or substance use~~)
31 behavioral health disorder, is in need of assisted outpatient
32 behavioral health treatment, and that the person does not present a
33 likelihood of serious harm (~~or grave disability~~) and is not gravely
34 disabled, the court shall order an appropriate less restrictive
35 alternative course of treatment (~~not to exceed~~) for up to ninety
36 days.

37 (~~(4)~~) (5) An order for less restrictive alternative treatment
38 must name the (~~mental~~) behavioral health service provider
39 responsible for identifying the services the person will receive in
40 accordance with RCW 71.05.585, and must include a requirement that

1 the person cooperate with the ~~((services planned by))~~ treatment
2 recommendations of the ~~((mental))~~ behavioral health service provider.
3 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~
4 ~~and give such person notice))~~ notify the person orally and in writing
5 that if involuntary treatment is sought beyond the fourteen-day
6 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less
7 restrictive treatment ~~((is to be sought))~~ period, ~~((such))~~ the person
8 ~~((will have))~~ has the right to a full hearing or jury trial ~~((as~~
9 ~~required by))~~ under RCW 71.05.310. If the commitment is for mental
10 health treatment, the court shall also ~~((state to))~~ notify the person
11 ~~((and provide written notice))~~ orally and in writing that the person
12 is barred from the possession of firearms and that the prohibition
13 remains in effect until a court restores his or her right to possess
14 a firearm under RCW 9.41.047.

15 **Sec. 39.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010
16 are each reenacted and amended to read as follows:

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

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

34 (3) If the person or his or her attorney alleges, prior to the
35 commencement of the hearing, that the person has in good faith
36 volunteered for treatment, the petitioner must show, by preponderance
37 of the evidence, that the person has not in good faith volunteered
38 for appropriate treatment. In order to qualify as a good faith

1 volunteer, the person must abide by procedures and a treatment plan
2 as prescribed by a treatment facility and professional staff.

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

14 ~~(b) ((Commitment for up to fourteen days based on a substance use~~
15 ~~disorder must be to either a secure detoxification facility or an~~
16 ~~approved substance use disorder treatment program.~~

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

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

33 ~~((4))~~ (5) An order for less restrictive alternative treatment
34 must name the ~~((mental))~~ behavioral health service provider
35 responsible for identifying the services the person will receive in
36 accordance with RCW 71.05.585, and must include a requirement that
37 the person cooperate with the ~~((services planned by))~~ treatment
38 recommendations of the ~~((mental))~~ behavioral health service provider.

39 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~
40 ~~and give such person notice))~~ notify the person orally and in writing

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

11 **Sec. 40.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to
12 read as follows:

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

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

22 (2) Such person was taken into custody as a result of conduct in
23 which he or she attempted or inflicted physical harm upon the person
24 of another or himself or herself, or substantial damage upon the
25 property of others, and continues to present, as a result of (~~mental~~
26 ~~disorder or substance use~~) a behavioral health disorder, a
27 likelihood of serious harm; or

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

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

36 (b) For any person subject to commitment under this subsection
37 where the charge underlying the finding of incompetence is for a
38 felony classified as violent under RCW 9.94A.030, the court shall

1 determine whether the acts the person committed constitute a violent
2 offense under RCW 9.94A.030; or

3 (4) Such person is gravely disabled; or

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

6 **Sec. 41.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each
7 amended to read as follows:

8 (1) At any time during a person's fourteen day intensive
9 treatment period, the professional person in charge of a treatment
10 facility or his or her professional designee or the designated crisis
11 responder may petition the superior court for an order requiring such
12 person to undergo an additional period of treatment. Such petition
13 must be based on one or more of the grounds set forth in RCW
14 71.05.280.

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

18 (A) One physician, physician assistant, or psychiatric advanced
19 registered nurse practitioner; and

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

22 (ii) If the petition is for substance use disorder treatment, the
23 petition may be signed by a chemical dependency professional instead
24 of a mental health professional and by an advanced registered nurse
25 practitioner instead of a psychiatric advanced registered nurse
26 practitioner.

27 (b) The affidavits shall describe in detail the behavior of the
28 detained person which supports the petition and shall explain what,
29 if any, less restrictive treatments which are alternatives to
30 detention are available to such person, and shall state the
31 willingness of the affiant to testify to such facts in subsequent
32 judicial proceedings under this chapter. If less restrictive
33 alternative treatment is sought, the petition shall set forth any
34 recommendations for less restrictive alternative treatment services.

35 (3) If a person has been determined to be incompetent pursuant to
36 RCW 10.77.086(4), then the professional person in charge of the
37 treatment facility or his or her professional designee or the
38 designated crisis responder may directly file a petition for one
39 hundred eighty-day treatment under RCW 71.05.280(3), or for ninety-

1 day treatment under RCW 71.05.280 (1), (2), (4), or (5). No petition
2 for initial detention or fourteen day detention is required before
3 such a petition may be filed.

4 **Sec. 42.** RCW 71.05.300 and 2017 3rd sp.s. c 14 s 19 are each
5 amended to read as follows:

6 (1) The petition for ninety day treatment shall be filed with the
7 clerk of the superior court at least three days before expiration of
8 the fourteen-day period of intensive treatment. (~~At the time of~~
9 ~~filing such petition,~~) The clerk shall set a (~~time for the person~~
10 ~~to come before the court on the next judicial day after the day of~~
11 ~~filing unless such appearance is waived by the person's attorney, and~~
12 ~~the clerk shall~~) trial setting date as provided in RCW 71.05.310 on
13 the next judicial day after the date of filing the petition and
14 notify the designated crisis responder. The designated crisis
15 responder shall immediately notify the person detained, his or her
16 attorney, if any, and his or her guardian or conservator, if any, the
17 prosecuting attorney, and the behavioral health organization
18 administrator, and provide a copy of the petition to such persons as
19 soon as possible. The behavioral health organization administrator or
20 designee may review the petition and may appear and testify at the
21 full hearing on the petition.

22 (2) (~~At the time set for appearance~~) The attorney for the
23 detained person (~~shall be brought before the court, unless such~~
24 ~~appearance has been waived and the court~~) shall advise him or her of
25 his or her right to be represented by an attorney, his or her right
26 to a jury trial, and, if the petition is for commitment for mental
27 health treatment, his or her loss of firearm rights if involuntarily
28 committed. If the detained person is not represented by an attorney,
29 or is indigent or is unwilling to retain an attorney, the court shall
30 immediately appoint an attorney to represent him or her. The court
31 shall, if requested, appoint a reasonably available licensed
32 physician, physician assistant, psychiatric advanced registered nurse
33 practitioner, psychologist, psychiatrist, or other professional
34 person(~~7~~) designated by the detained person to examine and testify
35 on behalf of the detained person.

36 (3) The court may, if requested, also appoint a professional
37 person as defined in RCW 71.05.020 to seek less restrictive
38 alternative courses of treatment and to testify on behalf of the
39 detained person. In the case of a person with a developmental

1 disability who has been determined to be incompetent pursuant to RCW
2 10.77.086(4), (~~then~~) the appointed professional person under this
3 section shall be a developmental disabilities professional.

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

6 **Sec. 43.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to
7 read as follows:

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

28 During the proceeding, the person named in the petition shall
29 continue to be treated until released by order of the superior court
30 or discharged by the medical provider. If (~~no order has been made~~)
31 the hearing has not commenced within thirty days after the filing of
32 the petition, not including extensions of time (~~requested by the~~
33 ~~detained person or his or her attorney, or the petitioner in the case~~
34 ~~of a petition filed under RCW 71.05.280(3))~~) ordered under section 37
35 of this act, the detained person shall be released.

36 **Sec. 44.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to
37 read as follows:

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

9 (b) If the order for inpatient treatment is based on a substance
10 use disorder, (~~treatment must take place at an approved substance~~
11 ~~use disorder treatment program.~~) the court may only enter an order
12 for commitment (~~based on a substance use disorder~~) if there is an
13 available (~~approved substance use disorder~~) treatment program with
14 adequate space for the person.

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

21 (2) If the court or jury finds that grounds set forth in RCW
22 71.05.280 have been proven, but finds that treatment less restrictive
23 than detention will be in the best interest of the person or others,
24 then the court shall remand him or her to the custody of the
25 department of social and health services or to a facility certified
26 for ninety day treatment by the department or to a less restrictive
27 alternative for a further period of less restrictive treatment not to
28 exceed ninety days from the date of judgment. (~~If the order for less~~
29 ~~restrictive treatment is based on a substance use disorder, treatment~~
30 ~~must be provided by an approved substance use disorder treatment~~
31 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis
32 of commitment, then the period of treatment may be up to but not
33 exceed one hundred eighty days from the date of judgment. If the
34 court or jury finds that the grounds set forth in RCW 71.05.280(5)
35 have been proven, and provide the only basis for commitment, the
36 court must enter an order for less restrictive alternative treatment
37 for up to ninety days from the date of judgment and may not order
38 inpatient treatment.

39 (3) An order for less restrictive alternative treatment entered
40 under subsection (2) of this section must name the (~~mental~~)

1 behavioral health service provider responsible for identifying the
2 services the person will receive in accordance with RCW 71.05.585,
3 and must include a requirement that the person cooperate with the
4 services planned by the ((~~mental~~)) behavioral health service
5 provider.

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

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

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

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

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

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

4 (d) Continues to be gravely disabled; or

5 (e) Is in need of assisted outpatient (~~mental~~) behavioral
6 health treatment.

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

10 If less restrictive alternative treatment is sought, the petition
11 shall set forth any recommendations for less restrictive alternative
12 treatment services.

13 (5) A new petition for involuntary treatment filed under
14 subsection (4) of this section shall be filed and heard in the
15 superior court of the county of the facility which is filing the new
16 petition for involuntary treatment unless good cause is shown for a
17 change of venue. The cost of the proceedings shall be borne by the
18 state.

19 (6)(a) The hearing shall be held as provided in RCW 71.05.310,
20 and if the court or jury finds that the grounds for additional
21 confinement as set forth in this section are present, subject to
22 subsection (1)(b) of this section, the court may order the committed
23 person returned for an additional period of treatment not to exceed
24 one hundred eighty days from the date of judgment, except as provided
25 in subsection (7) of this section. If the court's order is based
26 solely on the grounds identified in subsection (4)(e) of this
27 section, the court may enter an order for less restrictive
28 alternative treatment not to exceed one hundred eighty days from the
29 date of judgment, and may not enter an order for inpatient treatment.
30 An order for less restrictive alternative treatment must name the
31 (~~mental~~) behavioral health service provider responsible for
32 identifying the services the person will receive in accordance with
33 RCW 71.05.585, and must include a requirement that the person
34 cooperate with the services planned by the (~~mental~~) behavioral
35 health service provider.

36 (b) At the end of the one hundred eighty-day period of
37 commitment, or one-year period of commitment if subsection (7) of
38 this section applies, the committed person shall be released unless a
39 petition for an additional one hundred eighty-day period of continued
40 treatment is filed and heard in the same manner as provided in this

1 section. Successive one hundred eighty-day commitments are
2 permissible on the same grounds and pursuant to the same procedures
3 as the original one hundred eighty-day commitment.

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

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

12 **Sec. 45.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to
13 read as follows:

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

22 ~~If the ((order for inpatient treatment is based on a substance~~
23 ~~use disorder, treatment must take place at an approved substance use~~
24 ~~disorder treatment program. If the))~~ grounds set forth in RCW
25 71.05.280(3) are the basis of commitment, then the period of
26 treatment may be up to but not exceed one hundred eighty days from
27 the date of judgment to the custody of the department of social and
28 health services or to a facility certified for one hundred eighty-day
29 treatment by the department or under RCW 71.05.745.

30 (2) If the court or jury finds that grounds set forth in RCW
31 71.05.280 have been proven, but finds that treatment less restrictive
32 than detention will be in the best interest of the person or others,
33 then the court shall remand him or her to the custody of the
34 department of social and health services or to a facility certified
35 for ninety day treatment by the department or to a less restrictive
36 alternative for a further period of less restrictive treatment not to
37 exceed ninety days from the date of judgment. ~~((If the order for less~~
38 ~~restrictive treatment is based on a substance use disorder, treatment~~
39 ~~must be provided by an approved substance use disorder treatment~~

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

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

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

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

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

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

39 (ii) In cases under this subsection where the court has made an
40 affirmative special finding under RCW 71.05.280(3)(b), the commitment

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

14 (d) Continues to be gravely disabled; or

15 (e) Is in need of assisted outpatient (~~mental~~) behavioral
16 health treatment.

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

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

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

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

1 responsible for identifying the services the person will receive in
2 accordance with RCW 71.05.585, and must include a requirement that
3 the person cooperate with the services planned by the ((~~mental~~))
4 behavioral health service provider.

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

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

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

21 **Sec. 46.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each
22 amended to read as follows:

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

28 **Sec. 47.** RCW 71.05.445 and 2018 c 201 s 3021 are each amended to
29 read as follows:

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

35 (b) When a person receiving court-ordered treatment or treatment
36 ordered by the department of corrections discloses to his or her
37 ((~~mental~~)) behavioral health service provider that he or she is
38 subject to supervision by the department of corrections, the

1 (~~mental~~) behavioral health service provider shall notify the
2 department of corrections that he or she is treating the offender and
3 shall notify the offender that his or her community corrections
4 officer will be notified of the treatment, provided that if the
5 offender has received relief from disclosure pursuant to RCW
6 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)
7 behavioral health service provider with a copy of the order granting
8 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the
9 (~~mental~~) behavioral health service provider is not required to
10 notify the department of corrections that the (~~mental~~) behavioral
11 health service provider is treating the offender. The notification
12 may be written or oral and shall not require the consent of the
13 offender. If an oral notification is made, it must be confirmed by a
14 written notification. For purposes of this section, a written
15 notification includes notification by email or facsimile, so long as
16 the notifying (~~mental~~) behavioral health service provider is
17 clearly identified.

18 (2) The information to be released to the department of
19 corrections shall include all relevant records and reports, as
20 defined by rule, necessary for the department of corrections to carry
21 out its duties.

22 (3) The authority and the department of corrections, in
23 consultation with behavioral health organizations, (~~mental~~)
24 behavioral health service providers as defined in RCW 71.05.020,
25 (~~mental~~) behavioral health consumers, and advocates for persons
26 with (~~mental-illness~~) behavioral health disorders, shall adopt
27 rules to implement the provisions of this section related to the type
28 and scope of information to be released. These rules shall:

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

35 (b) Establish requirements for the notification of persons under
36 the supervision of the department of corrections regarding the
37 provisions of this section.

38 (4) The information received by the department of corrections
39 under this section shall remain confidential and subject to the

1 limitations on disclosure outlined in this chapter, except as
2 provided in RCW 72.09.585.

3 (5) No (~~mental~~) behavioral health service provider or
4 individual employed by a (~~mental~~) behavioral health service
5 provider shall be held responsible for information released to or
6 used by the department of corrections under the provisions of this
7 section or rules adopted under this section.

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

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

16 (8) The authority shall, subject to available resources,
17 electronically, or by the most cost-effective means available,
18 provide the department of corrections with the names, last dates of
19 services, and addresses of specific behavioral health organizations
20 and (~~mental~~) behavioral health service providers that delivered
21 (~~mental~~) behavioral health services to a person subject to chapter
22 9.94A or 9.95 RCW pursuant to an agreement between the authority and
23 the department of corrections.

24 **Sec. 48.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to
25 read as follows:

26 When funded, the Washington association of sheriffs and police
27 chiefs, in consultation with the criminal justice training
28 commission, must develop and adopt a model policy for use by law
29 enforcement agencies relating to a law enforcement officer's referral
30 of a person to a (~~mental~~) behavioral health agency after receiving
31 a report of threatened or attempted suicide. The model policy must
32 complement the criminal justice training commission's crisis
33 intervention training curriculum.

34 **Sec. 49.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to
35 read as follows:

36 By July 1, 2017, all general authority Washington law enforcement
37 agencies must adopt a policy establishing criteria and procedures for
38 a law enforcement officer to refer a person to a (~~mental~~)

1 behavioral health agency after receiving a report of threatened or
2 attempted suicide.

3 **Sec. 50.** RCW 71.05.458 and 2016 c 158 s 5 are each amended to
4 read as follows:

5 As soon as possible, but no later than twenty-four hours from
6 receiving a referral from a law enforcement officer or law
7 enforcement agency, excluding Saturdays, Sundays, and holidays, a
8 mental health professional contacted by the designated (~~mental~~
9 ~~health professional~~) crisis responder agency must attempt to contact
10 the referred person to determine whether additional mental health
11 intervention is necessary including, if needed, an assessment by a
12 designated (~~mental health professional~~) crisis responder for
13 initial detention under RCW 71.05.150 or 71.05.153. Documentation of
14 the mental health professional's attempt to contact and assess the
15 person must be maintained by the designated (~~mental health~~
16 ~~professional~~) crisis responder agency.

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

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

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

3 Evaluation and treatment facilities and secure detoxification
4 facilities authorized pursuant to this chapter may be part of the
5 comprehensive community (~~mental~~) behavioral health services program
6 conducted in counties pursuant to chapter 71.24 RCW, and may receive
7 funding pursuant to the provisions thereof.

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

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

12 (a) Assignment of a care coordinator;

13 (b) An intake evaluation with the provider of the less
14 restrictive alternative treatment;

15 (c) A psychiatric evaluation;

16 (d) A schedule of regular contacts with the provider of the less
17 restrictive alternative treatment services for the duration of the
18 order;

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

21 (f) An individual crisis plan; and

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

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

27 (a) Medication management;

28 (b) Psychotherapy;

29 (c) Nursing;

30 (d) Substance abuse counseling;

31 (e) Residential treatment; and

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

33 (3) If the person was provided with involuntary medication under
34 RCW 71.05.215 or pursuant to a judicial order during the involuntary
35 commitment period, the less restrictive alternative treatment order
36 may authorize the less restrictive alternative treatment provider or
37 its designee to administer involuntary antipsychotic medication to
38 the person if the provider has attempted and failed to obtain the
39 informed consent of the person and there is a concurring medical

1 opinion approving the medication by a psychiatrist, physician
2 assistant working with a supervising psychiatrist, psychiatric
3 advanced registered nurse practitioner, or physician or physician
4 assistant in consultation with an independent mental health
5 professional with prescribing authority.

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

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

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

25 **Sec. 54.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026
26 are each reenacted and amended to read as follows:

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

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

35 (b) Substantial deterioration in the person's functioning has
36 occurred;

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

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

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

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

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

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

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

1 noncompliance or the failure of reasonable attempts at outreach and
2 engagement, and may occur only when in the clinical judgment of a
3 designated crisis responder or the professional person in charge of
4 an agency or facility designated to monitor less restrictive
5 alternative services temporary detention is appropriate. This
6 subsection does not limit the ability or obligation to pursue
7 revocation procedures under subsection (4) of this section in
8 appropriate circumstances; and

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

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

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

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

1 person is not detained, the hearing must be scheduled within five
2 days of service on the person. The designated crisis responder or the
3 secretary of the department of social and health services may modify
4 or rescind the order at any time prior to commencement of the court
5 hearing.

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

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

1 treatment in a secure detoxification facility or approved substance
2 use disorder treatment program under this subsection unless there is
3 a secure detoxification facility or approved substance use disorder
4 treatment program available and with adequate space for the person.

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 facility, or in an approved substance use disorder treatment program
27 (~~(if either is available)~~), in or near the county in which he or she
28 is receiving outpatient treatment. Proceedings under this subsection
29 may be initiated without ordering the apprehension and detention of
30 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. If the person is not detained, the
34 hearing must be scheduled within seventy-two hours of service on the
35 person. The designated crisis responder or the secretary may modify
36 or rescind the order at any time prior to commencement of the court
37 hearing.

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

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

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

14 **Sec. 55.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026
15 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28 (c) The issues for the court to determine are whether to continue
29 the detention of the person for inpatient treatment or whether the
30 court should reinstate or modify the person's less restrictive
31 alternative order or order the person's detention for inpatient
32 treatment. To continue detention after the (~~((seventy-two hour))~~) five-
33 day period, the court must find that the person, as a result of a
34 (~~((mental disorder or substance use))~~) behavioral health disorder,
35 presents a likelihood of serious harm or is gravely disabled and,
36 after considering less restrictive alternatives to involuntary
37 detention and treatment, that no such alternatives are in the best
38 interest of the person or others.

39 (d) A court may not issue an order to detain a person for
40 inpatient treatment in a secure detoxification facility or approved

1 substance use disorder program under this subsection unless there is
2 a secure detoxification facility or approved substance use disorder
3 treatment program available and with adequate space for the person.

4 **Sec. 56.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027
5 are each reenacted and amended to read as follows:

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

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

14 (b) Substantial deterioration in the person's functioning has
15 occurred;

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

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

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

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

29 (b) To increase the intensity of outpatient services provided to
30 the person by increasing the frequency of contacts with the provider,
31 referring the person for an assessment for assertive community
32 services, or by other means;

33 (c) To request a court hearing for review and modification of the
34 court order. The request must be made to or by the court with
35 jurisdiction over the order and specify the circumstances that give
36 rise to the request and what modification is being sought. The county
37 prosecutor shall assist the agency or facility in requesting this
38 hearing and issuing an appropriate summons to the person. This
39 subsection does not limit the inherent authority of a treatment

1 provider to alter conditions of treatment for clinical reasons, and
2 is intended to be used only when court intervention is necessary or
3 advisable to secure the person's compliance and prevent
4 decompensation or deterioration;

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

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

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

38 (4) (a) Except as provided in subsection (6) of this section, a
39 designated crisis responder or the secretary of the department of
40 social and health services may upon their own motion or notification

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

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

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

37 (d) Except as provided in subsection (6) of this section, the
38 issues for the court to determine are whether: (i) The person adhered
39 to the terms and conditions of the court order; (ii) substantial
40 deterioration in the person's functioning has occurred; (iii) there

1 is evidence of substantial decompensation with a reasonable
2 probability that the decompensation can be reversed by further
3 inpatient treatment; or (iv) there is a likelihood of serious harm;
4 and, if any of the above conditions apply, whether the court should
5 reinstate or modify the person's less restrictive alternative or
6 conditional release order or order the person's detention for
7 inpatient treatment. The person may waive the court hearing and allow
8 the court to enter a stipulated order upon the agreement of all
9 parties. If the court orders detention for inpatient treatment, the
10 treatment period (~~(may be for no longer than the period)~~) must be for
11 fourteen days from the revocation hearing if the outpatient order was
12 based on a petition under RCW 71.05.160 or 71.05.230. If the court
13 orders detention for inpatient treatment and the outpatient order was
14 based on a petition under RCW 71.05.290 or 71.05.320, the number of
15 days remaining until the outpatient order must be converted to days
16 of inpatient treatment authorized in the original court order.

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

23 (6) (a) If the current commitment is solely based on the person
24 being in need of assisted outpatient behavioral health treatment as
25 defined in RCW 71.05.020, a designated crisis responder may initiate
26 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when
27 appropriate. A designated crisis responder or the secretary may, upon
28 their own motion or notification by the facility or agency designated
29 to provide outpatient care to a person subject to a less restrictive
30 alternative treatment order under RCW 71.05.320 subsequent to an
31 order for assisted outpatient behavioral health treatment entered
32 under RCW 71.05.148, order the person to be apprehended and taken
33 into custody and temporary detention for inpatient evaluation in an
34 evaluation and treatment facility (~~((in or near the county in which he~~
35 ~~or she is receiving outpatient treatment if the person is committed~~
36 ~~for mental health treatment, or, if the person is committed for~~
37 ~~substance use disorder treatment))), in a secure detoxification
38 facility, or in an approved substance use disorder treatment program
39 (~~((if either is available))), in or near the county in which he or she
40 is receiving outpatient treatment. Proceedings under this subsection~~~~

1 may be initiated without ordering the apprehension and detention of
2 the person.

3 (b) A person detained under this subsection may be held for
4 evaluation for up to (~~seventy-two hours~~) five days, excluding
5 weekends and holidays, pending a court hearing. The designated crisis
6 responder or the secretary may modify or rescind the order at any
7 time prior to commencement of the court hearing.

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

19 (~~(d) A court may not issue an order to detain a person for~~
20 ~~inpatient treatment in a secure detoxification facility or approved~~
21 ~~substance use disorder program under this subsection unless there is~~
22 ~~a secure detoxification facility or approved substance use disorder~~
23 ~~treatment program available and with adequate space for the person.~~)

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

26 Annually, all community mental health employees who work directly
27 with clients shall be provided with training on safety and violence
28 prevention topics described in RCW 49.19.030. The curriculum for the
29 training shall be developed collaboratively among the authority, the
30 department, contracted (~~mental~~) behavioral health service
31 providers, and employee organizations that represent community mental
32 health workers.

33 **Sec. 58.** RCW 71.05.740 and 2018 c 201 s 3031 are each amended to
34 read as follows:

35 All behavioral health organizations in the state of Washington
36 must forward historical (~~mental~~) behavioral health involuntary
37 commitment information retained by the organization including
38 identifying information and dates of commitment to the authority. As

1 soon as feasible, the behavioral health organizations must arrange to
2 report new commitment data to the authority within twenty-four hours.
3 Commitment information under this section does not need to be resent
4 if it is already in the possession of the authority. Behavioral
5 health organizations and the authority shall be immune from liability
6 related to the sharing of commitment information under this section.

7 **Sec. 59.** RCW 71.05.745 and 2018 c 201 s 3032 are each amended to
8 read as follows:

9 (1) The authority may use a single bed certification process as
10 outlined in rule to provide additional treatment capacity for a
11 person suffering from a (~~mental~~) behavioral health disorder for
12 whom an evaluation and treatment facility, secure detoxification
13 facility, or approved substance use disorder treatment program bed is
14 not available. The facility that is the proposed site of the single
15 bed certification must be a facility that is willing and able to
16 provide the person with timely and appropriate treatment either
17 directly or by arrangement with other public or private agencies.

18 (2) A single bed certification must be specific to the patient
19 receiving treatment.

20 (3) A designated crisis responder who submits an application for
21 a single bed certification for treatment at a facility that is
22 willing and able to provide timely and appropriate (~~mental~~)
23 behavioral health treatment in good faith belief that the single bed
24 certification is appropriate may presume that the single bed
25 certification will be approved for the purpose of completing the
26 detention process and responding to other emergency calls.

27 (4) The authority may adopt rules implementing this section and
28 continue to enforce rules it has already adopted except where
29 inconsistent with this section.

30 **Sec. 60.** RCW 71.05.750 and 2018 c 201 s 3033 are each amended to
31 read as follows:

32 (1) A designated crisis responder shall make a report to the
33 authority when he or she determines a person meets detention criteria
34 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
35 not any beds available at an evaluation and treatment facility, the
36 person has not been provisionally accepted for admission by a
37 facility, and the person cannot be served on a single bed
38 certification or less restrictive alternative. Starting at the time

1 when the designated crisis responder determines a person meets
2 detention criteria and the investigation has been completed, the
3 designated crisis responder has twenty-four hours to submit a
4 completed report to the authority.

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

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

8 (b) The identity of the responsible behavioral health
9 organization;

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

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

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

14 (3) The authority shall develop a standardized reporting form or
15 modify the current form used for single bed certifications for the
16 report required under subsection (2) of this section and may require
17 additional reporting elements as it determines are necessary or
18 supportive. The authority shall also determine the method for the
19 transmission of the completed report from the designated crisis
20 responder to the authority.

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

28 (5) The reports provided according to this section may not
29 display "protected health information" as that term is used in the
30 federal health insurance portability and accountability act of 1996,
31 nor information contained in "mental health treatment records" or
32 "behavioral health treatment records" as (~~that term is~~) these terms
33 are used in chapter 70.02 RCW or elsewhere in state law, and must
34 otherwise be compliant with state and federal privacy laws.

35 (6) For purposes of this section, the term "single bed
36 certification" means a situation in which an adult on a (~~seventy-two~~
37 ~~hour~~) five-day detention, fourteen-day commitment, ninety-day
38 commitment, or one hundred eighty-day commitment is detained to a
39 facility that is:

1 (a) Not licensed or certified as an inpatient evaluation and
2 treatment facility; or

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

5 **Sec. 61.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to
6 read as follows:

7 (1)(a) By April 1, 2018, the authority, by rule, must combine the
8 functions of a designated mental health professional and designated
9 chemical dependency specialist by establishing a designated crisis
10 responder who is authorized to conduct investigations, detain persons
11 up to (~~seventy-two hours~~) five days to the proper facility, and
12 carry out the other functions identified in this chapter and chapter
13 71.34 RCW. The behavioral health organizations shall provide training
14 to the designated crisis responders as required by the authority.

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

18 (A) Psychiatrist, psychologist, physician assistant working with
19 a supervising psychiatrist, psychiatric advanced registered nurse
20 practitioner, or social worker;

21 (B) Person who is licensed by the department as a mental health
22 counselor or mental health counselor associate, or marriage and
23 family therapist or marriage and family therapist associate;

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

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

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

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

1 (ii) Training must include chemical dependency training specific
2 to the duties of a designated crisis responder, including diagnosis
3 of substance abuse and dependence and assessment of risk associated
4 with substance use.

5 (c) The authority must develop a transition process for any
6 person who has been designated as a designated mental health
7 professional or a designated chemical dependency specialist before
8 April 1, 2018, to be converted to a designated crisis responder. The
9 behavioral health organizations shall provide training, as required
10 by the authority, to persons converting to designated crisis
11 responders, which must include both mental health and chemical
12 dependency training applicable to the designated crisis responder
13 role.

14 (2)(a) The authority must ensure that at least one sixteen-bed
15 secure detoxification facility is operational by April 1, 2018, and
16 that at least two sixteen-bed secure detoxification facilities are
17 operational by April 1, 2019.

18 (b) If, at any time during the implementation of secure
19 detoxification facility capacity, federal funding becomes unavailable
20 for federal match for services provided in secure detoxification
21 facilities, then the authority must cease any expansion of secure
22 detoxification facilities until further direction is provided by the
23 legislature.

24 **Sec. 62.** RCW 71.34.010 and 2018 c 201 s 5001 are each amended to
25 read as follows:

26 (1) It is the purpose of this chapter to assure that minors in
27 need of (~~mental~~) behavioral health care and treatment receive an
28 appropriate continuum of culturally relevant care and treatment,
29 including prevention and early intervention, self-directed care,
30 parent-directed care, and involuntary treatment. To facilitate the
31 continuum of care and treatment to minors in out-of-home placements,
32 all divisions of the authority and the department that provide
33 (~~mental~~) behavioral health services to minors shall jointly plan
34 and deliver those services.

35 (2) It is also the purpose of this chapter to protect the rights
36 of minors against needless hospitalization and deprivations of
37 liberty and to enable treatment decisions to be made in response to
38 clinical needs in accordance with sound professional judgment. The
39 (~~mental~~) behavioral health care and treatment providers shall

1 encourage the use of voluntary services and, whenever clinically
2 appropriate, the providers shall offer less restrictive alternatives
3 to inpatient treatment. Additionally, all (~~mental~~) behavioral
4 health care and treatment providers shall assure that minors' parents
5 are given an opportunity to participate in the treatment decisions
6 for their minor children. The (~~mental~~) behavioral health care and
7 treatment providers shall, to the extent possible, offer services
8 that involve minors' parents or family.

9 (3) (a) It is the intent of the legislature to enhance continuity
10 of care for minors with serious behavioral health disorders that can
11 be controlled or stabilized in a less restrictive alternative
12 commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d
13 196 (1986), the legislature intends to encourage appropriate
14 interventions at a point when there is the best opportunity to
15 restore the minor to or maintain satisfactory functioning.

16 (b) For minors with a prior history or pattern of repeated
17 hospitalizations or law enforcement interventions due to
18 decompensation, the consideration of prior behavioral health history
19 is particularly relevant in determining whether the minor would
20 receive, if released, such care as is essential for his or her health
21 or safety.

22 (c) Therefore, the legislature finds that for minors who are
23 currently under a commitment order, a prior history of decompensation
24 leading to repeated hospitalizations or law enforcement interventions
25 should be given great weight in determining whether a new less
26 restrictive alternative commitment should be ordered.

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

38 (5) It is also the purpose of this chapter to assure the ability
39 of parents to exercise reasonable, compassionate care and control of

1 their minor children when there is a medical necessity for treatment
2 and without the requirement of filing a petition under this chapter.

3 **Sec. 63.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to
4 read as follows:

5 Unless the context clearly requires otherwise, the definitions in
6 this section apply throughout this chapter.

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

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

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

18 (4) "~~(Chemical dependency)~~ Substance use disorder" means:

19 (a) Alcoholism;

20 (b) Drug addiction; or

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

23 (5) "Chemical dependency professional" means a person certified
24 as a chemical dependency professional by the department of health
25 under chapter 18.205 RCW.

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

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

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

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

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

5 (9) "Department" means the department of social and health
6 services.

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

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

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

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

28 (14) "Evaluation and treatment program" means the total system of
29 services and facilities coordinated and approved by a county or
30 combination of counties for the evaluation and treatment of minors
31 under this chapter.

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

1 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
2 health care provided within a general hospital, psychiatric hospital,
3 residential treatment facility licensed or certified by the
4 department of health as an evaluation and treatment facility for
5 minors, secure detoxification facility for minors, or approved
6 substance use disorder treatment program for minors.

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

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

13 (19) "Likelihood of serious harm" means (~~either~~):

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

26 (b) The minor has threatened the physical safety of another and
27 has a history of one or more violent acts.

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

36 (21) "Mental disorder" means any organic, mental, or emotional
37 impairment that has substantial adverse effects on an individual's
38 cognitive or volitional functions. The presence of alcohol abuse,
39 drug abuse, juvenile criminal history, antisocial behavior, or

1 intellectual disabilities alone is insufficient to justify a finding
2 of "mental disorder" within the meaning of this section.

3 (22) "Mental health professional" means a psychiatrist,
4 psychiatric advanced registered nurse practitioner, physician
5 assistant working with a supervising psychiatrist, psychologist,
6 psychiatric nurse, or social worker, and such other mental health
7 professionals as may be defined by rules adopted by the secretary of
8 the department of health under this chapter.

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

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

13 (25) "Parent" means:

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

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

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

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

29 (28) "Professional person in charge" or "professional person"
30 means a physician, other mental health professional, or other person
31 empowered by an evaluation and treatment facility, secure
32 detoxification facility, or approved substance use disorder treatment
33 program with authority to make admission and discharge decisions on
34 behalf of that facility.

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

39 (30) "Psychiatrist" means a person having a license as a
40 physician in this state who has completed residency training in

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

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

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

14 (33) "Responsible other" means the minor, the minor's parent or
15 estate, or any other person legally responsible for support of the
16 minor.

17 (34) "Secretary" means the secretary of the department or
18 secretary's designee.

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

22 (a) Provides for intoxicated minors:

23 (i) Evaluation and assessment, provided by certified chemical
24 dependency professionals;

25 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

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

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

10 (39) "Admission" or "admit" means a decision by a physician,
11 physician assistant, or psychiatric advanced registered nurse
12 practitioner that a minor should be examined or treated as a patient
13 in a hospital.

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

18 (41) "Attending staff" means any person on the staff of a public
19 or private agency having responsibility for the care and treatment of
20 a minor patient.

21 (42) "Behavioral health disorder" means either a mental disorder
22 as defined in this section, a substance use disorder as defined in
23 this section, or a co-occurring mental disorder and substance use
24 disorder.

25 (43) "Conditional release" means a revocable modification of a
26 commitment, which may be revoked upon violation of any of its terms.

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

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

37 (46) "Detention" or "detain" means the lawful confinement of a
38 person, under the provisions of this chapter.

39 (47) "Developmental disabilities professional" means a person who
40 has specialized training and three years of experience in directly

1 treating or working with persons with developmental disabilities and
2 is a psychiatrist, physician assistant working with a supervising
3 psychiatrist, psychologist, psychiatric advanced registered nurse
4 practitioner, or social worker, and such other developmental
5 disabilities professionals as may be defined by rules adopted by the
6 secretary of the department.

7 (48) "Developmental disability" has the same meaning as defined
8 in RCW 71A.10.020.

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

12 (50) "Habilitative services" means those services provided by
13 program personnel to assist minors in acquiring and maintaining life
14 skills and in raising their levels of physical, behavioral, social,
15 and vocational functioning. Habilitative services include education,
16 training for employment, and therapy.

17 (51) "Hearing" means any proceeding conducted in open court that
18 conforms to the requirements of section 98 of this act.

19 (52) "History of one or more violent acts" refers to the period
20 of time five 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 (53) "Individualized service plan" means a plan prepared by a
26 developmental disabilities professional with other professionals as a
27 team, for a person with developmental disabilities, which states:

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

30 (b) The conditions and strategies necessary to achieve the
31 purposes of habilitation;

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

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

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

37 (f) Where relevant in light of past criminal behavior and due
38 consideration for public safety, the criteria for proposed movement
39 to less-restrictive settings, criteria for proposed eventual

1 discharge or release, and a projected possible date for discharge or
2 release; and

3 (g) The type of residence immediately anticipated for the person
4 and possible future types of residences.

5 (54) "Information related to behavioral health" means all
6 information and records compiled, obtained, or maintained in the
7 course of providing services to either voluntary or involuntary
8 recipients of services by a behavioral health service provider. This
9 may include documents of legal proceedings under this chapter or
10 chapter 71.05 or 10.77 RCW, or somatic health care information.

11 (55) "Judicial commitment" means a commitment by a court pursuant
12 to the provisions of this chapter.

13 (56) "Legal counsel" means attorneys and staff employed by county
14 prosecutor offices or the state attorney general acting in their
15 capacity as legal representatives of public behavioral health service
16 providers under RCW 71.05.130.

17 (57) "Licensed physician" means a person licensed to practice
18 medicine or osteopathic medicine and surgery in the state of
19 Washington.

20 (58) "Medical clearance" means a physician or other health care
21 provider has determined that a person is medically stable and ready
22 for referral to the designated crisis responder.

23 (59) "Peace officer" means a law enforcement official of a public
24 agency or governmental unit, and includes persons specifically given
25 peace officer powers by any state law, local ordinance, or judicial
26 order of appointment.

27 (60) "Release" means legal termination of the commitment under
28 the provisions of this chapter.

29 (61) "Resource management services" has the meaning given in
30 chapter 71.24 RCW.

31 (62) "Severe deterioration from safe behavior" means that a
32 person will, if not treated, suffer or continue to suffer severe and
33 abnormal mental, emotional, or physical distress, and this distress
34 is associated with significant impairment of judgment, reason, or
35 behavior.

36 (63) "Therapeutic court personnel" means the staff of a mental
37 health court or other therapeutic court which has jurisdiction over
38 defendants who are dually diagnosed with mental disorders, including
39 court personnel, probation officers, a court monitor, prosecuting

1 attorney, or defense counsel acting within the scope of therapeutic
2 court duties.

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

16 (65) "Triage facility" means a short-term facility or a portion
17 of a facility licensed or certified by the department of health under
18 RCW 71.24.035, which is designed as a facility to assess and
19 stabilize an individual or determine the need for involuntary
20 commitment of an individual, and must meet department of health
21 residential treatment facility standards. A triage facility may be
22 structured as a voluntary or involuntary placement facility.

23 (66) "Violent act" means behavior that resulted in homicide,
24 attempted suicide, injury, or substantial loss or damage to property.

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

30 **Sec. 64.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each
31 amended to read as follows:

32 School district personnel who contact a (~~mental health or~~
33 ~~substance use~~) behavioral health disorder inpatient treatment
34 program or provider for the purpose of referring a student to
35 inpatient treatment shall provide the parents with notice of the
36 contact within forty-eight hours.

37 **Sec. 65.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to
38 read as follows:

1 (1) The superior court has jurisdiction over proceedings under
2 this chapter.

3 (2) A record of all petitions and proceedings under this chapter
4 shall be maintained by the clerk of the superior court in the county
5 in which the petition or proceedings was initiated.

6 (3) Petitions for commitment shall be filed and venue for
7 hearings under this chapter shall be in the county in which the minor
8 is being detained. ~~((The court may, for good cause, transfer the
9 proceeding to the county of the minor's residence, or to the county
10 in which the alleged conduct evidencing need for commitment occurred.
11 If the county of detention is changed, subsequent petitions may be
12 filed in the county in which the minor is detained without the
13 necessity of a change of venue.))~~

14 NEW SECTION. **Sec. 66.** A new section is added to chapter 71.34
15 RCW to read as follows:

16 A peace officer may take or authorize a minor to be taken into
17 custody and immediately delivered to an appropriate triage facility,
18 crisis stabilization unit, evaluation and treatment facility, secure
19 detoxification facility, approved substance use disorder treatment
20 program, or the emergency department of a local hospital when he or
21 she has reasonable cause to believe that such minor is suffering from
22 a behavioral health disorder and presents an imminent likelihood of
23 serious harm or is gravely disabled. Until July 1, 2026, a peace
24 officer's delivery of a minor to a secure detoxification facility or
25 approved substance use disorder treatment program is subject to the
26 availability of a secure detoxification facility or approved
27 substance use disorder treatment program with adequate space for the
28 minor.

29 **Sec. 67.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to
30 read as follows:

31 (1) Absent a risk to self or others, minors treated under this
32 chapter have the following rights, which shall be prominently posted
33 in the evaluation and treatment facility:

34 ~~((1))~~ (a) To wear their own clothes and to keep and use
35 personal possessions;

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

38 ~~((3))~~ (c) To have individual storage space for private use;

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

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

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

7 ~~((7))~~ (g) To discuss treatment plans and decisions with mental
8 health professionals;

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

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

15 (j) Not to consent to the administration of antipsychotic
16 medications beyond the hearing conducted pursuant to RCW 71.34.750 or
17 the performance of electroconvulsive treatment or surgery, except
18 emergency lifesaving surgery, upon him or her, ~~((and not to have~~
19 ~~electro-convulsive treatment or nonemergency surgery in such~~
20 ~~circumstance)) unless ordered by a court ~~((pursuant to a judicial~~~~
21 ~~hearing in which the minor is present and represented by counsel, and~~
22 ~~the court shall appoint a psychiatrist, physician assistant,~~
23 ~~psychologist, psychiatric advanced registered nurse practitioner, or~~
24 ~~physician designated by the minor or the minor's counsel to testify~~
25 ~~on behalf of the minor)) under procedures described in section 32 of~~
26 this act. The minor's parent may exercise this right on the minor's
27 behalf, and must be informed of any impending treatment;

28 ~~((10))~~ (k) Not to have psychosurgery performed on him or her
29 under any circumstances.

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

38 (b) The waiver of a privilege under this section is limited to
39 records or testimony relevant to evaluation of the detained minor for
40 purposes of a proceeding under this chapter. Upon motion by the

1 detained minor or on its own motion, the court shall examine a record
2 or testimony sought by a petitioner to determine whether it is within
3 the scope of the waiver.

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

10 (3) No minor may be presumed incompetent as a consequence of
11 receiving an evaluation or voluntary or involuntary treatment for a
12 mental disorder or substance use disorder, under this chapter or any
13 prior laws of this state dealing with mental illness or substance use
14 disorders.

15 NEW SECTION. Sec. 68. A new section is added to chapter 71.34
16 RCW to read as follows:

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

30 **Sec. 69.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to
31 read as follows:

32 (1) If a minor is not accepted for admission or is released by an
33 inpatient evaluation and treatment facility, the facility shall
34 release the minor to the custody of the minor's parent or other
35 responsible person. If not otherwise available, the facility shall
36 furnish transportation for the minor to the minor's residence or
37 other appropriate place. If the minor has been arrested, the
38 evaluation and treatment facility, secure detoxification facility, or

1 approved substance use disorder treatment program shall detain the
2 minor for not more than eight hours at the request of the peace
3 officer. The facility shall make reasonable attempts to contact the
4 requesting peace officer during this time to inform the peace officer
5 that the minor is not approved for admission or is being released in
6 order to enable a peace officer to return to the facility and take
7 the minor back into custody.

8 (2) If the minor is released to someone other than the minor's
9 parent, the facility shall make every effort to notify the minor's
10 parent of the release as soon as possible.

11 (3) No indigent minor may be released to less restrictive
12 alternative treatment or setting or discharged from inpatient
13 treatment without suitable clothing, and the authority shall furnish
14 this clothing. As funds are available, the director may provide
15 necessary funds for the immediate welfare of indigent minors upon
16 discharge or release to less restrictive alternative treatment.

17 **Sec. 70.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each
18 amended to read as follows:

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

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

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

3 **Sec. 71.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to
4 read as follows:

5 (1) The authority may use a single bed certification process as
6 outlined in rule to provide additional treatment capacity for a minor
7 suffering from a (~~mental~~) behavioral health disorder for whom an
8 evaluation and treatment facility, secure detoxification facility, or
9 approved substance use disorder treatment program bed is not
10 available. The facility that is the proposed site of the single bed
11 certification must be a facility that is willing and able to provide
12 the person with timely and appropriate treatment either directly or
13 by arrangement with other public or private agencies.

14 (2) A single bed certification must be specific to the minor
15 receiving treatment.

16 (3) A designated crisis responder who submits an application for
17 a single bed certification for treatment at a facility that is
18 willing and able to provide timely and appropriate (~~mental~~)
19 behavioral health treatment in good faith belief that the single bed
20 certification is appropriate may presume that the single bed
21 certification will be approved for the purpose of completing the
22 detention process and responding to other emergency calls.

23 (4) The authority may adopt rules implementing this section and
24 continue to enforce rules it has already adopted except where
25 inconsistent with this section.

26 NEW SECTION. **Sec. 72.** A new section is added to chapter 71.34
27 RCW to read as follows:

28 Nothing in this chapter shall prohibit the professional person in
29 charge of a treatment facility, or his or her professional designee,
30 from permitting a minor detained for intensive treatment to leave the
31 facility for prescribed periods during the term of the minor's
32 detention, under such conditions as may be appropriate.

33 **Sec. 73.** RCW 71.34.500 and 2016 sp.s. c 29 s 261 are each
34 amended to read as follows:

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

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

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

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

19 **Sec. 74.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to
20 read as follows:

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

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

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

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

35 (3) An appropriately trained professional person may evaluate
36 whether the minor has a (~~mental disorder or has a substance use~~)
37 behavioral health disorder. The evaluation shall be completed within
38 twenty-four hours of the time the minor was brought to the facility,
39 unless the professional person determines that the condition of the

1 minor necessitates additional time for evaluation. In no event shall
2 a minor be held longer than seventy-two hours for evaluation. If, in
3 the judgment of the professional person, it is determined it is a
4 medical necessity for the minor to receive inpatient treatment, the
5 minor may be held for treatment. The facility shall limit treatment
6 to that which the professional person determines is medically
7 necessary to stabilize the minor's condition until the evaluation has
8 been completed. Within twenty-four hours of completion of the
9 evaluation, the professional person shall notify the authority if the
10 child is held for treatment and of the date of admission.

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

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

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

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

24 **Sec. 75.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to
25 read as follows:

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

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

32 (b) A secure detoxification facility or approved substance use
33 disorder treatment program and request that a substance use disorder
34 assessment be conducted by a professional person to determine whether
35 the minor has a substance use disorder and is in need of inpatient
36 treatment.

37 (2) The consent of the minor is not required for admission,
38 evaluation, and treatment ((if)) of the minor at the direction of the
39 parent ((brings the minor to the facility)).

1 (3) An appropriately trained professional person may evaluate
2 whether the minor has a (~~(mental disorder or has a substance use)~~)
3 behavioral health disorder. The evaluation shall be completed within
4 twenty-four hours of the time the minor was brought to the facility,
5 unless the professional person determines that the condition of the
6 minor necessitates additional time for evaluation. In no event shall
7 a minor be held longer than (~~(seventy-two hours)~~) five days for
8 evaluation. If, in the judgment of the professional person, it is
9 determined it is a medical necessity for the minor to receive
10 inpatient treatment, the minor may be held for treatment. The
11 facility shall limit treatment to that which the professional person
12 determines is medically necessary to stabilize the minor's condition
13 until the evaluation has been completed. Within twenty-four hours of
14 completion of the evaluation, the professional person shall notify
15 the authority if the child is held for treatment and of the date of
16 admission.

17 (4) No provider is obligated to provide treatment to a minor
18 under the provisions of this section except that no provider may
19 refuse to treat a minor under the provisions of this section solely
20 on the basis that the minor has not consented to the treatment. No
21 provider may admit a minor to treatment under this section unless it
22 is medically necessary.

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

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

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

30 **Sec. 76.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each
31 amended to read as follows:

32 (1) A parent may bring, or authorize the bringing of, his or her
33 minor child to(~~(÷~~

34 ~~(a)~~) a provider of outpatient (~~(mental)~~) behavioral health
35 treatment and request that an appropriately trained professional
36 person examine the minor to determine whether the minor has a
37 (~~(mental)~~) behavioral health disorder and is in need of outpatient
38 treatment(~~(÷ or~~

1 ~~(b) A provider of outpatient substance use disorder treatment and~~
2 ~~request that an appropriately trained professional person examine the~~
3 ~~minor to determine whether the minor has a substance use disorder and~~
4 ~~is in need of outpatient treatment)).~~

5 (2) The consent of the minor is not required for evaluation
6 ~~((if))~~ of the minor at the direction of the parent ~~((brings the minor~~
7 ~~to the provider)).~~

8 (3) The professional person may evaluate whether the minor has a
9 ~~((mental disorder or substance use))~~ behavioral health disorder and
10 is in need of outpatient treatment.

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

14 **Sec. 77.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each
15 amended to read as follows:

16 (1) If a minor, thirteen years or older, is brought to an
17 evaluation and treatment facility, secure detoxification facility
18 with available space, approved substance use disorder treatment
19 program with available space, or hospital emergency room for
20 immediate ~~((mental))~~ behavioral health services, the professional
21 person in charge of the facility shall evaluate the minor's
22 ~~((mental))~~ condition, determine whether the minor suffers from a
23 ~~((mental))~~ behavioral health disorder, and whether the minor is in
24 need of immediate inpatient treatment.

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

32 ~~(3))~~ If it is determined under subsection (1) ~~((or (2))~~ of this
33 section that the minor suffers from a ~~((mental disorder or substance~~
34 ~~use))~~ behavioral health disorder, inpatient treatment is required,
35 the minor is unwilling to consent to voluntary admission, and the
36 professional person believes that the minor meets the criteria for
37 initial detention ~~((set forth herein))~~, the facility may detain or
38 arrange for the detention of the minor for up to twelve hours, not
39 including time periods prior to medical clearance, in order to enable

1 a designated crisis responder to evaluate the minor and commence
2 initial detention proceedings under the provisions of this chapter.

3 (3) Dismissal of a commitment petition is not the appropriate
4 remedy for a violation of the timeliness requirements of this
5 section, based on the purpose of this chapter under RCW 71.34.010,
6 except in the few cases where the facility staff or the designated
7 crisis responder have totally disregarded the requirements of this
8 section.

9 **Sec. 78.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each
10 amended to read as follows:

11 (1) If a minor, thirteen years or older, is brought to an
12 evaluation and treatment facility, secure detoxification facility,
13 approved substance use disorder treatment program, or hospital
14 emergency room for immediate ~~((mental))~~ behavioral health services,
15 the professional person in charge of the facility shall evaluate the
16 minor's ~~((mental))~~ condition, determine whether the minor suffers
17 from a ~~((mental))~~ behavioral health disorder, and whether the minor
18 is in need of immediate inpatient treatment.

19 ~~((If a minor, thirteen years or older, is brought to a secure~~
20 ~~detoxification facility or a hospital emergency room for immediate~~
21 ~~substance use disorder treatment, the professional person in charge~~
22 ~~of the facility shall evaluate the minor's condition, determine~~
23 ~~whether the minor suffers from substance use disorder, and whether~~
24 ~~the minor is in need of immediate inpatient treatment.~~

25 ~~(3))~~ If it is determined under subsection (1) ~~((or (2)))~~ of this
26 section that the minor suffers from a ~~((mental disorder or substance~~
27 ~~use))~~ behavioral health disorder, inpatient treatment is required,
28 the minor is unwilling to consent to voluntary admission, and the
29 professional person believes that the minor meets the criteria for
30 initial detention ~~((set forth herein))~~, the facility may detain or
31 arrange for the detention of the minor for up to twelve hours, not
32 including time periods prior to medical clearance, in order to enable
33 a designated crisis responder to evaluate the minor and commence
34 initial detention proceedings under the provisions of this chapter.

35 (3) Dismissal of a commitment petition is not the appropriate
36 remedy for a violation of the timeliness requirements of this
37 section, based on the purpose of this chapter under RCW 71.34.010,
38 except in the few cases where the facility staff or the designated

1 crisis responder have totally disregarded the requirements of this
2 section.

3 NEW SECTION. **Sec. 79.** A new section is added to chapter 71.34
4 RCW to read as follows:

5 (1) Whenever a designated crisis responder or professional person
6 is conducting an evaluation under this chapter, the designated crisis
7 responder or professional person must consider all reasonably
8 available information from credible witnesses and records regarding:

9 (a) Historical behavior, including history of one or more violent
10 acts; and

11 (b) Prior commitments under this chapter.

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

20 (3) Symptoms and behavior of the minor which standing alone would
21 not justify civil commitment may support a finding of grave
22 disability or likelihood of serious harm, when:

23 (a) Such symptoms or behavior are closely associated with
24 symptoms or behavior which preceded and led to a past incident of
25 involuntary hospitalization, severe deterioration from safe behavior,
26 or one or more violent acts;

27 (b) These symptoms or behavior represent a marked and concerning
28 change in the baseline behavior of the minor; and

29 (c) Without treatment, the continued deterioration of the minor
30 is probable.

31 **Sec. 80.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
32 amended to read as follows:

33 (1) (a) (~~(i)~~) When a designated crisis responder receives
34 information that a minor, thirteen years or older, as a result of a
35 (~~mental~~) behavioral health disorder presents a likelihood of
36 serious harm or is gravely disabled, has investigated the specific
37 facts alleged and of the credibility of the person or persons
38 providing the information, and has determined that voluntary

1 admission for inpatient treatment is not possible, the designated
2 crisis responder may take the minor, or cause the minor to be taken,
3 into custody and transported to an evaluation and treatment facility,
4 secure detoxification facility, or approved substance use disorder
5 treatment program providing inpatient treatment.

6 ~~((ii) When a designated crisis responder receives information~~
7 ~~that a minor, thirteen years or older, as a result of substance use~~
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 a secure~~
14 ~~detoxification facility or approved substance use disorder treatment~~
15 ~~program, if)) A secure detoxification facility or approved substance~~
16 ~~use disorder treatment program ((is)) must be available and ((has))~~
17 ~~have adequate space for the minor.~~

18 (b) ~~If ((the minor is not taken into custody for evaluation and~~
19 ~~treatment, the parent who has custody of the minor may seek review of~~
20 ~~that decision made by the designated crisis responder in court. The~~
21 ~~parent shall file notice with the court and provide a copy of the~~
22 ~~designated crisis responder's report or notes)) a designated crisis~~
23 ~~responder decides not to detain a minor for evaluation and treatment~~
24 ~~under RCW 71.34.700(2), or forty-eight hours have elapsed since a~~
25 ~~designated crisis responder received a request for investigation and~~
26 ~~the designated crisis responder has not taken action to have the~~
27 ~~minor detained, an immediate family member or guardian or conservator~~
28 ~~of the minor may petition the superior court for the minor's~~
29 ~~detention using the procedures under RCW 71.05.201 and 71.05.203;~~
30 ~~however, when the court enters an order of initial detention, except~~
31 ~~as otherwise expressly stated in this chapter, all procedures must be~~
32 ~~followed as if the order has been entered under RCW 71.34.710(1)(a).~~

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

1 statement of rights along with an affidavit of service. The
2 designated crisis responder shall commence service of the petition
3 for initial detention and notice of the initial detention on the
4 minor's parent and the minor's attorney as soon as possible following
5 the initial detention.

6 (b) If the minor is involuntarily detained at an evaluation and
7 treatment facility, secure detoxification facility, or approved
8 substance use disorder treatment program in a different county from
9 where the minor was initially detained, the facility or program may
10 serve the minor, notify the minor's parents and the minor's attorney,
11 and file with the court on the next judicial day following the
12 initial detention the original petition for initial detention, notice
13 of initial detention, and statement of rights along with an affidavit
14 of service when filing with the court at the request of the
15 designated crisis responder.

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

24 (b) The minor shall be advised that he or she has a right to
25 communicate immediately with an attorney and that he or she has a
26 right to have an attorney appointed to represent him or her before
27 and at the hearing if the minor is indigent.

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

37 (5) A designated crisis responder may not petition for detention
38 of a minor to a secure detoxification facility or approved substance
39 use disorder treatment program unless there is a secure

1 detoxification facility or approved substance use disorder treatment
2 program available and that has adequate space for the minor.

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

8 (7) Dismissal of a commitment petition is not the appropriate
9 remedy for a violation of the timeliness requirements of this
10 section, based on the purpose of this chapter under RCW 71.34.010,
11 except in the few cases where the facility staff or the designated
12 crisis responder have totally disregarded the requirements of this
13 section.

14 **Sec. 81.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
15 amended to read as follows:

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

27 ~~((ii) When a designated crisis responder receives information~~
28 ~~that a minor, thirteen years or older, as a result of substance use~~
29 ~~disorder presents a likelihood of serious harm or is gravely~~
30 ~~disabled, has investigated the specific facts alleged and of the~~
31 ~~credibility of the person or persons providing the information, and~~
32 ~~has determined that voluntary admission for inpatient treatment is~~
33 ~~not possible, the designated crisis responder may take the minor, or~~
34 ~~cause the minor to be taken, into custody and transported to a secure~~
35 ~~detoxification facility or approved substance use disorder treatment~~
36 ~~program, if))~~ A secure detoxification facility or approved substance
37 use disorder treatment program ~~((is))~~ must be available and ~~((has))~~
38 have adequate space for the minor.

1 (b) ~~If ((the minor is not taken into custody for evaluation and~~
2 ~~treatment, the parent who has custody of the minor may seek review of~~
3 ~~that decision made by the designated crisis responder in court. The~~
4 ~~parent shall file notice with the court and provide a copy of the~~
5 ~~designated crisis responder's report or notes))~~ a designated crisis
6 responder decides not to detain a minor for evaluation and treatment
7 under RCW 71.34.700(2), or forty-eight hours have elapsed since a
8 designated crisis responder received a request for investigation and
9 the designated crisis responder has not taken action to have the
10 minor detained, an immediate family member or guardian or conservator
11 of the minor may petition the superior court for the minor's
12 detention using the procedures under RCW 71.05.201 and 71.05.203;
13 however, when the court enters an order of initial detention, except
14 as otherwise expressly stated in this chapter, all procedures must be
15 followed as if the order has been entered under RCW 71.34.710(1)(a).

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

29 (b) If the minor is involuntarily detained at an evaluation and
30 treatment facility, secure detoxification facility, or approved
31 substance use disorder treatment program in a different county from
32 where the minor was initially detained, the facility or program may
33 serve the minor, notify the minor's parents and the minor's attorney,
34 and file with the court on the next judicial day following the
35 initial detention the original petition for initial detention, notice
36 of initial detention, and statement of rights along with an affidavit
37 of service when filing with the court at the request of the
38 designated crisis responder.

39 (3)(a) At the time of initial detention, the designated crisis
40 responder shall advise the minor both orally and in writing that if

1 admitted to the evaluation and treatment facility, secure
2 detoxification facility, or approved substance use disorder treatment
3 program for inpatient treatment, a commitment hearing shall be held
4 within (~~seventy-two hours~~) five days of the minor's provisional
5 acceptance to determine whether probable cause exists to commit the
6 minor for further treatment.

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

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

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

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

30 (7) Dismissal of a commitment petition is not the appropriate
31 remedy for a violation of the timeliness requirements of this
32 section, based on the purpose of this chapter under RCW 71.34.010,
33 except in the few cases where the facility staff or the designated
34 crisis responder have totally disregarded the requirements of this
35 section.

36 **Sec. 82.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each
37 amended to read as follows:

38 (1) (a) (~~(i)~~) When a designated crisis responder receives
39 information that a minor, thirteen years or older, as a result of a

1 (~~mental~~) behavioral health disorder presents a likelihood of
2 serious harm or is gravely disabled, has investigated the specific
3 facts alleged and of the credibility of the person or persons
4 providing the information, and has determined that voluntary
5 admission for inpatient treatment is not possible, the designated
6 crisis responder may take the minor, or cause the minor to be taken,
7 into custody and transported to an evaluation and treatment facility,
8 secure detoxification facility, or approved substance use disorder
9 treatment program providing inpatient treatment.

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

20 (b) If ~~((the minor is not taken into custody for evaluation and
21 treatment, the parent who has custody of the minor may seek review of
22 that decision made by the designated crisis responder in court. The
23 parent shall file notice with the court and provide a copy of the
24 designated crisis responder's report or notes))~~ a designated crisis
25 responder decides not to detain a minor for evaluation and treatment
26 under RCW 71.34.700(2), or forty-eight hours have elapsed since a
27 designated crisis responder received a request for investigation and
28 the designated crisis responder has not taken action to have the
29 minor detained, an immediate family member or guardian or conservator
30 of the minor may petition the superior court for the minor's
31 detention using the procedures under RCW 71.05.201 and 71.05.203;
32 however, when the court enters an order of initial detention, except
33 as otherwise expressly stated in this chapter, all procedures must be
34 followed as if the order has been entered under RCW 71.34.710(1)(a).

35 (2)(a) Within twelve hours of the minor's arrival at the
36 evaluation and treatment facility, secure detoxification facility, or
37 approved substance use disorder treatment program, the designated
38 crisis responder shall serve on the minor a copy of the petition for
39 initial detention, notice of initial detention, and statement of
40 rights. The designated crisis responder shall file with the court on

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

8 (b) If the minor is involuntarily detained at an evaluation and
9 treatment facility, secure detoxification facility, or approved
10 substance use disorder treatment program in a different county from
11 where the minor was initially detained, the facility or program may
12 serve the minor, notify the minor's parents and the minor's attorney,
13 and file with the court on the next judicial day following the
14 initial detention the original petition for initial detention, notice
15 of initial detention, and statement of rights along with an affidavit
16 of service when filing with the court at the request of the
17 designated crisis responder.

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

26 (b) The minor shall be advised that he or she has a right to
27 communicate immediately with an attorney and that he or she has a
28 right to have an attorney appointed to represent him or her before
29 and at the hearing if the minor is indigent.

30 (4) Whenever the designated crisis responder petitions for
31 detention of a minor under this chapter, an evaluation and treatment
32 facility, secure detoxification facility, or approved substance use
33 disorder treatment program providing (~~seventy-two hour~~) five-day
34 evaluation and treatment must immediately accept on a provisional
35 basis the petition and the person. Within twenty-four hours of the
36 minor's arrival, the facility must evaluate the minor's condition and
37 either admit or release the minor in accordance with this chapter.

38 (5) If a minor is not approved for admission by the inpatient
39 evaluation and treatment facility, secure detoxification facility, or
40 approved substance use disorder treatment program, the facility shall

1 make such recommendations and referrals for further care and
2 treatment of the minor as necessary.

3 (6) Dismissal of a commitment petition is not the appropriate
4 remedy for a violation of the timeliness requirements of this
5 section, based on the purpose of this chapter under RCW 71.34.010,
6 except in the few cases where the facility staff or the designated
7 crisis responder have totally disregarded the requirements of this
8 section.

9 **Sec. 83.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to
10 read as follows:

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

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

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

37 (4) During the initial seventy-two hour treatment period, the
38 minor has a right to associate or receive communications from parents
39 or others unless the professional person in charge determines that

1 such communication would be seriously detrimental to the minor's
2 condition or treatment and so indicates in the minor's clinical
3 record, and notifies the minor's parents of this determination. (~~It~~
4 ~~no event may the minor~~) A minor must not be denied the opportunity
5 to consult an attorney unless there is an immediate risk of harm to
6 the minor or others.

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

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

18 **Sec. 84.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to
19 read as follows:

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

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

1 referred to a secure detoxification facility or approved substance
2 use disorder treatment program if there is a secure detoxification
3 facility or approved substance use disorder treatment program
4 available and that has adequate space for the minor.

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

7 (4) During the initial (~~(seventy-two hour)~~) five-day treatment
8 period, the minor has a right to associate or receive communications
9 from parents or others unless the professional person in charge
10 determines that such communication would be seriously detrimental to
11 the minor's condition or treatment and so indicates in the minor's
12 clinical record, and notifies the minor's parents of this
13 determination. (~~(In no event may the minor)~~) A minor must not be
14 denied the opportunity to consult an attorney unless there is an
15 immediate risk of harm to the minor or others.

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

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

28 **Sec. 85.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to
29 read as follows:

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

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

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

13 (4) During the initial (~~(seventy-two hour)~~) five-day treatment
14 period, the minor has a right to associate or receive communications
15 from parents or others unless the professional person in charge
16 determines that such communication would be seriously detrimental to
17 the minor's condition or treatment and so indicates in the minor's
18 clinical record, and notifies the minor's parents of this
19 determination. (~~(In no event may the minor)~~) A minor must not be
20 denied the opportunity to consult an attorney unless there is an
21 immediate risk of harm to the minor or others.

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

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

34 **Sec. 86.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155
35 s 20 are each reenacted and amended to read as follows:

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

1 period under this chapter may petition to have a minor committed to
2 an evaluation and treatment facility (~~(or, in the case of a minor~~
3 ~~with a substance use disorder, to)~~), a secure detoxification
4 facility, or an approved substance use disorder treatment program for
5 fourteen-day diagnosis, evaluation, and treatment.

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

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

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

15 (i) Two physicians; (ii) one physician and a mental health
16 professional; (iii) one physician assistant and a mental health
17 professional; or (iv) one psychiatric advanced registered nurse
18 practitioner and a mental health professional. The person signing the
19 petition must have examined the minor, and the petition must contain
20 the following:

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

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

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

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

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

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

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

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

1 (b) A copy of the petition shall be personally ~~((delivered to))~~
2 served on the minor by the petitioner or petitioner's designee. A
3 copy of the petition shall be ~~((sent))~~ provided to the minor's
4 attorney and the minor's parent.

5 **Sec. 87.** 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 facility, or approved
9 substance use disorder treatment program where a minor has been
10 admitted involuntarily for the initial ~~((seventy-two hour))~~ five-day
11 treatment period under this chapter may petition to have a minor
12 committed to an evaluation and treatment facility ~~((or, in the case~~
13 ~~of a minor with a substance use disorder, to)),~~ a secure
14 detoxification facility, or an approved substance use disorder
15 treatment program for fourteen-day diagnosis, evaluation, and
16 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. The person signing the
30 petition must have examined the minor, and the petition must contain
31 the following:

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

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

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

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

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

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

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

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

14 (b) A copy of the petition shall be personally (~~delivered to~~)
15 served on the minor by the petitioner or petitioner's designee. A
16 copy of the petition shall be (~~sent~~) provided to the minor's
17 attorney and the minor's parent.

18 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34
19 RCW to read as follows:

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

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

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

29 (2) The court may on its own motion continue the case when
30 required in due administration of justice and when the respondent
31 will not be substantially prejudiced in the presentation of the
32 respondent's case.

33 (3) The court shall state in any order of continuance or
34 postponement the grounds for the continuance or postponement and
35 whether detention will be extended.

36 **Sec. 89.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each
37 amended to read as follows:

1 (1) A commitment hearing shall be held within seventy-two hours
2 of the minor's admission, excluding Saturday, Sunday, and holidays,
3 unless a continuance is (~~requested by the minor or the minor's~~
4 ~~attorney~~) ordered under section 88 of this act.

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

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

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

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

16 (6) At the commitment hearing, the minor shall have the following
17 rights:

18 (a) To be represented by an attorney;

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

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

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

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

31 (~~Rules of evidence shall not apply in fourteen-day~~
32 ~~commitment hearings.~~

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

35 (a) The minor has a (~~mental disorder or substance use~~)
36 behavioral health disorder and presents a likelihood of serious harm
37 or is gravely disabled;

38 (b) The minor is in need of evaluation and treatment of the type
39 provided by the inpatient evaluation and treatment facility, secure
40 detoxification facility, or approved substance use disorder treatment

1 program to which continued inpatient care is sought or is in need of
2 less restrictive alternative treatment found to be in the best
3 interests of the minor or others;

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

6 (d) If commitment is for a substance use disorder, there is an
7 available secure detoxification facility or approved substance use
8 disorder treatment program with adequate space for the minor.

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

15 ~~((12))~~ (11)(a) Nothing in this section prohibits the
16 professional person in charge of the facility from releasing the
17 minor at any time, when, in the opinion of the professional person in
18 charge of the facility, further inpatient treatment is no longer
19 necessary. The release may be subject to reasonable conditions if
20 appropriate.

21 (b) Whenever a minor is released under this section, the
22 professional person in charge shall within three days, notify the
23 court in writing of the release.

24 ~~((13))~~ (12) A minor who has been committed for fourteen days
25 shall be released at the end of that period unless a petition for one
26 hundred eighty-day commitment is pending before the court.

27 **Sec. 90.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each
28 amended to read as follows:

29 (1) A commitment hearing shall be held within ~~((seventy-two
30 hours))~~ five days of the minor's admission, excluding Saturday,
31 Sunday, and holidays, unless a continuance is ~~((requested by the
32 minor or the minor's attorney))~~ ordered under section 88 of this act.

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

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

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

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

7 (6) At the commitment hearing, the minor shall have the following
8 rights:

9 (a) To be represented by an attorney;

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

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

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

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

22 (9) ~~((Rules of evidence shall not apply in fourteen-day
23 commitment hearings.~~

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

26 (a) The minor has a ~~((mental disorder or substance use))~~
27 behavioral health disorder and presents a likelihood of serious harm
28 or is gravely disabled;

29 (b) The minor is in need of evaluation and treatment of the type
30 provided by the inpatient evaluation and treatment facility, secure
31 detoxification facility, or approved substance use disorder treatment
32 program to which continued inpatient care is sought or is in need of
33 less restrictive alternative treatment found to be in the best
34 interests of the minor or others;

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

37 (d) If commitment is for a substance use disorder, there is an
38 available secure detoxification facility or approved substance use
39 disorder treatment program with adequate space for the minor.

1 (~~(11)~~) (10) If the court finds that the minor meets the
2 criteria for a fourteen-day commitment, the court shall either
3 authorize commitment of the minor for inpatient treatment or for less
4 restrictive alternative treatment upon such conditions as are
5 necessary. If the court determines that the minor does not meet the
6 criteria for a fourteen-day commitment, the minor shall be released.

7 (~~(12)~~) (11)(a) Nothing in this section prohibits the
8 professional person in charge of the facility from releasing the
9 minor at any time, when, in the opinion of the professional person in
10 charge of the facility, further inpatient treatment is no longer
11 necessary. The release may be subject to reasonable conditions if
12 appropriate.

13 **(b)** Whenever a minor is released under this section, the
14 professional person in charge shall within three days, notify the
15 court in writing of the release.

16 (~~(13)~~) (12) A minor who has been committed for fourteen days
17 shall be released at the end of that period unless a petition for one
18 hundred eighty-day commitment is pending before the court.

19 **Sec. 91.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each
20 amended to read as follows:

21 (1) A commitment hearing shall be held within (~~seventy-two~~
22 ~~hours~~) five days of the minor's admission, excluding Saturday,
23 Sunday, and holidays, unless a continuance is (~~requested by the~~
24 ~~minor or the minor's attorney~~) ordered under section 88 of this act.

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

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

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

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

36 (6) At the commitment hearing, the minor shall have the following
37 rights:

38 (a) To be represented by an attorney;

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

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

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

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

12 ~~(9) ((Rules of evidence shall not apply in fourteen-day
13 commitment hearings.~~

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

16 (a) The minor has a ~~((mental disorder or substance use))~~
17 behavioral health disorder and presents a likelihood of serious harm
18 or is gravely disabled;

19 (b) The minor is in need of evaluation and treatment of the type
20 provided by the inpatient evaluation and treatment facility, secure
21 detoxification facility, or approved substance use disorder treatment
22 program to which continued inpatient care is sought or is in need of
23 less restrictive alternative treatment found to be in the best
24 interests of the minor or others; and

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

27 ~~((11))~~ (10) If the court finds that the minor meets the
28 criteria for a fourteen-day commitment, the court shall either
29 authorize commitment of the minor for inpatient treatment or for less
30 restrictive alternative treatment upon such conditions as are
31 necessary. If the court determines that the minor does not meet the
32 criteria for a fourteen-day commitment, the minor shall be released.

33 ~~((12))~~ (11)(a) Nothing in this section prohibits the
34 professional person in charge of the facility from releasing the
35 minor at any time, when, in the opinion of the professional person in
36 charge of the facility, further inpatient treatment is no longer
37 necessary. The release may be subject to reasonable conditions if
38 appropriate.

1 **(b)** Whenever a minor is released under this section, the
2 professional person in charge shall within three days, notify the
3 court in writing of the release.

4 ~~((13))~~ (12) A minor who has been committed for fourteen days
5 shall be released at the end of that period unless a petition for one
6 hundred eighty-day commitment is pending before the court.

7 **Sec. 92.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155
8 s 21 are each reenacted and amended to read as follows:

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

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

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

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

22 (c) A statement that the petitioner is the professional person in
23 charge of the evaluation and treatment facility, secure
24 detoxification facility, or approved substance use disorder treatment
25 program responsible for the treatment of the minor;

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

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

28 (3) The petition shall be supported by accompanying affidavits
29 signed by: (a) Two examining physicians, one of whom shall be a child
30 psychiatrist, or two psychiatric advanced registered nurse
31 practitioners, one of whom shall be a child and adolescent or family
32 psychiatric advanced registered nurse practitioner, or two physician
33 assistants, one of whom must be supervised by a child psychiatrist;

34 (b) one children's mental health specialist and either an examining
35 physician, physician assistant, or a psychiatric advanced registered
36 nurse practitioner; or (c) two among an examining physician,
37 physician assistant, and a psychiatric advanced registered nurse
38 practitioner, one of which needs to be a child psychiatrist~~((17))~~, a
39 physician assistant supervised by a child psychiatrist, or a child

1 and adolescent psychiatric nurse practitioner. The affidavits shall
2 describe in detail the behavior of the detained minor which supports
3 the petition and shall state whether a less restrictive alternative
4 to inpatient treatment is in the best interests of the minor.

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

13 (5) At the time of filing, the court shall set a date within
14 seven days for the hearing on the petition. (~~The court may continue~~
15 ~~the hearing upon the written request of the minor or the minor's~~
16 ~~attorney for not more than ten days.~~) If the hearing is not
17 commenced within thirty days after the filing of the petition,
18 including extensions of time requested by the detained person or his
19 or her attorney or the court in the administration of justice under
20 section 88 of this act, the minor must be released. The minor or the
21 parents shall be afforded the same rights as in a fourteen-day
22 commitment hearing. Treatment of the minor shall continue pending the
23 proceeding.

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

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

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

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

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

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

36 (7) In determining whether an inpatient or less restrictive
37 alternative commitment is appropriate, great weight must be given to
38 evidence of a prior history or pattern of decompensation and
39 discontinuation of treatment resulting in: (a) Repeated
40 hospitalizations; or (b) repeated peace officer interventions

1 resulting in juvenile charges. Such evidence may be used to provide a
2 factual basis for concluding that the minor would not receive, if
3 released, such care as is essential for his or her health or safety.

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

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

19 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are
20 permissible on the same grounds and under the same procedures as the
21 original one hundred eighty-day commitment. Such petitions shall be
22 filed at least ~~((five))~~ three days prior to the expiration of the
23 previous one hundred eighty-day commitment order.

24 **Sec. 93.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each
25 amended to read as follows:

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

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

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

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

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

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

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

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

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

31 (5) At the time of filing, the court shall set a date within
32 seven days for the hearing on the petition. ~~((The court may continue
33 the hearing upon the written request of the minor or the minor's
34 attorney for not more than ten days.))~~ If the hearing is not
35 commenced within thirty days after the filing of the petition,
36 including extensions of time requested by the detained person or his
37 or her attorney or the court in the administration of justice under
38 section 88 of this act, the minor must be released. The minor or the
39 parents shall be afforded the same rights as in a fourteen-day

1 commitment hearing. Treatment of the minor shall continue pending the
2 proceeding.

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

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

7 (b) Presents a likelihood of serious harm or is gravely disabled;
8 and

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

11 (7) In determining whether an inpatient or less restrictive
12 alternative commitment is appropriate, great weight must be given to
13 evidence of a prior history or pattern of decompensation and
14 discontinuation of treatment resulting in: (a) Repeated
15 hospitalizations; or (b) repeated peace officer interventions
16 resulting in juvenile charges. Such evidence may be used to provide a
17 factual basis for concluding that the minor would not receive, if
18 released, such care as is essential for his or her health or safety.

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

31 (b) If the court determines that the minor does not meet the
32 criteria for one hundred eighty-day commitment, the minor shall be
33 released.

34 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are
35 permissible on the same grounds and under the same procedures as the
36 original one hundred eighty-day commitment. Such petitions shall be
37 filed at least ~~((five))~~ three days prior to the expiration of the
38 previous one hundred eighty-day commitment order.

1 NEW SECTION. **Sec. 94.** A new section is added to chapter 71.34

2 RCW to read as follows:

3 (1) Less restrictive alternative treatment, at a minimum, must
4 include the following services:

5 (a) Assignment of a care coordinator;

6 (b) An intake evaluation with the provider of the less
7 restrictive alternative treatment;

8 (c) A psychiatric evaluation;

9 (d) A schedule of regular contacts with the provider of the less
10 restrictive alternative treatment services for the duration of the
11 order;

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

14 (f) An individual crisis plan; and

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

18 (2) Less restrictive alternative treatment may include the
19 following additional services:

20 (a) Medication management;

21 (b) Psychotherapy;

22 (c) Nursing;

23 (d) Substance abuse counseling;

24 (e) Residential treatment; and

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

26 (3) If the minor was provided with involuntary medication during
27 the involuntary commitment period, the less restrictive alternative
28 treatment order may authorize the less restrictive alternative
29 treatment provider or its designee to administer involuntary
30 antipsychotic medication to the person if the provider has attempted
31 and failed to obtain the informed consent of the person and there is
32 a concurring medical opinion approving the medication by a
33 psychiatrist, physician assistant working with a supervising
34 psychiatrist, psychiatric advanced registered nurse practitioner, or
35 physician or physician assistant in consultation with an independent
36 mental health professional with prescribing authority.

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

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

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

16 **Sec. 95.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to
17 read as follows:

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

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

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

4 (b) If the minor is involuntarily detained for revocation at an
5 evaluation and treatment facility, secure detoxification facility, or
6 approved substance use disorder treatment program in a different
7 county from where the minor was initially detained, the facility or
8 program may file the order of apprehension, serve it on the minor and
9 notify the minor's parents and the minor's attorney at the request of
10 the designated crisis responder.

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

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

3 (4) A court may not order the return of a minor to inpatient
4 treatment in a secure detoxification facility or approved substance
5 use disorder treatment program unless there is a secure
6 detoxification facility or approved substance use disorder treatment
7 program available with adequate space for the minor.

8 **Sec. 96.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to
9 read as follows:

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

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

32 (b) If the minor is involuntarily detained for revocation at an
33 evaluation and treatment facility, secure detoxification facility, or
34 approved substance use disorder treatment program in a different
35 county from where the minor was initially detained, the facility or
36 program may file the order of apprehension, serve it on the minor and
37 notify the minor's parents and the minor's attorney at the request of
38 the designated crisis responder.

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

31 NEW SECTION. **Sec. 97.** A new section is added to chapter 71.34
32 RCW to read as follows:

33 The legislature recognizes the inherent authority of the
34 judiciary under Article IV, section 1 of the state Constitution to
35 establish rules regarding access to court records, and respectfully
36 requests the Washington state supreme court to adopt rules regarding
37 potential access for the following entities to the files and records
38 of court proceedings under this chapter and chapter 71.05 RCW:

39 (1) The department;

- 1 (2) The department of health;
- 2 (3) The authority;
- 3 (4) The state hospitals as defined in RCW 72.23.010;
- 4 (5) Any person who is the subject of a petition;
- 5 (6) The attorney or guardian of the person;
- 6 (7) Resource management services for that person; and
- 7 (8) Service providers authorized to receive such information by
- 8 resource management services.

9 NEW SECTION. **Sec. 98.** A new section is added to chapter 71.34
10 RCW to read as follows:

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

33 NEW SECTION. **Sec. 99.** A new section is added to chapter 71.05
34 RCW to read as follows:

35 For purposes of this chapter, at any hearing the petitioner, the
36 respondent, the witnesses, the interpreters, and the presiding
37 judicial officer may be present and participate either in person or
38 by video, as determined by the court. The term "video" as used in

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

19 NEW SECTION. **Sec. 100.** A new section is added to chapter 71.34
20 RCW to read as follows:

21 In addition to the responsibility provided for by RCW 43.20B.330,
22 the parents of a minor person who is involuntarily detained pursuant
23 to this chapter for the purpose of treatment and evaluation outside
24 of a facility maintained and operated by the department shall be
25 responsible for the cost of such care and treatment. In the event
26 that an individual is unable to pay for such treatment or in the
27 event payment would result in a substantial hardship upon the
28 individual or his or her family, then the county of residence of such
29 person shall be responsible for such costs. If it is not possible to
30 determine the county of residence of the person, the cost shall be
31 borne by the county where the person was originally detained. The
32 department, or the authority, as appropriate, shall, pursuant to
33 chapter 34.05 RCW, adopt standards as to (1) inability to pay in
34 whole or in part, (2) a definition of substantial hardship, and (3)
35 appropriate payment schedules. Financial responsibility with respect
36 to services and facilities of the department shall continue to be as
37 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

1 NEW SECTION. **Sec. 101.** A new section is added to chapter 71.05
2 RCW to read as follows:

3 (1) An involuntary treatment act work group is established to
4 evaluate the effect of changes to chapters 71.05 and 71.34 RCW and to
5 evaluate vulnerabilities in the crisis system.

6 (2) The work group shall:

7 (a) Commencing September 1, 2019, meet at least three times to:

8 (i) Identify and evaluate systems and procedures that may be required
9 to implement five-day initial detention; (ii) develop recommendations
10 to implement five-day initial detention statewide; and (iii)
11 disseminate the recommendations to stakeholders and report them to
12 the appropriate committees of the legislature by January 1, 2020.

13 (b) Commencing January 1, 2020, meet at least six times to
14 evaluate: (i) The implementation of five-day initial detention, and
15 the effects, if any, on involuntary behavioral health treatment
16 capacity statewide, including the frequency of detentions,
17 commitments, revocations of less restrictive alternative treatment,
18 conditional release orders, single bed certifications, and no-bed
19 reports under RCW 71.05.750; (ii) other issues related to
20 implementation of this act; and (iii) other vulnerabilities in the
21 involuntary treatment system.

22 (c) (i) Develop recommendations for operating the crisis system
23 based on the evaluations in (b) of this subsection; and (ii)
24 disseminate those recommendations to stakeholders and report them to
25 the appropriate committees of the legislature no later than June 30,
26 2021.

27 (3) The work group shall be convened by the authority and shall
28 receive technical and data gathering support from the authority, the
29 department, and the department of social and health services as
30 needed. The membership must consist of not more than eighteen members
31 appointed by the governor, reflecting statewide representation,
32 diverse viewpoints, and experience with involuntary treatment cases.
33 Appointed members must include but not be limited to:

34 (a) Representatives of the authority, the department, and the
35 department of social and health services;

36 (b) Certified short-term civil commitment providers and providers
37 who accept single bed certification under RCW 71.05.745;

38 (c) Certified long-term inpatient care providers for involuntary
39 patients or providers with experience providing community long-term
40 inpatient care for involuntary patients;

- 1 (d) Prosecuting attorneys;
2 (e) Defense attorneys;
3 (f) Family members and persons with lived experience of
4 behavioral health disorders;
5 (g) Advocates for persons with behavioral health disorders;
6 (h) Designated crisis responders;
7 (i) Behavioral health administrative services organizations;
8 (j) Managed care organizations;
9 (k) Law enforcement; and
10 (l) Judicial officers in involuntary treatment cases.

11 (4) Interested legislators and legislative staff may participate
12 in the work group. The governor must request participation in the
13 work group by a representative of tribal governments.

14 (5) The work group shall choose cochairs from among its members
15 and receive staff support from the authority.

16 (6) This section expires June 30, 2021.

17 NEW SECTION. **Sec. 102.** The following acts or parts of acts are
18 each repealed:

19 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and
20 2017 3rd sp.s. c 14 s 20; and

21 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)
22 and 1989 c 120 s 9.

23 NEW SECTION. **Sec. 103.** RCW 71.05.525 is recodified as a section
24 in chapter 71.34 RCW.

25 NEW SECTION. **Sec. 104.** Sections 15, 18, 26, 39, 45, 56, 59, 71,
26 78, 82, 85, 91, 93, and 96 of this act take effect July 1, 2026.

27 NEW SECTION. **Sec. 105.** Sections 14, 17, 25, 38, 44, 55, 77, 81,
28 84, 90, 92, and 95 of this act expire July 1, 2026.

29 NEW SECTION. **Sec. 106.** Sections 14, 17, 20, 21, 22, 23, 25, 31,
30 34, 36, 55, 61, 75, 81, 84, 87, and 90 of this act take effect
31 January 1, 2020.

1 NEW SECTION. **Sec. 107.** Sections 13, 16, 30, 33, 35, 54, 74, 80,
2 83, 86, and 89 of this act expire January 1, 2020.

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