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<u>SSB 5073</u> - H COMM AMD

By Committee on Appropriations

ADOPTED AS AMENDED 04/07/2021

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

- 3 "Sec. 1. RCW 71.05.150 and 2020 c 302 s 13, 2020 c 256 s 302, and 2020 c 5 s 2 are each reenacted and amended to read as follows:
- When a designated crisis responder receives information 5 alleging that a person, as a result of a behavioral health disorder, 6 7 presents a likelihood of serious harm or is gravely disabled, or that a person is in need of assisted outpatient behavioral health 8 9 treatment; the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability 10 11 and credibility of any person providing information to initiate 12 detention or involuntary outpatient treatment, if satisfied that the 13 allegations are true and that the person will not voluntarily seek 14 appropriate treatment, file a petition for initial detention under this section or a petition for involuntary outpatient behavioral 15 health treatment under RCW 71.05.148. Before filing the petition, the 16 17 designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the 18 person will voluntarily receive appropriate evaluation and treatment 19 20 at an evaluation and treatment facility, crisis stabilization unit, 21 triage facility, secure withdrawal management and stabilization 22 facility, or approved substance use disorder treatment program. As 23 part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance 24 25 directive under chapter 71.32 RCW. The interview performed by the 26 designated crisis responder may be conducted by video provided that a 27 licensed health care professional or professional person who can 28 adequately and accurately assist with obtaining any necessary 29 information is present with the person at the time of the interview.
 - (2) (a) A ((written order of apprehension)) superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure

- withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than one hundred twenty hours for evaluation and treatment((, may be issued by a judge of the superior court)) upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of ((a)) the judge ((of the superior court)) that:
- 8 (i) $((\frac{That there}{}))$ There is probable cause to support the 9 petition; and

- (ii) ((That the)) <u>The</u> person has refused or failed to accept appropriate evaluation and treatment voluntarily.
 - (b) The petition for initial detention, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
 - (c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.
 - (d) A court may not issue an order to detain a person to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program unless there is an available secure withdrawal management and stabilization facility or approved substance use disorder treatment program that has adequate space for the person.
 - (e) If the court does not issue an order to detain a person pursuant to this subsection (2), the court shall issue an order to dismiss the initial petition.
- (3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within one hundred twenty hours of the date and time of outpatient evaluation or admission to the evaluation

1 treatment facility, secure withdrawal management stabilization facility, or approved substance use disorder treatment 2 3 program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal 4 physician, or other professional or religious advisor to the place of 5 6 evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission 7 evaluation. Any other individual accompanying the person may be 8 present during the admission evaluation. The facility may exclude the 9 individual if his or her presence would present a safety risk, delay 10 11 the proceedings, or otherwise interfere with the evaluation.

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- (4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.
- (5) An Indian tribe shall have jurisdiction exclusive to the state as to any involuntary commitment of an American Indian or Alaska Native to an evaluation and treatment facility located within the boundaries of that tribe, unless the tribe has consented to the state's concurrent jurisdiction, or the tribe has expressly declined to exercise its exclusive jurisdiction.
- (6) Tribal court orders for involuntary commitment shall be recognized and enforced in accordance with superior court civil rule 82.5.
- (7) In any investigation and evaluation of an individual under 30 31 RCW 71.05.150 or 71.05.153 in which the designated crisis responder 32 knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health 33 services from a tribe within this state, the designated crisis 34 responder shall notify the tribe or Indian health care provider 35 regarding whether or not a petition for initial detention or 36 involuntary outpatient treatment will be filed. Notification shall be 37 made in person or by telephonic or electronic communication to the 38 39 tribal contact listed in the authority's tribal crisis coordination plan as soon as possible but no later than three hours subject to the 40

- 1 requirements in RCW 70.02.230 (2)(($\frac{\text{(dd)}}{\text{)}}$)) $\frac{\text{(ee)}}{\text{}}$ and (3). A designated
- 2 crisis responder may restrict the release of information as necessary
- 3 to comply with 42 C.F.R. Part 2.

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- 4 Sec. 2. RCW 71.05.150 and 2020 c 302 s 14, 2020 c 256 s 303, and 5 2020 c 5 s 3 are each reenacted and amended to read as follows:
 - (1) When a designated crisis responder receives information alleging that a person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, or that a person is in need of assisted outpatient behavioral health treatment; the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient treatment, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention under this section or a petition for involuntary outpatient behavioral health treatment under RCW 71.05.148. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.
 - (2) (a) A ((written order of apprehension)) superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than one hundred twenty hours for evaluation and treatment((, may be issued by a judge of the superior court)) upon request of a designated crisis responder whenever it appears to the satisfaction of ((a)) the judge ((of the superior court)) that:

1 (i) ((That there)) There is probable cause to support the 2 petition; and

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- (ii) ((That the)) <u>The</u> person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
- (c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.
- (d) If the court does not issue an order to detain a person pursuant to this subsection (2), the court shall issue an order to dismiss the initial petition.
- (3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation facility, secure withdrawal treatment management stabilization facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within one hundred twenty hours of the date and time of outpatient evaluation or admission to the evaluation facility, secure withdrawal treatment management stabilization facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.
- (4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and Code Rev/MW:akl

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placed in an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.

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- (5) An Indian tribe shall have jurisdiction exclusive to the state as to any involuntary commitment of an American Indian or Alaska Native to an evaluation and treatment facility located within the boundaries of that tribe, unless the tribe has consented to the state's concurrent jurisdiction, or the tribe has expressly declined to exercise its exclusive jurisdiction.
- 14 (6) Tribal court orders for involuntary commitment shall be 15 recognized and enforced in accordance with superior court civil rule 16 82.5.
 - (7) In any investigation and evaluation of an individual under RCW 71.05.150 or 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe or Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible but no later than three hours subject to the requirements in RCW 70.02.230 (2)(((dd))) (ee) and (3). A designated crisis responder may restrict the release of information as necessary to comply with 42 C.F.R. Part 2.
 - Sec. 3. RCW 71.05.153 and 2020 c 302 s 16 and 2020 c 5 s 4 are each reenacted and amended to read as follows:
- 33 (1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such

- person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility, secure withdrawal management and stabilization facility if available with adequate space for the person, or approved substance use disorder treatment program if available with adequate space for the person, for not more than one hundred twenty hours as described in RCW 71.05.180.
 - (2) (a) Subject to (b) of this subsection, a peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under the following circumstances:
 - (i) Pursuant to subsection (1) of this section; or

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- (ii) When he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.
- (b) A peace officer's delivery of a person, to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program is subject to the availability of a secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the person.
- (3) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, triage facility that has elected to operate as an involuntary facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.
- (4) Within three hours after arrival, not counting time periods prior to medical clearance, the person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. As part of the assessment, the designated crisis responder must attempt

- to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.
 - (5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section.

- **Sec. 4.** RCW 71.05.153 and 2020 c 302 s 17 and 2020 c 5 s 5 are 21 each reenacted and amended to read as follows:
 - (1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, for not more than one hundred twenty hours as described in RCW 71.05.180.
 - (2) A peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under the following circumstances:

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

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- (b) When he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.
- (3) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, triage facility that has elected to operate as an involuntary facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.
- (4) Within three hours after arrival, not counting time periods prior to medical clearance, the person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.
- (5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section.

1 **Sec. 5.** RCW 71.05.210 and 2020 c 302 s 26 are each amended to 2 read as follows:

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- (1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:
- (a) Shall, within twenty-four hours of his or her admission or acceptance at the facility, not counting time periods prior to medical clearance, be examined and evaluated by:
- (i) One physician, physician assistant, or advanced registered nurse practitioner; and
- (ii) One mental health professional. If the person is detained for substance use disorder evaluation and treatment, the person may be examined by a substance use disorder professional instead of a mental health professional; and
- (b) Shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (i) Any other medication previously prescribed by a person licensed under Title 18 RCW; or (ii) emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The person shall be detained up to one hundred twenty hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for one hundred twenty hours shall no later than the end of such period be released, unless referred for further care on a voluntary basis, or detained pursuant to court order for further treatment as provided in this chapter.
- (2) If, ((after)) at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment

- program, or, if detained to a secure withdrawal management and 1 2 stabilization facility or approved substance use disorder treatment 3 program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate 4 placement for the remainder of the current commitment period without 5 6 any need for further court review; however, a person may only be 7 referred to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is an 8 available secure withdrawal management and stabilization facility or 9 approved substance use disorder treatment program with adequate space 10 11 for the person.
- 12 (3) An evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use 13 14 disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for 15 16 hospitalization shall assure that such person is transferred to an 17 appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated 18 attorney, and the designated crisis responder and the court shall 19 order such continuance in proceedings under this chapter as may be 20 21 necessary, but in no event may this continuance be more than fourteen 22 days.
- 23 **Sec. 6.** RCW 71.05.210 and 2020 c 302 s 27 are each amended to 24 read as follows:

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- (1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:
- (a) Shall, within twenty-four hours of his or her admission or acceptance at the facility, not counting time periods prior to medical clearance, be examined and evaluated by:
- (i) One physician, physician assistant, or advanced registered nurse practitioner; and
- (ii) One mental health professional. If the person is detained for substance use disorder evaluation and treatment, the person may be examined by a substance use disorder professional instead of a mental health professional; and
- 38 (b) Shall receive such treatment and care as his or her condition 39 requires including treatment on an outpatient basis for the period Code Rev/MW:akl 11 H-1481.1/21

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

- (2) If, ((after)) at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review.
- management and stabilization facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days.

Sec. 7. RCW 71.05.240 and 2020 c 302 s 39 are each amended to 2 read as follows:

- (1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within one hundred twenty hours of the initial detention of such person as determined in RCW 71.05.180, or at a time determined under RCW 71.05.148.
- (2) If the petition is for mental health treatment, the court or the prosecutor at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.
- (3) If the person or his or her attorney alleges, prior to the commencement of the hearing, that the person has in good faith volunteered for treatment, the petitioner must show, by preponderance of the evidence, that the person has not in good faith volunteered for appropriate treatment. In order to qualify as a good faith volunteer, the person must abide by procedures and a treatment plan as prescribed by a treatment facility and professional staff.
- (4) (a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility licensed or certified to provide treatment by the department or under RCW 71.05.745.
- (b) A court may only order commitment to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is an available facility with adequate space for the person.
- (c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such

1 person or others, the court shall order an appropriate less 2 restrictive alternative course of treatment for up to ninety days.

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- (d) If the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, is in need of assisted outpatient behavioral health treatment, and that the person does not present a likelihood of serious harm and is not gravely disabled, the court shall order an appropriate less restrictive alternative course of treatment for up to ninety days.
- (5) An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the treatment recommendations of the behavioral health service provider.
- (6) The court shall notify the person orally and in writing that if involuntary treatment is sought beyond the fourteen-day inpatient or ninety-day less restrictive treatment period, the person has the right to a full hearing or jury trial under RCW 71.05.310. If the commitment is for mental health treatment, the court shall also notify the person orally and in writing that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.
- (7) If the court does not issue an order to detain a person under this section, the court shall issue an order to dismiss the petition.
- 26 (8) Nothing in this section precludes the court from subsequently
 27 modifying the terms of an order for less restrictive alternative
 28 treatment under RCW 71.05.590(3).
- 29 **Sec. 8.** RCW 71.05.240 and 2020 c 302 s 40 are each amended to 30 read as follows:
- 31 (1) If a petition is filed for fourteen day involuntary treatment 32 or ninety days of less restrictive alternative treatment, the court 33 shall hold a probable cause hearing within one hundred twenty hours 34 of the initial detention of such person as determined in RCW 35 71.05.180, or at a time determined under RCW 71.05.148.
- 36 (2) If the petition is for mental health treatment, the court or 37 the prosecutor at the time of the probable cause hearing and before 38 an order of commitment is entered shall inform the person both orally 39 and in writing that the failure to make a good faith effort to seek Code Rev/MW:akl 14 H-1481.1/21

voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

- (3) If the person or his or her attorney alleges, prior to the commencement of the hearing, that the person has in good faith volunteered for treatment, the petitioner must show, by preponderance of the evidence, that the person has not in good faith volunteered for appropriate treatment. In order to qualify as a good faith volunteer, the person must abide by procedures and a treatment plan as prescribed by a treatment facility and professional staff.
- (4) (a) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility licensed or certified to provide treatment by the department or under RCW 71.05.745.
- (b) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for up to ninety days.
- (c) If the court finds by a preponderance of the evidence that such person, as the result of a behavioral health disorder, is in need of assisted outpatient behavioral health treatment, and that the person does not present a likelihood of serious harm and is not gravely disabled, the court shall order an appropriate less restrictive alternative course of treatment for up to ninety days.
- (5) An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the treatment recommendations of the behavioral health service provider.

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(6) The court shall notify the person orally and in writing that if involuntary treatment is sought beyond the fourteen-day inpatient or ninety-day less restrictive treatment period, such person has the right to a full hearing or jury trial under RCW 71.05.310. If the commitment is for mental health treatment, the court shall also notify the person orally and in writing that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

- 10 (7) If the court does not issue an order to detain a person under 11 this section, the court shall issue an order to dismiss the petition.
- 12 (8) Nothing in this section precludes the court from subsequently
 13 modifying the terms of an order for less restrictive alternative
 14 treatment under RCW 71.05.590(3).
- **Sec. 9.** RCW 71.05.320 and 2020 c 302 s 45 are each amended to 16 read as follows:
 - (1) (a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.
 - (b) If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. The court may only enter an order for commitment based on a substance use disorder if there is an available approved substance use disorder treatment program with adequate space for the person.
 - (c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of social and health services or to a facility certified for one hundred eighty-day treatment by the department or under RCW 71.05.745.
- 37 (2) If the court or jury finds that grounds set forth in RCW
 38 71.05.280 have been proven, but finds that treatment less restrictive
 39 than detention will be in the best interest of the person or others,

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- then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.
 - (3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the behavioral health service provider.

- (4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:
- (a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a behavioral health disorder or developmental disability presents a likelihood of serious harm; or
- (b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of a behavioral health disorder or developmental disability, a likelihood of serious harm; or
- 36 (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result
 37 of a behavioral health disorder or developmental disability continues
 38 to present a substantial likelihood of repeating acts similar to the
 39 charged criminal behavior, when considering the person's life
 40 history, progress in treatment, and the public safety.

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

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

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

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

- (5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.
- 31 (6)(a) The hearing shall be held as provided in RCW 71.05.310, 32 and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to 33 subsection (1)(b) of this section, the court may order the committed 34 person returned for an additional period of treatment not to exceed 35 36 one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based 37 solely on the grounds identified in subsection (4)(e) of this 38 section, the court may enter an order for less restrictive 39 alternative treatment not to exceed one hundred eighty days from the 40 Code Rev/MW:akl 18 H-1481.1/21

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

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- 7 At the end of the one hundred eighty-day period commitment, or one-year period of commitment if subsection (7) of 8 this section applies, the committed person shall be released unless a 9 petition for an additional one hundred eighty-day period of continued 10 11 treatment is filed and heard in the same manner as provided in this 12 section. Successive one hundred eighty-day commitments permissible on the same grounds and pursuant to the same procedures 13 as the original one hundred eighty-day commitment. 14
 - (7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.
- 19 (8) No person committed as provided in this section may be 20 detained unless a valid order of commitment is in effect. No order of 21 commitment can exceed one hundred eighty days in length except as 22 provided in subsection (7) of this section.
- 23 (9) Nothing in this section precludes the court from subsequently
 24 modifying the terms of an order for less restrictive alternative
 25 treatment under RCW 71.05.590(3).
 - Sec. 10. RCW 71.05.320 and 2020 c 302 s 46 are each amended to read as follows:
 - (1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.

If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of Code Rev/MW:akl

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treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of social and health services or to a facility certified for one hundred eighty-day treatment by the department or under RCW 71.05.745.

- (2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.
 - (3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the behavioral health service provider.
 - (4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:
 - (a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a behavioral health disorder or developmental disability presents a likelihood of serious harm; or
- 38 (b) Was taken into custody as a result of conduct in which he or 39 she attempted or inflicted serious physical harm upon the person of 40 another, and continues to present, as a result of a behavioral health Code Rev/MW:akl 20 H-1481.1/21

- 1 disorder or developmental disability, a likelihood of serious harm; 2 or
 - (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result of a behavioral health disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
- (ii) In cases under this subsection where the court has made an 8 affirmative special finding under RCW 71.05.280(3)(b), the commitment 9 shall continue for up to an additional one hundred eighty-day period 10 11 whenever the petition presents prima facie evidence that the person 12 suffer from a behavioral health continues to disorder developmental disability that results in a substantial likelihood of 13 committing acts similar to the charged criminal behavior, unless the 14 person presents proof through an admissible expert opinion that the 15 16 person's condition has so changed such that the behavioral health 17 disorder or developmental disability no longer presents a substantial 18 likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may 19 include transfer to a specialized program of intensive support and 20 treatment, which may be initiated prior to or after discharge from 21 22 the state hospital; or
 - (d) Continues to be gravely disabled; or

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24 (e) Is in need of assisted outpatient behavioral health 25 treatment.

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

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

- (5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.
- 38 (6)(a) The hearing shall be held as provided in RCW 71.05.310, 39 and if the court or jury finds that the grounds for additional 40 confinement as set forth in this section are present, the court may Code Rev/MW:akl 21 H-1481.1/21

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

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- (b) At the end of the one hundred eighty-day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty-day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty-day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty-day commitment.
- (7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.
- (8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.
- 30 (9) Nothing in this section precludes the court from subsequently
 31 modifying the terms of an order for less restrictive alternative
 32 treatment under RCW 71.05.590(3).
 - Sec. 11. RCW 71.05.340 and 2018 c 201 s 3017 are each amended to read as follows:
- 35 (1)(a) When, in the opinion of the superintendent or the 36 professional person in charge of the hospital or facility providing 37 involuntary treatment, the committed person can be appropriately 38 served by outpatient treatment prior to or at the expiration of the 39 period of commitment, then such outpatient care may be required as a Code Rev/MW:akl 22 H-1481.1/21

1 term of conditional release for a period which, when ((added to the)) combined with the number of days the person has spent in inpatient 2 treatment ((period)), shall not exceed ((the period of commitment)) 3 90 days if the underlying commitment was for a period of 14 or 90 4 days, or 180 days if the underlying commitment was for a period of 5 6 180 days. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary treatment, 7 the outpatient facility so designated must agree in writing to assume 8 such responsibility. A copy of the terms of conditional release shall 9 be given to the patient, the designated crisis responder in the 10 11 county in which the patient is to receive outpatient treatment, and 12 to the court of original commitment.

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(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person

- may be conditionally released without substantial danger to other 1 persons, or substantial likelihood of committing criminal acts 2 jeopardizing public safety or security. If the court disapproves of 3 the conditional release, it may do so only on the basis of 4 substantial evidence. Pursuant to the determination of the court upon 5 6 the hearing, the conditional release of the person shall be approved 7 by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject 8 to release at the end of the period for which he or she was 9 committed, or otherwise in accordance with the provisions of this 10 11 chapter.
- 12 (2) The facility or agency designated to provide outpatient care or the secretary of the department of social and health services may 13 14 modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes 15 shall be sent to all persons receiving a copy of the original 16 17 conditions. Enforcement or revocation proceedings related to a 18 conditional release ((order)) may occur as provided under RCW 71.05.590. 19
- 20 **Sec. 12.** RCW 71.05.585 and 2020 c 302 s 53 are each amended to 21 read as follows:
- 22 (1) Less restrictive alternative treatment, at a minimum, 23 includes the following services:
 - (a) Assignment of a care coordinator;

- 25 (b) An intake evaluation with the provider of the less 26 restrictive alternative treatment;
- 27 (c) A psychiatric evaluation, a substance use disorder 28 evaluation, or both;
- 29 (d) A schedule of regular contacts with the provider of the 30 ((less restrictive alternative)) treatment services for the duration 31 of the order;
- 32 (e) A transition plan addressing access to continued services at 33 the expiration of the order;
 - (f) An individual crisis plan; ((and))
- 35 (g) <u>Consultation about the formation of a mental health advance</u> 36 directive under chapter 71.32 RCW; and
- 37 <u>(h)</u> Notification to the care coordinator assigned in (a) of this 38 subsection if reasonable efforts to engage the client fail to produce 39 substantial compliance with court-ordered treatment conditions.

- (2) Less restrictive alternative treatment may additionally 1 include requirements to participate in the following services: 2
 - (a) Medication management;
 - (b) Psychotherapy;
- (c) Nursing; 5

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- (d) Substance ((abuse)) use disorder counseling;
- (e) Residential treatment; ((and)) 7
- (f) Support for housing, benefits, education, and employment; and 8
- (g) Periodic court review. 9
 - (3) If the person was provided with involuntary medication under RCW 71.05.215 or pursuant to a judicial order during the involuntary commitment period, the less restrictive alternative treatment order may authorize the less restrictive alternative treatment provider or its designee to administer involuntary antipsychotic medication to the person if the provider has attempted and failed to obtain the informed consent of the person and there is a concurring medical opinion approving the medication by a psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with an independent mental health professional with prescribing authority.
 - (4) Less restrictive alternative treatment must be administered by a provider that is certified or licensed to provide or coordinate the full scope of services required under the less restrictive alternative order and that has agreed to assume this responsibility.
 - (5) The care coordinator assigned to a person ordered to less restrictive alternative treatment must submit an individualized plan for the person's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.
 - (6) A care coordinator may disclose information and records related to mental health services pursuant to RCW 70.02.230(2)(k) for purposes of implementing less restrictive alternative treatment.
 - (7) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative

- 1 orders and is responsible for coordinating service activities with
- 2 other agencies and establishing and maintaining a therapeutic
- 3 relationship with the individual on a continuing basis.

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- 4 **Sec. 13.** RCW 71.05.590 and 2020 c 302 s 55 are each amended to read as follows:
 - (1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release ((order)), or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative or conditional release ((order)). The agency, facility, or designated crisis 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;
 - (c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
 - (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:
 - (a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
 - (b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;
- (c) To request a court hearing for review and modification of the 33 court order. The request must be made to or by the court with 34 35 jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county 36 37 prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This 38 subsection does not limit the inherent authority of a treatment 39 Code Rev/MW:akl 26 H-1481.1/21

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

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- (d) To cause the person to be transported by a peace officer, 5 6 designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a 7 triage facility, crisis stabilization unit, emergency department, 8 evaluation and treatment facility, secure withdrawal management and 9 10 stabilization facility with available space, or an approved substance 11 use disorder treatment program with available space. The person may 12 be detained at the facility for up to twelve hours for the purpose of an evaluation to determine whether modification, revocation, or 13 commitment proceedings are necessary and appropriate to stabilize the 14 person and prevent decompensation, deterioration, or physical harm. 15 16 Temporary detention for evaluation under this subsection is intended 17 to occur only following a pattern of noncompliance or the failure of 18 reasonable attempts at outreach and engagement, and may occur only 19 when in the clinical judgment of a designated crisis responder or the professional person in charge of an agency or facility designated to 20 21 monitor less restrictive alternative services temporary detention is 22 appropriate. This subsection does not limit the ability or obligation 23 to pursue revocation procedures under subsection $((\frac{4}{1}))$ of this section in appropriate circumstances; and 24
 - (e) To initiate revocation procedures under subsection ((4+)) (5) of this section or, if the current commitment is solely based on the person being in need of assisted outpatient behavioral health treatment as defined in RCW 71.05.020, initiate initial inpatient detention procedures under subsection ((4+)) (7) of this section.
 - (3) A court may supervise a person on an order for less restrictive alternative treatment or a conditional release. While the person is under the order, the court may:
 - (a) Require appearance in court for periodic reviews; and
 - (b) Modify the order after considering input from the agency or facility designated to provide or facilitate services. The court may not remand the person into inpatient treatment except as provided under subsection (5) of this section, but may take actions under subsection (2) (a) through (d) of this section.
- 39 <u>(4)</u> The facility or agency designated to provide outpatient 40 treatment shall notify the secretary of the department of social and Code Rev/MW:akl 27 H-1481.1/21

health services or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(((4+))) (5)(a) Except as provided in subsection (((6+))) (7) of this section, a designated crisis responder or the secretary of the department of social and health services may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this chapter to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility, an available secure withdrawal management and stabilization facility with adequate space, or an available approved substance use disorder treatment program with adequate space, in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection (((4+))) (5) may be initiated without ordering the apprehension and detention of the person.

- (b) Except as provided in subsection (((+6))) (7) of this section, a person detained under this subsection ((+4))) (5) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may modify or rescind the order at any time prior to commencement of the court hearing.
- (c) The designated crisis responder or secretary of the department of social and health services shall file a revocation petition and order of apprehension and detention with the court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the filing must be provided to the court that originally ordered commitment, if different from the court where the petition for

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

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(d) Except as provided in subsection $((\frac{(6)}{(6)}))$ of this section, the issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative or conditional release ((order)) or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period must be for fourteen days from the revocation hearing if the outpatient order was based on a petition under RCW 71.05.160 or 71.05.230. If the court orders detention for inpatient treatment and the outpatient order was based on a petition under RCW 71.05.290 or 71.05.320, the number of days remaining on the outpatient order must be converted to days of inpatient treatment authorized in the original court order. A court may not issue an order to detain a person for inpatient treatment in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program under this subsection unless there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and with adequate space for the person.

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

 $((\frac{(6)}{(1)}))$ (1) (a) If the current commitment is solely based on the person being in need of assisted outpatient behavioral health treatment as defined in RCW 71.05.020, a designated crisis responder may initiate inpatient detention procedures under RCW 71.05.150 or 71.05.153 when appropriate. A designated crisis responder or the secretary may, upon their own motion or notification by the facility

or agency designated to provide outpatient care to a person subject to a less restrictive alternative treatment order under RCW 71.05.320 subsequent to an order for assisted outpatient behavioral health treatment entered under RCW 71.05.148, order the person to be apprehended and taken into custody and temporary detention for inpatient evaluation in an evaluation and treatment facility, secure withdrawal management and stabilization facility, or in an approved substance use disorder treatment program, in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection may be initiated without ordering the apprehension and detention of the person.

- (b) A person detained under this subsection may be held for evaluation for up to one hundred twenty hours, excluding weekends and holidays, pending a court hearing. If the person is not detained, the hearing must be scheduled within one hundred twenty hours of service on the person. The designated crisis responder or the secretary may modify or rescind the order at any time prior to commencement of the court hearing.
- (c) The issues for the court to determine are whether to continue the detention of the person for inpatient treatment or whether the court should reinstate or modify the person's less restrictive alternative order or order the person's detention for inpatient treatment. To continue detention after the one hundred twenty hour period, the court must find that the person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled and, after considering less restrictive alternatives to involuntary detention and treatment, that no such alternatives are in the best interest of the person or others.
- (d) A court may not issue an order to detain a person for inpatient treatment in a secure withdrawal management and stabilization facility or approved substance use disorder program under this subsection unless there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and with adequate space for the person.
- **Sec. 14.** RCW 71.05.590 and 2020 c 302 s 56 are each amended to 36 read as follows:
- 37 (1) Either an agency or facility designated to monitor or provide 38 services under a less restrictive alternative order or conditional 39 release ((order)), or a designated crisis responder, may take action Code Rev/MW:akl 30 H-1481.1/21

- to enforce, modify, or revoke a less restrictive alternative or conditional release ((order)). The agency, facility, or designated crisis responder must determine that:
 - (a) The person is failing to adhere to the terms and conditions of the court order;
- 6 (b) Substantial deterioration in the person's functioning has 7 occurred;
 - (c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
 - (d) The person poses a likelihood of serious harm.

- (2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:
- (a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
 - (b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;
- (c) To request a court hearing for review and modification of the court order. The request must be made to or by the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;
- 36 (d) To cause the person to be transported by a peace officer,
 37 designated crisis responder, or other means to the agency or facility
 38 monitoring or providing services under the court order, or to a
 39 triage facility, crisis stabilization unit, emergency department,
 40 evaluation and treatment facility, secure withdrawal management and
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- 1 stabilization facility, or an approved substance use disorder treatment program. The person may be detained at the facility for up 2 to twelve hours for the purpose of an evaluation to determine whether 3 modification, revocation, or commitment proceedings are necessary and 4 appropriate to stabilize the person and prevent decompensation, 5 6 deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern 7 of noncompliance or the failure of reasonable attempts at outreach 8 and engagement, and may occur only when in the clinical judgment of a 9 designated crisis responder or the professional person in charge of 10 11 agency or facility designated to monitor less restrictive 12 alternative services temporary detention is appropriate. This subsection does not limit the ability or obligation to pursue 13 revocation procedures under subsection ((4)) of this section in 14 appropriate circumstances; and 15
 - (e) To initiate revocation procedures under subsection ((4))(5) of this section or, if the current commitment is solely based on the person being in need of assisted outpatient behavioral health treatment as defined in RCW 71.05.020, initial inpatient detention procedures under subsection $((\frac{(6)}{(6)}))$ of this section.

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- (3) A court may supervise a person on an order for less restrictive alternative treatment or a conditional release. While the person is under the order, the court may:
 - (a) Require appearance in court for periodic reviews; and
- (b) Modify the order after considering input from the agency or facility designated to provide or facilitate services. The court may not remand the person into inpatient treatment except as provided under subsection (5) of this section, but may take actions under subsection (2)(a) through (d) of this section.
- (4) The facility or agency designated to provide outpatient treatment shall notify the secretary of the department of social and health services or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.
- ((4))) (5)(a) Except as provided in subsection ((4))) (7) of this section, a designated crisis responder or the secretary of the department of social and health services may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this

chapter to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility, in a secure withdrawal management and stabilization facility, or in an approved substance use disorder treatment program, in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection ((-(4+))) (5) may be initiated without ordering the apprehension and detention of the person.

- (b) Except as provided in subsection $((\frac{(+6)}{(+1)}))$ of this section, a person detained under this subsection $((\frac{(+4)}{(+1)}))$ must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may modify or rescind the order at any time prior to commencement of the court hearing.
- (c) The designated crisis responder or secretary of the department of social and health services shall file a revocation petition and order of apprehension and detention with the court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the filing must be provided to the court that originally ordered commitment, if different from the court where the petition for revocation is filed, within two judicial days of the person's detention.
- (d) Except as provided in subsection $((\frac{6}{1}))$ of this section, the issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative

1 or conditional release ((order)) or order the person's detention for inpatient treatment. The person may waive the court hearing and allow 2 the court to enter a stipulated order upon the agreement of all 3 parties. If the court orders detention for inpatient treatment, the 4 treatment period must be for fourteen days from the revocation 5 6 hearing if the outpatient order was based on a petition under RCW 71.05.160 or 71.05.230. If the court orders detention for inpatient 7 treatment and the outpatient order was based on a petition under RCW 8 71.05.290 or 71.05.320, the number of days remaining on the 9 outpatient order must be converted to days of inpatient treatment 10 11 authorized in the original court order.

 $((\frac{(5)}{(5)}))$ <u>(6)</u> In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

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 $((\frac{(6)}{(1)}))$ (7) (a) If the current commitment is solely based on the person being in need of assisted outpatient behavioral health treatment as defined in RCW 71.05.020, a designated crisis responder may initiate inpatient detention procedures under RCW 71.05.150 or 71.05.153 when appropriate. A designated crisis responder or the secretary may, upon their own motion or notification by the facility or agency designated to provide outpatient care to a person subject to a less restrictive alternative treatment order under RCW 71.05.320 subsequent to an order for assisted outpatient behavioral health treatment entered under RCW 71.05.148, order the person to be apprehended and taken into custody and temporary detention for inpatient evaluation in an evaluation and treatment facility, in a secure withdrawal management and stabilization facility, or in an approved substance use disorder treatment program, in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection may be initiated without ordering the apprehension and detention of the person.

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

- 1 (c) The issues for the court to determine are whether to continue the detention of the person for inpatient treatment or whether the 2 court should reinstate or modify the person's less restrictive 3 alternative order or order the person's detention for inpatient 4 treatment. To continue detention after the one hundred twenty hour 5 6 period, the court must find that the person, as a result of a 7 behavioral health disorder, presents a likelihood of serious harm or is gravely disabled and, after considering less restrictive 8 alternatives to involuntary detention and treatment, that no such 9 alternatives are in the best interest of the person or others. 10
- 11 **Sec. 15.** RCW 71.34.755 and 2020 c 302 s 96 are each amended to 12 read as follows:
- 13 (1) Less restrictive alternative treatment, at a minimum, must 14 include the following services:
 - (a) Assignment of a care coordinator;
- 16 (b) An intake evaluation with the provider of the less 17 restrictive alternative treatment;
- 18 (c) A psychiatric evaluation, a substance use disorder 19 evaluation, or both;
- 20 (d) A schedule of regular contacts with the provider of the less 21 restrictive alternative treatment services for the duration of the 22 order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
 - (f) An individual crisis plan; and
 - (g) Notification to the care coordinator assigned in (a) of this subsection if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.
- 29 (2) Less restrictive alternative treatment may include the 30 following additional services:
 - (a) Medication management;
 - (b) Psychotherapy;
- 33 (c) Nursing;

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- 34 (d) Substance ((abuse)) use disorder counseling;
- 35 (e) Residential treatment; ((and))
- 36 (f) Support for housing, benefits, education, and employment; and
- 37 (g) Periodic court review.
- 38 (3) If the minor was provided with involuntary medication during 39 the involuntary commitment period, the less restrictive alternative

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- treatment order may authorize the less restrictive alternative treatment provider or its designee to administer involuntary antipsychotic medication to the person if the provider has attempted and failed to obtain the informed consent of the person and there is a concurring medical opinion approving the medication by psychiatrist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with an independent mental health professional with prescribing authority.
 - (4) Less restrictive alternative treatment must be administered by a provider that is certified or licensed to provide or coordinate the full scope of services required under the less restrictive alternative order and that has agreed to assume this responsibility.

- (5) The care coordinator assigned to a minor ordered to less restrictive alternative treatment must submit an individualized plan for the minor's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.
- (6) A care coordinator may disclose information and records related to mental health services pursuant to RCW 70.02.230(2)(k) for purposes of implementing less restrictive alternative treatment.
- (7) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative treatment orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.
- **Sec. 16.** RCW 70.02.230 and 2020 c 256 s 402 are each amended to read as follows:
- (1) ((Except as provided in this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, 70.02.260, and 70.02.265, or pursuant to a valid authorization under RCW 70.02.030, the)) The fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or Code Rev/MW:akl

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- 1 involuntary recipients of services at public or private agencies
- 2 ((must be confidential)) may not be disclosed except as provided in
- 3 this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210,
- 4 70.02.240, 70.02.250, 70.02.260, and 70.02.265, or under a valid
- 5 <u>authorization under RCW 70.02.030</u>.
- 6 (2) Information and records related to mental health services,
 7 other than those obtained through treatment under chapter 71.34 RCW,
 8 may be disclosed ((only)):
- 9 (a) In communications between qualified professional persons to 10 meet the requirements of chapter 71.05 RCW, including Indian health 11 care providers, in the provision of services or appropriate 12 referrals, or in the course of guardianship proceedings if provided 13 to a professional person:
- 14 (i) Employed by the facility;

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- 15 (ii) Who has medical responsibility for the patient's care;
 - (iii) Who is a designated crisis responder;
 - (iv) Who is providing services under chapter 71.24 RCW;
- 18 (v) Who is employed by a state or local correctional facility 19 where the person is confined or supervised; or
- 20 (vi) Who is providing evaluation, treatment, or follow-up 21 services under chapter 10.77 RCW;
 - (b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;
 - (c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;
- 30 (ii) A public or private agency shall release to a person's next 31 of kin, attorney, personal representative, guardian, or conservator, 32 if any:
- 33 (A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
- 35 (B) A statement evaluating the mental and physical condition of 36 the patient, and a statement of the probable duration of the 37 patient's confinement, if such information is requested by the next 38 of kin, attorney, personal representative, guardian, or conservator; 39 and

(iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;

- (d)(i) To the courts, including tribal courts, as necessary to the administration of chapter 71.05 RCW or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.
- 9 (ii) To a court or its designee in which a motion under chapter 10 10.77 RCW has been made for involuntary medication of a defendant for 11 the purpose of competency restoration.
 - (iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;
 - (e) (i) When a mental health professional or designated crisis responder is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional or designated crisis responder shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.
 - (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
 - (f) To the attorney of the detained person;

committed person and the person's counsel;

(g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the (h) (i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.

- (ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
- (i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.
- (ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;
- (j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;
- (k) By a care coordinator under RCW 71.05.585 assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapter 71.05 RCW;
- (1) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;
- 39 (((1))) <u>(m)</u> To mark headstones or otherwise memorialize patients 40 interred at state hospital cemeteries. The department of social and Code Rev/MW:akl 39 H-1481.1/21

health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

- $((\frac{m}{n}))$ <u>(n)</u> To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The extent of information that may be released is limited as follows:
- (i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;
- (ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(iv);
- 17 (iii) Disclosure under this subsection is mandatory for the 18 purposes of the federal health insurance portability and 19 accountability act;
 - (((n))) (o) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee;
- $((\frac{(\bullet)}{(\bullet)}))$ Pursuant to lawful order of a court, including a 32 tribal court;
 - (((p))) <u>(q)</u> To qualified staff members of the department, to the authority, to behavioral health administrative services organizations, to managed care organizations, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;

 $((\frac{1}{2}))$ (r) Within the mental health service agency or Indian health care provider facility where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties;

- $((\frac{r}{r}))$ (s) Within the department and the authority as necessary to coordinate treatment for mental illness, developmental disabilities, $(\frac{alcoholism_r}{s})$ or substance use disorder of persons who are under the supervision of the department;
- (((s))) <u>(t)</u> Between the department of social and health services, the department of children, youth, and families, and the health care authority as necessary to coordinate treatment for mental illness, developmental disabilities, ((alcoholism, or drug abuse)) or substance use disorder of persons who are under the supervision of the department of social and health services or the department of children, youth, and families;
- ((\(\frac{(t)}{t}\)) (u) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information and records related to mental health services could be injurious to the patient's health. Disclosure must be limited to the portions of the records necessary to meet the medical emergency;
- $((\frac{(u)}{(u)}))$ (i) Consistent with the requirements of the federal health insurance portability and accountability act, to:
- (A) A health care provider, including an Indian health care provider, who is providing care to a patient, or to whom a patient has been referred for evaluation or treatment; or
- (B) Any other person who is working in a care coordinator role for a health care facility, health care provider, or Indian health care provider, or is under an agreement pursuant to the federal health insurance portability and accountability act with a health care facility or a health care provider and requires the information and records to assure coordinated care and treatment of that patient.
- (ii) A person authorized to use or disclose information and records related to mental health services under this subsection (2) ((u)) (v) must take appropriate steps to protect the information and records relating to mental health services.

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(iii) Psychotherapy notes may not be released without authorization of the patient who is the subject of the request for release of information;

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- $((\frac{\langle v \rangle}{\langle v \rangle}))$ <u>(w)</u> To administrative and office support staff designated to obtain medical records for those licensed professionals listed in $((\frac{\langle u \rangle}{\langle v \rangle}))$ <u>(v)</u> of this subsection;
- ((\(\frac{(\psi \neq)}{\psi}\)) (x) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The release of records under this subsection is limited to the information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;
- $((\frac{\langle x \rangle}{\langle x \rangle}))$ To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;
- $((\frac{y}{y}))$ (z) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the quardian's address. If the quardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

(((z))) (aa) To all current treating providers, including Indian health care providers, of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department or the authority may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). The department, or the authority, if applicable, shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. Neither the department nor the authority may release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

((\(\frac{(aa)}{)}\)) (ib) (i) To the secretary of social and health services and the director of the health care authority for either program evaluation or research, or both so long as the secretary or director, where applicable, adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, , agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

30 /s/ "

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary, or director, where applicable;

 $((\frac{\text{(bb)}}{\text{(bb)}}))$ <u>(cc)</u> To any person if the conditions in RCW 70.02.205 are met;

 $((\frac{\text{(cc)}}{\text{)}})$ $\underline{\text{(dd)}}$ To the secretary of health for the purposes of the 39 maternal mortality review panel established in RCW 70.54.450; $\underline{\text{or}}$

- 1 $((\frac{\text{(dd)}}{\text{)}})$ (ee) To a tribe or Indian health care provider to carry 2 out the requirements of RCW 71.05.150(7).
 - (3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services of any patient who receives treatment for a substance use disorder, the department or the authority may restrict the release of the information as necessary to comply with federal law and regulations.
 - (4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services or the authority under RCW 71.05.280(3) and 71.05.320(4)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.
 - (5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a quardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.
 - (6) (a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:
- 37 (i) One thousand dollars; or

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38 (ii) Three times the amount of actual damages sustained, if any.

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1 (b) It is not a prerequisite to recovery under this subsection 2 that the plaintiff suffered or was threatened with special, as 3 contrasted with general, damages.

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- (c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.
- (d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.
- 11 (e) If an action is brought under this subsection, no action may 12 be brought under RCW 70.02.170.
- 13 **Sec. 17.** RCW 70.02.240 and 2019 c 381 s 20 are each amended to 14 read as follows:

The fact of admission and all information and records related to mental health services obtained through inpatient or outpatient treatment of a minor under chapter 71.34 RCW must be kept confidential, except as authorized by this section or under RCW 70.02.050, 70.02.210, 70.02.230, 70.02.250, 70.02.260, and 70.02.265. Confidential information under this section may be disclosed only:

- (1) In communications between mental health professionals to meet the requirements of chapter 71.34 RCW, in the provision of services to the minor, or in making appropriate referrals;
 - (2) In the course of guardianship or dependency proceedings;
- (3) To the minor, the minor's parent, including those acting as a parent as defined in RCW 71.34.020 for purposes of family-initiated treatment, and the minor's attorney, subject to RCW 13.50.100;
 - (4) To the courts as necessary to administer chapter 71.34 RCW;
- (5) By a care coordinator under RCW 71.34.755 assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapter 71.34 RCW;
- (6) To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address must be disclosed upon request;
- 38 (((6))) <u>(7)</u> To law enforcement officers, public health officers, 39 relatives, and other governmental law enforcement agencies, if a Code Rev/MW:akl 45 H-1481.1/21

minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;

(((7))) <u>(8)</u> To the secretary of social and health services and the director of the health care authority for assistance in data collection and program evaluation or research so long as the secretary or director, where applicable, adopts rules for the conduct of such evaluation and research. The rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, , agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding minors who have received services in a manner such that the minor is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under state law.

24 /s/ ";

(((8))) <u>(9)</u> To appropriate law enforcement agencies, upon request, all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;

(((9))) <u>(10)</u> To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of admission, discharge, authorized or unauthorized absence

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from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;

- (((10))) <u>(11)</u> To a minor's next of kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;
- $((\frac{(11)}{(11)}))$ (12) Upon the death of a minor, to the minor's next of 13 kin;
- $((\frac{(12)}{(13)}))$ To a facility in which the minor resides or will reside;
 - (((13))) <u>(14)</u> To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The extent of information that may be released is limited as follows:
 - (a) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;
 - (b) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(iv);
 - (c) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
 - (((14))) <u>(15)</u> This section may not be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the director of the health care authority or the secretary of the department of social and health services, where applicable. The fact of admission and all information obtained pursuant to chapter 71.34 RCW are not admissible as evidence in any legal proceeding outside chapter 71.34 RCW, except

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- guardianship or dependency, without the written consent of the minor or the minor's parent;
- 3 (((15))) <u>(16)</u> For the purpose of a correctional facility 4 participating in the postinstitutional medical assistance system 5 supporting the expedited medical determinations and medical 6 suspensions as provided in RCW 74.09.555 and 74.09.295;
- 7 $((\frac{16}{10}))$ <u>(17)</u> Pursuant to a lawful order of a court.
- 8 **Sec. 18.** RCW 71.05.425 and 2018 c 201 s 3019 are each amended to read as follows:
- (1)(a) Except as provided in subsection (2) of this section, at 10 the earliest possible date, and in no event later than thirty days 11 before conditional release, final release, authorized leave under RCW 12 71.05.325(2), or transfer to a facility other than a state mental 13 hospital, the superintendent shall send written notice of conditional 14 15 release, release, authorized leave, or transfer of a person committed under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a 16 17 sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4) to the following: 18
- 19 (i) The chief of police of the city, if any, in which the person 20 will reside;
- 21 (ii) The sheriff of the county in which the person will reside; 22 and
- 23 (iii) The prosecuting attorney of the county in which the 24 criminal charges against the committed person were dismissed.

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- (b) The same notice as required by (a) of this subsection shall be sent to the following, if such notice has been requested in writing about a specific person committed under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to RCW 10.77.086(4):
- (i) The victim of the sex, violent, or felony harassment offense that was dismissed pursuant to RCW 10.77.086(4) preceding commitment under RCW 71.05.280(3) or 71.05.320(4)(c) or the victim's next of kin if the crime was a homicide;
- 34 (ii) Any witnesses who testified against the person in any court 35 proceedings;
- 36 (iii) Any person specified in writing by the prosecuting 37 attorney. Information regarding victims, next of kin, or witnesses 38 requesting the notice, information regarding any other person 39 specified in writing by the prosecuting attorney to receive the Code Rev/MW:akl

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notice, and the notice are confidential and shall not be available to the person committed under this chapter; and

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- (iv) The chief of police of the city, if any, and the sheriff of the county, if any, which had jurisdiction of the person on the date of the applicable offense.
- (c) The thirty-day notice requirements contained in this subsection shall not apply to emergency medical transfers.
- (d) The existence of the notice requirements in this subsection will not require any extension of the release date in the event the release plan changes after notification.
- 11 If a person committed under RCW 71.05.280(3) 71.05.320(4)(c) following dismissal of a sex, violent, or felony 12 harassment offense pursuant to RCW 10.77.086(4) escapes, the 13 superintendent shall immediately notify, by the most reasonable and 14 expedient means available, the chief of police of the city and the 15 sheriff of the county in which the person escaped and in which the 16 17 person resided immediately before the person's arrest and the prosecuting attorney of the county in which the criminal charges 18 against the committed person were dismissed. If previously requested, 19 the superintendent shall also notify the witnesses and the victim of 20 the sex, violent, or felony harassment offense that was dismissed 21 22 to RCW 10.77.086(4) preceding commitment under RCW 23 71.05.280(3) or 71.05.320(4) or the victim's next of kin if the crime a homicide. In addition, the secretary shall also notify 24 25 appropriate parties pursuant to RCW $70.02.230(2)((\frac{(n)}{(n)}))$ (o). If the 26 person is recaptured, the superintendent shall send notice to the persons designated in this subsection as soon as possible but in no 27 event later than two working days after the department of social and 28 health services learns of such recapture. 29
 - (3) If the victim, the victim's next of kin, or any witness is under the age of sixteen, the notice required by this section shall be sent to the parent or legal guardian of the child.
 - (4) The superintendent shall send the notices required by this chapter to the last address provided to the department of social and health services by the requesting party. The requesting party shall furnish the department of social and health services with a current address.
- 38 (5) For purposes of this section the following terms have the 39 following meanings:

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- 1 (a) "Violent offense" means a violent offense under RCW 9.94A.030;
 - (b) "Sex offense" means a sex offense under RCW 9.94A.030;

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- 4 (c) "Next of kin" means a person's spouse, state registered domestic partner, parents, siblings, and children;
- 6 (d) "Felony harassment offense" means a crime of harassment as 7 defined in RCW 9A.46.060 that is a felony.
- 8 **Sec. 19.** RCW 71.05.020 and 2020 c 302 s 3, 2020 c 256 s 301, and 9 2020 c 5 s 1 are each reenacted and amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 12 (1) "Admission" or "admit" means a decision by a physician, 13 physician assistant, or psychiatric advanced registered nurse 14 practitioner that a person should be examined or treated as a patient 15 in a hospital;
 - (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
 - (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
 - (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- 30 (5) "Attending staff" means any person on the staff of a public 31 or private agency having responsibility for the care and treatment of 32 a patient;
 - (6) "Authority" means the Washington state health care authority;
- 34 (7) "Behavioral health disorder" means either a mental disorder 35 as defined in this section, a substance use disorder as defined in 36 this section, or a co-occurring mental disorder and substance use 37 disorder;
- 38 (8) "Behavioral health service provider" means a public or 39 private agency that provides mental health, substance use disorder, Code Rev/MW:akl 50 H-1481.1/21

- 1 or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from 2 3 public sources. This includes, but is not limited to((, hospitals)): <u>Hospitals</u> licensed under chapter 70.41 RCW((τ)); evaluation and 4 treatment facilities as defined in this section $((\tau))_{i}$ community 5 6 mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025((7)); licensed or certified 7 behavioral health agencies under RCW 71.24.037; facilities conducting 8 competency evaluations and restoration under chapter 10.77 RCW((τ)); 9 approved substance use disorder treatment programs as defined in this 10 11 $section((\tau));$ secure withdrawal management and stabilization 12 facilities as defined in this section $((\tau))_{\dot{L}}$ and correctional facilities operated by state and local governments; 13
 - (9) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105;

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- (10) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
- (11) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (12) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (13) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
 - (14) "Department" means the department of health;
- 34 (15) "Designated crisis responder" means a mental health 35 professional appointed by the county, by an entity appointed by the 36 county, or by the authority in consultation with a federally 37 recognized Indian tribe or after meeting and conferring with an 38 Indian health care provider, to perform the duties specified in this 39 chapter;

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

- (17) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department of social and health services;
- 11 (18) "Developmental disability" means that condition defined in 12 RCW 71A.10.020(5);
 - (19) "Director" means the director of the authority;
 - (20) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
 - (21) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
 - (22) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
 - (23) "Gravely disabled" means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and Code Rev/MW:akl

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escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

- (24) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (25) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.05.820;
- (26) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a behavioral health facility, or in confinement as a result of a criminal conviction;
- (27) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
- means that a person, as a result of a behavioral health treatment" means that a person, as a result of a behavioral health disorder: (a) Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of the person's current behavior; (c) is likely to benefit from less restrictive alternative treatment; and (d) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time;
- (29) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:
- 38 (a) The nature of the person's specific problems, prior charged 39 criminal behavior, and habilitation needs;

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- 1 (b) The conditions and strategies necessary to achieve the 2 purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;

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- 8 (f) Where relevant in light of past criminal behavior and due 9 consideration for public safety, the criteria for proposed movement 10 to less-restrictive settings, criteria for proposed eventual 11 discharge or release, and a projected possible date for discharge or 12 release; and
- 13 (g) The type of residence immediately anticipated for the person 14 and possible future types of residences;
 - (30) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals;
 - (31) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130;
 - (33) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an assisted outpatient behavioral health treatment order under RCW 71.05.148;
- 32 (34) "Licensed physician" means a person licensed to practice 33 medicine or osteopathic medicine and surgery in the state of 34 Washington;
 - (35) "Likelihood of serious harm" means:
- 36 (a) A substantial risk that: (i) Physical harm will be inflicted
 37 by a person upon his or her own person, as evidenced by threats or
 38 attempts to commit suicide or inflict physical harm on oneself; (ii)
 39 physical harm will be inflicted by a person upon another, as
 40 evidenced by behavior which has caused such harm or which places
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another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

- (b) The person has threatened the physical safety of another and has a history of one or more violent acts;
- (36) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
- (37) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (38) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (39) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- 23 (40) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
 - (41) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders;
 - (42) "Professional person" means a mental health professional, substance use disorder professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- 38 (43) "Psychiatric advanced registered nurse practitioner" means a 39 person who is licensed as an advanced registered nurse practitioner

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pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;

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- (44) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- 9 (45) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (46) "Public agency" means any evaluation and treatment facility 11 12 institution, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or 13 hospital which is conducted for, or includes a department or ward 14 conducted for, the care and treatment of persons with behavioral 15 16 health disorders, if the agency is operated directly by federal, 17 state, county, or municipal government, or a combination of such 18 governments;
- 19 (47) "Release" means legal termination of the commitment under 20 the provisions of this chapter;
- 21 (48) "Resource management services" has the meaning given in 22 chapter 71.24 RCW;
- 23 (49) "Secretary" means the secretary of the department of health, 24 or his or her designee;
 - (50) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:
 - (i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 36 (iii) Acute or subacute detoxification services for intoxicated 37 individuals; and
- (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or Code Rev/MW:akl

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1 involuntary inpatient services or to less restrictive alternatives as 2 appropriate for the individual;

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- (b) Include security measures sufficient to protect the patients, staff, and community; and
 - (c) Be licensed or certified as such by the department of health;
 - (51) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
 - (52) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;
- (53) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;
 - (54) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
 - (55) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for behavioral health disorders, which are maintained by the department of social and health services, the department, the authority, behavioral health administrative services organizations and their staffs, managed care organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others;

1 (56) "Triage facility" means a short-term facility or a portion 2 of a facility licensed or certified by the department, which is 3 designed as a facility to assess and stabilize an individual or 4 determine the need for involuntary commitment of an individual, and 5 must meet department residential treatment facility standards. A 6 triage facility may be structured as a voluntary or involuntary 7 placement facility;

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- (57) "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology. "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment;
- 18 (58) "Violent act" means behavior that resulted in homicide, 19 attempted suicide, injury, or substantial loss or damage to 20 property((\div
- 21 (59) "Written order of apprehension" means an order of the court 22 for a peace officer to deliver the named person in the order to a 23 facility or emergency room as determined by the designated crisis 24 responder. Such orders shall be entered into the Washington crime 25 information center database)).
- Sec. 20. RCW 71.05.020 and 2020 c 302 s 3, 2020 c 256 s 301, 2020 c 80 s 51, and 2020 c 5 s 1 are each reenacted and amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 31 (1) "Admission" or "admit" means a decision by a physician, 32 physician assistant, or psychiatric advanced registered nurse 33 practitioner that a person should be examined or treated as a patient 34 in a hospital;
- 35 (2) "Alcoholism" means a disease, characterized by a dependency 36 on alcoholic beverages, loss of control over the amount and 37 circumstances of use, symptoms of tolerance, physiological or 38 psychological withdrawal, or both, if use is reduced or discontinued,

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

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- (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
- (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- (5) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;
 - (6) "Authority" means the Washington state health care authority;
- (7) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder;
- (8) "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to((, hospitals)): <u>Hospitals</u> licensed under chapter 70.41 RCW((τ)); evaluation and treatment facilities as defined in this section $((\tau))_{i}$ community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025((7)); licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW((τ)); approved substance use disorder treatment programs as defined in this secure withdrawal management and stabilization $section((\tau));$ facilities as defined in this section((τ)); and correctional facilities operated by state and local governments;
- (9) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105;

- 1 (10) "Commitment" means the determination by a court that a 2 person should be detained for a period of either evaluation or 3 treatment, or both, in an inpatient or a less restrictive setting;
 - (11) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
 - (12) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
 - (13) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
 - (14) "Department" means the department of health;

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- (15) "Designated crisis responder" means a mental health professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in this chapter;
- 22 (16) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
 - (17) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department of social and health services;
 - (18) "Developmental disability" means that condition defined in RCW 71A.10.020(5);
 - (19) "Director" means the director of the authority;
- 35 (20) "Discharge" means the termination of hospital medical 36 authority. The commitment may remain in place, be terminated, or be 37 amended by court order;
- 38 (21) "Drug addiction" means a disease, characterized by a 39 dependency on psychoactive chemicals, loss of control over the amount 40 and circumstances of use, symptoms of tolerance, physiological or

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- psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
- (22) "Evaluation and treatment facility" means any facility which 4 can provide directly, or by direct arrangement with other public or 5 6 private agencies, emergency evaluation and treatment, outpatient 7 care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by 8 the department. The authority may certify single beds as temporary 9 evaluation and treatment beds under RCW 71.05.745. A physically 10 separate and separately operated portion of a state hospital may be 11 12 designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health 13 services or any federal agency will not require certification. No 14 correctional institution or facility, or jail, shall be an evaluation 15 16 and treatment facility within the meaning of this chapter;
 - (23) "Gravely disabled" means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

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- (24) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (25) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.05.820;
- 35 (26) "History of one or more violent acts" refers to the period 36 of time ten years prior to the filing of a petition under this 37 chapter, excluding any time spent, but not any violent acts 38 committed, in a behavioral health facility, or in confinement as a 39 result of a criminal conviction;

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- 1 (27) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
- (28) "In need of assisted outpatient behavioral health treatment" 3 means that a person, as a result of a behavioral health disorder: (a) 4 Has been committed by a court to detention for involuntary behavioral 5 6 health treatment during the preceding thirty-six months; (b) is 7 unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a 8 history of nonadherence with treatment or in view of the person's 9 current behavior; (c) is likely to benefit from less restrictive 10 11 alternative treatment; and (d) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that 12 is likely to result in the person presenting a likelihood of serious 13 harm or the person becoming gravely disabled within a reasonably 14 short period of time; 15
- 16 (29) "Individualized service plan" means a plan prepared by a 17 developmental disabilities professional with other professionals as a 18 team, for a person with developmental disabilities, which shall 19 state:
 - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
 - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;

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- (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- (g) The type of residence immediately anticipated for the person and possible future types of residences;
- 36 (30) "Intoxicated person" means a person whose mental or physical 37 functioning is substantially impaired as a result of the use of 38 alcohol or other psychoactive chemicals;
- 39 (31) "Judicial commitment" means a commitment by a court pursuant 40 to the provisions of this chapter;

- (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130;
- (33) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an assisted outpatient behavioral health treatment order under RCW 71.05.148;
- (34) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
 - (35) "Likelihood of serious harm" means:

- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- (b) The person has threatened the physical safety of another and has a history of one or more violent acts;
- (36) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
- (37) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (38) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

- (40) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW;
- (41) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders;
- (42) "Professional person" means a mental health professional, substance use disorder professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (43) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- (44) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (45) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (46) "Public agency" means any evaluation and treatment facility or institution, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;

- 1 (47) "Release" means legal termination of the commitment under 2 the provisions of this chapter;
- 3 (48) "Resource management services" has the meaning given in 4 chapter 71.24 RCW;
 - (49) "Secretary" means the secretary of the department of health, or his or her designee;
 - (50) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- 15 (i) Assessment and treatment, provided by certified substance use 16 disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
 - (iii) Acute or subacute detoxification services for intoxicated individuals; and
 - (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
 - (b) Include security measures sufficient to protect the patients, staff, and community; and
 - (c) Be licensed or certified as such by the department of health;
 - (51) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
 - (52) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;
- 37 (53) "Substance use disorder professional" means a person 38 certified as a substance use disorder professional by the department 39 of health under chapter 18.205 RCW;

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

- (55) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for behavioral health disorders, which maintained by the department of social and health services, the department, the authority, behavioral health administrative services organizations and their staffs, managed care organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others:
- (56) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- (57) "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology. "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment;

- 1 (58) "Violent act" means behavior that resulted in homicide, 2 attempted suicide, injury, or substantial loss or damage to 3 property($(\dot{\tau})$
- (59) "Written order of apprehension" means an order of the court for a peace officer to deliver the named person in the order to a facility or emergency room as determined by the designated crisis responder. Such orders shall be entered into the Washington crime information center database)).
- 9 **Sec. 21.** RCW 71.05.020 and 2020 c 302 s 4, 2020 c 302 s 3, 2020 c 256 s 301, and 2020 c 5 s 1 are each reenacted and amended to read as follows:
- 12 The definitions in this section apply throughout this chapter 13 unless the context clearly requires otherwise.
- (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;

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- (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
- (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
- (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- (5) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;
 - (6) "Authority" means the Washington state health care authority;
- 36 (7) "Behavioral health disorder" means either a mental disorder 37 as defined in this section, a substance use disorder as defined in 38 this section, or a co-occurring mental disorder and substance use 39 disorder;

- 1 (8) "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, 2 or co-occurring disorder services to persons with behavioral health 3 disorders as defined under this section and receives funding from 4 public sources. This includes, but is not limited to ((, hospitals)): 5 6 <u>Hospitals</u> licensed under chapter 70.41 RCW((τ)); evaluation and treatment facilities as defined in this section((τ)); community 7 mental health service delivery systems or community behavioral health 8 programs as defined in RCW 71.24.025((7)); licensed or certified 9 behavioral health agencies under RCW 71.24.037; facilities conducting 10 11 competency evaluations and restoration under chapter 10.77 RCW((τ)); 12 approved substance use disorder treatment programs as defined in this $section((\tau))_{\underline{i}}$ secure withdrawal management and stabilization 13 14 facilities as defined in this section $((\tau))_{\dot{\tau}}$ and correctional facilities operated by state and local governments; 15
 - (9) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105;

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- (10) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
- (11) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (12) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (13) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
 - (14) "Department" means the department of health;
- 36 (15) "Designated crisis responder" means a mental health 37 professional appointed by the county, by an entity appointed by the 38 county, or by the authority in consultation with a federally 39 recognized Indian tribe or after meeting and conferring with an

1 Indian health care provider, to perform the duties specified in this 2 chapter;

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- (16) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (17) "Developmental disabilities professional" means a person who 5 6 has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and 7 is a psychiatrist, physician assistant working with a supervising 8 psychiatrist, psychologist, psychiatric advanced registered nurse 9 practitioner, or social worker, and such other developmental 10 11 disabilities professionals as may be defined by rules adopted by the 12 secretary of the department of social and health services;
- 13 (18) "Developmental disability" means that condition defined in 14 RCW 71A.10.020(5);
 - (19) "Director" means the director of the authority;
- 16 (20) "Discharge" means the termination of hospital medical 17 authority. The commitment may remain in place, be terminated, or be 18 amended by court order;
 - (21) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
 - (22) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- 38 (23) "Gravely disabled" means a condition in which a person, as a 39 result of a behavioral health disorder: (a) Is in danger of serious 40 physical harm resulting from a failure to provide for his or her Code Rev/MW:akl 69 H-1481.1/21

essential human needs of health or safety; or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

- (24) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- 14 (25) "Hearing" means any proceeding conducted in open court that 15 conforms to the requirements of RCW 71.05.820;
 - (26) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a behavioral health facility, or in confinement as a result of a criminal conviction;
 - (27) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
 - (28) "In need of assisted outpatient behavioral health treatment" means that a person, as a result of a behavioral health disorder: (a) Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of the person's current behavior; (c) is likely to benefit from less restrictive alternative treatment; and (d) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time;
- 36 (29) "Individualized service plan" means a plan prepared by a 37 developmental disabilities professional with other professionals as a 38 team, for a person with developmental disabilities, which shall 39 state:

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- 1 (a) The nature of the person's specific problems, prior charged 2 criminal behavior, and habilitation needs;
 - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;

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- (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- 15 (g) The type of residence immediately anticipated for the person 16 and possible future types of residences;
 - (30) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals;
 - (31) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130;
 - (33) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an assisted outpatient behavioral health treatment order under RCW 71.05.148;
 - (34) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
 - (35) "Likelihood of serious harm" means:
- 38 (a) A substantial risk that: (i) Physical harm will be inflicted 39 by a person upon his or her own person, as evidenced by threats or 40 attempts to commit suicide or inflict physical harm on oneself; (ii) Code Rev/MW:akl
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- physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused harm, substantial pain, or which places another person or persons in reasonable fear of harm to themselves or others; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
 - (b) The person has threatened the physical safety of another and has a history of one or more violent acts;

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- (36) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
- (37) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (38) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (39) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (40) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
- (41) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders;
- 34 (42) "Professional person" means a mental health professional, 35 substance use disorder professional, or designated crisis responder 36 and shall also mean a physician, physician assistant, psychiatric 37 advanced registered nurse practitioner, registered nurse, and such 38 others as may be defined by rules adopted by the secretary pursuant 39 to the provisions of this chapter;

- 1 (43) "Psychiatric advanced registered nurse practitioner" means a 2 person who is licensed as an advanced registered nurse practitioner 3 pursuant to chapter 18.79 RCW; and who is board certified in advanced 4 practice psychiatric and mental health nursing;
- 5 (44) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
 - (45) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (46) "Public agency" means any evaluation and treatment facility 13 institution, secure withdrawal management and stabilization 14 facility, approved substance use disorder treatment program, or 15 hospital which is conducted for, or includes a department or ward 16 17 conducted for, the care and treatment of persons with behavioral 18 health disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such 19 20 governments;
- 21 (47) "Release" means legal termination of the commitment under 22 the provisions of this chapter;
- 23 (48) "Resource management services" has the meaning given in 24 chapter 71.24 RCW;
- 25 (49) "Secretary" means the secretary of the department of health, 26 or his or her designee;
 - (50) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- 35 (i) Assessment and treatment, provided by certified substance use 36 disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 38 (iii) Acute or subacute detoxification services for intoxicated 39 individuals; and

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

- (c) Be licensed or certified as such by the department of health;
- (51) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior;
 - (52) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
 - (53) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;
- (54) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;
- (55) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
- (56) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for behavioral health disorders, which are maintained by the department of social and health services, the department, the authority, behavioral health administrative services organizations and their staffs, managed care organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider

name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others;

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- (57) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- (58) "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology. "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment;
- 25 (59) "Violent act" means behavior that resulted in homicide, 26 attempted suicide, injury, or substantial loss or damage to 27 property((\div
- (60) "Written order of apprehension" means an order of the court for a peace officer to deliver the named person in the order to a facility or emergency room as determined by the designated crisis responder. Such orders shall be entered into the Washington crime information center database)).
- 33 **Sec. 22.** RCW 71.05.020 and 2020 c 302 s 4, 2020 c 302 s 3, 2020 34 c 256 s 301, 2020 c 80 s 51, and 2020 c 5 s 1 are each reenacted and 35 amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 38 (1) "Admission" or "admit" means a decision by a physician, 39 physician assistant, or psychiatric advanced registered nurse Code Rev/MW:akl 75 H-1481.1/21

1 practitioner that a person should be examined or treated as a patient 2 in a hospital;

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- (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
- (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
- (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- (5) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;
 - (6) "Authority" means the Washington state health care authority;
- (7) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder;
- (8) "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to $((\frac{1}{1} + \frac{1}{1} + \frac{1}{1}))$: <u>Hospitals</u> licensed under chapter 70.41 RCW((τ)); evaluation and treatment facilities as defined in this section $((\tau))_{i}$ community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025((7)); licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW((τ)); approved substance use disorder treatment programs as defined in this secure withdrawal management and stabilization $section((\tau));$ facilities as defined in this section((τ)); and correctional facilities operated by state and local governments;

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

- (10) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
- (11) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (12) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (13) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
 - (14) "Department" means the department of health;
- (15) "Designated crisis responder" means a mental health professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in this chapter;
- (16) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (17) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department of social and health services;
- 37 (18) "Developmental disability" means that condition defined in 38 RCW 71A.10.020(5);
 - (19) "Director" means the director of the authority;

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

- (21) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
- (22) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- (23) "Gravely disabled" means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;
- (24) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- 39 (25) "Hearing" means any proceeding conducted in open court that 40 conforms to the requirements of RCW 71.05.820;

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- 1 (26) "History of one or more violent acts" refers to the period 2 of time ten years prior to the filing of a petition under this 3 chapter, excluding any time spent, but not any violent acts 4 committed, in a behavioral health facility, or in confinement as a 5 result of a criminal conviction;
 - (27) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

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- (28) "In need of assisted outpatient behavioral health treatment" 8 means that a person, as a result of a behavioral health disorder: (a) 9 Has been committed by a court to detention for involuntary behavioral 10 11 health treatment during the preceding thirty-six months; (b) is unlikely to voluntarily participate in outpatient treatment without 12 an order for less restrictive alternative treatment, based on a 13 history of nonadherence with treatment or in view of the person's 14 current behavior; (c) is likely to benefit from less restrictive 15 16 alternative treatment; and (d) requires less restrictive alternative 17 treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious 18 harm or the person becoming gravely disabled within a reasonably 19 20 short period of time;
 - (29) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:
 - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
 - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
- 29 (c) The intermediate and long-range goals of the habilitation 30 program, with a projected timetable for the attainment;
- 31 (d) The rationale for using this plan of habilitation to achieve 32 those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
- 34 (f) Where relevant in light of past criminal behavior and due 35 consideration for public safety, the criteria for proposed movement 36 to less-restrictive settings, criteria for proposed eventual 37 discharge or release, and a projected possible date for discharge or 38 release; and
- 39 (g) The type of residence immediately anticipated for the person 40 and possible future types of residences;

- 1 (30) "Intoxicated person" means a person whose mental or physical 2 functioning is substantially impaired as a result of the use of 3 alcohol or other psychoactive chemicals;
 - (31) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (32) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130;
 - (33) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an assisted outpatient behavioral health treatment order under RCW 71.05.148;
 - (34) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
 - (35) "Likelihood of serious harm" means:

- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused harm, substantial pain, or which places another person or persons in reasonable fear of harm to themselves or others; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 31 (b) The person has threatened the physical safety of another and 32 has a history of one or more violent acts;
 - (36) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
 - (37) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- 39 (38) "Mental health professional" means a psychiatrist, 40 psychologist, physician assistant working with a supervising Code Rev/MW:akl 80 H-1481.1/21

psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

- (39) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (40) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW;
 - (41) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders;
 - (42) "Professional person" means a mental health professional, substance use disorder professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
 - (43) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
 - (44) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (45) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- 36 (46) "Public agency" means any evaluation and treatment facility
 37 or institution, secure withdrawal management and stabilization
 38 facility, approved substance use disorder treatment program, or
 39 hospital which is conducted for, or includes a department or ward
 40 conducted for, the care and treatment of persons with behavioral
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- 1 health disorders, if the agency is operated directly by federal,
- 2 state, county, or municipal government, or a combination of such 3 governments;
- 4 (47) "Release" means legal termination of the commitment under 5 the provisions of this chapter;
- 6 (48) "Resource management services" has the meaning given in 7 chapter 71.24 RCW;
- 8 (49) "Secretary" means the secretary of the department of health, 9 or his or her designee;
- 10 (50) "Secure withdrawal management and stabilization facility"
 11 means a facility operated by either a public or private agency or by
 12 the program of an agency which provides care to voluntary individuals
 13 and individuals involuntarily detained and committed under this
 14 chapter for whom there is a likelihood of serious harm or who are
 15 gravely disabled due to the presence of a substance use disorder.
 16 Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- (i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 21 (iii) Acute or subacute detoxification services for intoxicated 22 individuals; and
 - (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
- 28 (b) Include security measures sufficient to protect the patients, 29 staff, and community; and
 - (c) Be licensed or certified as such by the department of health;
- 31 (51) "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 (52) "Social worker" means a person with a master's or further 37 advanced degree from a social work educational program accredited and 38 approved as provided in RCW 18.320.010;
- 39 (53) "Substance use disorder" means a cluster of cognitive, 40 behavioral, and physiological symptoms indicating that an individual Code Rev/MW:akl 82 H-1481.1/21

1 continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a 2 pathological pattern of behaviors related to the use of the 3 substances; 4

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- (54) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;
- (55) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
- (56) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for behavioral health disorders, which are maintained by the department of social and health services, the department, the authority, behavioral health administrative services organizations and their staffs, managed care organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others;
- (57) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- (58) "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for

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- 1 the purpose of evaluation. "Video" does not include the use of audio-
- 2 only telephone, facsimile, email, or store and forward technology.
- 3 "Store and forward technology" means use of an asynchronous
- 4 transmission of a person's medical information from a mental health
- 5 service provider to the designated crisis responder which results in
- 6 medical diagnosis, consultation, or treatment;
- 7 (59) "Violent act" means behavior that resulted in homicide, 8 attempted suicide, injury, or substantial loss or damage to
- 9 property((+
- 10 (60) "Written order of apprehension" means an order of the court
- 11 for a peace officer to deliver the named person in the order to a
- 12 facility or emergency room as determined by the designated crisis
- 13 responder. Such orders shall be entered into the Washington crime
- 14 information center database)).
- 15 **Sec. 23.** 2020 c 302 s 110 (uncodified) is amended to read as 16 follows:
- 17 (1) Sections 4 and 28 ((of this act)), chapter 302, Laws of 2020
- 18 and, until July 1, 2022, section 21 of this act and, beginning July
- 19 <u>1, 2022, section 22 of this act</u> take effect when monthly single-bed
- 20 certifications authorized under RCW 71.05.745 fall below 200 reports
- 21 for 3 consecutive months.
- 22 (2) The health care authority must provide written notice of the
- 23 effective date of sections 4 and 28 ((of this act)), chapter 302,
- 24 Laws of 2020 and sections 21 and 22 of this act to affected parties,
- 25 the chief clerk of the house of representatives, the secretary of the
- 26 senate, the office of the code reviser, and others as deemed
- 27 appropriate by the authority.
- 28 Sec. 24. RCW 71.34.020 and 2020 c 302 s 63, 2020 c 274 s 50, and
- 29 2020 c 185 s 2 are each reenacted and amended to read as follows:
- 30 Unless the context clearly requires otherwise, the definitions in 31 this section apply throughout this chapter.
- 32 (1) "Admission" or "admit" means a decision by a physician,
- 33 physician assistant, or psychiatric advanced registered nurse
- 34 practitioner that a minor should be examined or treated as a patient
- 35 in a hospital.
- 36 (2) "Adolescent" means a minor thirteen years of age or older.
- 37 (3) "Alcoholism" means a disease, characterized by a dependency
- 38 on alcoholic beverages, loss of control over the amount and

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circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

- (4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.
- (5) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.
- (6) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a minor patient.
 - (7) "Authority" means the Washington state health care authority.
- (8) "Behavioral health administrative services organization" has the same meaning as provided in RCW 71.24.025.
- (9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.
- (10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
 - (11) "Children's mental health specialist" means:
- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- 36 (12) "Commitment" means a determination by a judge or court 37 commissioner, made after a commitment hearing, that the minor is in 38 need of inpatient diagnosis, evaluation, or treatment or that the 39 minor is in need of less restrictive alternative treatment.

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

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- (14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.
- (15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.
- (16) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.
- (17) "Department" means the department of social and health services.
- 20 (18) "Designated crisis responder" has the same meaning as 21 provided in RCW 71.05.020.
- 22 (19) "Detention" or "detain" means the lawful confinement of a 23 person, under the provisions of this chapter.
 - (20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.
- 32 (21) "Developmental disability" has the same meaning as defined 33 in RCW 71A.10.020.
 - (22) "Director" means the director of the authority.
- 35 (23) "Discharge" means the termination of hospital medical 36 authority. The commitment may remain in place, be terminated, or be 37 amended by court order.
- 38 (24) "Evaluation and treatment facility" means a public or 39 private facility or unit that is licensed or certified by the 40 department of health to provide emergency, inpatient, residential, or Code Rev/MW:akl 86 H-1481.1/21

- outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
 - (25) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

- (26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.
- (27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.
- (28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.
- (29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term ((alcoholism or drug)) substance use disorder treatment facility, or in confinement as a result of a criminal conviction.
- (30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:
- 36 (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
- 38 (b) The conditions and strategies necessary to achieve the 39 purposes of habilitation;

- 1 (c) The intermediate and long-range goals of the habilitation 2 program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;

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- 6 (f) Where relevant in light of past criminal behavior and due 7 consideration for public safety, the criteria for proposed movement 8 to less-restrictive settings, criteria for proposed eventual 9 discharge or release, and a projected possible date for discharge or 10 release; and
 - (g) The type of residence immediately anticipated for the person and possible future types of residences.
 - (31) (a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.
- 20 (b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "inpatient treatment" has the meaning included in (a) of this subsection and any other residential treatment facility licensed under chapter 71.12 RCW.
 - (32) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.
 - (33) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter.
- 29 (34) "Kinship caregiver" has the same meaning as in RCW 30 74.13.031(19)(a).
- 31 (35) "Legal counsel" means attorneys and staff employed by county 32 prosecutor offices or the state attorney general acting in their 33 capacity as legal representatives of public behavioral health service 34 providers under RCW 71.05.130.
- 35 (36) "Less restrictive alternative" or "less restrictive setting"
 36 means outpatient treatment provided to a minor ((who is not residing
 37 in a facility providing inpatient treatment as defined in this
 38 chapter)) as a program of individualized treatment in a less
 39 restrictive setting than inpatient treatment that includes the
 40 services described in RCW 71.34.755, including residential treatment.

- 1 (37) "Licensed physician" means a person licensed to practice 2 medicine or osteopathic medicine and surgery in the state of 3 Washington.
 - (38) "Likelihood of serious harm" means:

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- (a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 14 (b) The minor has threatened the physical safety of another and 15 has a history of one or more violent acts.
- 16 (39) "Managed care organization" has the same meaning as provided 17 in RCW 71.24.025.
 - (40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.
 - (41) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.
 - (42) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
- 35 (43) "Mental health professional" means a psychiatrist, 36 psychiatric advanced registered nurse practitioner, physician 37 assistant working with a supervising psychiatrist, psychologist, 38 psychiatric nurse, social worker, and such other mental health 39 professionals as defined by rules adopted by the secretary of the 40 department of health under this chapter.

1 (44) "Minor" means any person under the age of eighteen years.

- (45) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.
- (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.
- (b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).
- (47) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
- (48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.
- (49) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.
- (50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use

1 disorder treatment program with authority to make admission and 2 discharge decisions on behalf of that facility.

- (51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.
- (52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- (53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
 - (54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.
- 22 (55) "Release" means legal termination of the commitment under 23 the provisions of this chapter.
 - (56) "Resource management services" has the meaning given in chapter 71.24 RCW.
 - (57) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
- 29 (58) "Secretary" means the secretary of the department or 30 secretary's designee.
 - (59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:
- 39 (i) Assessment and treatment, provided by certified substance use 40 disorder professionals or co-occurring disorder specialists;

1 (ii) Clinical stabilization services;

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- 2 (iii) Acute or subacute detoxification services for intoxicated 3 individuals; and
 - (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
- 9 (b) Include security measures sufficient to protect the patients, 10 staff, and community; and
 - (c) Be licensed or certified as such by the department of health.
 - (60) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
 - (61) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.
 - (62) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.
 - (63) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
 - (((63))) (64) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.
- 36 (((64))) <u>(65)</u> "Therapeutic court personnel" means the staff of a 37 mental health court or other therapeutic court which has jurisdiction 38 over defendants who are dually diagnosed with mental disorders, 39 including court personnel, probation officers, a court monitor,

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

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

(((66))) <u>(67)</u> "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

(((67))) (68) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

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

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

Sec. 25. RCW 71.34.020 and 2020 c 302 s 63, 2020 c 274 s 50, 2020 c 185 s 2, and 2020 c 80 s 54 are each reenacted and amended to read as follows:

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

- (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a minor should be examined or treated as a patient in a hospital.
 - (2) "Adolescent" means a minor thirteen years of age or older.
- (3) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- (4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.
- (5) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.
- (6) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a minor patient.
 - (7) "Authority" means the Washington state health care authority.
 - (8) "Behavioral health administrative services organization" has the same meaning as provided in RCW 71.24.025.
- (9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.
- (10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
- 37 (11) "Children's mental health specialist" means:
- 38 (a) A mental health professional who has completed a minimum of 39 one hundred actual hours, not quarter or semester hours, of

specialized training devoted to the study of child development and the treatment of children; and

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- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- (12) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.
- 10 (13) "Conditional release" means a revocable modification of a 11 commitment, which may be revoked upon violation of any of its terms.
 - (14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.
 - (15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.
 - (16) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.
- 27 (17) "Department" means the department of social and health services.
- 29 (18) "Designated crisis responder" has the same meaning as 30 provided in RCW 71.05.020.
- 31 (19) "Detention" or "detain" means the lawful confinement of a 32 person, under the provisions of this chapter.
- (20) "Developmental disabilities professional" means a person who 33 has specialized training and three years of experience in directly 34 treating or working with persons with developmental disabilities and 35 is a psychiatrist, physician assistant working with a supervising 36 psychiatrist, psychologist, psychiatric advanced registered nurse 37 practitioner, or social worker, and such other developmental 38 39 disabilities professionals as may be defined by rules adopted by the secretary of the department. 40

- 1 (21) "Developmental disability" has the same meaning as defined 2 in RCW 71A.10.020.
 - (22) "Director" means the director of the authority.

- (23) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.
- (24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
- (25) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.
- (26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.
- (27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.
- (28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.
- 36 (29) "History of one or more violent acts" refers to the period 37 of time five years prior to the filing of a petition under this 38 chapter, excluding any time spent, but not any violent acts 39 committed, in a mental health facility, a long-term ((alcoholism or

1 drug)) substance use disorder treatment facility, or in confinement 2 as a result of a criminal conviction.

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- (30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:
- 6 (a) The nature of the person's specific problems, prior charged 7 criminal behavior, and habilitation needs;
- 8 (b) The conditions and strategies necessary to achieve the 9 purposes of habilitation;
- 10 (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
- 12 (d) The rationale for using this plan of habilitation to achieve 13 those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
 - (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- 20 (g) The type of residence immediately anticipated for the person 21 and possible future types of residences.
 - (31)(a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.
- 29 (b) For purposes of family-initiated treatment under RCW 30 71.34.600 through 71.34.670, "inpatient treatment" has the meaning 31 included in (a) of this subsection and any other residential 32 treatment facility licensed under chapter 71.12 RCW.
 - (32) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.
- 36 (33) "Judicial commitment" means a commitment by a court pursuant 37 to the provisions of this chapter.
- 38 (34) "Kinship caregiver" has the same meaning as in RCW 74.13.031(19)(a).

- (35) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130.
- (36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor ((who is not residing in a facility providing inpatient treatment as defined in this chapter)) as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.
- (37) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
 - (38) "Likelihood of serious harm" means:

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- (a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- (b) The minor has threatened the physical safety of another and has a history of one or more violent acts.
- (39) "Managed care organization" has the same meaning as provided 27 in RCW 71.24.025.
 - (40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.
 - (41) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- 39 (42) "Mental disorder" means any organic, mental, or emotional 40 impairment that has substantial adverse effects on an individual's Code Rev/MW:akl H-1481.1/21 98

cognitive or volitional functions. The presence of alcohol abuse, 1 drug abuse, juvenile criminal history, antisocial behavior, or 2 intellectual disabilities alone is insufficient to justify a finding 3 of "mental disorder" within the meaning of this section. 4

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- (43) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, social worker, and such other mental health professionals as defined by rules adopted by the secretary of the department of health under this chapter.
 - (44) "Minor" means any person under the age of eighteen years.
- "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.
- (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal quardian or custodian of the child.
- For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).
- (47) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
- (48) "Physician assistant" means a person licensed as a physician 36 assistant under chapter 18.71A RCW. 37
- (49) "Private agency" means any person, partnership, corporation, 38 39 or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation 40

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and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.

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- (50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.
- (51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.
- (52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- 21 (53) "Psychologist" means a person licensed as a psychologist 22 under chapter 18.83 RCW.
 - (54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.
- 31 (55) "Release" means legal termination of the commitment under 32 the provisions of this chapter.
- 33 (56) "Resource management services" has the meaning given in 34 chapter 71.24 RCW.
- 35 (57) "Responsible other" means the minor, the minor's parent or 36 estate, or any other person legally responsible for support of the 37 minor.
- 38 (58) "Secretary" means the secretary of the department or 39 secretary's designee.

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- (59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- 9 (i) Assessment and treatment, provided by certified substance use 10 disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 12 (iii) Acute or subacute detoxification services for intoxicated 13 individuals; and
 - (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
 - (b) Include security measures sufficient to protect the patients, staff, and community; and
 - (c) Be licensed or certified as such by the department of health.
 - (60) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
 - (61) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.
 - (62) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.
- 37 (63) "Substance use disorder" means a cluster of cognitive, 38 behavioral, and physiological symptoms indicating that an individual 39 continues using the substance despite significant substance-related 40 problems. The diagnosis of a substance use disorder is based on a Code Rev/MW:akl

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

(((63))) (64) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.

(((64))) (65) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties.

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

((\(\frac{(66)}{(66)}\)) (67) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

(((67))) (68) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

38 <u>(69)</u> "Violent act" means behavior that resulted in homicide, 39 attempted suicide, injury, or substantial loss or damage to property.

- ((68) "Written order of apprehension" means an order of the court for a peace officer to deliver the named minor in the order to a facility or emergency room as determined by the designated crisis responder. Such orders must be entered into the Washington crime information center database.))
- 6 Sec. 26. RCW 71.34.020 and 2020 c 302 s 64, 2020 c 302 s 63, 2020 c 274 s 50, and 2020 c 185 s 2 are each reenacted and amended to read as follows:

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

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- (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a minor should be examined or treated as a patient in a hospital.
 - (2) "Adolescent" means a minor thirteen years of age or older.
- (3) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- (4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.
- (5) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.
- 30 (6) "Attending staff" means any person on the staff of a public 31 or private agency having responsibility for the care and treatment of 32 a minor patient.
 - (7) "Authority" means the Washington state health care authority.
- 34 (8) "Behavioral health administrative services organization" has 35 the same meaning as provided in RCW 71.24.025.
- 36 (9) "Behavioral health disorder" means either a mental disorder 37 as defined in this section, a substance use disorder as defined in 38 this section, or a co-occurring mental disorder and substance use 39 disorder.

- (10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
 - (11) "Children's mental health specialist" means:

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- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- (12) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.
- (13) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms.
- (14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.
- (15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.
- 31 (16) "Custody" means involuntary detention under the provisions 32 of this chapter or chapter 10.77 RCW, uninterrupted by any period of 33 unconditional release from commitment from a facility providing 34 involuntary care and treatment.
- 35 (17) "Department" means the department of social and health 36 services.
- 37 (18) "Designated crisis responder" has the same meaning as 38 provided in RCW 71.05.020.
- 39 (19) "Detention" or "detain" means the lawful confinement of a 40 person, under the provisions of this chapter.

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- (20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.
- 9 (21) "Developmental disability" has the same meaning as defined 10 in RCW 71A.10.020.
 - (22) "Director" means the director of the authority.

- (23) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.
- (24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
- (25) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.
- (26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.
- 37 (27) "Habilitative services" means those services provided by 38 program personnel to assist minors in acquiring and maintaining life 39 skills and in raising their levels of physical, behavioral, social,

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- and vocational functioning. Habilitative services include education, training for employment, and therapy.
- 3 (28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.

- (29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term ((alcoholism or drug)) substance use disorder treatment facility, or in confinement as a result of a criminal conviction.
- (30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:
- (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
- 16 (b) The conditions and strategies necessary to achieve the 17 purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
 - (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
 - (g) The type of residence immediately anticipated for the person and possible future types of residences.
 - (31) (a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.
- 37 (b) For purposes of family-initiated treatment under RCW 38 71.34.600 through 71.34.670, "inpatient treatment" has the meaning 39 included in (a) of this subsection and any other residential 40 treatment facility licensed under chapter 71.12 RCW.

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- 1 (32) "Intoxicated minor" means a minor whose mental or physical 2 functioning is substantially impaired as a result of the use of 3 alcohol or other psychoactive chemicals.
 - (33) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter.
- 6 (34) "Kinship caregiver" has the same meaning as in RCW 74.13.031(19) (a).
 - (35) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130.
 - (36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor ((who is not residing in a facility providing inpatient treatment as defined in this chapter)) as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.
 - (37) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
 - (38) "Likelihood of serious harm" means:

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- (a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused harm, substantial pain, or which places another person or persons in reasonable fear of harm to themselves or others; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 31 (b) The minor has threatened the physical safety of another and 32 has a history of one or more violent acts.
- 33 (39) "Managed care organization" has the same meaning as provided in RCW 71.24.025.
 - (40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.
- 38 (41) "Medical necessity" for inpatient care means a requested 39 service which is reasonably calculated to: (a) Diagnose, correct, 40 cure, or alleviate a mental disorder or substance use disorder; or Code Rev/MW:akl 107 H-1481.1/21

(b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.

- (42) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
- (43) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, physician assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, social worker, and such other mental health professionals as defined by rules adopted by the secretary of the department of health under this chapter.
 - (44) "Minor" means any person under the age of eighteen years.
- (45) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.
- (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.
- (b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).
- 39 (47) "Peace officer" means a law enforcement official of a public 40 agency or governmental unit, and includes persons specifically given Code Rev/MW:akl 108 H-1481.1/21

1 peace officer powers by any state law, local ordinance, or judicial 2 order of appointment.

- (48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW.
- (49) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.
- (50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.
- (51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.
- (52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- (53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
 - (54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.
- 38 (55) "Release" means legal termination of the commitment under 39 the provisions of this chapter.

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- 1 (56) "Resource management services" has the meaning given in 2 chapter 71.24 RCW.
 - (57) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
- 6 (58) "Secretary" means the secretary of the department or secretary's designee.
 - (59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- 16 (i) Assessment and treatment, provided by certified substance use 17 disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 19 (iii) Acute or subacute detoxification services for intoxicated 20 individuals; and
 - (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
 - (b) Include security measures sufficient to protect the patients, staff, and community; and
 - (c) Be licensed or certified as such by the department of health.
 - (60) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior.
 - (61) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
- 37 (62) "Start of initial detention" means the time of arrival of 38 the minor at the first evaluation and treatment facility, secure 39 withdrawal management and stabilization facility, or approved 40 substance use disorder treatment program offering inpatient treatment Code Rev/MW:akl 110 H-1481.1/21

1 if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at 2 which the minor gives notice of intent to leave under the provisions 3 of this chapter. 4

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- (63) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.
- (64) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- (((64))) "Substance use disorder professional" means a 15 16 person certified as a substance use disorder professional by the 17 department of health under chapter 18.205 RCW.
 - (((65))) (66) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties.
 - (((66))) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, the department of health, the authority, behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, the department of health, the authority, behavioral health organizations, or a treatment facility if the notes or records are not available to others.
 - (((67))) (68) "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary

Code Rev/MW:akl 111 H-1481.1/21 commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

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- (((68))) (69) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.
- 10 <u>(70)</u> "Violent act" means behavior that resulted in homicide, 11 attempted suicide, injury, or substantial loss or damage to property.
- 12 (((69) "Written order of apprehension" means an order of the 13 court for a peace officer to deliver the named minor in the order to 14 a facility or emergency room as determined by the designated crisis 15 responder. Such orders must be entered into the Washington crime 16 information center database.))
- Sec. 27. RCW 71.34.020 and 2020 c 302 s 64, 2020 c 302 s 63, 2020 c 274 s 50, 2020 c 185 s 2, and 2020 c 80 s 54 are each reenacted and amended to read as follows:
- 20 Unless the context clearly requires otherwise, the definitions in 21 this section apply throughout this chapter.
- (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a minor should be examined or treated as a patient in a hospital.
 - (2) "Adolescent" means a minor thirteen years of age or older.
 - (3) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
 - (4) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to, atypical antipsychotic medications.
- 37 (5) "Approved substance use disorder treatment program" means a 38 program for minors with substance use disorders provided by a

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treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.

- (6) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a minor patient.
 - (7) "Authority" means the Washington state health care authority.
- (8) "Behavioral health administrative services organization" has the same meaning as provided in RCW 71.24.025.
- (9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.
- (10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
 - (11) "Children's mental health specialist" means:
- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- (12) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.
- (13) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms.
- (14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.
- 37 (15) "Crisis stabilization unit" means a short-term facility or a 38 portion of a facility licensed or certified by the department of 39 health under RCW 71.24.035, such as a residential treatment facility 40 or a hospital, which has been designed to assess, diagnose, and treat Code Rev/MW:akl 113 H-1481.1/21

individuals experiencing an acute crisis without the use of long-term hospitalization.

- (16) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.
- 7 (17) "Department" means the department of social and health 8 services.
- 9 (18) "Designated crisis responder" has the same meaning as 10 provided in RCW 71.05.020.
- 11 (19) "Detention" or "detain" means the lawful confinement of a 12 person, under the provisions of this chapter.
 - (20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.
- 21 (21) "Developmental disability" has the same meaning as defined 22 in RCW 71A.10.020.
 - (22) "Director" means the director of the authority.
 - (23) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.
 - (24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
- 38 (25) "Evaluation and treatment program" means the total system of 39 services and facilities coordinated and approved by a county or

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

- (26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.
- (27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.
- (28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.
 - (29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term ((alcoholism or drug)) substance use disorder treatment facility, or in confinement as a result of a criminal conviction.
 - (30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which states:
 - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
 - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
 - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
 - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
- 35 (f) Where relevant in light of past criminal behavior and due 36 consideration for public safety, the criteria for proposed movement 37 to less-restrictive settings, criteria for proposed eventual 38 discharge or release, and a projected possible date for discharge or 39 release; and

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1 (g) The type of residence immediately anticipated for the person 2 and possible future types of residences.

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- (31)(a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.
- 10 (b) For purposes of family-initiated treatment under RCW 11 71.34.600 through 71.34.670, "inpatient treatment" has the meaning 12 included in (a) of this subsection and any other residential 13 treatment facility licensed under chapter 71.12 RCW.
- 14 (32) "Intoxicated minor" means a minor whose mental or physical 15 functioning is substantially impaired as a result of the use of 16 alcohol or other psychoactive chemicals.
- 17 (33) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter.
- 19 (34) "Kinship caregiver" has the same meaning as in RCW 20 74.13.031(19)(a).
 - (35) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public behavioral health service providers under RCW 71.05.130.
 - (36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor ((who is not residing in a facility providing inpatient treatment as defined in this chapter)) as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.
- 31 (37) "Licensed physician" means a person licensed to practice 32 medicine or osteopathic medicine and surgery in the state of 33 Washington.
 - (38) "Likelihood of serious harm" means:
- 35 (a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) 38 physical harm will be inflicted by a minor upon another individual, as evidenced by behavior which has caused harm, substantial pain, or which places another person or persons in reasonable fear of harm to Code Rev/MW:akl

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- themselves or others; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 4 (b) The minor has threatened the physical safety of another and 5 has a history of one or more violent acts.
 - (39) "Managed care organization" has the same meaning as provided in RCW 71.24.025.

- (40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.
 - (41) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- (42) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
 - (43) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, physician assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, social worker, and such other mental health professionals as defined by rules adopted by the secretary of the department of health under this chapter.
 - (44) "Minor" means any person under the age of eighteen years.
- (45) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.
- (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.
- 39 (b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom Code Rev/MW:akl 117 H-1481.1/21

a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).

- (47) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
- (48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW.
 - (49) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.
 - (50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.
 - (51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.
- (52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

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- 1 (53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
 - (54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.
- 11 (55) "Release" means legal termination of the commitment under 12 the provisions of this chapter.
- 13 (56) "Resource management services" has the meaning given in chapter 71.24 RCW.
- 15 (57) "Responsible other" means the minor, the minor's parent or 16 estate, or any other person legally responsible for support of the 17 minor.
 - (58) "Secretary" means the secretary of the department or secretary's designee.
 - (59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:
 - (a) Provide the following services:

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- (i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;
 - (ii) Clinical stabilization services;
- 31 (iii) Acute or subacute detoxification services for intoxicated 32 individuals; and
- (iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
- 38 (b) Include security measures sufficient to protect the patients, 39 staff, and community; and
- 40 (c) Be licensed or certified as such by the department of health. Code Rev/MW:akl 119 H-1481.1/21

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

- (61) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.
- ((\(\frac{(\(\frac{61}\)}{\)}\)) (62) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.
- (((62))) (63) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.
- (64) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
- (((63))) (65) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.
- ((64) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior.
- 35 (65)) (66) "Therapeutic court personnel" means the staff of a
 36 mental health court or other therapeutic court which has jurisdiction
 37 over defendants who are dually diagnosed with mental disorders,
 38 including court personnel, probation officers, a court monitor,
 39 prosecuting attorney, or defense counsel acting within the scope of
 40 therapeutic court duties.

- 1 (((66))) (67) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time 2 have received services for mental illness, which are maintained by 3 the department, the department of health, the authority, behavioral 4 health organizations and their staffs, and by treatment facilities. 5 6 Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a 7 mental health diagnosis, provider name, and dates of service stemming 8 from a medical service. Treatment records do not include notes or 9 records maintained for personal use by a person providing treatment 10 11 services for the department, the department of health, the authority, 12 behavioral health organizations, or a treatment facility if the notes or records are not available to others. 13
 - (((67))) <u>(68)</u> "Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

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- (((68))) (69) "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.
- (70) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property.
- ((69) "Written order of apprehension" means an order of the court for a peace officer to deliver the named minor in the order to a facility or emergency room as determined by the designated crisis responder. Such orders must be entered into the Washington crime information center database.))
- 34 Sec. 28. 2020 c 302 s 111 (uncodified) is amended to read as 35 follows:
- 36 (1) Sections 64 and 81 ((of this act)), chapter 302, Laws of 2020 37 and, until July 1, 2022, section 26 of this act and, beginning July 38 1, 2022, section 27 of this act take effect when the average wait

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1 time for children's long-term inpatient placement admission is 30
2 days or less for two consecutive quarters.

- (2) The health care authority must provide written notice of the effective date of sections 64 and 81 ((of this act)), chapter 302, Laws of 2020 and sections 26 and 27 of this act to affected parties, the chief clerk of the house of representatives, the secretary of the senate, the office of the code reviser, and others as deemed appropriate by the authority.
- **Sec. 29.** RCW 71.34.710 and 2020 c 302 s 83 are each amended to 10 read as follows:
 - (1) (a) When a designated crisis responder receives information that an adolescent as a result of a behavioral health disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the adolescent, or cause the adolescent to be taken, into custody and transported to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing inpatient treatment.

A secure withdrawal management and stabilization facility or approved substance use disorder treatment program must be available and have adequate space for the adolescent.

- (b) If a designated crisis responder decides not to detain an adolescent for evaluation and treatment under RCW 71.34.700(2), or forty-eight hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the adolescent detained, an immediate family member or guardian or conservator of the adolescent may petition the superior court for the adolescent's detention using the procedures under RCW 71.05.201 and 71.05.203; however, when the court enters an order of initial detention, except as otherwise expressly stated in this chapter, all procedures must be followed as if the order has been entered under (a) of this subsection.
- (c) The interview performed by the designated crisis responder
 may be conducted by video provided that a licensed health care
 professional or professional person who can adequately and accurately

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assist with obtaining any necessary information is present with the person at the time of the interview.

- (2) (a) Within twelve hours of the adolescent's arrival at the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the designated crisis responder shall serve or cause to be served on the adolescent a copy of the petition for initial detention, notice of initial detention, and statement of rights. The designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the adolescent's parent and the adolescent's attorney as soon as possible following the initial detention.
- (b) ((If the adolescent is involuntarily detained at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program in a different county from where the adolescent was initially detained, the)) The facility or program may serve the adolescent, notify the adolescent's parents and the adolescent's attorney, and file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service when filing with the court at the request of the designated crisis responder.
- (3) (a) At the time of initial detention, the designated crisis responder shall advise the adolescent both orally and in writing that if admitted to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within one hundred twenty hours of the adolescent's provisional acceptance to determine whether probable cause exists to commit the adolescent for further treatment.
- (b) The adolescent shall be advised that he or she has a right to communicate immediately with an attorney and that he or she has a right to have an attorney appointed to represent him or her before and at the hearing if the adolescent is indigent.

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(4) Subject to subsection (5) of this section, whenever the designated crisis responder petitions for detention of an adolescent under this chapter, an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing one hundred twenty hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the adolescent's arrival, the facility must evaluate the adolescent's condition and either admit or release the adolescent in accordance with this chapter.

- (5) A designated crisis responder may not petition for detention of an adolescent to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program unless there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and that has adequate space for the adolescent.
- (6) If an adolescent is not approved for admission by the inpatient evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the adolescent as necessary.
- (7) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section.
- **Sec. 30.** RCW 71.34.710 and 2020 c 302 s 84 are each amended to 30 read as follows:
- (1) (a) When a designated crisis responder receives information that an adolescent as a result of a behavioral health disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the adolescent, or cause the adolescent to be taken, into custody and transported to an evaluation and treatment facility, secure withdrawal management and

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stabilization facility, or approved substance use disorder treatment program providing inpatient treatment.

- (b) If a designated crisis responder decides not to detain an adolescent for evaluation and treatment under RCW 71.34.700(2), or forty-eight hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the adolescent detained, an immediate family member or guardian or conservator of the adolescent may petition the superior court for the adolescent's detention using the procedures under RCW 71.05.201 and 71.05.203; however, when the court enters an order of initial detention, except as otherwise expressly stated in this chapter, all procedures must be followed as if the order has been entered under (a) of this subsection.
- (c) The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.
- (2) (a) Within twelve hours of the adolescent's arrival at the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the designated crisis responder shall serve or cause to be served on the adolescent a copy of the petition for initial detention, notice of initial detention, and statement of rights. The designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the adolescent's parent and the adolescent's attorney as soon as possible following the initial detention.
- (b) ((If the adolescent is involuntarily detained at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program in a different county from where the adolescent was initially detained, the)) The facility or program may serve the adolescent, notify the adolescent's parents and the adolescent's attorney, and file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of

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initial detention, and statement of rights along with an affidavit of service when filing with the court at the request of the designated crisis responder.

- (3) (a) At the time of initial detention, the designated crisis responder shall advise the adolescent both orally and in writing that if admitted to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within one hundred twenty hours of the adolescent's provisional acceptance to determine whether probable cause exists to commit the adolescent for further treatment.
- (b) The adolescent shall be advised that he or she has a right to communicate immediately with an attorney and that he or she has a right to have an attorney appointed to represent him or her before and at the hearing if the adolescent is indigent.
- (4) Whenever the designated crisis responder petitions for detention of an adolescent under this chapter, an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing one hundred twenty hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the adolescent's arrival, the facility must evaluate the adolescent's condition and either admit or release the adolescent in accordance with this chapter.
- (5) If an adolescent is not approved for admission by the inpatient evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the adolescent as necessary.
- (6) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section, based on the purpose of this chapter under RCW 71.34.010, except in the few cases where the facility staff or the designated crisis responder have totally disregarded the requirements of this section.
- **Sec. 31.** RCW 71.34.720 and 2020 c 302 s 86 are each amended to 38 read as follows:

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

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- (2) If, ((after)) at any time during the involuntary treatment hold and following the initial examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review; however a minor may only be referred to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is a secure withdrawal management and stabilization facility or approved substance use disorder treatment program available and that has adequate space for the minor.
- (3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.
- (4) During the initial one hundred twenty hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. A minor must not be denied the opportunity to consult an attorney unless there is an immediate risk of harm to the minor or others.

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(5) If the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed one hundred twenty hours from the time of provisional acceptance. The computation of such one hundred twenty hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed one hundred twenty hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

- 11 (6) Within twelve hours of the admission, the facility shall 12 advise the minor of his or her rights as set forth in this chapter.
- **Sec. 32.** RCW 71.34.720 and 2020 c 302 s 87 are each amended to 14 read as follows:
 - (1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a substance use disorder professional or co-occurring disorder specialist, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.
 - (2) If, ((after)) at any time during the involuntary treatment hold and following the initial examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review.

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1 (3) The admitting facility shall take reasonable steps to notify 2 immediately the minor's parent of the admission.

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- (4) During the initial one hundred twenty hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. A minor must not be denied the opportunity to consult an attorney unless there is an immediate risk of harm to the minor or others.
- 11 (5) If the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use 12 disorder treatment program admits the minor, it may detain the minor 13 for evaluation and treatment for a period not to exceed one hundred 14 twenty hours from the time of provisional acceptance. The computation 15 of such one hundred twenty hour period shall exclude Saturdays, 16 17 Sundays, and holidays. This initial treatment period shall not exceed one hundred twenty hours except when an application for voluntary 18 inpatient treatment is received or a petition for fourteen-day 19 commitment is filed. 20
- 21 (6) Within twelve hours of the admission, the facility shall 22 advise the minor of his or her rights as set forth in this chapter.
- NEW SECTION. Sec. 33. Sections 1, 3, 5, 7, 9, 13, 29, and 31 of this act expire July 1, 2026.
- NEW SECTION. Sec. 34. Sections 2, 4, 6, 8, 10, 14, 30, and 32 of this act take effect July 1, 2026.
- NEW SECTION. Sec. 35. Sections 19 and 24 of this act expire July 1, 2022.
- NEW SECTION. Sec. 36. Sections 20 and 25 of this act take 30 effect July 1, 2022.
- NEW SECTION. Sec. 37. Sections 24, 26, and 29 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately.

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NEW SECTION. Sec. 38. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2021, in the omnibus appropriations act, this act is null and void."

5 Correct the title.

EFFECT: Adds a null and void clause.

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