

SHB 1773 - S COMM AMD
By Committee on Ways & Means

ADOPTED AS AMENDED 03/03/2022

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

3 **"Sec. 1.** RCW 71.05.020 and 2021 c 264 s 21 and 2021 c 263 s 12
4 are each reenacted and amended to read as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

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

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

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

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

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

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

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

1 (8) "Behavioral health service provider" means a public or
2 private agency that provides mental health, substance use disorder,
3 or co-occurring disorder services to persons with behavioral health
4 disorders as defined under this section and receives funding from
5 public sources. This includes, but is not limited to: Hospitals
6 licensed under chapter 70.41 RCW; evaluation and treatment facilities
7 as defined in this section; community mental health service delivery
8 systems or community behavioral health programs as defined in RCW
9 71.24.025; licensed or certified behavioral health agencies under RCW
10 71.24.037; facilities conducting competency evaluations and
11 restoration under chapter 10.77 RCW; approved substance use disorder
12 treatment programs as defined in this section; secure withdrawal
13 management and stabilization facilities as defined in this section;
14 and correctional facilities operated by state and local governments;

15 (9) "Co-occurring disorder specialist" means an individual
16 possessing an enhancement granted by the department of health under
17 chapter 18.205 RCW that certifies the individual to provide substance
18 use disorder counseling subject to the practice limitations under RCW
19 18.205.105;

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

23 (11) "Community behavioral health agency" has the same meaning as
24 "licensed or certified behavioral health agency" defined in RCW
25 71.24.025;

26 (12) "Conditional release" means a revocable modification of a
27 commitment, which may be revoked upon violation of any of its terms;

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

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

37 (15) "Department" means the department of health;

38 (16) "Designated crisis responder" means a mental health
39 professional appointed by the county, by an entity appointed by the
40 county, or by the authority in consultation with a federally

1 recognized Indian tribe or after meeting and conferring with an
2 Indian health care provider, to perform the duties specified in this
3 chapter;

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

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

14 (19) "Developmental disability" means that condition defined in
15 RCW 71A.10.020(5);

16 (20) "Director" means the director of the authority;

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

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

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

39 (24) "Gravely disabled" means a condition in which a person, as a
40 result of a behavioral health disorder: (a) Is in danger of serious

1 physical harm resulting from a failure to provide for his or her
2 essential human needs of health or safety; or (b) manifests severe
3 deterioration in routine functioning evidenced by repeated and
4 escalating loss of cognitive or volitional control over his or her
5 actions and is not receiving such care as is essential for his or her
6 health or safety;

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

15 (26) "Hearing" means any proceeding conducted in open court that
16 conforms to the requirements of RCW 71.05.820;

17 (27) "History of one or more violent acts" refers to the period
18 of time ten years prior to the filing of a petition under this
19 chapter, excluding any time spent, but not any violent acts
20 committed, in a behavioral health facility, or in confinement as a
21 result of a criminal conviction;

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

24 (29) "In need of assisted outpatient ~~((behavioral health))~~
25 treatment" ~~((means that a person, as a result of a behavioral health~~
26 ~~disorder: (a) Has been committed by a court to detention for~~
27 ~~involuntary behavioral health treatment during the preceding thirty-~~
28 ~~six months; (b) is unlikely to voluntarily participate in outpatient~~
29 ~~treatment without an order for less restrictive alternative~~
30 ~~treatment, based on a history of nonadherence with treatment or in~~
31 ~~view of the person's current behavior; (c) is likely to benefit from~~
32 ~~less restrictive alternative treatment; and (d) requires less~~
33 ~~restrictive alternative treatment to prevent a relapse,~~
34 ~~decompensation, or deterioration that is likely to result in the~~
35 ~~person presenting a likelihood of serious harm or the person becoming~~
36 ~~gravely disabled within a reasonably short period of time)) refers to~~
37 ~~a person who meets the criteria for assisted outpatient treatment~~
38 ~~established under RCW 71.05.148;~~

39 (30) "Individualized service plan" means a plan prepared by a
40 developmental disabilities professional with other professionals as a

1 team, for a person with developmental disabilities, which shall
2 state:

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

5 (b) The conditions and strategies necessary to achieve the
6 purposes of habilitation;

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

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

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

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

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

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

22 (32) "Judicial commitment" means a commitment by a court pursuant
23 to the provisions of this chapter;

24 (33) "Legal counsel" means attorneys and staff employed by county
25 prosecutor offices or the state attorney general acting in their
26 capacity as legal representatives of public behavioral health service
27 providers under RCW 71.05.130;

28 (34) "Less restrictive alternative treatment" means a program of
29 individualized treatment in a less restrictive setting than inpatient
30 treatment that includes the services described in RCW 71.05.585. This
31 term includes: Treatment pursuant to a less restrictive alternative
32 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
33 to a conditional release under RCW 71.05.340; and treatment pursuant
34 to an assisted outpatient (~~behavioral health~~) treatment order under
35 RCW 71.05.148;

36 (35) "Licensed physician" means a person licensed to practice
37 medicine or osteopathic medicine and surgery in the state of
38 Washington;

39 (36) "Likelihood of serious harm" means:

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

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

12 (37) "Medical clearance" means a physician or other health care
13 provider has determined that a person is medically stable and ready
14 for referral to the designated crisis responder;

15 (38) "Mental disorder" means any organic, mental, or emotional
16 impairment which has substantial adverse effects on a person's
17 cognitive or volitional functions;

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

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

28 (41) "Physician assistant" means a person licensed as a physician
29 assistant under chapter 18.71A RCW;

30 (42) "Private agency" means any person, partnership, corporation,
31 or association that is not a public agency, whether or not financed
32 in whole or in part by public funds, which constitutes an evaluation
33 and treatment facility or private institution, or hospital, or
34 approved substance use disorder treatment program, which is conducted
35 for, or includes a department or ward conducted for, the care and
36 treatment of persons with behavioral health disorders;

37 (43) "Professional person" means a mental health professional,
38 substance use disorder professional, or designated crisis responder
39 and shall also mean a physician, physician assistant, psychiatric
40 advanced registered nurse practitioner, registered nurse, and such

1 others as may be defined by rules adopted by the secretary pursuant
2 to the provisions of this chapter;

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

7 (45) "Psychiatrist" means a person having a license as a
8 physician and surgeon in this state who has in addition completed
9 three years of graduate training in psychiatry in a program approved
10 by the American medical association or the American osteopathic
11 association and is certified or eligible to be certified by the
12 American board of psychiatry and neurology;

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

15 (47) "Public agency" means any evaluation and treatment facility
16 or institution, secure withdrawal management and stabilization
17 facility, approved substance use disorder treatment program, or
18 hospital which is conducted for, or includes a department or ward
19 conducted for, the care and treatment of persons with behavioral
20 health disorders, if the agency is operated directly by federal,
21 state, county, or municipal government, or a combination of such
22 governments;

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

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

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

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

36 (a) Provide the following services:

37 (i) Assessment and treatment, provided by certified substance use
38 disorder professionals or co-occurring disorder specialists;

39 (ii) Clinical stabilization services;

1 (iii) Acute or subacute detoxification services for intoxicated
2 individuals; and

3 (iv) Discharge assistance provided by certified substance use
4 disorder professionals or co-occurring disorder specialists,
5 including facilitating transitions to appropriate voluntary or
6 involuntary inpatient services or to less restrictive alternatives as
7 appropriate for the individual;

8 (b) Include security measures sufficient to protect the patients,
9 staff, and community; and

10 (c) Be licensed or certified as such by the department of health;

11 (52) "Social worker" means a person with a master's or further
12 advanced degree from a social work educational program accredited and
13 approved as provided in RCW 18.320.010;

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

20 (54) "Substance use disorder professional" means a person
21 certified as a substance use disorder professional by the department
22 of health under chapter 18.205 RCW;

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

29 (56) "Treatment records" include registration and all other
30 records concerning persons who are receiving or who at any time have
31 received services for behavioral health disorders, which are
32 maintained by the department of social and health services, the
33 department, the authority, behavioral health administrative services
34 organizations and their staffs, managed care organizations and their
35 staffs, and by treatment facilities. Treatment records include mental
36 health information contained in a medical bill including but not
37 limited to mental health drugs, a mental health diagnosis, provider
38 name, and dates of service stemming from a medical service. Treatment
39 records do not include notes or records maintained for personal use
40 by a person providing treatment services for the department of social

1 and health services, the department, the authority, behavioral health
2 administrative services organizations, managed care organizations, or
3 a treatment facility if the notes or records are not available to
4 others;

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

12 (58) "Video," unless the context clearly indicates otherwise,
13 means the delivery of behavioral health services through the use of
14 interactive audio and video technology, permitting real-time
15 communication between a person and a designated crisis responder, for
16 the purpose of evaluation. "Video" does not include the use of audio-
17 only telephone, facsimile, email, or store and forward technology.
18 "Store and forward technology" means use of an asynchronous
19 transmission of a person's medical information from a mental health
20 service provider to the designated crisis responder which results in
21 medical diagnosis, consultation, or treatment;

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

24 **Sec. 2.** RCW 71.05.020 and 2021 c 264 s 23 and 2021 c 263 s 14
25 are each reenacted and amended to read as follows:

26 The definitions in this section apply throughout this chapter
27 unless the context clearly requires otherwise.

28 (1) "Admission" or "admit" means a decision by a physician,
29 physician assistant, or psychiatric advanced registered nurse
30 practitioner that a person should be examined or treated as a patient
31 in a hospital;

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

38 (3) "Antipsychotic medications" means that class of drugs
39 primarily used to treat serious manifestations of mental illness

1 associated with thought disorders, which includes, but is not limited
2 to atypical antipsychotic medications;

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

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

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

11 (7) "Behavioral health disorder" means either a mental disorder
12 as defined in this section, a substance use disorder as defined in
13 this section, or a co-occurring mental disorder and substance use
14 disorder;

15 (8) "Behavioral health service provider" means a public or
16 private agency that provides mental health, substance use disorder,
17 or co-occurring disorder services to persons with behavioral health
18 disorders as defined under this section and receives funding from
19 public sources. This includes, but is not limited to: Hospitals
20 licensed under chapter 70.41 RCW; evaluation and treatment facilities
21 as defined in this section; community mental health service delivery
22 systems or community behavioral health programs as defined in RCW
23 71.24.025; licensed or certified behavioral health agencies under RCW
24 71.24.037; facilities conducting competency evaluations and
25 restoration under chapter 10.77 RCW; approved substance use disorder
26 treatment programs as defined in this section; secure withdrawal
27 management and stabilization facilities as defined in this section;
28 and correctional facilities operated by state and local governments;

29 (9) "Co-occurring disorder specialist" means an individual
30 possessing an enhancement granted by the department of health under
31 chapter 18.205 RCW that certifies the individual to provide substance
32 use disorder counseling subject to the practice limitations under RCW
33 18.205.105;

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

37 (11) "Community behavioral health agency" has the same meaning as
38 "licensed or certified behavioral health agency" defined in RCW
39 71.24.025;

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

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

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

12 (15) "Department" means the department of health;

13 (16) "Designated crisis responder" means a mental health
14 professional appointed by the county, by an entity appointed by the
15 county, or by the authority in consultation with a federally
16 recognized Indian tribe or after meeting and conferring with an
17 Indian health care provider, to perform the duties specified in this
18 chapter;

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

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

29 (19) "Developmental disability" means that condition defined in
30 RCW 71A.10.020(5);

31 (20) "Director" means the director of the authority;

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

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

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

14 (24) "Gravely disabled" means a condition in which a person, as a
15 result of a behavioral health disorder: (a) Is in danger of serious
16 physical harm resulting from a failure to provide for his or her
17 essential human needs of health or safety; or (b) manifests severe
18 deterioration from safe behavior evidenced by repeated and escalating
19 loss of cognitive or volitional control over his or her actions and
20 is not receiving such care as is essential for his or her health or
21 safety;

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

30 (26) "Hearing" means any proceeding conducted in open court that
31 conforms to the requirements of RCW 71.05.820;

32 (27) "History of one or more violent acts" refers to the period
33 of time ten years prior to the filing of a petition under this
34 chapter, excluding any time spent, but not any violent acts
35 committed, in a behavioral health facility, or in confinement as a
36 result of a criminal conviction;

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

39 (29) "In need of assisted outpatient ~~((behavioral health))~~
40 treatment" ~~((means that a person, as a result of a behavioral health~~

1 disorder: ~~(a) Has been committed by a court to detention for~~
2 ~~involuntary behavioral health treatment during the preceding thirty-~~
3 ~~six months; (b) is unlikely to voluntarily participate in outpatient~~
4 ~~treatment without an order for less restrictive alternative~~
5 ~~treatment, based on a history of nonadherence with treatment or in~~
6 ~~view of the person's current behavior; (c) is likely to benefit from~~
7 ~~less restrictive alternative treatment; and (d) requires less~~
8 ~~restrictive alternative treatment to prevent a relapse,~~
9 ~~decompensation, or deterioration that is likely to result in the~~
10 ~~person presenting a likelihood of serious harm or the person becoming~~
11 ~~gravely disabled within a reasonably short period of time)) refers to~~
12 ~~a person who meets the criteria for assisted outpatient treatment~~
13 ~~established under RCW 71.05.148;~~

14 (30) "Individualized service plan" means a plan prepared by a
15 developmental disabilities professional with other professionals as a
16 team, for a person with developmental disabilities, which shall
17 state:

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

20 (b) The conditions and strategies necessary to achieve the
21 purposes of habilitation;

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

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

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

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

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

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

37 (32) "Judicial commitment" means a commitment by a court pursuant
38 to the provisions of this chapter;

39 (33) "Legal counsel" means attorneys and staff employed by county
40 prosecutor offices or the state attorney general acting in their

1 capacity as legal representatives of public behavioral health service
2 providers under RCW 71.05.130;

3 (34) "Less restrictive alternative treatment" means a program of
4 individualized treatment in a less restrictive setting than inpatient
5 treatment that includes the services described in RCW 71.05.585. This
6 term includes: Treatment pursuant to a less restrictive alternative
7 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
8 to a conditional release under RCW 71.05.340; and treatment pursuant
9 to an assisted outpatient (~~behavioral health~~) treatment order under
10 RCW 71.05.148;

11 (35) "Licensed physician" means a person licensed to practice
12 medicine or osteopathic medicine and surgery in the state of
13 Washington;

14 (36) "Likelihood of serious harm" means:

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

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

26 (37) "Medical clearance" means a physician or other health care
27 provider has determined that a person is medically stable and ready
28 for referral to the designated crisis responder;

29 (38) "Mental disorder" means any organic, mental, or emotional
30 impairment which has substantial adverse effects on a person's
31 cognitive or volitional functions;

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

38 (40) "Peace officer" means a law enforcement official of a public
39 agency or governmental unit, and includes persons specifically given

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

3 (41) "Physician assistant" means a person licensed as a physician
4 assistant under chapter 18.71A RCW;

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

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

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

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

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

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

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

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

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

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

12 (a) Provide the following services:

13 (i) Assessment and treatment, provided by certified substance use
14 disorder professionals or co-occurring disorder specialists;

15 (ii) Clinical stabilization services;

16 (iii) Acute or subacute detoxification services for intoxicated
17 individuals; and

18 (iv) Discharge assistance provided by certified substance use
19 disorder professionals or co-occurring disorder specialists,
20 including facilitating transitions to appropriate voluntary or
21 involuntary inpatient services or to less restrictive alternatives as
22 appropriate for the individual;

23 (b) Include security measures sufficient to protect the patients,
24 staff, and community; and

25 (c) Be licensed or certified as such by the department of health;

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

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

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

1 (55) "Substance use disorder professional" means a person
2 certified as a substance use disorder professional by the department
3 of health under chapter 18.205 RCW;

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

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

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

33 (59) "Video," unless the context clearly indicates otherwise,
34 means the delivery of behavioral health services through the use of
35 interactive audio and video technology, permitting real-time
36 communication between a person and a designated crisis responder, for
37 the purpose of evaluation. "Video" does not include the use of audio-
38 only telephone, facsimile, email, or store and forward technology.
39 "Store and forward technology" means use of an asynchronous
40 transmission of a person's medical information from a mental health

1 service provider to the designated crisis responder which results in
2 medical diagnosis, consultation, or treatment;

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

5 **Sec. 3.** RCW 71.05.148 and 2019 c 446 s 21 are each amended to
6 read as follows:

7 ~~((This section establishes a process for initial evaluation and
8 filing of a petition for assisted outpatient behavioral health
9 treatment, but however does not preclude the filing of a petition for
10 assisted outpatient behavioral health treatment following a period of
11 inpatient detention in appropriate circumstances:))~~

12 (1) ~~((The designated crisis responder))~~ A person is in need of
13 assisted outpatient treatment if the court finds by clear, cogent,
14 and convincing evidence pursuant to a petition filed under this
15 section that:

16 (a) The person has a behavioral health disorder;

17 (b) Based on a clinical determination and in view of the person's
18 treatment history and current behavior, at least one of the following
19 is true:

20 (i) The person is unlikely to survive safely in the community
21 without supervision and the person's condition is substantially
22 deteriorating; or

23 (ii) The person is in need of assisted outpatient treatment in
24 order to prevent a relapse or deterioration that would be likely to
25 result in grave disability or a likelihood of serious harm to the
26 person or to others;

27 (c) The person has a history of lack of compliance with treatment
28 for his or her behavioral health disorder that has:

29 (i) At least twice within the 36 months prior to the filing of
30 the petition been a significant factor in necessitating
31 hospitalization of the person, or the person's receipt of services in
32 a forensic or other mental health unit of a state correctional
33 facility or local correctional facility, provided that the 36-month
34 period shall be extended by the length of any hospitalization or
35 incarceration of the person that occurred within the 36-month period;

36 (ii) At least twice within the 36 months prior to the filing of
37 the petition been a significant factor in necessitating emergency
38 medical care or hospitalization for behavioral health-related medical
39 conditions including overdose, infected abscesses, sepsis,

1 endocarditis, or other maladies, or a significant factor in behavior
2 which resulted in the person's incarceration in a state or local
3 correctional facility; or

4 (iii) Resulted in one or more violent acts, threats, or attempts
5 to cause serious physical harm to the person or another within the 48
6 months prior to the filing of the petition, provided that the 48-
7 month period shall be extended by the length of any hospitalization
8 or incarceration of the person that occurred during the 48-month
9 period;

10 (d) Participation in an assisted outpatient treatment program
11 would be the least restrictive alternative necessary to ensure the
12 person's recovery and stability; and

13 (e) The person will benefit from assisted outpatient treatment.

14 (2) The following individuals may directly file a petition for
15 less restrictive alternative treatment on the basis that a person is
16 in need of assisted outpatient treatment:

17 (a) The director of a hospital where the person is hospitalized
18 or the director's designee;

19 (b) The director of a behavioral health service provider
20 providing behavioral health care or residential services to the
21 person or the director's designee;

22 (c) The person's treating mental health professional or substance
23 use disorder professional or one who has evaluated the person;

24 (d) A designated crisis responder;

25 (e) A release planner from a corrections facility; or

26 (f) An emergency room physician.

27 (3) A court order for less restrictive alternative treatment on
28 the basis that the person is in need of assisted outpatient treatment
29 may be effective for up to 18 months. The petitioner must personally
30 interview the person, unless the person refuses an interview, ((and))
31 to determine whether the person will voluntarily receive appropriate
32 ((evaluation and)) treatment ((at a mental health facility, secure
33 withdrawal management and stabilization facility, or approved
34 substance use disorder treatment program)).

35 ~~((2))~~ (4) The ((designated crisis responder)) petitioner must
36 ~~((investigate and evaluate the))~~ allege specific facts ~~((alleged~~
37 ~~and))~~ based on personal observation, evaluation, or investigation,
38 and must consider the reliability or credibility of any person
39 providing information~~((. The designated crisis responder may spend up~~
40 ~~to forty-eight hours to complete the investigation, provided that the~~

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

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

8 (a) A statement of the circumstances under which the person's
9 condition was made known and ~~((stating that there is evidence, as a~~
10 ~~result of the designated crisis responder's))~~ the basis for the
11 opinion, from personal observation or investigation, that the person
12 is in need of assisted outpatient ~~((behavioral health))~~ treatment~~((,~~
13 ~~and stating the))~~. The petitioner must state which specific facts
14 ~~((known as a result of))~~ come from personal observation ~~((or~~
15 ~~investigation, upon which the designated crisis responder bases))~~ and
16 specify what other sources of information the petitioner has relied
17 upon to form this belief;

18 (b) A declaration from a physician, physician assistant, advanced
19 registered nurse practitioner, or the person's treating mental health
20 professional or substance use disorder professional, who has examined
21 the person no more than 10 days prior to the submission of the
22 petition and who is willing to testify in support of the petition, or
23 who alternatively has made appropriate attempts to examine the person
24 within the same period but has not been successful in obtaining the
25 person's cooperation, and who is willing to testify to the reasons
26 they believe that the person meets the criteria for assisted
27 outpatient treatment. If the declaration is provided by the person's
28 treating mental health professional or substance use disorder
29 professional, it must be cosigned by a supervising physician,
30 physician assistant, or advanced registered nurse practitioner who
31 certifies that they have reviewed the declaration;

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

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

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

1 (e) (~~(A summons to appear in court at a specific time and place~~
2 ~~within five judicial days for a probable cause hearing, except as~~
3 ~~provided in subsection (4) of this section)~~ If the person is
4 detained in a state hospital, inpatient treatment facility, jail, or
5 correctional facility at the time the petition is filed, the
6 anticipated release date of the person and any other details needed
7 to facilitate successful reentry and transition into the community.

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

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

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

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

29 (6) (a) Upon receipt of a petition meeting all requirements of
30 this section, the court shall fix a date for a hearing:

31 (i) No sooner than three days or later than seven days after the
32 date of service or as stipulated by the parties or, upon a showing of
33 good cause, no later than 30 days after the date of service; or

34 (ii) If the respondent is hospitalized at the time of filing of
35 the petition, before discharge of the respondent and in sufficient
36 time to arrange for a continuous transition from inpatient treatment
37 to assisted outpatient treatment.

38 (b) A copy of the petition and notice of hearing shall be served,
39 in the same manner as a summons, on the petitioner, the respondent,
40 the qualified professional whose affidavit accompanied the petition,

1 a current provider, if any, and a surrogate decision maker or agent
2 under chapter 71.32 RCW, if any.

3 (c) If the respondent has a surrogate decision maker or agent
4 under chapter 71.32 RCW who wishes to provide testimony at the
5 hearing, the court shall afford the surrogate decision maker or agent
6 an opportunity to testify.

7 (d) The respondent shall be represented by counsel at all stages
8 of the proceedings.

9 (e) If the respondent fails to appear at the hearing after
10 notice, the court may conduct the hearing in the respondent's
11 absence; provided that the respondent's counsel is present.

12 (f) If the respondent has refused to be examined by the qualified
13 professional whose affidavit accompanied the petition, the court may
14 order a mental examination of the respondent. The examination of the
15 respondent may be performed by the qualified professional whose
16 affidavit accompanied the petition. If the examination is performed
17 by another qualified professional, the examining qualified
18 professional shall be authorized to consult with the qualified
19 professional whose affidavit accompanied the petition.

20 (g) If the respondent has refused to be examined by a qualified
21 professional and the court finds reasonable grounds to believe that
22 the allegations of the petition are true, the court may issue a
23 written order directing a peace officer who has completed crisis
24 intervention training to detain and transport the respondent to a
25 provider for examination by a qualified professional. A respondent
26 detained pursuant to this subsection shall be detained no longer than
27 necessary to complete the examination and in no event longer than 24
28 hours.

29 (7) If the petition involves a person whom the petitioner or
30 behavioral health administrative services organization knows, or has
31 reason to know, is an American Indian or Alaska Native who receives
32 medical or behavioral health services from a tribe within this state,
33 the behavioral health administrative services organization shall
34 notify the tribe and Indian health care provider. Notification shall
35 be made in person or by telephonic or electronic communication to the
36 tribal contact listed in the authority's tribal crisis coordination
37 plan as soon as possible.

38 ~~((+6))~~ (8) A petition for assisted outpatient ~~((behavioral~~
39 ~~health))~~ treatment filed under this section ~~((must))~~ shall be
40 adjudicated under RCW 71.05.240.

1 (9) After January 1, 2023, a petition for assisted outpatient
2 treatment must be filed on forms developed by the administrative
3 office of the courts.

4 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.34
5 RCW to read as follows:

6 (1) An adolescent is in need of assisted outpatient treatment if
7 the court finds by clear, cogent, and convincing evidence in response
8 to a petition filed under this section that:

9 (a) The adolescent has a behavioral health disorder;

10 (b) Based on a clinical determination and in view of the
11 adolescent's treatment history and current behavior, at least one of
12 the following is true:

13 (i) The adolescent is unlikely to survive safely in the community
14 without supervision and the adolescent's condition is substantially
15 deteriorating; or

16 (ii) The adolescent is in need of assisted outpatient treatment
17 in order to prevent a relapse or deterioration that would be likely
18 to result in grave disability or a likelihood of serious harm to the
19 adolescent or to others;

20 (c) The adolescent has a history of lack of compliance with
21 treatment for his or her behavioral health disorder that has:

22 (i) At least twice within the 36 months prior to the filing of
23 the petition been a significant factor in necessitating
24 hospitalization of the adolescent, or the adolescent's receipt of
25 services in a forensic or other mental health unit of a state
26 correctional facility or local correctional facility, provided that
27 the 36-month period shall be extended by the length of any
28 hospitalization or incarceration of the adolescent that occurred
29 within the 36-month period;

30 (ii) At least twice within the 36 months prior to the filing of
31 the petition been a significant factor in necessitating emergency
32 medical care or hospitalization for behavioral health-related medical
33 conditions including overdose, infected abscesses, sepsis,
34 endocarditis, or other maladies, or a significant factor in behavior
35 which resulted in the adolescent's incarceration in a state or local
36 correctional facility; or

37 (iii) Resulted in one or more violent acts, threats, or attempts
38 to cause serious physical harm to the adolescent or another within
39 the 48 months prior to the filing of the petition, provided that the

1 48-month period shall be extended by the length of any
2 hospitalization or incarceration of the person that occurred during
3 the 48-month period;

4 (d) Participation in an assisted outpatient treatment program
5 would be the least restrictive alternative necessary to ensure the
6 adolescent's recovery and stability; and

7 (e) The adolescent will benefit from assisted outpatient
8 treatment.

9 (2) The following individuals may directly file a petition for
10 less restrictive alternative treatment on the basis that an
11 adolescent is in need of assisted outpatient treatment:

12 (a) The director of a hospital where the adolescent is
13 hospitalized or the director's designee;

14 (b) The director of a behavioral health service provider
15 providing behavioral health care or residential services to the
16 adolescent or the director's designee;

17 (c) The adolescent's treating mental health professional or
18 substance use disorder professional or one who has evaluated the
19 person;

20 (d) A designated crisis responder;

21 (e) A release planner from a juvenile detention or rehabilitation
22 facility; or

23 (f) An emergency room physician.

24 (3) A court order for less restrictive alternative treatment on
25 the basis that the adolescent is in need of assisted outpatient
26 treatment may be effective for up to 18 months. The petitioner must
27 personally interview the adolescent, unless the adolescent refuses an
28 interview, to determine whether the adolescent will voluntarily
29 receive appropriate treatment.

30 (4) The petitioner must allege specific facts based on personal
31 observation, evaluation, or investigation, and must consider the
32 reliability or credibility of any person providing information
33 material to the petition.

34 (5) The petition must include:

35 (a) A statement of the circumstances under which the adolescent's
36 condition was made known and the basis for the opinion, from personal
37 observation or investigation, that the adolescent is in need of
38 assisted outpatient treatment. The petitioner must state which
39 specific facts come from personal observation and specify what other

1 sources of information the petitioner has relied upon to form this
2 belief;

3 (b) A declaration from a physician, physician assistant, or
4 advanced registered nurse practitioner, or the adolescent's treating
5 mental health professional or substance use disorder professional,
6 who has examined the adolescent no more than 10 days prior to the
7 submission of the petition and who is willing to testify in support
8 of the petition, or who alternatively has made appropriate attempts
9 to examine the adolescent within the same period but has not been
10 successful in obtaining the adolescent's cooperation, and who is
11 willing to testify to the reasons they believe that the adolescent
12 meets the criteria for assisted outpatient treatment. If the
13 declaration is provided by the adolescent's treating mental health
14 professional or substance use disorder professional, it must be
15 cosigned by a supervising physician, physician assistant, or advanced
16 registered nurse practitioner who certifies that they have reviewed
17 the declaration;

18 (c) The declarations of additional witnesses, if any, supporting
19 the petition for assisted outpatient treatment;

20 (d) The name of an agency, provider, or facility that agrees to
21 provide less restrictive alternative treatment if the petition is
22 granted by the court; and

23 (e) If the adolescent is detained in a state hospital, inpatient
24 treatment facility, or juvenile detention or rehabilitation facility
25 at the time the petition is filed, the anticipated release date of
26 the adolescent and any other details needed to facilitate successful
27 reentry and transition into the community.

28 (6)(a) Upon receipt of a petition meeting all requirements of
29 this section, the court shall fix a date for a hearing:

30 (i) No sooner than three days or later than seven days after the
31 date of service or as stipulated by the parties or, upon a showing of
32 good cause, no later than 30 days after the date of service; or

33 (ii) If the adolescent is hospitalized at the time of filing of
34 the petition, before discharge of the adolescent and in sufficient
35 time to arrange for a continuous transition from inpatient treatment
36 to assisted outpatient treatment.

37 (b) A copy of the petition and notice of hearing shall be served,
38 in the same manner as a summons, on the petitioner, the adolescent,
39 the qualified professional whose affidavit accompanied the petition,

1 a current provider, if any, and a surrogate decision maker or agent
2 under chapter 71.32 RCW, if any.

3 (c) If the adolescent has a surrogate decision maker or agent
4 under chapter 71.32 RCW who wishes to provide testimony at the
5 hearing, the court shall afford the surrogate decision maker or agent
6 an opportunity to testify.

7 (d) The adolescent shall be represented by counsel at all stages
8 of the proceedings.

9 (e) If the adolescent fails to appear at the hearing after
10 notice, the court may conduct the hearing in the adolescent's
11 absence; provided that the adolescent's counsel is present.

12 (f) If the adolescent has refused to be examined by the qualified
13 professional whose affidavit accompanied the petition, the court may
14 order a mental examination of the adolescent. The examination of the
15 adolescent may be performed by the qualified professional whose
16 affidavit accompanied the petition. If the examination is performed
17 by another qualified professional, the examining qualified
18 professional shall be authorized to consult with the qualified
19 professional whose affidavit accompanied the petition.

20 (g) If the adolescent has refused to be examined by a qualified
21 professional and the court finds reasonable grounds to believe that
22 the allegations of the petition are true, the court may issue a
23 written order directing a peace officer who has completed crisis
24 intervention training to detain and transport the adolescent to a
25 provider for examination by a qualified professional. An adolescent
26 detained pursuant to this subsection shall be detained no longer than
27 necessary to complete the examination and in no event longer than 24
28 hours. All papers in the court file must be provided to the
29 adolescent's designated attorney.

30 (7) If the petition involves an adolescent whom the petitioner or
31 behavioral health administrative services organization knows, or has
32 reason to know, is an American Indian or Alaska Native who receives
33 medical or behavioral health services from a tribe within this state,
34 the behavioral health administrative services organization shall
35 notify the tribe and Indian health care provider. Notification shall
36 be made in person or by telephonic or electronic communication to the
37 tribal contact listed in the authority's tribal crisis coordination
38 plan as soon as possible.

39 (8) A petition for assisted outpatient treatment filed under this
40 section shall be adjudicated under RCW 71.34.740.

1 (9) After January 1, 2023, a petition for assisted outpatient
2 treatment must be filed on forms developed by the administrative
3 office of the courts.

4 **Sec. 5.** RCW 71.05.150 and 2021 c 264 s 1 are each amended to
5 read as follows:

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

31 (2)(a) A superior court judge may issue a warrant to detain a
32 person with a behavioral health disorder to a designated evaluation
33 and treatment facility, a secure withdrawal management and
34 stabilization facility, or an approved substance use disorder
35 treatment program, for a period of not more than one hundred twenty
36 hours for evaluation and treatment upon request of a designated
37 crisis responder, subject to (d) of this subsection, whenever it
38 appears to the satisfaction of the judge that:

39 (i) There is probable cause to support the petition; and

1 (ii) The person has refused or failed to accept appropriate
2 evaluation and treatment voluntarily.

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

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

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

17 (e) If the court does not issue an order to detain a person
18 pursuant to this subsection (2), the court shall issue an order to
19 dismiss the initial petition.

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

1 evaluation. The facility may exclude the individual if his or her
2 presence would present a safety risk, delay the proceedings, or
3 otherwise interfere with the evaluation.

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

13 (5) Tribal court orders for involuntary commitment shall be
14 recognized and enforced in accordance with superior court civil rule
15 82.5.

16 (6) In any investigation and evaluation of an individual under
17 (~~RCW 71.05.150~~) this section or RCW 71.05.153 in which the
18 designated crisis responder knows, or has reason to know, that the
19 individual is an American Indian or Alaska Native who receives
20 medical or behavioral health services from a tribe within this state,
21 the designated crisis responder shall notify the tribe and Indian
22 health care provider regarding whether or not a petition for initial
23 detention or involuntary outpatient treatment will be filed.
24 Notification shall be made in person or by telephonic or electronic
25 communication to the tribal contact listed in the authority's tribal
26 crisis coordination plan as soon as possible but no later than three
27 hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A
28 designated crisis responder may restrict the release of information
29 as necessary to comply with 42 C.F.R. Part 2.

30 **Sec. 6.** RCW 71.05.150 and 2021 c 264 s 2 are each amended to
31 read as follows:

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

1 the allegations are true and that the person will not voluntarily
2 seek appropriate treatment, file a petition for initial detention
3 under this section (~~or a petition for involuntary outpatient~~
4 ~~behavioral health treatment under RCW 71.05.148~~). Before filing the
5 petition, the designated crisis responder must personally interview
6 the person, unless the person refuses an interview, and determine
7 whether the person will voluntarily receive appropriate evaluation
8 and treatment at an evaluation and treatment facility, crisis
9 stabilization unit, triage facility, secure withdrawal management and
10 stabilization facility, or approved substance use disorder treatment
11 program. As part of the assessment, the designated crisis responder
12 must attempt to ascertain if the person has executed a mental health
13 advance directive under chapter 71.32 RCW. The interview performed by
14 the designated crisis responder may be conducted by video provided
15 that a licensed health care professional or professional person who
16 can adequately and accurately assist with obtaining any necessary
17 information is present with the person at the time of the interview.

18 (2)(a) A superior court judge may issue a warrant to detain a
19 person with a behavioral health disorder to a designated evaluation
20 and treatment facility, a secure withdrawal management and
21 stabilization facility, or an approved substance use disorder
22 treatment program, for a period of not more than one hundred twenty
23 hours for evaluation and treatment upon request of a designated
24 crisis responder whenever it appears to the satisfaction of the judge
25 that:

26 (i) There is probable cause to support the petition; and

27 (ii) The person has refused or failed to accept appropriate
28 evaluation and treatment voluntarily.

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

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

37 (d) If the court does not issue an order to detain a person
38 pursuant to this subsection (2), the court shall issue an order to
39 dismiss the initial petition.

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

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

34 (5) Tribal court orders for involuntary commitment shall be
35 recognized and enforced in accordance with superior court civil rule
36 82.5.

37 (6) In any investigation and evaluation of an individual under
38 (~~RCW 71.05.150~~) this section or RCW 71.05.153 in which the
39 designated crisis responder knows, or has reason to know, that the
40 individual is an American Indian or Alaska Native who receives

1 medical or behavioral health services from a tribe within this state,
2 the designated crisis responder shall notify the tribe and Indian
3 health care provider regarding whether or not a petition for initial
4 detention or involuntary outpatient treatment will be filed.
5 Notification shall be made in person or by telephonic or electronic
6 communication to the tribal contact listed in the authority's tribal
7 crisis coordination plan as soon as possible but no later than three
8 hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A
9 designated crisis responder may restrict the release of information
10 as necessary to comply with 42 C.F.R. Part 2.

11 **Sec. 7.** RCW 71.05.156 and 2018 c 291 s 12 are each amended to
12 read as follows:

13 A designated crisis responder who conducts an evaluation for
14 imminent likelihood of serious harm or imminent danger because of
15 being gravely disabled under RCW 71.05.153 must also evaluate the
16 person under RCW 71.05.150 for likelihood of serious harm or grave
17 disability that does not meet the imminent standard for emergency
18 detention(~~(, and to determine whether the person is in need of~~
19 ~~assisted outpatient behavioral health treatment)~~).

20 **Sec. 8.** RCW 71.05.201 and 2020 c 302 s 24 and 2020 c 256 s 304
21 are each reenacted and amended to read as follows:

22 (1) If a designated crisis responder decides not to detain a
23 person for evaluation and treatment under RCW 71.05.150 or 71.05.153
24 or forty-eight hours have elapsed since a designated crisis responder
25 received a request for investigation and the designated crisis
26 responder has not taken action to have the person detained, an
27 immediate family member or guardian (~~(or conservator)~~) of the person,
28 or a federally recognized Indian tribe if the person is a member of
29 such tribe, may petition the superior court for the person's initial
30 detention.

31 (2) A petition under this section must be filed within ten
32 calendar days following the designated crisis responder investigation
33 or the request for a designated crisis responder investigation. If
34 more than ten days have elapsed, the immediate family member,
35 guardian, or conservator may request a new designated crisis
36 responder investigation.

37 (3)(a) The petition must be filed in the county in which the
38 designated crisis responder investigation occurred or was requested

1 to occur and must be submitted on forms developed by the
2 administrative office of the courts for this purpose. The petition
3 must be accompanied by a sworn declaration from the petitioner, and
4 other witnesses if desired, describing why the person should be
5 detained for evaluation and treatment. The description of why the
6 person should be detained may contain, but is not limited to, the
7 information identified in RCW 71.05.212.

8 (b) The petition must contain:

9 (i) A description of the relationship between the petitioner and
10 the person; and

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

13 (4) The court shall, within one judicial day, review the petition
14 to determine whether the petition raises sufficient evidence to
15 support the allegation. If the court so finds, it shall provide a
16 copy of the petition to the designated crisis responder agency with
17 an order for the agency to provide the court, within one judicial
18 day, with a written sworn statement describing the basis for the
19 decision not to seek initial detention and a copy of all information
20 material to the designated crisis responder's current decision.

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

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

29 (7) The court must issue a final ruling on the petition within
30 five judicial days after it is filed. After reviewing all of the
31 information provided to the court, the court may enter an order for
32 initial detention (~~(or an order instructing the designated crisis
33 responder to file a petition for assisted outpatient behavioral
34 health treatment)~~) if the court finds that: (a) There is probable
35 cause to support a petition for detention (~~(or assisted outpatient
36 behavioral health treatment)~~); and (b) the person has refused or
37 failed to accept appropriate evaluation and treatment voluntarily.
38 The court shall transmit its final decision to the petitioner.

39 (8) If the court enters an order for initial detention, it shall
40 provide the order to the designated crisis responder agency and issue

1 a (~~written order for apprehension~~) warrant. The designated crisis
2 responder agency serving the jurisdiction of the court must
3 collaborate and coordinate with law enforcement regarding
4 apprehensions and detentions under this subsection, including sharing
5 of information relating to risk and which would assist in locating
6 the person. A person may not be detained to jail pursuant to a
7 (~~written order~~) warrant issued under this subsection. An order for
8 detention under this section should contain the advisement of rights
9 which the person would receive if the person were detained by a
10 designated crisis responder. An order for initial detention under
11 this section expires one hundred eighty days from issuance.

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

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

19 **Sec. 9.** RCW 71.05.212 and 2020 c 256 s 305 are each amended to
20 read as follows:

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

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

28 (b) Historical behavior, including history of one or more violent
29 acts;

30 (c) Prior determinations of incompetency or insanity under
31 chapter 10.77 RCW; and

32 (d) Prior commitments under this chapter.

33 (2) Credible witnesses may include family members, landlords,
34 neighbors, or others with significant contact and history of
35 involvement with the person. If the designated crisis responder
36 relies upon information from a credible witness in reaching his or
37 her decision to detain the individual, then he or she must provide
38 contact information for any such witness to the prosecutor. The
39 designated crisis responder or prosecutor shall provide notice of the

1 date, time, and location of the probable cause hearing to such a
2 witness.

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

8 (a) Such symptoms or behavior are closely associated with
9 symptoms or behavior which preceded and led to a past incident of
10 involuntary hospitalization, severe deterioration, or one or more
11 violent acts;

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

14 (c) Without treatment, the continued deterioration of the
15 respondent is probable.

16 (4) When conducting an evaluation for offenders identified under
17 RCW 72.09.370, the designated crisis responder or professional person
18 shall consider an offender's history of judicially required or
19 administratively ordered antipsychotic medication while in
20 confinement.

21 ~~((5) The authority, in consultation with tribes and coordination
22 with Indian health care providers and the American Indian health
23 commission for Washington state, shall establish written guidelines
24 by June 30, 2021, for conducting culturally appropriate evaluations
25 of American Indians or Alaska Natives.))~~

26 **Sec. 10.** RCW 71.05.212 and 2020 c 302 s 28 and 2020 c 256 s 305
27 are each reenacted and amended to read as follows:

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

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

35 (b) Historical behavior, including history of one or more violent
36 acts;

37 (c) Prior determinations of incompetency or insanity under
38 chapter 10.77 RCW; and

39 (d) Prior commitments under this chapter.

1 (2) Credible witnesses may include family members, landlords,
2 neighbors, or others with significant contact and history of
3 involvement with the person. If the designated crisis responder
4 relies upon information from a credible witness in reaching his or
5 her decision to detain the individual, then he or she must provide
6 contact information for any such witness to the prosecutor. The
7 designated crisis responder or prosecutor shall provide notice of the
8 date, time, and location of the probable cause hearing to such a
9 witness.

10 (3) Symptoms and behavior of the respondent which standing alone
11 would not justify civil commitment may support a finding of grave
12 disability or likelihood of serious harm, or a finding that the
13 person is in need of assisted outpatient ~~((behavioral—health))~~
14 treatment, when:

15 (a) Such symptoms or behavior are closely associated with
16 symptoms or behavior which preceded and led to a past incident of
17 involuntary hospitalization, severe deterioration from safe behavior,
18 or one or more violent acts;

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

21 (c) Without treatment, the continued deterioration of the
22 respondent is probable.

23 (4) When conducting an evaluation for offenders identified under
24 RCW 72.09.370, the designated crisis responder or professional person
25 shall consider an offender's history of judicially required or
26 administratively ordered antipsychotic medication while in
27 confinement.

28 ~~((5) The authority, in consultation with tribes and coordination
29 with Indian health care providers and the American Indian health
30 commission for Washington state, shall establish written guidelines
31 by June 30, 2021, for conducting culturally appropriate evaluations
32 of American Indians or Alaska Natives.))~~

33 **Sec. 11.** RCW 71.05.230 and 2020 c 302 s 34 are each amended to
34 read as follows:

35 A person detained for one hundred twenty ~~((hour))~~ hours of
36 evaluation and treatment may be committed for not more than fourteen
37 additional days of involuntary intensive treatment or ninety
38 additional days of a less restrictive alternative treatment. A
39 petition may only be filed if the following conditions are met:

1 (1) The professional staff of the facility providing evaluation
2 services has analyzed the person's condition and finds that the
3 condition is caused by a behavioral health disorder and results in:
4 (a) A likelihood of serious harm; or (b) the person being gravely
5 disabled; (~~(or (c) the person being in need of assisted outpatient~~
6 ~~behavioral health treatment;~~) and are prepared to testify those
7 conditions are met; and

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

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

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

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

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

21 (ii) If the petition is for substance use disorder treatment, the
22 petition may be signed by a substance use disorder professional
23 instead of a mental health professional and by an advanced registered
24 nurse practitioner instead of a psychiatric advanced registered nurse
25 practitioner. The persons signing the petition must have examined the
26 person.

27 (b) If involuntary detention is sought the petition shall state
28 facts that support the finding that such person, as a result of a
29 behavioral health disorder, presents a likelihood of serious harm, or
30 is gravely disabled and that there are no less restrictive
31 alternatives to detention in the best interest of such person or
32 others. The petition shall state specifically that less restrictive
33 alternative treatment was considered and specify why treatment less
34 restrictive than detention is not appropriate. If an involuntary less
35 restrictive alternative is sought, the petition shall state facts
36 that support the finding that such person, as a result of a
37 behavioral health disorder, presents a likelihood of serious
38 harm(~~(r)~~) or is gravely disabled(~~(r or is in need of assisted~~
39 ~~outpatient behavioral health treatment,r)~~) and shall set forth any

1 recommendations for less restrictive alternative treatment services;
2 and

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

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

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

12 (8) At the conclusion of the initial commitment period, the
13 professional staff of the agency or facility or the designated crisis
14 responder may petition for an additional period of either (~~(ninety))~~
15 90 days of less restrictive alternative treatment or (~~(ninety))~~ 90
16 days of involuntary intensive treatment as provided in RCW 71.05.290;
17 and

18 (9) If the hospital or facility designated to provide less
19 restrictive alternative treatment is other than the facility
20 providing involuntary treatment, the outpatient facility so
21 designated to provide less restrictive alternative treatment has
22 agreed to assume such responsibility.

23 **Sec. 12.** RCW 71.05.240 and 2021 c 264 s 8 are each amended to
24 read as follows:

25 (1) If a petition is filed for (~~(fourteen-day))~~ up to 14 days of
26 involuntary treatment (~~(or ninety))~~, 90 days of less restrictive
27 alternative treatment, or 18 months of less restrictive alternative
28 treatment under RCW 71.05.148, the court shall hold a probable cause
29 hearing within (~~(one hundred twenty))~~ 120 hours of the initial
30 detention (~~(of such person as determined in))~~ under RCW 71.05.180, or
31 at a time (~~(determined))~~ scheduled under RCW 71.05.148.

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

1 (3) If the person or his or her attorney alleges, prior to the
2 commencement of the hearing, that the person has in good faith
3 volunteered for treatment, the petitioner must show, by preponderance
4 of the evidence, that the person has not in good faith volunteered
5 for appropriate treatment. In order to qualify as a good faith
6 volunteer, the person must abide by procedures and a treatment plan
7 as prescribed by a treatment facility and professional staff.

8 (4)(a) Subject to (b) of this subsection, at the conclusion of
9 the probable cause hearing, if the court finds by a preponderance of
10 the evidence that ~~((such))~~ a person detained for behavioral health
11 treatment, as the result of a behavioral health disorder, presents a
12 likelihood of serious harm, or is gravely disabled, and, after
13 considering less restrictive alternatives to involuntary detention
14 and treatment, finds that no such alternatives are in the best
15 interests of such person or others, the court shall order that such
16 person be detained for involuntary treatment not to exceed
17 ~~((fourteen))~~ 14 days in a facility licensed or certified to provide
18 treatment by the department or under RCW 71.05.745.

19 (b) A court may only order commitment to a secure withdrawal
20 management and stabilization facility or approved substance use
21 disorder treatment program if there is an available facility with
22 adequate space for the person.

23 (c) At the conclusion of the probable cause hearing, if the court
24 finds by a preponderance of the evidence that ~~((such))~~ a person
25 detained for behavioral health treatment, as the result of a
26 behavioral health disorder, presents a likelihood of serious harm or
27 is gravely disabled, but that treatment in a less restrictive setting
28 than detention is in the best interest of such person or others, the
29 court shall order an appropriate less restrictive alternative course
30 of treatment for up to ninety days.

31 (d) If the court finds by a preponderance of the evidence that
32 ~~((such))~~ a person subject to a petition under RCW 71.05.148, as the
33 result of a behavioral health disorder, is in need of assisted
34 outpatient ~~((behavioral health))~~ treatment ~~((, and that the person~~
35 ~~does not present a likelihood of serious harm and is not gravely~~
36 ~~disabled))~~, the court shall order an appropriate less restrictive
37 alternative course of treatment for up to ~~((ninety days))~~ 18 months.

38 (5) An order for less restrictive alternative treatment must name
39 the behavioral health service provider responsible for identifying
40 the services the person will receive in accordance with RCW

1 71.05.585, and must include a requirement that the person cooperate
2 with the treatment recommendations of the behavioral health service
3 provider.

4 (6) The court shall notify the person orally and in writing that
5 if involuntary treatment is sought beyond the (~~fourteen-day~~) 14-day
6 inpatient or (~~ninety-day~~) 90-day less restrictive treatment period,
7 the person has the right to a full hearing or jury trial under RCW
8 71.05.310. If the commitment is for mental health treatment, the
9 court shall (~~also~~) notify the person orally and in writing that the
10 person is barred from the possession of firearms and that the
11 prohibition remains in effect until a court restores his or her right
12 to possess a firearm under RCW 9.41.047.

13 (7) If the court does not issue an order to detain or commit a
14 person under this section, the court shall issue an order to dismiss
15 the petition.

16 (8) Nothing in this section precludes the court from subsequently
17 modifying the terms of an order for less restrictive alternative
18 treatment under RCW 71.05.590(3).

19 **Sec. 13.** RCW 71.05.240 and 2021 c 264 s 9 are each amended to
20 read as follows:

21 (1) If a petition is filed for (~~fourteen-day~~) up to 14 days of
22 involuntary treatment (~~or ninety~~), 90 days of less restrictive
23 alternative treatment, or 18 months of less restrictive alternative
24 treatment under RCW 71.05.148, the court shall hold a probable cause
25 hearing within (~~one hundred twenty~~) 120 hours of the initial
26 detention (~~of such person as determined in~~) under RCW 71.05.180, or
27 at a time (~~determined~~) scheduled under RCW 71.05.148.

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

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

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

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

14 (b) At the conclusion of the probable cause hearing, if the court
15 finds by a preponderance of the evidence that (~~such~~) a person
16 detained for behavioral health treatment, as the result of a
17 behavioral health disorder, presents a likelihood of serious harm or
18 is gravely disabled, but that treatment in a less restrictive setting
19 than detention is in the best interest of such person or others, the
20 court shall order an appropriate less restrictive alternative course
21 of treatment for up to ninety days.

22 (c) If the court finds by a preponderance of the evidence that
23 (~~such~~) a person subject to a petition under RCW 71.05.148, as the
24 result of a behavioral health disorder, is in need of assisted
25 outpatient (~~behavioral health~~) treatment (~~(, and that the person~~
26 ~~does not present a likelihood of serious harm and is not gravely~~
27 ~~disabled)~~), the court shall order an appropriate less restrictive
28 alternative course of treatment for up to (~~ninety days~~) 18 months.

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

35 (6) The court shall notify the person orally and in writing that
36 if involuntary treatment is sought beyond the (~~fourteen-day~~) 14-day
37 inpatient or (~~ninety-day~~) 90-day less restrictive treatment period,
38 such person has the right to a full hearing or jury trial under RCW
39 71.05.310. If the commitment is for mental health treatment, the
40 court shall also notify the person orally and in writing that the

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

4 (7) If the court does not issue an order to detain or commit a
5 person under this section, the court shall issue an order to dismiss
6 the petition.

7 (8) Nothing in this section precludes the court from subsequently
8 modifying the terms of an order for less restrictive alternative
9 treatment under RCW 71.05.590(3).

10 **Sec. 14.** RCW 71.05.245 and 2018 c 291 s 14 are each amended to
11 read as follows:

12 (1) In making a determination of whether a person is gravely
13 disabled, presents a likelihood of serious harm, or is in need of
14 assisted outpatient (~~behavioral health~~) treatment in a hearing
15 conducted under RCW 71.05.240 or 71.05.320, the court must consider
16 the symptoms and behavior of the respondent in light of all available
17 evidence concerning the respondent's historical behavior.

18 (2) Symptoms or behavior which standing alone would not justify
19 civil commitment may support a finding of grave disability or
20 likelihood of serious harm, or a finding that the person is in need
21 of assisted outpatient (~~behavioral health~~) treatment, when: (a)
22 Such symptoms or behavior are closely associated with symptoms or
23 behavior which preceded and led to a past incident of involuntary
24 hospitalization, severe deterioration, or one or more violent acts;
25 (b) these symptoms or behavior represent a marked and concerning
26 change in the baseline behavior of the respondent; and (c) without
27 treatment, the continued deterioration of the respondent is probable.

28 (3) In making a determination of whether there is a likelihood of
29 serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320,
30 the court shall give great weight to any evidence before the court
31 regarding whether the person has: (a) A recent history of one or more
32 violent acts; or (b) a recent history of one or more commitments
33 under this chapter or its equivalent provisions under the laws of
34 another state which were based on a likelihood of serious harm. The
35 existence of prior violent acts or commitments under this chapter or
36 its equivalent shall not be the sole basis for determining whether a
37 person presents a likelihood of serious harm.

38 For the purposes of this subsection "recent" refers to the period
39 of time not exceeding three years prior to the current hearing.

1 **Sec. 15.** RCW 71.05.280 and 2020 c 302 s 41 are each amended to
2 read as follows:

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

6 (1) Such person after having been taken into custody for
7 evaluation and treatment has threatened, attempted, or inflicted: (a)
8 Physical harm upon the person of another or himself or herself, or
9 substantial damage upon the property of another, and (b) as a result
10 of a behavioral health disorder presents a likelihood of serious
11 harm; or

12 (2) Such person was taken into custody as a result of conduct in
13 which he or she attempted or inflicted physical harm upon the person
14 of another or himself or herself, or substantial damage upon the
15 property of others, and continues to present, as a result of a
16 behavioral health disorder, a likelihood of serious harm; or

17 (3) Such person has been determined to be incompetent and
18 criminal charges have been dismissed pursuant to RCW 10.77.086(4),
19 and has committed acts constituting a felony, and as a result of a
20 behavioral health disorder, presents a substantial likelihood of
21 repeating similar acts.

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

25 (b) For any person subject to commitment under this subsection
26 where the charge underlying the finding of incompetence is for a
27 felony classified as violent under RCW 9.94A.030, the court shall
28 determine whether the acts the person committed constitute a violent
29 offense under RCW 9.94A.030; or

30 (4) Such person is gravely disabled(~~(; or~~

31 ~~(5) Such person is in need of assisted outpatient behavioral~~
32 ~~health treatment)).~~

33 **Sec. 16.** RCW 71.05.290 and 2020 c 302 s 42 are each amended to
34 read as follows:

35 (1) At any time during a person's (~~fourteen~~) 14-day intensive
36 treatment period, the professional person in charge of a treatment
37 facility or his or her professional designee or the designated crisis
38 responder may petition the superior court for an order requiring such
39 person to undergo an additional period of treatment. Such petition

1 must be based on one or more of the grounds set forth in RCW
2 71.05.280.

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

6 (A) One physician, physician assistant, or psychiatric advanced
7 registered nurse practitioner; and

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

10 (ii) If the petition is for substance use disorder treatment, the
11 petition may be signed by a substance use disorder professional
12 instead of a mental health professional and by an advanced registered
13 nurse practitioner instead of a psychiatric advanced registered nurse
14 practitioner.

15 (b) The affidavits shall describe in detail the behavior of the
16 detained person which supports the petition and shall explain what,
17 if any, less restrictive treatments which are alternatives to
18 detention are available to such person, and shall state the
19 willingness of the affiant to testify to such facts in subsequent
20 judicial proceedings under this chapter. If less restrictive
21 alternative treatment is sought, the petition shall set forth any
22 recommendations for less restrictive alternative treatment services.

23 (3) If a person has been determined to be incompetent pursuant to
24 RCW 10.77.086(4), then the professional person in charge of the
25 treatment facility or his or her professional designee or the
26 designated crisis responder may directly file a petition for (~~one~~
27 ~~hundred eighty-day~~) 180-day treatment under RCW 71.05.280(3), or for
28 (~~ninety-day~~) 90-day treatment under RCW 71.05.280 (1), (2), or (4)
29 (~~, or (5)~~). No petition for initial detention or (~~fourteen~~) 14-
30 day detention is required before such a petition may be filed.

31 **Sec. 17.** RCW 71.05.320 and 2021 c 264 s 10 and 2021 c 263 s 2
32 are each reenacted and amended to read as follows:

33 (1) (a) Subject to (b) of this subsection, if the court or jury
34 finds that grounds set forth in RCW 71.05.280 have been proven and
35 that the best interests of the person or others will not be served by
36 a less restrictive treatment which is an alternative to detention,
37 the court shall remand him or her to the custody of the department of
38 social and health services or to a facility certified for ninety day

1 treatment by the department for a further period of intensive
2 treatment not to exceed ninety days from the date of judgment.

3 (b) If the order for inpatient treatment is based on a substance
4 use disorder, treatment must take place at an approved substance use
5 disorder treatment program. The court may only enter an order for
6 commitment based on a substance use disorder if there is an available
7 approved substance use disorder treatment program with adequate space
8 for the person.

9 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of
10 commitment, then the period of treatment may be up to but not exceed
11 one hundred eighty days from the date of judgment to the custody of
12 the department of social and health services or to a facility
13 certified for (~~one hundred eighty day~~) 180-day treatment by the
14 department or under RCW 71.05.745.

15 (2) If the court or jury finds that grounds set forth in RCW
16 71.05.280 have been proven, but finds that treatment less restrictive
17 than detention will be in the best interest of the person or others,
18 then the court shall remand him or her to the custody of the
19 department of social and health services or to a facility certified
20 for ninety day treatment by the department or to a less restrictive
21 alternative for a further period of less restrictive treatment not to
22 exceed (~~ninety~~) 90 days from the date of judgment. If the grounds
23 set forth in RCW 71.05.280(3) are the basis of commitment, then the
24 period of treatment may be up to but not exceed (~~one hundred~~
25 ~~eighty~~) 180 days from the date of judgment. If the court has made an
26 affirmative special finding under RCW 71.05.280(3)(b), the court
27 shall appoint a multidisciplinary transition team as provided in
28 subsection (6)(a)(i) of this section. (~~If the court or jury finds~~
29 ~~that the grounds set forth in RCW 71.05.280(5) have been proven, and~~
30 ~~provide the only basis for commitment, the court must enter an order~~
31 ~~for less restrictive alternative treatment for up to ninety days from~~
32 ~~the date of judgment and may not order inpatient treatment.))~~

33 (3) An order for less restrictive alternative treatment entered
34 under subsection (2) of this section must name the behavioral health
35 service provider responsible for identifying the services the person
36 will receive in accordance with RCW 71.05.585, and must include a
37 requirement that the person cooperate with the services planned by
38 the behavioral health service provider.

39 (4) The person shall be released from involuntary treatment at
40 the expiration of the period of commitment imposed under subsection

1 (1) or (2) of this section unless the superintendent or professional
2 person in charge of the facility in which he or she is confined, or
3 in the event of a less restrictive alternative, the designated crisis
4 responder, files a new petition for involuntary treatment on the
5 grounds that the committed person:

6 (a) During the current period of court ordered treatment: (i) Has
7 threatened, attempted, or inflicted physical harm upon the person of
8 another, or substantial damage upon the property of another, and (ii)
9 as a result of a behavioral health disorder or developmental
10 disability presents a likelihood of serious harm; or

11 (b) Was taken into custody as a result of conduct in which he or
12 she attempted or inflicted serious physical harm upon the person of
13 another, and continues to present, as a result of a behavioral health
14 disorder or developmental disability, a likelihood of serious harm;
15 or

16 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result
17 of a behavioral health disorder or developmental disability continues
18 to present a substantial likelihood of repeating acts similar to the
19 charged criminal behavior, when considering the person's life
20 history, progress in treatment, and the public safety.

21 (ii) In cases under this subsection where the court has made an
22 affirmative special finding under RCW 71.05.280(3)(b), the commitment
23 shall continue for up to an additional one hundred eighty-day period
24 whenever the petition presents prima facie evidence that the person
25 continues to suffer from a behavioral health disorder or
26 developmental disability that results in a substantial likelihood of
27 committing acts similar to the charged criminal behavior, unless the
28 person presents proof through an admissible expert opinion that the
29 person's condition has so changed such that the behavioral health
30 disorder or developmental disability no longer presents a substantial
31 likelihood of the person committing acts similar to the charged
32 criminal behavior. The initial or additional commitment period may
33 include transfer to a specialized program of intensive support and
34 treatment, which may be initiated prior to or after discharge from
35 the state hospital; or

36 (d) Continues to be gravely disabled(~~(; or~~

37 ~~(e) Is in need of assisted outpatient behavioral health~~
38 ~~treatment)).~~

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

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

7 (5) A new petition for involuntary treatment filed under
8 subsection (4) of this section shall be filed and heard in the
9 superior court of the county of the facility which is filing the new
10 petition for involuntary treatment unless good cause is shown for a
11 change of venue. The cost of the proceedings shall be borne by the
12 state.

13 (6) (a) The hearing shall be held as provided in RCW 71.05.310,
14 and if the court or jury finds that the grounds for additional
15 confinement as set forth in this section are present, subject to
16 subsection (1) (b) of this section, the court may order the committed
17 person returned for an additional period of treatment not to exceed
18 ~~((one hundred eighty))~~ 180 days from the date of judgment, except as
19 provided in subsection (7) of this section. ~~((If the court's order is
20 based solely on the grounds identified in subsection (4) (e) of this
21 section, the court may enter an order for less restrictive
22 alternative treatment not to exceed one hundred eighty days from the
23 date of judgment, and may not enter an order for inpatient
24 treatment.))~~ An order for less restrictive alternative treatment must
25 name the behavioral health service provider responsible for
26 identifying the services the person will receive in accordance with
27 RCW 71.05.585, and must include a requirement that the person
28 cooperate with the services planned by the behavioral health service
29 provider.

30 (i) In cases where the court has ordered less restrictive
31 alternative treatment and has previously made an affirmative special
32 finding under RCW 71.05.280(3)(b), the court shall appoint a
33 multidisciplinary transition team to supervise and assist the person
34 on the order for less restrictive treatment, which shall include a
35 representative of the community behavioral health agency providing
36 treatment under RCW 71.05.585, and a specially trained supervising
37 community corrections officer. The court may omit the appointment of
38 a community corrections officer if it makes a special finding that
39 the appointment of a community corrections officer would not

1 facilitate the success of the person, or the safety of the person and
2 the community under (a)(ii) of this subsection.

3 (ii) The role of the transition team shall be to facilitate the
4 success of the person on the less restrictive alternative order by
5 monitoring the person's progress in treatment, compliance with court-
6 ordered conditions, and to problem solve around extra support the
7 person may need or circumstances which may arise that threaten the
8 safety of the person or the community. The transition team may
9 develop a monitoring plan which may be carried out by any member of
10 the team. The transition team shall meet according to a schedule
11 developed by the team, and shall communicate as needed if issues
12 arise that require the immediate attention of the team.

13 (iii) The department of corrections shall collaborate with the
14 department to develop specialized training for community corrections
15 officers under this section. The lack of a trained community
16 corrections officer must not be the cause of delay to entry of a less
17 restrictive alternative order.

18 (b) At the end of the (~~one hundred eighty day~~) 180-day period
19 of commitment, or one-year period of commitment if subsection (7) of
20 this section applies, the committed person shall be released unless a
21 petition for an additional (~~one hundred eighty day~~) 180-day period
22 of continued treatment is filed and heard in the same manner as
23 provided in this section. Successive (~~one hundred eighty day~~) 180-
24 day commitments are permissible on the same grounds and pursuant to
25 the same procedures as the original (~~one hundred eighty day~~) 180-
26 day commitment.

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

31 (8) No person committed (~~as provided in~~) under this section may
32 be detained unless a valid order of commitment is in effect. No order
33 of commitment (~~can~~) under this section may exceed (~~one hundred~~
34 ~~eighty~~) 180 days in length except as provided in subsection (7) of
35 this section.

36 (9) Nothing in this section precludes the court from subsequently
37 modifying the terms of an order for less restrictive alternative
38 treatment under RCW 71.05.590(3).

1 **Sec. 18.** RCW 71.05.320 and 2021 c 264 s 11 and 2021 c 263 s 3
2 are each reenacted and amended to read as follows:

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

11 If the order for inpatient treatment is based on a substance use
12 disorder, treatment must take place at an approved substance use
13 disorder treatment program. If the grounds set forth in RCW
14 71.05.280(3) are the basis of commitment, then the period of
15 treatment may be up to but not exceed one hundred eighty days from
16 the date of judgment to the custody of the department of social and
17 health services or to a facility certified for (~~one hundred eighty-~~
18 ~~day~~) 180-day treatment by the department or under RCW 71.05.745.

19 (2) If the court or jury finds that grounds set forth in RCW
20 71.05.280 have been proven, but finds that treatment less restrictive
21 than detention will be in the best interest of the person or others,
22 then the court shall remand him or her to the custody of the
23 department of social and health services or to a facility certified
24 for ninety day treatment by the department or to a less restrictive
25 alternative for a further period of less restrictive treatment not to
26 exceed (~~ninety~~) 90 days from the date of judgment. If the grounds
27 set forth in RCW 71.05.280(3) are the basis of commitment, then the
28 period of treatment may be up to but not exceed (~~one hundred~~
29 ~~eighty~~) 180 days from the date of judgment. If the court has made an
30 affirmative special finding under RCW 71.05.280(3)(b), the court
31 shall appoint a multidisciplinary transition team as provided in
32 subsection (6)(a)(i) of this section. (~~If the court or jury finds~~
33 ~~that the grounds set forth in RCW 71.05.280(5) have been proven, and~~
34 ~~provide the only basis for commitment, the court must enter an order~~
35 ~~for less restrictive alternative treatment for up to ninety days from~~
36 ~~the date of judgment and may not order inpatient treatment.))~~

37 (3) An order for less restrictive alternative treatment entered
38 under subsection (2) of this section must name the behavioral health
39 service provider responsible for identifying the services the person
40 will receive in accordance with RCW 71.05.585, and must include a

1 requirement that the person cooperate with the services planned by
2 the behavioral health service provider.

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

10 (a) During the current period of court ordered treatment: (i) Has
11 threatened, attempted, or inflicted physical harm upon the person of
12 another, or substantial damage upon the property of another, and (ii)
13 as a result of a behavioral health disorder or developmental
14 disability presents a likelihood of serious harm; or

15 (b) Was taken into custody as a result of conduct in which he or
16 she attempted or inflicted serious physical harm upon the person of
17 another, and continues to present, as a result of a behavioral health
18 disorder or developmental disability, a likelihood of serious harm;
19 or

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

25 (ii) In cases under this subsection where the court has made an
26 affirmative special finding under RCW 71.05.280(3)(b), the commitment
27 shall continue for up to an additional one hundred eighty-day period
28 whenever the petition presents prima facie evidence that the person
29 continues to suffer from a behavioral health disorder or
30 developmental disability that results in a substantial likelihood of
31 committing acts similar to the charged criminal behavior, unless the
32 person presents proof through an admissible expert opinion that the
33 person's condition has so changed such that the behavioral health
34 disorder or developmental disability no longer presents a substantial
35 likelihood of the person committing acts similar to the charged
36 criminal behavior. The initial or additional commitment period may
37 include transfer to a specialized program of intensive support and
38 treatment, which may be initiated prior to or after discharge from
39 the state hospital; or

40 (d) Continues to be gravely disabled(~~(; or~~

1 ~~(e) Is in need of assisted outpatient behavioral health~~
2 ~~treatment)).~~

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

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

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

15 (6) (a) The hearing shall be held as provided in RCW 71.05.310,
16 and if the court or jury finds that the grounds for additional
17 confinement as set forth in this section are present, the court may
18 order the committed person returned for an additional period of
19 treatment not to exceed (~~one hundred eighty~~) 180 days from the date
20 of judgment, except as provided in subsection (7) of this section.
21 (~~If the court's order is based solely on the grounds identified in~~
22 ~~subsection (4) (c) of this section, the court may enter an order for~~
23 ~~less restrictive alternative treatment not to exceed one hundred~~
24 ~~eighty days from the date of judgment, and may not enter an order for~~
25 ~~inpatient treatment.)) An order for less restrictive alternative
26 treatment must name the behavioral health service provider
27 responsible for identifying the services the person will receive in
28 accordance with RCW 71.05.585, and must include a requirement that
29 the person cooperate with the services planned by the behavioral
30 health service provider.~~

31 (i) In cases where the court has ordered less restrictive
32 alternative treatment and has previously made an affirmative special
33 finding under RCW 71.05.280(3)(b), the court shall appoint a
34 multidisciplinary transition team to supervise and assist the person
35 on the order for less restrictive treatment, which shall include a
36 representative of the community behavioral health agency providing
37 treatment under RCW 71.05.585, and a specially trained supervising
38 community corrections officer. The court may omit the appointment of
39 a community corrections officer if it makes a special finding that
40 the appointment of a community corrections officer would not

1 facilitate the success of the person, or the safety of the person and
2 the community under (a)(ii) of this subsection.

3 (ii) The role of the transition team shall be to facilitate the
4 success of the person on the less restrictive alternative order by
5 monitoring the person's progress in treatment, compliance with court-
6 ordered conditions, and to problem solve around extra support the
7 person may need or circumstances which may arise that threaten the
8 safety of the person or the community. The transition team may
9 develop a monitoring plan which may be carried out by any member of
10 the team. The transition team shall meet according to a schedule
11 developed by the team, and shall communicate as needed if issues
12 arise that require the immediate attention of the team.

13 (iii) The department of corrections shall collaborate with the
14 department to develop specialized training for community corrections
15 officers under this section. The lack of a trained community
16 corrections officer must not be the cause of delay to entry of a less
17 restrictive alternative order.

18 (b) At the end of the (~~one hundred eighty day~~) 180-day period
19 of commitment, or one-year period of commitment if subsection (7) of
20 this section applies, the committed person shall be released unless a
21 petition for an additional (~~one hundred eighty day~~) 180-day period
22 of continued treatment is filed and heard in the same manner as
23 provided in this section. Successive (~~one hundred eighty day~~) 180-
24 day commitments are permissible on the same grounds and pursuant to
25 the same procedures as the original (~~one hundred eighty day~~) 180-
26 day commitment.

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

31 (8) No person committed (~~as provided in~~) under this section may
32 be detained unless a valid order of commitment is in effect. No order
33 of commitment (~~can~~) under this section may exceed (~~one hundred~~
34 ~~eighty~~) 180 days in length except as provided in subsection (7) of
35 this section.

36 (9) Nothing in this section precludes the court from subsequently
37 modifying the terms of an order for less restrictive alternative
38 treatment under RCW 71.05.590(3).

1 **Sec. 19.** RCW 71.05.365 and 2019 c 325 s 3008 are each amended to
2 read as follows:

3 When a person has been involuntarily committed for treatment to a
4 hospital for a period of (~~ninety~~) 90 or (~~one hundred eighty~~) 180
5 days, and the superintendent or professional person in charge of the
6 hospital determines that the person no longer requires active
7 psychiatric treatment at an inpatient level of care, the behavioral
8 health administrative services organization, managed care
9 organization, or agency providing oversight of long-term care or
10 developmental disability services that is responsible for resource
11 management services for the person must work with the hospital to
12 develop an individualized discharge plan, including whether a
13 petition should be filed for less restrictive alternative treatment
14 on the basis that the person is in need of assisted outpatient
15 treatment, and arrange for a transition to the community in
16 accordance with the person's individualized discharge plan within
17 (~~fourteen~~) 14 days of the determination.

18 **Sec. 20.** RCW 71.05.585 and 2021 c 264 s 13 are each amended to
19 read as follows:

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

22 (a) Assignment of a care coordinator;

23 (b) An intake evaluation with the provider of the less
24 restrictive alternative treatment;

25 (c) A psychiatric evaluation, a substance use disorder
26 evaluation, or both;

27 (d) A schedule of regular contacts with the provider of the
28 treatment services for the duration of the order;

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

31 (f) An individual crisis plan;

32 (g) Consultation about the formation of a mental health advance
33 directive under chapter 71.32 RCW; and

34 (h) Notification to the care coordinator assigned in (a) of this
35 subsection if reasonable efforts to engage the client fail to produce
36 substantial compliance with court-ordered treatment conditions.

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

39 (a) Medication management;

- 1 (b) Psychotherapy;
- 2 (c) Nursing;
- 3 (d) Substance use disorder counseling;
- 4 (e) Residential treatment;
- 5 (f) Partial hospitalization;
- 6 (g) Intensive outpatient treatment;
- 7 (h) Support for housing, benefits, education, and employment; and
- 8 ~~((g))~~ (i) Periodic court review.

9 (3) If the person was provided with involuntary medication under
10 RCW 71.05.215 or pursuant to a judicial order during the involuntary
11 commitment period, the less restrictive alternative treatment order
12 may authorize the less restrictive alternative treatment provider or
13 its designee to administer involuntary antipsychotic medication to
14 the person if the provider has attempted and failed to obtain the
15 informed consent of the person and there is a concurring medical
16 opinion approving the medication by a psychiatrist, physician
17 assistant working with a supervising psychiatrist, psychiatric
18 advanced registered nurse practitioner, or physician or physician
19 assistant in consultation with an independent mental health
20 professional with prescribing authority.

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

25 (5) The care coordinator assigned to a person ordered to less
26 restrictive alternative treatment must submit an individualized plan
27 for the person's treatment services to the court that entered the
28 order. An initial plan must be submitted as soon as possible
29 following the intake evaluation and a revised plan must be submitted
30 upon any subsequent modification in which a type of service is
31 removed from or added to the treatment plan.

32 (6) A care coordinator may disclose information and records
33 related to mental health services pursuant to RCW 70.02.230(2)(k) for
34 purposes of implementing less restrictive alternative treatment.

35 (7) For the purpose of this section, "care coordinator" means a
36 clinical practitioner who coordinates the activities of less
37 restrictive alternative treatment. The care coordinator coordinates
38 activities with the designated crisis responders that are necessary
39 for enforcement and continuation of less restrictive alternative
40 orders and is responsible for coordinating service activities with

1 other agencies and establishing and maintaining a therapeutic
2 relationship with the individual on a continuing basis.

3 **Sec. 21.** RCW 71.34.755 and 2021 c 287 s 21 and 2021 c 264 s 16
4 are each reenacted and amended to read as follows:

5 (1) Less restrictive alternative treatment, at a minimum, must
6 include the following services:

7 (a) Assignment of a care coordinator;

8 (b) An intake evaluation with the provider of the less
9 restrictive alternative treatment;

10 (c) A psychiatric evaluation, a substance use disorder
11 evaluation, or both;

12 (d) A schedule of regular contacts with the provider of the less
13 restrictive alternative treatment services for the duration of the
14 order;

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

17 (f) An individual crisis plan;

18 (g) Consultation about the formation of a mental health advance
19 directive under chapter 71.32 RCW; and

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

23 (2) Less restrictive alternative treatment may include the
24 following additional services:

25 (a) Medication management;

26 (b) Psychotherapy;

27 (c) Nursing;

28 (d) Substance use disorder counseling;

29 (e) Residential treatment;

30 (f) Partial hospitalization;

31 (g) Intensive outpatient treatment;

32 (h) Support for housing, benefits, education, and employment; and

33 ~~((g))~~ (i) Periodic court review.

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

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

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

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

17 (6) A care coordinator may disclose information and records
18 related to mental health services pursuant to RCW 70.02.230(2)(k) for
19 purposes of implementing less restrictive alternative treatment.

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

28 **Sec. 22.** RCW 10.77.175 and 2021 c 263 s 4 are each amended to
29 read as follows:

30 (1) Conditional release planning should start at admission and
31 proceed in coordination between the department and the person's
32 managed care organization, or behavioral health administrative
33 services organization if the person is not eligible for medical
34 assistance under chapter 74.09 RCW. If needed, the department shall
35 assist the person to enroll in medical assistance in suspense status
36 under RCW 74.09.670. The state hospital liaison for the managed care
37 organization or behavioral health administrative services
38 organization shall facilitate conditional release planning in
39 collaboration with the department.

1 (2) Less restrictive alternative treatment pursuant to a
2 conditional release order, at a minimum, includes the following
3 services:

4 (a) Assignment of a care coordinator;

5 (b) An intake evaluation with the provider of the conditional
6 treatment;

7 (c) A psychiatric evaluation or a substance use disorder
8 evaluation, or both;

9 (d) A schedule of regular contacts with the provider of the less
10 restrictive alternative treatment services for the duration of the
11 order;

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

14 (f) An individual crisis plan;

15 (g) Consultation about the formation of a mental health advance
16 directive under chapter 71.32 RCW; (~~and~~)

17 (h) Appointment of a transition team under RCW 10.77.150;
18 (~~and~~) and

19 (i) Notification to the care coordinator assigned in (a) of this
20 subsection and to the transition team as provided in RCW 10.77.150 if
21 reasonable efforts to engage the client fail to produce substantial
22 compliance with court-ordered treatment conditions.

23 (3) Less restrictive alternative treatment pursuant to a
24 conditional release order may additionally include requirements to
25 participate in the following services:

26 (a) Medication management;

27 (b) Psychotherapy;

28 (c) Nursing;

29 (d) Substance use disorder counseling;

30 (e) Residential treatment;

31 (f) Partial hospitalization;

32 (g) Intensive outpatient treatment;

33 (h) Support for housing, benefits, education, and employment; and

34 (~~(g)~~) (i) Periodic court review.

35 (4) Nothing in this section prohibits items in subsection (2) of
36 this section from beginning before the conditional release of the
37 individual.

38 (5) If the person was provided with involuntary medication under
39 RCW 10.77.094 or pursuant to a judicial order during the involuntary
40 commitment period, the less restrictive alternative treatment

1 pursuant to the conditional release order may authorize the less
2 restrictive alternative treatment provider or its designee to
3 administer involuntary antipsychotic medication to the person if the
4 provider has attempted and failed to obtain the informed consent of
5 the person and there is a concurring medical opinion approving the
6 medication by a psychiatrist, physician assistant working with a
7 supervising psychiatrist, psychiatric advanced registered nurse
8 practitioner, or physician or physician assistant in consultation
9 with an independent mental health professional with prescribing
10 authority.

11 (6) Less restrictive alternative treatment pursuant to a
12 conditional release order must be administered by a provider that is
13 certified or licensed to provide or coordinate the full scope of
14 services required under the less restrictive alternative order and
15 that has agreed to assume this responsibility.

16 (7) The care coordinator assigned to a person ordered to less
17 restrictive alternative treatment pursuant to a conditional release
18 order must submit an individualized plan for the person's treatment
19 services to the court that entered the order. An initial plan must be
20 submitted as soon as possible following the intake evaluation and a
21 revised plan must be submitted upon any subsequent modification in
22 which a type of service is removed from or added to the treatment
23 plan.

24 (8) A care coordinator may disclose information and records
25 related to mental health treatment under RCW 70.02.230(2)(k) for
26 purposes of implementing less restrictive alternative treatment
27 pursuant to a conditional release order.

28 (9) For the purpose of this section, "care coordinator" means a
29 representative from the department of social and health services who
30 coordinates the activities of less restrictive alternative treatment
31 pursuant to a conditional release order. The care coordinator
32 coordinates activities with the person's transition team that are
33 necessary for enforcement and continuation of the conditional release
34 order and is responsible for coordinating service activities with
35 other agencies and establishing and maintaining a therapeutic
36 relationship with the individual on a continuing basis.

37 **Sec. 23.** RCW 71.05.590 and 2021 c 264 s 14 are each amended to
38 read as follows:

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

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

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

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

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

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

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

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

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

39 (d) To ~~((cause))~~ detain the person ~~((to be transported by a peace~~
40 ~~officer, designated crisis responder, or other means to the))~~ for up

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

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

29 (3) A court may supervise a person on an order for less
30 restrictive alternative treatment or a conditional release. While the
31 person is under the order, the court may:

32 (a) Require appearance in court for periodic reviews; and

33 (b) Modify the order after considering input from the agency or
34 facility designated to provide or facilitate services. The court may
35 not remand the person into inpatient treatment except as provided
36 under subsection (5) of this section, but may take actions under
37 subsection (2)(a) through (d) of this section.

38 (4) The facility or agency designated to provide outpatient
39 treatment shall notify the secretary of the department of social and
40 health services or designated crisis responder when a person fails to

1 adhere to terms and conditions of court ordered treatment or
2 experiences substantial deterioration in his or her condition and, as
3 a result, presents an increased likelihood of serious harm.

4 ~~(5) (a) ((Except as provided in subsection (7) of this section,~~
5 ~~a))~~ A designated crisis responder or the secretary of the department
6 of social and health services may, upon their own motion or
7 ((notification by)) upon request of the facility or agency designated
8 to provide outpatient care ((order)), cause a person ((subject to a
9 court order under this chapter)) to be ((apprehended and taken into
10 custody and temporary detention)) detained in an evaluation and

11 treatment facility, ((an)) available secure withdrawal management and
12 stabilization facility with adequate space, or ((an)) available
13 approved substance use disorder treatment program with adequate
14 space((7)) in or near the county in which he or she is receiving
15 outpatient treatment((. Proceedings under this subsection (5) may be
16 initiated without ordering the apprehension and)) for the purpose of

17 a hearing for revocation of a less restrictive alternative treatment
18 order or conditional release order under this chapter. The designated
19 crisis responder or secretary of the department of social and health
20 services shall file a petition for revocation within 24 hours and
21 serve the person, their guardian, if any, and their attorney. A
22 hearing for revocation of a less restrictive alternative treatment
23 order or conditional release order may be scheduled without detention
24 of the person.

25 (b) ~~((Except as provided in subsection (7) of this section, a))~~ A
26 person detained under this subsection (5) must be held until such
27 time, not exceeding five days, as a hearing can be scheduled to
28 determine whether or not the ((person should be returned to the
29 hospital or facility from which he or she had been released)) order

30 for less restrictive alternative treatment or conditional release
31 should be revoked, modified, or retained. If the person is not
32 detained, the hearing must be scheduled within five days of service
33 on the person. The designated crisis responder or the secretary of
34 the department of social and health services may ((modify or rescind
35 the order at any time prior to commencement of)) withdraw its

36 petition for revocation at any time before the court hearing.

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

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

11 (d) (~~Except as provided in subsection (7) of this section, the))~~
12 The issues for the court to determine are whether: (i) The person
13 adhered to the terms and conditions of the (~~court~~) order; (ii)
14 substantial deterioration in the person's functioning has occurred;
15 (iii) there is evidence of substantial decompensation with a
16 reasonable probability that the decompensation can be reversed by
17 further inpatient treatment; or (iv) there is a likelihood of serious
18 harm; and, if any of the above conditions apply, whether it is
19 appropriate for the court (~~should~~) to reinstate or modify the
20 person's less restrictive alternative treatment order or conditional
21 release order or order the person's detention for inpatient
22 treatment. The person may waive the court hearing and allow the court
23 to enter a stipulated order upon the agreement of all parties. If the
24 court orders detention for inpatient treatment, the treatment period
25 must be for (~~fourteen~~) 14 days from the revocation hearing if the
26 (~~outpatient~~) less restrictive alternative treatment order or
27 conditional release order was based on a petition under RCW
28 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for
29 inpatient treatment and the (~~outpatient~~) less restrictive
30 alternative treatment order or conditional release order was based on
31 a petition under RCW 71.05.290 or 71.05.320, the number of days
32 remaining on the (~~outpatient~~) order must be converted to days of
33 inpatient treatment (~~authorized in the original court order~~). A
34 court may not (~~issue an order to~~) detain a person for inpatient
35 treatment (~~in~~) to a secure withdrawal management and stabilization
36 facility or approved substance use disorder treatment program under
37 this subsection unless there is a (~~secure withdrawal management and~~
38 ~~stabilization~~) facility or (~~approved substance use disorder~~
39 ~~treatment~~) program available (~~and~~) with adequate space for the
40 person.

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

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

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

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

1 ~~(d) A court may not issue an order to detain a person for~~
2 ~~inpatient treatment in a secure withdrawal management and~~
3 ~~stabilization facility or approved substance use disorder program~~
4 ~~under this subsection unless there is a secure withdrawal management~~
5 ~~and stabilization facility or approved substance use disorder~~
6 ~~treatment program available and with adequate space for the person.))~~

7 **Sec. 24.** RCW 71.05.590 and 2021 c 264 s 15 are each amended to
8 read as follows:

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

15 (a) The person is failing to adhere to the terms and conditions
16 of the ~~((court))~~ order;

17 (b) Substantial deterioration in the person's functioning has
18 occurred;

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

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

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

29 (a) To counsel or advise the person as to their rights and
30 responsibilities under the court order, and to offer ~~((appropriate))~~
31 incentives to motivate compliance;

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

36 (c) To request a court hearing for review and modification of the
37 court order. The request must be ~~((made to or by))~~ directed to the
38 court with jurisdiction over the order and specify the circumstances
39 that give rise to the request and what modification is being sought.

1 The county prosecutor shall assist ~~((the agency or facility in))~~
2 entity requesting ~~((this))~~ the hearing and ~~((issuing))~~ issue an
3 appropriate summons to the person. This subsection does not limit the
4 inherent authority of a treatment provider to alter conditions of
5 treatment for clinical reasons, and is intended to be used only when
6 court intervention is necessary or advisable to secure the person's
7 compliance and prevent decompensation or deterioration;

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

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

38 (3) A court may supervise a person on an order for less
39 restrictive alternative treatment or a conditional release. While the
40 person is under the order, the court may:

1 (a) Require appearance in court for periodic reviews; and

2 (b) Modify the order after considering input from the agency or
3 facility designated to provide or facilitate services. The court may
4 not remand the person into inpatient treatment except as provided
5 under subsection (5) of this section, but may take actions under
6 subsection (2) (a) through (d) of this section.

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

13 (5) (a) ~~((Except as provided in subsection (7) of this section,~~
14 ~~a))~~ A designated crisis responder or the secretary of the department
15 of social and health services may, upon their own motion or
16 ~~((notification by))~~ upon request of the facility or agency designated
17 to provide outpatient care ~~((order))~~, cause a person ~~((subject to a~~
18 ~~court order under this chapter))~~ to be ~~((apprehended and taken into~~
19 ~~eustody and temporary detention))~~ detained in an evaluation and
20 treatment facility, ~~((in a))~~ secure withdrawal management and
21 stabilization facility, ~~((in an))~~ approved substance use disorder
22 treatment program~~((r))~~ in or near the county in which he or she is
23 receiving outpatient treatment~~((Proceedings under this subsection~~
24 ~~(5) may be initiated without ordering the apprehension and))~~ for the
25 purpose of a hearing for revocation of a less restrictive alternative
26 treatment order or conditional release order under this chapter. The
27 designated crisis responder or secretary of the department of social
28 and health services shall file a petition for revocation within 24
29 hours and serve the person, their guardian, if any, and their
30 attorney. A hearing for revocation of a less restrictive alternative
31 treatment order or conditional release order may be scheduled without
32 detention of the person.

33 (b) ~~((Except as provided in subsection (7) of this section, a))~~ A
34 person detained under this subsection (5) must be held until such
35 time, not exceeding five days, as a hearing can be scheduled to
36 determine whether or not the ~~((person should be returned to the~~
37 ~~hospital or facility from which he or she had been released))~~ order
38 for less restrictive alternative treatment or conditional release
39 should be revoked, modified, or retained. If the person is not
40 detained, the hearing must be scheduled within five days of service

1 on the person. The designated crisis responder or the secretary of
2 the department of social and health services may (~~modify or rescind~~
3 ~~the order at any time prior to commencement of~~) withdraw its
4 petition for revocation at any time before the court hearing.

5 (c) (~~The designated crisis responder or secretary of the~~
6 ~~department of social and health services shall file a revocation~~
7 ~~petition and order of apprehension and detention with the court of~~
8 ~~the county where the person is currently located or being detained.~~
9 ~~The designated crisis responder shall serve the person and their~~
10 ~~attorney, guardian, and conservator, if any. The~~) A person detained
11 under this subsection (5) has the same rights with respect to notice,
12 hearing, and counsel as in any involuntary treatment proceeding,
13 except as specifically set forth in this section. There is no right
14 to jury trial. The venue for proceedings is the county where the
15 petition is filed. Notice of the filing must be provided to the court
16 that originally ordered commitment, if different from the court where
17 the petition for revocation is filed, within two judicial days of the
18 person's detention.

19 (d) (~~Except as provided in subsection (7) of this section, the~~)
20 The issues for the court to determine are whether: (i) The person
21 adhered to the terms and conditions of the (~~court~~) order; (ii)
22 substantial deterioration in the person's functioning has occurred;
23 (iii) there is evidence of substantial decompensation with a
24 reasonable probability that the decompensation can be reversed by
25 further inpatient treatment; or (iv) there is a likelihood of serious
26 harm; and, if any of the above conditions apply, whether it is
27 appropriate for the court (~~should~~) to reinstate or modify the
28 person's less restrictive alternative treatment order or conditional
29 release order or order the person's detention for inpatient
30 treatment. The person may waive the court hearing and allow the court
31 to enter a stipulated order upon the agreement of all parties. If the
32 court orders detention for inpatient treatment, the treatment period
33 must be for (~~fourteen~~) 14 days from the revocation hearing if the
34 (~~outpatient~~) less restrictive alternative treatment order or
35 conditional release order was based on a petition under RCW
36 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for
37 inpatient treatment and the (~~outpatient~~) less restrictive
38 alternative treatment order or conditional release order was based on
39 a petition under RCW 71.05.290 or 71.05.320, the number of days

1 remaining on the (~~outpatient~~) order must be converted to days of
2 inpatient treatment (~~authorized in the original court order~~).

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

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

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

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

1 **Sec. 25.** RCW 71.05.595 and 2018 c 291 s 16 are each amended to
2 read as follows:

3 A court order for less restrictive alternative treatment for a
4 person found to be in need of assisted outpatient (~~behavioral~~
5 ~~health~~) treatment must be terminated prior to the expiration of the
6 order when, in the opinion of the professional person in charge of
7 the less restrictive alternative treatment provider, (1) the person
8 is prepared to accept voluntary treatment, or (2) the outpatient
9 treatment ordered is no longer necessary to prevent a relapse,
10 decompensation, or deterioration that is likely to result in the
11 person presenting a likelihood of serious harm or the person becoming
12 gravely disabled within a reasonably short period of time.

13 **Sec. 26.** RCW 71.24.045 and 2021 c 263 s 17 are each amended to
14 read as follows:

15 (1) The behavioral health administrative services organization
16 contracted with the authority pursuant to RCW 71.24.381 shall:

17 (a) Administer crisis services for the assigned regional service
18 area. Such services must include:

19 (i) A behavioral health crisis hotline for its assigned regional
20 service area;

21 (ii) Crisis response services twenty-four hours a day, seven days
22 a week, three hundred sixty-five days a year;

23 (iii) Services related to involuntary commitments under chapters
24 71.05 and 71.34 RCW;

25 (iv) Tracking of less restrictive alternative orders issued
26 within the region by superior courts, and providing notification to a
27 managed care organization in the region when one of its enrollees
28 receives a less restrictive alternative order so that the managed
29 care organization may ensure that the person is connected to services
30 and that the requirements of RCW 71.05.585 are complied with. If the
31 person receives a less restrictive alternative order and is returning
32 to another region, the behavioral health administrative services
33 organization shall notify the behavioral health administrative
34 services organization in the home region of the less restrictive
35 alternative order so that the home behavioral health administrative
36 services organization may notify the person's managed care
37 organization or provide services if the person is not enrolled in
38 medicaid and does not have other insurance which can pay for those
39 services;

1 (v) Additional noncrisis behavioral health services, within
2 available resources, to individuals who meet certain criteria set by
3 the authority in its contracts with the behavioral health
4 administrative services organization. These services may include
5 services provided through federal grant funds, provisos, and general
6 fund state appropriations;

7 (vi) Care coordination, diversion services, and discharge
8 planning for nonmedicaid individuals transitioning from state
9 hospitals or inpatient settings to reduce rehospitalization and
10 utilization of crisis services, as required by the authority in
11 contract; and

12 (vii) Regional coordination, cross-system and cross-jurisdiction
13 coordination with tribal governments, and capacity building efforts,
14 such as supporting the behavioral health advisory board, the
15 behavioral health ombuds, and efforts to support access to services
16 or to improve the behavioral health system;

17 (b) Administer and provide for the availability of an adequate
18 network of evaluation and treatment services to ensure access to
19 treatment, investigation, transportation, court-related, and other
20 services provided as required under chapter 71.05 RCW;

21 (c) Coordinate services for individuals under RCW 71.05.365;

22 (d) Administer and provide for the availability of resource
23 management services, residential services, and community support
24 services as required under its contract with the authority;

25 (e) Contract with a sufficient number, as determined by the
26 authority, of licensed or certified providers for crisis services and
27 other behavioral health services required by the authority;

28 (f) Maintain adequate reserves or secure a bond as required by
29 its contract with the authority;

30 (g) Establish and maintain quality assurance processes;

31 (h) Meet established limitations on administrative costs for
32 agencies that contract with the behavioral health administrative
33 services organization; and

34 (i) Maintain patient tracking information as required by the
35 authority.

36 (2) The behavioral health administrative services organization
37 must collaborate with the authority and its contracted managed care
38 organizations to develop and implement strategies to coordinate care
39 with tribes and community behavioral health providers for individuals
40 with a history of frequent crisis system utilization.

1 (3) The behavioral health administrative services organization
2 shall:

3 (a) Assure that the special needs of minorities, older adults,
4 individuals with disabilities, children, and low-income persons are
5 met;

6 (b) Collaborate with local government entities to ensure that
7 policies do not result in an adverse shift of persons with mental
8 illness into state and local correctional facilities; and

9 (c) Work with the authority to expedite the enrollment or
10 reenrollment of eligible persons leaving state or local correctional
11 facilities and institutions for mental diseases.

12 (4) The behavioral health administrative services organization
13 shall employ an assisted outpatient treatment program coordinator to
14 oversee system coordination and legal compliance for assisted
15 outpatient treatment under RCW 71.05.148 and section 4 of this act.

16 **Sec. 27.** RCW 71.24.045 and 2021 c 263 s 17 and 2021 c 202 s 15
17 are each reenacted and amended to read as follows:

18 (1) The behavioral health administrative services organization
19 contracted with the authority pursuant to RCW 71.24.381 shall:

20 (a) Administer crisis services for the assigned regional service
21 area. Such services must include:

22 (i) A behavioral health crisis hotline for its assigned regional
23 service area;

24 (ii) Crisis response services twenty-four hours a day, seven days
25 a week, three hundred sixty-five days a year;

26 (iii) Services related to involuntary commitments under chapters
27 71.05 and 71.34 RCW;

28 (iv) Tracking of less restrictive alternative orders issued
29 within the region by superior courts, and providing notification to a
30 managed care organization in the region when one of its enrollees
31 receives a less restrictive alternative order so that the managed
32 care organization may ensure that the person is connected to services
33 and that the requirements of RCW 71.05.585 are complied with. If the
34 person receives a less restrictive alternative order and is returning
35 to another region, the behavioral health administrative services
36 organization shall notify the behavioral health administrative
37 services organization in the home region of the less restrictive
38 alternative order so that the home behavioral health administrative
39 services organization may notify the person's managed care

1 organization or provide services if the person is not enrolled in
2 medicaid and does not have other insurance which can pay for those
3 services;

4 (v) Additional noncrisis behavioral health services, within
5 available resources, to individuals who meet certain criteria set by
6 the authority in its contracts with the behavioral health
7 administrative services organization. These services may include
8 services provided through federal grant funds, provisos, and general
9 fund state appropriations;

10 (vi) Care coordination, diversion services, and discharge
11 planning for nonmedicaid individuals transitioning from state
12 hospitals or inpatient settings to reduce rehospitalization and
13 utilization of crisis services, as required by the authority in
14 contract; and

15 (vii) Regional coordination, cross-system and cross-jurisdiction
16 coordination with tribal governments, and capacity building efforts,
17 such as supporting the behavioral health advisory board and efforts
18 to support access to services or to improve the behavioral health
19 system;

20 (b) Administer and provide for the availability of an adequate
21 network of evaluation and treatment services to ensure access to
22 treatment, investigation, transportation, court-related, and other
23 services provided as required under chapter 71.05 RCW;

24 (c) Coordinate services for individuals under RCW 71.05.365;

25 (d) Administer and provide for the availability of resource
26 management services, residential services, and community support
27 services as required under its contract with the authority;

28 (e) Contract with a sufficient number, as determined by the
29 authority, of licensed or certified providers for crisis services and
30 other behavioral health services required by the authority;

31 (f) Maintain adequate reserves or secure a bond as required by
32 its contract with the authority;

33 (g) Establish and maintain quality assurance processes;

34 (h) Meet established limitations on administrative costs for
35 agencies that contract with the behavioral health administrative
36 services organization; and

37 (i) Maintain patient tracking information as required by the
38 authority.

39 (2) The behavioral health administrative services organization
40 must collaborate with the authority and its contracted managed care

1 organizations to develop and implement strategies to coordinate care
2 with tribes and community behavioral health providers for individuals
3 with a history of frequent crisis system utilization.

4 (3) The behavioral health administrative services organization
5 shall:

6 (a) Assure that the special needs of minorities, older adults,
7 individuals with disabilities, children, and low-income persons are
8 met;

9 (b) Collaborate with local government entities to ensure that
10 policies do not result in an adverse shift of persons with mental
11 illness into state and local correctional facilities; and

12 (c) Work with the authority to expedite the enrollment or
13 reenrollment of eligible persons leaving state or local correctional
14 facilities and institutions for mental diseases.

15 (4) The behavioral health administrative services organization
16 shall employ an assisted outpatient treatment program coordinator to
17 oversee system coordination and legal compliance for assisted
18 outpatient treatment under RCW 71.05.148 and section 4 of this act.

19 NEW SECTION. **Sec. 28.** By December 31, 2022, the administrative
20 office of the courts, in collaboration with stakeholders, shall: (1)
21 Develop a court form or forms for the filing of a petition under RCW
22 71.05.148 and section 4 of this act; and (2) develop and publish on
23 its website a user's guide to assist litigants in the preparation and
24 filing of a petition under RCW 71.05.148 or section 4 of this act.

25 **Sec. 29.** RCW 71.05.740 and 2021 c 263 s 15 are each amended to
26 read as follows:

27 (1) All behavioral health administrative services organizations
28 in the state of Washington must forward historical behavioral health
29 involuntary commitment information retained by the organization,
30 including identifying information and dates of commitment to the
31 authority. As soon as feasible, the behavioral health administrative
32 services organizations must arrange to report new commitment data to
33 the authority within twenty-four hours. Commitment information under
34 this section does not need to be resent if it is already in the
35 possession of the authority. Behavioral health administrative
36 services organizations and the authority shall be immune from
37 liability related to the sharing of commitment information under this
38 section.

1 (2) The clerk of the court must share commitment hearing outcomes
2 in all hearings under this chapter with the local behavioral health
3 administrative services organization that serves the region where the
4 superior court is located, including in cases in which the designated
5 crisis responder investigation occurred outside the region. The
6 hearing outcome data must include the name of the facility to which a
7 person has been committed.

8 NEW SECTION. **Sec. 30.** A new section is added to chapter 71.05
9 RCW to read as follows:

10 (1) The legislature finds that prevention of harm and the safety
11 of persons with behavioral health disorders, behavioral health
12 professionals, and other health care professionals engaging in a
13 variety of activities under this chapter and chapters 71.34, and
14 10.77 RCW, depends upon a close and collaborative working
15 relationship with peace officers and other first responders to de-
16 escalate situations with a potential for harm and accomplish the
17 goals of these chapters.

18 (2) A peace officer's obligation under RCW 10.120.020 to provide
19 assistance under this chapter and chapters 71.34 and 10.77 RCW
20 includes, but is not limited to:

21 (a) Taking a person into custody who a designated crisis
22 responder has determined meets criteria for detention under this
23 chapter or chapter 71.34 or 10.77 RCW;

24 (b) Taking a person into custody who the peace officer has
25 reasonable cause to believe may have a behavioral health disorder and
26 may present an imminent likelihood of serious harm or may be in
27 imminent danger due to being gravely disabled; and

28 (c) Executing or enforcing an order to detain, an order to
29 apprehend, or any other order or warrant that supports a detention
30 under this chapter or chapter 71.34 or 10.77 RCW.

31 (3) De-escalation tactics employed by an officer under RCW
32 10.120.010 must include supporting the safety of a crisis
33 intervention team, designated crisis responder, or other behavioral
34 health professional in responding to an incident or executing other
35 duties under this chapter or chapter 71.34 or 10.77 RCW.

36 NEW SECTION. **Sec. 31.** Sections 1, 2, and 32 of this act take
37 effect July 1, 2022.

1 **Sec. 32.** 2021 c 264 s 24 (uncodified) and 2021 c 263 s 21
2 (uncodified) are each reenacted and amended to read as follows:

3 (1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and
4 14, chapter 263, Laws of 2021, (~~and, until July 1, 2022, section 22,~~
5 ~~chapter 264, Laws of 2021 and, beginning July 1, 2022,~~) section 23,
6 chapter 264, Laws of 2021, and sections 2 and 10, chapter ... (this
7 act), Laws of 2022 take effect when monthly single-bed certifications
8 authorized under RCW 71.05.745 fall below 200 reports for 3
9 consecutive months.

10 (2) The health care authority must provide written notice of the
11 effective date of sections 4 and 28, chapter 302, Laws of 2020,
12 sections 13 and 14, chapter 263, Laws of 2021, (~~and sections 22~~
13 ~~and~~) section 23, chapter 264, Laws of 2021, and sections 2 and 10,
14 chapter ... (this act), Laws of 2022 to affected parties, the chief
15 clerk of the house of representatives, the secretary of the senate,
16 the office of the code reviser, and others as deemed appropriate by
17 the authority.

18 NEW SECTION. **Sec. 33.** Sections 5, 12, 17, and 23 of this act
19 expire July 1, 2026.

20 NEW SECTION. **Sec. 34.** Sections 6, 13, 18, and 24 of this act
21 take effect July 1, 2026.

22 NEW SECTION. **Sec. 35.** Section 26 of this act expires October 1,
23 2022.

24 NEW SECTION. **Sec. 36.** Section 27 of this act takes effect
25 October 1, 2022.

26 NEW SECTION. **Sec. 37.** If specific funding for the purposes of
27 this act, referencing this act by bill or chapter number, is not
28 provided by June 30, 2022, in the omnibus appropriations act, this
29 act is null and void."

SHB 1773 - S COMM AMD
By Committee on Ways & Means

ADOPTED AS AMENDED 03/03/2022

1 On page 1, line 2 of the title, after "disorders;" strike the
2 remainder of the title and insert "amending RCW 71.05.148, 71.05.150,
3 71.05.150, 71.05.156, 71.05.212, 71.05.230, 71.05.240, 71.05.240,
4 71.05.245, 71.05.280, 71.05.290, 71.05.365, 71.05.585, 10.77.175,
5 71.05.590, 71.05.590, 71.05.595, 71.24.045, and 71.05.740; reenacting
6 and amending RCW 71.05.020, 71.05.020, 71.05.201, 71.05.212,
7 71.05.320, 71.05.320, 71.34.755, and 71.24.045; reenacting and
8 amending 2021 c 264 s 24 and 2021 c 263 s 21 (uncodified); adding a
9 new section to chapter 71.34 RCW; adding a new section to chapter
10 71.05 RCW; creating new sections; providing effective dates;
11 providing a contingent effective date; and providing expiration
12 dates."

EFFECT: Amends criteria used to find that a person is in need of assisted outpatient treatment (AOT). Allows an AOT petition to be filed by the designee of the director of a hospital or behavioral health service provider. Eliminates review of AOT petition by the prosecutor and the obligation of the prosecutor to effectuate service of an AOT petition or schedule an AOT hearing and instead requires the court to fix a hearing date 3 to 7 days after the date of service or as stipulated by the parties but no later than 30 days. Allows the court to conduct an AOT hearing in the respondent's absence if the respondent fails to appear and is represented by counsel. Allows the court to order a mental examination of the respondent if the respondent previously refused to be examined by a qualified professional. Requires the Administrative Office of the Courts to develop court forms and a User's Guide for filing an AOT petition. Allows a court to order partial hospitalization and/or intensive outpatient treatment as part of a less restrictive alternative order, including for an adolescent. Changes terminology in involuntary commitment statutes from written order for apprehension to warrant. Specifies that involuntary commitment hearing outcomes which must be shared by the clerk of the court are limited to commitment hearings. Specifies that a peace officer's obligation to provide assistance to an involuntary commitment civil process includes taking a person into custody who a designated crisis responder has determined meets the criteria for detention, who the peace office has reasonable cause to believe may have a behavioral health disorder and may present an imminent likelihood of serious harm or may be in imminent danger due to being gravely disabled, and to execute or enforce an order to detain, apprehend, or a warrant, and that officers must support the safety of a crisis intervention team, designated crisis responder, or other behavioral health professional responding to an incident or performing other duties relating to involuntary commitment as part of de-escalation tactics. Requires the behavioral health administrative services organization, instead of the prosecutor, to provide notice to the tribe and Indian health care provider regarding the filing of an assistant outpatient treatment petition concerning a person who is an American Indian or Alaska Native who receives medical or

behavioral health services from a tribe within the state of
Washington.

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