

---

**SENATE BILL 5120**

---

**State of Washington**

**68th Legislature**

**2023 Regular Session**

**By** Senators Dhingra, Wagoner, Braun, Frame, Hasegawa, Keiser, Kuderer, Nguyen, Nobles, Pedersen, Randall, Saldaña, Shewmake, Stanford, Warnick, Wellman, and C. Wilson

Prefiled 12/30/22. Read first time 01/09/23. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to establishing 23-hour crisis relief centers in  
2 Washington state; amending RCW 71.05.020, 71.05.020, 71.05.050,  
3 71.05.150, 71.05.150, 71.05.590, 71.05.590, 71.34.020, 71.34.020,  
4 71.34.351, 71.34.700, 71.34.700, 71.05.755, 71.24.890, 10.31.110,  
5 10.77.086, and 10.77.088; amending 2022 c 210 s 31 and 2021 c 264 s  
6 29 (uncodified); reenacting and amending RCW 71.24.025, 71.05.153,  
7 71.05.153, and 48.43.005; adding a new section to chapter 71.24 RCW;  
8 creating new sections; repealing RCW 71.24.647; providing an  
9 effective date; providing contingent effective dates; and providing  
10 an expiration date.

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

12 **Sec. 1.** RCW 71.24.025 and 2021 c 302 s 402 are each reenacted  
13 and amended to read as follows:

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

16 (1) "988 crisis hotline" means the universal telephone number  
17 within the United States designated for the purpose of the national  
18 suicide prevention and mental health crisis hotline system operating  
19 through the national suicide prevention lifeline.

20 (2) "Acutely mentally ill" means a condition which is limited to  
21 a short-term severe crisis episode of:

1 (a) A mental disorder as defined in RCW 71.05.020 or, in the case  
2 of a child, as defined in RCW 71.34.020;

3 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
4 case of a child, a gravely disabled minor as defined in RCW  
5 71.34.020; or

6 (c) Presenting a likelihood of serious harm as defined in RCW  
7 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

14 (4) "Approved substance use disorder treatment program" means a  
15 program for persons with a substance use disorder provided by a  
16 treatment program licensed or certified by the department as meeting  
17 standards adopted under this chapter.

18 (5) "Authority" means the Washington state health care authority.

19 (6) "Available resources" means funds appropriated for the  
20 purpose of providing community behavioral health programs, federal  
21 funds, except those provided according to Title XIX of the Social  
22 Security Act, and state funds appropriated under this chapter or  
23 chapter 71.05 RCW by the legislature during any biennium for the  
24 purpose of providing residential services, resource management  
25 services, community support services, and other behavioral health  
26 services. This does not include funds appropriated for the purpose of  
27 operating and administering the state psychiatric hospitals.

28 (7) "Behavioral health administrative services organization"  
29 means an entity contracted with the authority to administer  
30 behavioral health services and programs under RCW 71.24.381,  
31 including crisis services and administration of chapter 71.05 RCW,  
32 the involuntary treatment act, for all individuals in a defined  
33 regional service area.

34 (8) "Behavioral health aide" means a counselor, health educator,  
35 and advocate who helps address individual and community-based  
36 behavioral health needs, including those related to alcohol, drug,  
37 and tobacco abuse as well as mental health problems such as grief,  
38 depression, suicide, and related issues and is certified by a  
39 community health aide program of the Indian health service or one or

1 more tribes or tribal organizations consistent with the provisions of  
2 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

3 (9) "Behavioral health provider" means a person licensed under  
4 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as  
5 it applies to registered nurses and advanced registered nurse  
6 practitioners.

7 (10) "Behavioral health services" means mental health services,  
8 substance use disorder treatment services, and co-occurring disorder  
9 treatment services as described in this chapter and chapter 71.36 RCW  
10 (~~and substance use disorder treatment services as described in this~~  
11 ~~chapter~~)) that, depending on the type of service, are provided by  
12 licensed or certified behavioral health agencies, behavioral health  
13 providers, or integrated into other health care providers.

14 (11) "Child" means a person under the age of eighteen years.

15 (12) "Chronically mentally ill adult" or "adult who is  
16 chronically mentally ill" means an adult who has a mental disorder  
17 and meets at least one of the following criteria:

18 (a) Has undergone two or more episodes of hospital care for a  
19 mental disorder within the preceding two years; or

20 (b) Has experienced a continuous psychiatric hospitalization or  
21 residential treatment exceeding six months' duration within the  
22 preceding year; or

23 (c) Has been unable to engage in any substantial gainful activity  
24 by reason of any mental disorder which has lasted for a continuous  
25 period of not less than twelve months. "Substantial gainful activity"  
26 shall be defined by the authority by rule consistent with Public Law  
27 92-603, as amended.

28 (13) "Clubhouse" means a community-based program that provides  
29 rehabilitation services and is licensed or certified by the  
30 department.

31 (14) "Community behavioral health program" means all  
32 expenditures, services, activities, or programs, including reasonable  
33 administration and overhead, designed and conducted to prevent or  
34 treat substance use disorder, mental illness, or both in the  
35 community behavioral health system.

36 (15) "Community behavioral health service delivery system" means  
37 public, private, or tribal agencies that provide services  
38 specifically to persons with mental disorders, substance use  
39 disorders, or both, as defined under RCW 71.05.020 and receive  
40 funding from public sources.

1           (16) "Community support services" means services authorized,  
2 planned, and coordinated through resource management services  
3 including, at a minimum, assessment, diagnosis, emergency crisis  
4 intervention available twenty-four hours, seven days a week,  
5 prescreening determinations for persons who are mentally ill being  
6 considered for placement in nursing homes as required by federal law,  
7 screening for patients being considered for admission to residential  
8 services, diagnosis and treatment for children who are acutely  
9 mentally ill or severely emotionally or behaviorally disturbed  
10 discovered under screening through the federal Title XIX early and  
11 periodic screening, diagnosis, and treatment program, investigation,  
12 legal, and other nonresidential services under chapter 71.05 RCW,  
13 case management services, psychiatric treatment including medication  
14 supervision, counseling, psychotherapy, assuring transfer of relevant  
15 patient information between service providers, recovery services, and  
16 other services determined by behavioral health administrative  
17 services organizations.

18           (17) "Consensus-based" means a program or practice that has  
19 general support among treatment providers and experts, based on  
20 experience or professional literature, and may have anecdotal or case  
21 study support, or that is agreed but not possible to perform studies  
22 with random assignment and controlled groups.

23           (18) "County authority" means the board of county commissioners,  
24 county council, or county executive having authority to establish a  
25 behavioral health administrative services organization, or two or  
26 more of the county authorities specified in this subsection which  
27 have entered into an agreement to establish a behavioral health  
28 administrative services organization.

29           (19) "Crisis call center hub" means a state-designated center  
30 participating in the national suicide prevention lifeline network to  
31 respond to statewide or regional 988 calls that meets the  
32 requirements of RCW 71.24.890.

33           (20) "Crisis stabilization services" means services such as 23-  
34 hour crisis (~~(stabilization units based on the living room model)~~)  
35 relief centers, crisis stabilization units (~~(as provided in RCW~~  
36 ~~71.05.020, triage facilities as provided in RCW 71.05.020)~~), short-  
37 term respite facilities, peer-run respite services, and same-day  
38 walk-in behavioral health services, including within the overall  
39 crisis system components that operate like hospital emergency

1 departments that accept all walk-ins, and ambulance, fire, and police  
2 drop-offs.

3 (21) "Department" means the department of health.

4 (22) "Designated crisis responder" has the same meaning as in RCW  
5 71.05.020.

6 (23) "Director" means the director of the authority.

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

13 (25) "Early adopter" means a regional service area for which all  
14 of the county authorities have requested that the authority purchase  
15 medical and behavioral health services through a managed care health  
16 system as defined under RCW 71.24.380(~~(+6)~~) (7).

17 (26) "Emerging best practice" or "promising practice" means a  
18 program or practice that, based on statistical analyses or a well  
19 established theory of change, shows potential for meeting the  
20 evidence-based or research-based criteria, which may include the use  
21 of a program that is evidence-based for outcomes other than those  
22 listed in subsection (27) of this section.

23 (27) "Evidence-based" means a program or practice that has been  
24 tested in heterogeneous or intended populations with multiple  
25 randomized, or statistically controlled evaluations, or both; or one  
26 large multiple site randomized, or statistically controlled  
27 evaluation, or both, where the weight of the evidence from a systemic  
28 review demonstrates sustained improvements in at least one outcome.  
29 "Evidence-based" also means a program or practice that can be  
30 implemented with a set of procedures to allow successful replication  
31 in Washington and, when possible, is determined to be cost-  
32 beneficial.

33 (28) "Indian health care provider" means a health care program  
34 operated by the Indian health service or by a tribe, tribal  
35 organization, or urban Indian organization as those terms are defined  
36 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

37 (29) "Intensive behavioral health treatment facility" means a  
38 community-based specialized residential treatment facility for  
39 individuals with behavioral health conditions, including individuals  
40 discharging from or being diverted from state and local hospitals,

1 whose impairment or behaviors do not meet, or no longer meet,  
2 criteria for involuntary inpatient commitment under chapter 71.05  
3 RCW, but whose care needs cannot be met in other community-based  
4 placement settings.

5 (30) "Licensed or certified behavioral health agency" means:

6 (a) An entity licensed or certified according to this chapter or  
7 chapter 71.05 RCW;

8 (b) An entity deemed to meet state minimum standards as a result  
9 of accreditation by a recognized behavioral health accrediting body  
10 recognized and having a current agreement with the department; or

11 (c) An entity with a tribal attestation that it meets state  
12 minimum standards for a licensed or certified behavioral health  
13 agency.

14 (31) "Licensed physician" means a person licensed to practice  
15 medicine or osteopathic medicine and surgery in the state of  
16 Washington.

17 (32) "Long-term inpatient care" means inpatient services for  
18 persons committed for, or voluntarily receiving intensive treatment  
19 for, periods of ninety days or greater under chapter 71.05 RCW.

20 "Long-term inpatient care" as used in this chapter does not include:

21 (a) Services for individuals committed under chapter 71.05 RCW who  
22 are receiving services pursuant to a conditional release or a court-  
23 ordered less restrictive alternative to detention; or (b) services  
24 for individuals voluntarily receiving less restrictive alternative  
25 treatment on the grounds of the state hospital.

26 (33) "Managed care organization" means an organization, having a  
27 certificate of authority or certificate of registration from the  
28 office of the insurance commissioner, that contracts with the  
29 authority under a comprehensive risk contract to provide prepaid  
30 health care services to enrollees under the authority's managed care  
31 programs under chapter 74.09 RCW.

32 (34) "Mental health peer-run respite center" means a peer-run  
33 program to serve individuals in need of voluntary, short-term,  
34 noncrisis services that focus on recovery and wellness.

35 (35) Mental health "treatment records" include registration and  
36 all other records concerning persons who are receiving or who at any  
37 time have received services for mental illness, which are maintained  
38 by the department of social and health services or the authority, by  
39 behavioral health administrative services organizations and their  
40 staffs, by managed care organizations and their staffs, or by

1 treatment facilities. "Treatment records" do not include notes or  
2 records maintained for personal use by a person providing treatment  
3 services for the entities listed in this subsection, or a treatment  
4 facility if the notes or records are not available to others.

5 (36) "Mentally ill persons," "persons who are mentally ill," and  
6 "the mentally ill" mean persons and conditions defined in subsections  
7 (2), (12), (44), and (45) of this section.

8 (37) "Mobile rapid response crisis team" means a team that  
9 provides professional on-site community-based intervention such as  
10 outreach, de-escalation, stabilization, resource connection, and  
11 follow-up support for individuals who are experiencing a behavioral  
12 health crisis, that shall include certified peer counselors as a best  
13 practice to the extent practicable based on workforce availability,  
14 and that meets standards for response times established by the  
15 authority.

16 (38) "Recovery" means a process of change through which  
17 individuals improve their health and wellness, live a self-directed  
18 life, and strive to reach their full potential.

19 (39) "Research-based" means a program or practice that has been  
20 tested with a single randomized, or statistically controlled  
21 evaluation, or both, demonstrating sustained desirable outcomes; or  
22 where the weight of the evidence from a systemic review supports  
23 sustained outcomes as described in subsection (27) of this section  
24 but does not meet the full criteria for evidence-based.

25 (40) "Residential services" means a complete range of residences  
26 and supports authorized by resource management services and which may  
27 involve a facility, a distinct part thereof, or services which  
28 support community living, for persons who are acutely mentally ill,  
29 adults who are chronically mentally ill, children who are severely  
30 emotionally disturbed, or adults who are seriously disturbed and  
31 determined by the behavioral health administrative services  
32 organization or managed care organization to be at risk of becoming  
33 acutely or chronically mentally ill. The services shall include at  
34 least evaluation and treatment services as defined in chapter 71.05  
35 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
36 care, and supervised and supported living services, and shall also  
37 include any residential services developed to service persons who are  
38 mentally ill in nursing homes, residential treatment facilities,  
39 assisted living facilities, and adult family homes, and may include  
40 outpatient services provided as an element in a package of services

1 in a supported housing model. Residential services for children in  
2 out-of-home placements related to their mental disorder shall not  
3 include the costs of food and shelter, except for children's long-  
4 term residential facilities existing prior to January 1, 1991.

5 (41) "Resilience" means the personal and community qualities that  
6 enable individuals to rebound from adversity, trauma, tragedy,  
7 threats, or other stresses, and to live productive lives.

8 (42) "Resource management services" mean the planning,  
9 coordination, and authorization of residential services and community  
10 support services administered pursuant to an individual service plan  
11 for: (a) Adults and children who are acutely mentally ill; (b) adults  
12 who are chronically mentally ill; (c) children who are severely  
13 emotionally disturbed; or (d) adults who are seriously disturbed and  
14 determined by a behavioral health administrative services  
15 organization or managed care organization to be at risk of becoming  
16 acutely or chronically mentally ill. Such planning, coordination, and  
17 authorization shall include mental health screening for children  
18 eligible under the federal Title XIX early and periodic screening,  
19 diagnosis, and treatment program. Resource management services  
20 include seven day a week, twenty-four hour a day availability of  
21 information regarding enrollment of adults and children who are  
22 mentally ill in services and their individual service plan to  
23 designated crisis responders, evaluation and treatment facilities,  
24 and others as determined by the behavioral health administrative  
25 services organization or managed care organization, as applicable.

26 (43) "Secretary" means the secretary of the department of health.

27 (44) "Seriously disturbed person" means a person who:

28 (a) Is gravely disabled or presents a likelihood of serious harm  
29 to himself or herself or others, or to the property of others, as a  
30 result of a mental disorder as defined in chapter 71.05 RCW;

31 (b) Has been on conditional release status, or under a less  
32 restrictive alternative order, at some time during the preceding two  
33 years from an evaluation and treatment facility or a state mental  
34 health hospital;

35 (c) Has a mental disorder which causes major impairment in  
36 several areas of daily living;

37 (d) Exhibits suicidal preoccupation or attempts; or

38 (e) Is a child diagnosed by a mental health professional, as  
39 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
40 is clearly interfering with the child's functioning in family or



1 school or with peers or is clearly interfering with the child's  
2 personality development and learning.

3 (45) "Severely emotionally disturbed child" or "child who is  
4 severely emotionally disturbed" means a child who has been determined  
5 by the behavioral health administrative services organization or  
6 managed care organization, if applicable, to be experiencing a mental  
7 disorder as defined in chapter 71.34 RCW, including those mental  
8 disorders that result in a behavioral or conduct disorder, that is  
9 clearly interfering with the child's functioning in family or school  
10 or with peers and who meets at least one of the following criteria:

11 (a) Has undergone inpatient treatment or placement outside of the  
12 home related to a mental disorder within the last two years;

13 (b) Has undergone involuntary treatment under chapter 71.34 RCW  
14 within the last two years;

15 (c) Is currently served by at least one of the following child-  
16 serving systems: Juvenile justice, child-protection/welfare, special  
17 education, or developmental disabilities;

18 (d) Is at risk of escalating maladjustment due to:

19 (i) Chronic family dysfunction involving a caretaker who is  
20 mentally ill or inadequate;

21 (ii) Changes in custodial adult;

22 (iii) Going to, residing in, or returning from any placement  
23 outside of the home, for example, psychiatric hospital, short-term  
24 inpatient, residential treatment, group or foster home, or a  
25 correctional facility;

26 (iv) Subject to repeated physical abuse or neglect;

27 (v) Drug or alcohol abuse; or

28 (vi) Homelessness.

29 (46) "State minimum standards" means minimum requirements  
30 established by rules adopted and necessary to implement this chapter  
31 by:

32 (a) The authority for:

33 (i) Delivery of mental health and substance use disorder  
34 services; and

35 (ii) Community support services and resource management services;

36 (b) The department of health for:

37 (i) Licensed or certified behavioral health agencies for the  
38 purpose of providing mental health or substance use disorder programs  
39 and services, or both;

1 (ii) Licensed behavioral health providers for the provision of  
2 mental health or substance use disorder services, or both; and  
3 (iii) Residential services.

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

10 (48) "Tribe," for the purposes of this section, means a federally  
11 recognized Indian tribe.

12 (49) "23-hour crisis relief center" means a community-based  
13 facility or portion of a facility, licensed or certified by the  
14 department of health, open 24 hours a day, seven days a week,  
15 offering access to mental health and substance use care for no more  
16 than 23 hours and 59 minutes at a time per patient, which accepts all  
17 walk-ins and drop-offs from ambulance, fire, and police regardless of  
18 behavioral health acuity, and meets the requirements under section 2  
19 of this act.

20 (50) "Crisis stabilization unit" has the same meaning as under  
21 RCW 71.05.020.

22 NEW SECTION. Sec. 2. A new section is added to chapter 71.24  
23 RCW to read as follows:

24 (1) The secretary shall license or certify 23-hour crisis relief  
25 centers that meet state minimum standards. The secretary shall create  
26 rules in consultation with the authority to create standards for  
27 licensure or certification of 23-hour crisis relief centers. The  
28 rules, at a minimum, must require the 23-hour crisis relief center  
29 to:

30 (a) Offer walk-in options and drop-off options for first  
31 responders, without a requirement for medical clearance for these  
32 individuals. The facility must be structured to have the capacity to  
33 accept admissions 90 percent of the time with a no-refusal policy for  
34 persons dropped off by first responders and persons referred through  
35 the 988 system;

36 (b) Provide services to address mental health and substance use  
37 crisis issues;

38 (c) Maintain capacity to assess physical health needs, deliver  
39 wound care, and provide care for most minor physical or basic health

1 needs that can be addressed without need for additional medical  
2 diagnosis or provider orders, with an identified pathway to transfer  
3 the person to more medically appropriate services if needed;

4 (d) Be staffed 24 hours a day, seven days a week, with a  
5 multidisciplinary team capable of meeting the needs of individuals  
6 experiencing all levels of crisis in the community;

7 (e) Screen all individuals for suicide risk and engage in  
8 comprehensive suicide risk assessment and planning when clinically  
9 indicated;

10 (f) Screen all individuals for violence risk and engage in  
11 comprehensive violence risk assessment and planning when clinically  
12 indicated;

13 (g) Limit patient stays to a maximum of 23 hours and 59 minutes  
14 except for patients waiting on a designated crisis responder  
15 evaluation or transitioning to an aftercare plan. Exceptions to the  
16 time limit made under this subsection shall not cause a 23-hour  
17 crisis relief center to be classified as a residential treatment  
18 facility under RCW 71.12.455;

19 (h) Maintain relationships with entities capable of providing for  
20 reasonably anticipated ongoing service needs of clients, unless the  
21 licensee itself provides sufficient aftercare services; and

22 (i) When appropriate, coordinate connection to ongoing care.

23 (2) The secretary shall specify physical environment standards  
24 for the construction review process that are responsive to the unique  
25 characteristics of facilities operating under the 23-hour crisis  
26 relief center model.

27 **Sec. 3.** RCW 71.05.020 and 2022 c 210 s 1 are each amended to  
28 read as follows:

29 The definitions in this section apply throughout this chapter  
30 unless the context clearly requires otherwise.

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

35 (2) "Alcoholism" means a disease, characterized by a dependency  
36 on alcoholic beverages, loss of control over the amount and  
37 circumstances of use, symptoms of tolerance, physiological or  
38 psychological withdrawal, or both, if use is reduced or discontinued,

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

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

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

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

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

15 (7) "Behavioral health disorder" means either a mental disorder  
16 as defined in this section, a substance use disorder as defined in  
17 this section, or a co-occurring mental disorder and substance use  
18 disorder;

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

33 (9) "Co-occurring disorder specialist" means an individual  
34 possessing an enhancement granted by the department of health under  
35 chapter 18.205 RCW that certifies the individual to provide substance  
36 use disorder counseling subject to the practice limitations under RCW  
37 18.205.105;

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

1 (11) "Community behavioral health agency" has the same meaning as  
2 "licensed or certified behavioral health agency" defined in RCW  
3 71.24.025;

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

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

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

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

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

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

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

32 (19) "Developmental disability" means that condition defined in  
33 RCW 71A.10.020(~~(+5)~~) (6);

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

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

38 (22) "Drug addiction" means a disease, characterized by a  
39 dependency on psychoactive chemicals, loss of control over the amount  
40 and circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,  
2 and impairment of health or disruption of social or economic  
3 functioning;

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

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

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

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

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

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

3 (29) "In need of assisted outpatient treatment" refers to a  
4 person who meets the criteria for assisted outpatient treatment  
5 established under RCW 71.05.148;

6 (30) "Individualized service plan" means a plan prepared by a  
7 developmental disabilities professional with other professionals as a  
8 team, for a person with developmental disabilities, which shall  
9 state:

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

12 (b) The conditions and strategies necessary to achieve the  
13 purposes of habilitation;

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

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

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

19 (f) Where relevant in light of past criminal behavior and due  
20 consideration for public safety, the criteria for proposed movement  
21 to less-restrictive settings, criteria for proposed eventual  
22 discharge or release, and a projected possible date for discharge or  
23 release; and

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

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

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

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

35 (34) "Less restrictive alternative treatment" means a program of  
36 individualized treatment in a less restrictive setting than inpatient  
37 treatment that includes the services described in RCW 71.05.585. This  
38 term includes: Treatment pursuant to a less restrictive alternative  
39 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant

1 to a conditional release under RCW 71.05.340; and treatment pursuant  
2 to an assisted outpatient treatment order under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

36 (42) "Private agency" means any person, partnership, corporation,  
37 or association that is not a public agency, whether or not financed  
38 in whole or in part by public funds, which constitutes an evaluation  
39 and treatment facility or private institution, or hospital, or  
40 approved substance use disorder treatment program, which is conducted



1 for, or includes a department or ward conducted for, the care and  
2 treatment of persons with behavioral health disorders;

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

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

13 (45) "Psychiatrist" means a person having a license as a  
14 physician and surgeon in this state who has in addition completed  
15 three years of graduate training in psychiatry in a program approved  
16 by the American medical association or the American osteopathic  
17 association and is certified or eligible to be certified by the  
18 American board of psychiatry and neurology;

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

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

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

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

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

35 (51) "Secure withdrawal management and stabilization facility"  
36 means a facility operated by either a public or private agency or by  
37 the program of an agency which provides care to voluntary individuals  
38 and individuals involuntarily detained and committed under this  
39 chapter for whom there is a likelihood of serious harm or who are

1 gravely disabled due to the presence of a substance use disorder.  
2 Secure withdrawal management and stabilization facilities must:

3 (a) Provide the following services:

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

6 (ii) Clinical stabilization services;

7 (iii) Acute or subacute detoxification services for intoxicated  
8 individuals; and

9 (iv) Discharge assistance provided by certified substance use  
10 disorder professionals or co-occurring disorder specialists,  
11 including facilitating transitions to appropriate voluntary or  
12 involuntary inpatient services or to less restrictive alternatives as  
13 appropriate for the individual;

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

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

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

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

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

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

35 (56) "Treatment records" include registration and all other  
36 records concerning persons who are receiving or who at any time have  
37 received services for behavioral health disorders, which are  
38 maintained by the department of social and health services, the  
39 department, the authority, behavioral health administrative services  
40 organizations and their staffs, managed care organizations and their

1 staffs, and by treatment facilities. Treatment records include mental  
2 health information contained in a medical bill including but not  
3 limited to mental health drugs, a mental health diagnosis, provider  
4 name, and dates of service stemming from a medical service. Treatment  
5 records do not include notes or records maintained for personal use  
6 by a person providing treatment services for the department of social  
7 and health services, the department, the authority, behavioral health  
8 administrative services organizations, managed care organizations, or  
9 a treatment facility if the notes or records are not available to  
10 others;

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

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

28 ~~((59))~~ (58) "Violent act" means behavior that resulted in  
29 homicide, attempted suicide, injury, or substantial loss or damage to  
30 property;

31 (59) "23-hour crisis relief center" has the same meaning as under  
32 RCW 71.24.025.

33 **Sec. 4.** RCW 71.05.020 and 2022 c 210 s 2 are each amended to  
34 read as follows:

35 The definitions in this section apply throughout this chapter  
36 unless the context clearly requires otherwise.

37 (1) "Admission" or "admit" means a decision by a physician,  
38 physician assistant, or psychiatric advanced registered nurse

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

3 (2) "Alcoholism" means a disease, characterized by a dependency  
4 on alcoholic beverages, loss of control over the amount and  
5 circumstances of use, symptoms of tolerance, physiological or  
6 psychological withdrawal, or both, if use is reduced or discontinued,  
7 and impairment of health or disruption of social or economic  
8 functioning;

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

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

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

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

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

25 (8) "Behavioral health service provider" means a public or  
26 private agency that provides mental health, substance use disorder,  
27 or co-occurring disorder services to persons with behavioral health  
28 disorders as defined under this section and receives funding from  
29 public sources. This includes, but is not limited to: Hospitals  
30 licensed under chapter 70.41 RCW; evaluation and treatment facilities  
31 as defined in this section; community mental health service delivery  
32 systems or community behavioral health programs as defined in RCW  
33 71.24.025; licensed or certified behavioral health agencies under RCW  
34 71.24.037; facilities conducting competency evaluations and  
35 restoration under chapter 10.77 RCW; approved substance use disorder  
36 treatment programs as defined in this section; secure withdrawal  
37 management and stabilization facilities as defined in this section;  
38 and correctional facilities operated by state and local governments;

39 (9) "Co-occurring disorder specialist" means an individual  
40 possessing an enhancement granted by the department of health under

1 chapter 18.205 RCW that certifies the individual to provide substance  
2 use disorder counseling subject to the practice limitations under RCW  
3 18.205.105;

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

7 (11) "Community behavioral health agency" has the same meaning as  
8 "licensed or certified behavioral health agency" defined in RCW  
9 71.24.025;

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

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

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

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

22 (16) "Designated crisis responder" means a mental health  
23 professional appointed by the county, by an entity appointed by the  
24 county, or by the authority in consultation with a federally  
25 recognized Indian tribe or after meeting and conferring with an  
26 Indian health care provider, to perform the duties specified in this  
27 chapter;

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

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

38 (19) "Developmental disability" means that condition defined in  
39 RCW 71A.10.020(~~(+5)~~) (6);

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

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

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

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

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

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

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

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

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

8 (29) "In need of assisted outpatient treatment" refers to a  
9 person who meets the criteria for assisted outpatient treatment  
10 established under RCW 71.05.148;

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

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

17 (b) The conditions and strategies necessary to achieve the  
18 purposes of habilitation;

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

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

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

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

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

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

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

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

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

8 (35) "Licensed physician" means a person licensed to practice  
9 medicine or osteopathic medicine and surgery in the state of  
10 Washington;

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

8 (a) Provide the following services:

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

11 (ii) Clinical stabilization services;

12 (iii) Acute or subacute detoxification services for intoxicated  
13 individuals; and

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

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

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

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

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

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

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

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

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

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

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

28 ~~(59))~~ "Video," unless the context clearly indicates otherwise,  
29 means the delivery of behavioral health services through the use of  
30 interactive audio and video technology, permitting real-time  
31 communication between a person and a designated crisis responder, for  
32 the purpose of evaluation. "Video" does not include the use of audio-  
33 only telephone, facsimile, email, or store and forward technology.  
34 "Store and forward technology" means use of an asynchronous  
35 transmission of a person's medical information from a mental health  
36 service provider to the designated crisis responder which results in  
37 medical diagnosis, consultation, or treatment;

38 ~~((+60))~~ (59) "Violent act" means behavior that resulted in  
39 homicide, attempted suicide, injury, or substantial loss or damage to  
40 property;

1       (60) "23-hour crisis relief center" has the same meaning as under  
2 RCW 71.24.025.

3       **Sec. 5.** RCW 71.05.050 and 2020 c 302 s 9 are each amended to  
4 read as follows:

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

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

32       (3) If a person is brought to the emergency room of a public or  
33 private agency or hospital for observation or treatment, the person  
34 refuses voluntary admission, and the professional staff of the public  
35 or private agency or hospital regard such person as presenting as a  
36 result of a behavioral health disorder an imminent likelihood of  
37 serious harm, or as presenting an imminent danger because of grave  
38 disability, they may detain such person for sufficient time to notify  
39 the designated crisis responder of such person's condition to enable

1 the designated crisis responder to authorize such person being  
2 further held in custody or transported to an evaluation treatment  
3 center, secure withdrawal management and stabilization facility, or  
4 approved substance use disorder treatment program pursuant to the  
5 conditions in this chapter, but which time shall be no more than six  
6 hours from the time the professional staff notify the designated  
7 crisis responder of the need for evaluation, not counting time  
8 periods prior to medical clearance.

9 (4) If a person is brought to or accepted at a 23-hour crisis  
10 relief center and thereafter refuses to stay voluntarily, and the  
11 professional staff of the 23-hour crisis relief center regard the  
12 person as presenting as a result of a behavioral health disorder an  
13 imminent likelihood of serious harm, or presenting as an imminent  
14 danger because of grave disability, they may detain the person for  
15 sufficient time to enable the designated crisis responder to  
16 authorize the person being further held in custody or transported to  
17 a hospital emergency department, evaluation and treatment center,  
18 secure withdrawal management and stabilization facility, or approved  
19 substance use disorder treatment program pursuant to the provisions  
20 of this chapter, but which time shall be no more than 12 hours from  
21 the time the professional staff notify the designated crisis  
22 responder of the need for evaluation.

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

28 **Sec. 6.** RCW 71.05.150 and 2022 c 210 s 5 are each amended to  
29 read as follows:

30 (1) When a designated crisis responder receives information  
31 alleging that a person, as a result of a behavioral health disorder,  
32 presents a likelihood of serious harm or is gravely disabled, the  
33 designated crisis responder may, after investigation and evaluation  
34 of the specific facts alleged and of the reliability and credibility  
35 of any person providing information to initiate detention, if  
36 satisfied that the allegations are true and that the person will not  
37 voluntarily seek appropriate treatment, file a petition for initial  
38 detention under this section. Before filing the petition, the  
39 designated crisis responder must personally interview the person,

1 unless the person refuses an interview, and determine whether the  
2 person will voluntarily receive appropriate evaluation and treatment  
3 at an evaluation and treatment facility, crisis stabilization unit,  
4 (~~(triage facility)~~) 23-hour crisis relief center, secure withdrawal  
5 management and stabilization facility, or approved substance use  
6 disorder treatment program. As part of the assessment, the designated  
7 crisis responder must attempt to ascertain if the person has executed  
8 a mental health advance directive under chapter 71.32 RCW. The  
9 interview performed by the designated crisis responder may be  
10 conducted by video provided that a licensed health care professional  
11 or professional person who can adequately and accurately assist with  
12 obtaining any necessary information is present with the person at the  
13 time of the interview.

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

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

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

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

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

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

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

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

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

36 (5) Tribal court orders for involuntary commitment shall be  
37 recognized and enforced in accordance with superior court civil rule  
38 82.5.

39 (6) In any investigation and evaluation of an individual under  
40 this section or RCW 71.05.153 in which the designated crisis

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

13 **Sec. 7.** RCW 71.05.150 and 2022 c 210 s 6 are each amended to  
14 read as follows:

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

38 (2)(a) A superior court judge may issue a warrant to detain a  
39 person with a behavioral health disorder to a designated evaluation



1 and treatment facility, a secure withdrawal management and  
2 stabilization facility, or an approved substance use disorder  
3 treatment program, for a period of not more than one hundred twenty  
4 hours for evaluation and treatment upon request of a designated  
5 crisis responder whenever it appears to the satisfaction of the judge  
6 that:

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

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

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

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

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

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

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

30 **Sec. 8.** RCW 71.05.153 and 2021 c 264 s 3 and 2021 c 125 s 1 are  
31 each reenacted and amended to read as follows:

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

1 into emergency custody in an emergency department evaluation and  
2 treatment facility, secure withdrawal management and stabilization  
3 facility if available with adequate space for the person, or approved  
4 substance use disorder treatment program if available with adequate  
5 space for the person, for not more than one hundred twenty hours as  
6 described in RCW 71.05.180.

7 (2) (a) Subject to (b) of this subsection, a peace officer may  
8 take or cause such person to be taken into custody and immediately  
9 delivered to a (~~triage facility,~~) crisis stabilization unit, 23-  
10 hour crisis relief center, evaluation and treatment facility, secure  
11 withdrawal management and stabilization facility, approved substance  
12 use disorder treatment program, or the emergency department of a  
13 local hospital (~~under the following circumstances:~~

14 ~~(i) Pursuant to subsection (1) of this section; or~~

15 ~~(ii) When~~) when he or she has reasonable cause to believe that  
16 such person is suffering from a behavioral health disorder and  
17 presents an imminent likelihood of serious harm or is in imminent  
18 danger because of being gravely disabled.

19 (b) A peace officer's delivery of a person, to a secure  
20 withdrawal management and stabilization facility or approved  
21 substance use disorder treatment program is subject to the  
22 availability of a secure withdrawal management and stabilization  
23 facility or approved substance use disorder treatment program with  
24 adequate space for the person.

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

33 (4) Within three hours after arrival at an emergency department,  
34 not counting time periods prior to medical clearance, the person must  
35 be examined by a mental health professional or substance use disorder  
36 professional. Within twelve hours of notice of the need for  
37 evaluation, not counting time periods prior to medical clearance, the  
38 designated crisis responder must determine whether the individual  
39 meets detention criteria. In conjunction with this evaluation, the  
40 facility where the patient is located must inquire as to a person's

1 veteran status or eligibility for veterans benefits and, if the  
2 person appears to be potentially eligible for these benefits, inquire  
3 whether the person would be amenable to treatment by the veterans  
4 health administration compared to other relevant treatment options.  
5 This information must be shared with the designated crisis responder.  
6 If the person has been identified as being potentially eligible for  
7 veterans health administration services and as being amenable for  
8 those services, and if appropriate in light of all reasonably  
9 available information about the person's circumstances, the  
10 designated crisis responder must first refer the person to the  
11 veterans health administration for mental health or substance use  
12 disorder treatment at a facility capable of meeting the needs of the  
13 person including, but not limited to, the involuntary treatment  
14 options available at the Seattle division of the VA Puget Sound  
15 health care system. If the person is accepted for treatment by the  
16 veterans health administration, and is willing to accept treatment by  
17 the veterans health administration as an alternative to other  
18 available treatment options, the designated crisis responder, the  
19 veterans health administration, and the facility where the patient is  
20 located will work to make arrangements to have the person transported  
21 to a veterans health administration facility. As part of the  
22 assessment, the designated crisis responder must attempt to ascertain  
23 if the person has executed a mental health advance directive under  
24 chapter 71.32 RCW. The interview performed by the designated crisis  
25 responder may be conducted by video provided that a licensed health  
26 care professional or professional person who can adequately and  
27 accurately assist with obtaining any necessary information is present  
28 with the person at the time of the interview. If the individual is  
29 detained, the designated crisis responder shall file a petition for  
30 detention or a supplemental petition as appropriate and commence  
31 service on the designated attorney for the detained person. If the  
32 individual is released to the community, the behavioral health  
33 service provider shall inform the peace officer of the release within  
34 a reasonable period of time after the release if the peace officer  
35 has specifically requested notification and provided contact  
36 information to the provider.

37 (5) Dismissal of a commitment petition is not the appropriate  
38 remedy for a violation of the timeliness requirements of this section  
39 based on the intent of this chapter under RCW 71.05.010 except in the

1 few cases where the facility staff or designated crisis responder has  
2 totally disregarded the requirements of this section.

3 **Sec. 9.** RCW 71.05.153 and 2021 c 264 s 4 and 2021 c 125 s 2 are  
4 each reenacted and amended to read as follows:

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

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

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

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

29 (3) Persons delivered to a crisis stabilization unit, evaluation  
30 and treatment facility, emergency department of a local hospital,  
31 (~~(triage facility that has elected to operate as an involuntary~~  
32 ~~facility,~~) secure withdrawal management and stabilization facility,  
33 or approved substance use disorder treatment program by peace  
34 officers pursuant to subsection (2) of this section may be held by  
35 the facility for a period of up to twelve hours, not counting time  
36 periods prior to medical clearance.

37 (4) Within three hours after arrival at an emergency department,  
38 not counting time periods prior to medical clearance, the person must  
39 be examined by a mental health professional or substance use disorder

1 professional. Within twelve hours of notice of the need for  
2 evaluation, not counting time periods prior to medical clearance, the  
3 designated crisis responder must determine whether the individual  
4 meets detention criteria. In conjunction with this evaluation, the  
5 facility where the patient is located must inquire as to a person's  
6 veteran status or eligibility for veterans benefits and, if the  
7 person appears to be potentially eligible for these benefits, inquire  
8 whether the person would be amenable to treatment by the veterans  
9 health administration compared to other relevant treatment options.  
10 This information must be shared with the designated crisis responder.  
11 If the person has been identified as being potentially eligible for  
12 veterans health administration services and as being amenable for  
13 those services, and if appropriate in light of all reasonably  
14 available information about the person's circumstances, the  
15 designated crisis responder must first refer the person to the  
16 veterans health administration for mental health or substance use  
17 disorder treatment at a facility capable of meeting the needs of the  
18 person including, but not limited to, the involuntary treatment  
19 options available at the Seattle division of the VA Puget Sound  
20 health care system. If the person is accepted for treatment by the  
21 veterans health administration, and is willing to accept treatment by  
22 the veterans health administration as an alternative to other  
23 available treatment options, the designated crisis responder, the  
24 veterans health administration, and the facility where the patient is  
25 located will work to make arrangements to have the person transported  
26 to a veterans health administration facility. As part of the  
27 assessment, the designated crisis responder must attempt to ascertain  
28 if the person has executed a mental health advance directive under  
29 chapter 71.32 RCW. The interview performed by the designated crisis  
30 responder may be conducted by video provided that a licensed health  
31 care professional or professional person who can adequately and  
32 accurately assist with obtaining any necessary information is present  
33 with the person at the time of the interview. If the individual is  
34 detained, the designated crisis responder shall file a petition for  
35 detention or a supplemental petition as appropriate and commence  
36 service on the designated attorney for the detained person. If the  
37 individual is released to the community, the behavioral health  
38 service provider shall inform the peace officer of the release within  
39 a reasonable period of time after the release if the peace officer

1 has specifically requested notification and provided contact  
2 information to the provider.

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

8 **Sec. 10.** RCW 71.05.590 and 2022 c 210 s 23 are each amended to  
9 read as follows:

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

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

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

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

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

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

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

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

37 (c) To request a court hearing for review and modification of the  
38 court order. The request must be directed to the court with  
39 jurisdiction over the order and specify the circumstances that give

1 rise to the request and what modification is being sought. The county  
2 prosecutor shall assist the entity requesting the hearing and issue  
3 an appropriate summons to the person. This subsection does not limit  
4 the 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 detain the person for up to 12 hours for evaluation at an  
9 agency, facility providing services under the court order, (~~triage~~  
10 ~~facility,~~) crisis stabilization unit, 23-hour crisis relief center,  
11 emergency department, evaluation and treatment facility, secure  
12 withdrawal management and stabilization facility with available  
13 space, or an approved substance use disorder treatment program with  
14 available space. The purpose of the evaluation is to determine  
15 whether modification, revocation, or commitment proceedings are  
16 necessary and appropriate to stabilize the person and prevent  
17 decompensation, deterioration, or physical harm. Temporary detention  
18 for evaluation under this subsection is intended to occur only  
19 following a pattern of noncompliance or the failure of reasonable  
20 attempts at outreach and engagement, and may occur only when, based  
21 on clinical judgment, temporary detention is appropriate. The agency,  
22 facility, or designated crisis responder may request assistance from  
23 a peace officer for the purposes of temporary detention under this  
24 subsection (2)(d). This subsection does not limit the ability or  
25 obligation of the agency, facility, or designated crisis responder to  
26 pursue revocation procedures under subsection (5) of this section in  
27 appropriate circumstances; and

28 (e) To initiate revocation procedures under subsection (5) of  
29 this section.

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

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

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

39 (4) The facility or agency designated to provide outpatient  
40 treatment shall notify the secretary of the department of social and



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

5 (5) (a) A designated crisis responder or the secretary of the  
6 department of social and health services may, upon their own motion  
7 or upon request of the facility or agency designated to provide  
8 outpatient care, cause a person to be detained in an evaluation and  
9 treatment facility, available secure withdrawal management and  
10 stabilization facility with adequate space, or available approved  
11 substance use disorder treatment program with adequate space in or  
12 near the county in which he or she is receiving outpatient treatment  
13 for the purpose of a hearing for revocation of a less restrictive  
14 alternative treatment order or conditional release order under this  
15 chapter. The designated crisis responder or secretary of the  
16 department of social and health services shall file a petition for  
17 revocation within 24 hours and serve the person, their guardian, if  
18 any, and their attorney. A hearing for revocation of a less  
19 restrictive alternative treatment order or conditional release order  
20 may be scheduled without detention of the person.

21 (b) A person detained under this subsection (5) must be held  
22 until such time, not exceeding five days, as a hearing can be  
23 scheduled to determine whether or not the order for less restrictive  
24 alternative treatment or conditional release should be revoked,  
25 modified, or retained. If the person is not detained, the hearing  
26 must be scheduled within five days of service on the person. The  
27 designated crisis responder or the secretary of the department of  
28 social and health services may withdraw its petition for revocation  
29 at any time before the court hearing.

30 (c) A person detained under this subsection (5) has the same  
31 rights with respect to notice, hearing, and counsel as in any  
32 involuntary treatment proceeding, except as specifically set forth in  
33 this section. There is no right to jury trial. The venue for  
34 proceedings is the county where the petition is filed. Notice of the  
35 filing must be provided to the court that originally ordered  
36 commitment, if different from the court where the petition for  
37 revocation is filed, within two judicial days of the person's  
38 detention.

39 (d) The issues for the court to determine are whether: (i) The  
40 person adhered to the terms and conditions of the order; (ii)

1 substantial deterioration in the person's functioning has occurred;  
2 (iii) there is evidence of substantial decompensation with a  
3 reasonable probability that the decompensation can be reversed by  
4 further inpatient treatment; or (iv) there is a likelihood of serious  
5 harm; and, if any of the above conditions apply, whether it is  
6 appropriate for the court to reinstate or modify the person's less  
7 restrictive alternative treatment order or conditional release order  
8 or order the person's detention for inpatient treatment. The person  
9 may waive the court hearing and allow the court to enter a stipulated  
10 order upon the agreement of all parties. If the court orders  
11 detention for inpatient treatment, the treatment period must be for  
12 14 days from the revocation hearing if the less restrictive  
13 alternative treatment order or conditional release order was based on  
14 a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the court  
15 orders detention for inpatient treatment and the less restrictive  
16 alternative treatment order or conditional release order was based on  
17 a petition under RCW 71.05.290 or 71.05.320, the number of days  
18 remaining on the order must be converted to days of inpatient  
19 treatment. A court may not detain a person for inpatient treatment to  
20 a secure withdrawal management and stabilization facility or approved  
21 substance use disorder treatment program under this subsection unless  
22 there is a facility or program available with adequate space for the  
23 person.

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

30 **Sec. 11.** RCW 71.05.590 and 2022 c 210 s 24 are each amended to  
31 read as follows:

32 (1) Either an agency or facility designated to monitor or provide  
33 services under a less restrictive alternative order or conditional  
34 release, or a designated crisis responder, may take action to  
35 enforce, modify, or revoke a less restrictive alternative treatment  
36 order or conditional release order. The agency, facility, or  
37 designated crisis responder must determine that:

38 (a) The person is failing to adhere to the terms and conditions  
39 of the order;

1 (b) Substantial deterioration in the person's functioning has  
2 occurred;

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

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

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

13 (a) To counsel or advise the person as to their rights and  
14 responsibilities under the court order, and to offer incentives to  
15 motivate compliance;

16 (b) To increase the intensity of outpatient services provided to  
17 the person by increasing the frequency of contacts with the provider,  
18 referring the person for an assessment for assertive community  
19 services, or by other means;

20 (c) To request a court hearing for review and modification of the  
21 court order. The request must be directed to the court with  
22 jurisdiction over the order and specify the circumstances that give  
23 rise to the request and what modification is being sought. The county  
24 prosecutor shall assist (~~(the)~~) the entity requesting the hearing  
25 and issue an appropriate summons to the person. This subsection does  
26 not limit the inherent authority of a treatment provider to alter  
27 conditions of treatment for clinical reasons, and is intended to be  
28 used only when court intervention is necessary or advisable to secure  
29 the person's compliance and prevent decompensation or deterioration;

30 (d) To detain the person for up to 12 hours for evaluation at an  
31 agency, facility providing services under the court order, (~~(triage~~  
32 ~~facility,)~~) crisis stabilization unit, 23-hour crisis relief center,  
33 emergency department, evaluation and treatment facility, secure  
34 withdrawal management and stabilization facility, or an approved  
35 substance use disorder treatment program. The purpose of the  
36 evaluation is to determine whether modification, revocation, or  
37 commitment proceedings are necessary and appropriate to stabilize the  
38 person and prevent decompensation, deterioration, or physical harm.  
39 Temporary detention for evaluation under this subsection is intended  
40 to occur only following a pattern of noncompliance or the failure of

1 reasonable attempts at outreach and engagement, and may occur only  
2 when, based on clinical judgment, temporary detention is appropriate.  
3 The agency, facility, or designated crisis responder may request  
4 assistance from a peace officer for the purposes of temporary  
5 detention under this subsection (2)(d). This subsection does not  
6 limit the ability or obligation of the agency, facility, or  
7 designated crisis responder to pursue revocation procedures under  
8 subsection (5) of this section in appropriate circumstances; and

9 (e) To initiate revocation procedures under subsection (5) of  
10 this section.

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

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

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

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

26 (5)(a) A designated crisis responder or the secretary of the  
27 department of social and health services may, upon their own motion  
28 or upon request of the facility or agency designated to provide  
29 outpatient care, cause a person to be detained in an evaluation and  
30 treatment facility, secure withdrawal management and stabilization  
31 facility, or approved substance use disorder treatment program in or  
32 near the county in which he or she is receiving outpatient treatment  
33 for the purpose of a hearing for revocation of a less restrictive  
34 alternative treatment order or conditional release order under this  
35 chapter. The designated crisis responder or secretary of the  
36 department of social and health services shall file a petition for  
37 revocation within 24 hours and serve the person, their guardian, if  
38 any, and their attorney. A hearing for revocation of a less  
39 restrictive alternative treatment order or conditional release order  
40 may be scheduled without detention of the person.

1 (b) A person detained under this subsection (5) must be held  
2 until such time, not exceeding five days, as a hearing can be  
3 scheduled to determine whether or not the order for less restrictive  
4 alternative treatment or conditional release should be revoked,  
5 modified, or retained. If the person is not detained, the hearing  
6 must be scheduled within five days of service on the person. The  
7 designated crisis responder or the secretary of the department of  
8 social and health services may withdraw its petition for revocation  
9 at any time before the court hearing.

10 (c) A person detained under this subsection (5) has the same  
11 rights with respect to notice, hearing, and counsel as in any  
12 involuntary treatment proceeding, except as specifically set forth in  
13 this section. There is no right to jury trial. The venue for  
14 proceedings is the county where the petition is filed. Notice of the  
15 filing must be provided to the court that originally ordered  
16 commitment, if different from the court where the petition for  
17 revocation is filed, within two judicial days of the person's  
18 detention.

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

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 **Sec. 12.** RCW 71.34.020 and 2021 c 264 s 26 are each amended to  
8 read as follows:

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

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

15 (2) "Adolescent" means a minor thirteen years of age or older.

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

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

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

30 (6) "Attending staff" means any person on the staff of a public  
31 or private agency having responsibility for the care and treatment of  
32 a minor patient.

33 (7) "Authority" means the Washington state health care authority.

34 (8) "Behavioral health administrative services organization" has  
35 the same meaning as provided in RCW 71.24.025.

36 (9) "Behavioral health disorder" means either a mental disorder  
37 as defined in this section, a substance use disorder as defined in  
38 this section, or a co-occurring mental disorder and substance use  
39 disorder.

1 (10) "Child psychiatrist" means a person having a license as a  
2 physician and surgeon in this state, who has had graduate training in  
3 child psychiatry in a program approved by the American Medical  
4 Association or the American Osteopathic Association, and who is board  
5 eligible or board certified in child psychiatry.

6 (11) "Children's mental health specialist" means:

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

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

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

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

20 (14) "Co-occurring disorder specialist" means an individual  
21 possessing an enhancement granted by the department of health under  
22 chapter 18.205 RCW that certifies the individual to provide substance  
23 use disorder counseling subject to the practice limitations under RCW  
24 18.205.105.

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

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

35 (17) "Department" means the department of social and health  
36 services.

37 (18) "Designated crisis responder" has the same meaning as  
38 provided in RCW 71.05.020.

39 (19) "Detention" or "detain" means the lawful confinement of a  
40 person, under the provisions of this chapter.

1 (20) "Developmental disabilities professional" means a person who  
2 has specialized training and three years of experience in directly  
3 treating or working with persons with developmental disabilities and  
4 is a psychiatrist, physician assistant working with a supervising  
5 psychiatrist, psychologist, psychiatric advanced registered nurse  
6 practitioner, or social worker, and such other developmental  
7 disabilities professionals as may be defined by rules adopted by the  
8 secretary of the department.

9 (21) "Developmental disability" has the same meaning as defined  
10 in RCW 71A.10.020.

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

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

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

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

30 (26) "Gravely disabled minor" means a minor who, as a result of a  
31 behavioral health disorder, (a) is in danger of serious physical harm  
32 resulting from a failure to provide for his or her essential human  
33 needs of health or safety, or (b) manifests severe deterioration in  
34 routine functioning evidenced by repeated and escalating loss of  
35 cognitive or volitional control over his or her actions and is not  
36 receiving such care as is essential for his or her health or safety.

37 (27) "Habilitative services" means those services provided by  
38 program personnel to assist minors in acquiring and maintaining life  
39 skills and in raising their levels of physical, behavioral, social,



1 and vocational functioning. Habilitative services include education,  
2 training for employment, and therapy.

3 (28) "Hearing" means any proceeding conducted in open court that  
4 conforms to the requirements of RCW 71.34.910.

5 (29) "History of one or more violent acts" refers to the period  
6 of time five years prior to the filing of a petition under this  
7 chapter, excluding any time spent, but not any violent acts  
8 committed, in a mental health facility, a long-term substance use  
9 disorder treatment facility, or in confinement as a result of a  
10 criminal conviction.

11 (30) "Individualized service plan" means a plan prepared by a  
12 developmental disabilities professional with other professionals as a  
13 team, for a person with developmental disabilities, which states:

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

16 (b) The conditions and strategies necessary to achieve the  
17 purposes of habilitation;

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

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

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

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

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

30 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day  
31 mental health care provided within a general hospital, psychiatric  
32 hospital, residential treatment facility licensed or certified by the  
33 department of health as an evaluation and treatment facility for  
34 minors, secure withdrawal management and stabilization facility for  
35 minors, or approved substance use disorder treatment program for  
36 minors.

37 (b) For purposes of family-initiated treatment under RCW  
38 71.34.600 through 71.34.670, "inpatient treatment" has the meaning  
39 included in (a) of this subsection and any other residential  
40 treatment facility licensed under chapter 71.12 RCW.

1 (32) "Intoxicated minor" means a minor whose mental or physical  
2 functioning is substantially impaired as a result of the use of  
3 alcohol or other psychoactive chemicals.

4 (33) "Judicial commitment" means a commitment by a court pursuant  
5 to the provisions of this chapter.

6 (34) "Kinship caregiver" has the same meaning as in RCW  
7 74.13.031(19) (a).

8 (35) "Legal counsel" means attorneys and staff employed by county  
9 prosecutor offices or the state attorney general acting in their  
10 capacity as legal representatives of public behavioral health service  
11 providers under RCW 71.05.130.

12 (36) "Less restrictive alternative" or "less restrictive setting"  
13 means outpatient treatment provided to a minor as a program of  
14 individualized treatment in a less restrictive setting than inpatient  
15 treatment that includes the services described in RCW 71.34.755,  
16 including residential treatment.

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

20 (38) "Likelihood of serious harm" means:

21 (a) A substantial risk that: (i) Physical harm will be inflicted  
22 by a minor upon his or her own person, as evidenced by threats or  
23 attempts to commit suicide or inflict physical harm on oneself; (ii)  
24 physical harm will be inflicted by a minor upon another individual,  
25 as evidenced by behavior which has caused such harm or which places  
26 another person or persons in reasonable fear of sustaining such harm;  
27 or (iii) physical harm will be inflicted by a minor upon the property  
28 of others, as evidenced by behavior which has caused substantial loss  
29 or damage to the property of others; or

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

32 (39) "Managed care organization" has the same meaning as provided  
33 in RCW 71.24.025.

34 (40) "Medical clearance" means a physician or other health care  
35 provider has determined that a person is medically stable and ready  
36 for referral to the designated crisis responder.

37 (41) "Medical necessity" for inpatient care means a requested  
38 service which is reasonably calculated to: (a) Diagnose, correct,  
39 cure, or alleviate a mental disorder or substance use disorder; or  
40 (b) prevent the progression of a mental disorder or substance use

1 disorder that endangers life or causes suffering and pain, or results  
2 in illness or infirmity or threatens to cause or aggravate a  
3 disability, or causes physical deformity or malfunction, and there is  
4 no adequate less restrictive alternative available.

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

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

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

18 (45) "Outpatient treatment" means any of the nonresidential  
19 services mandated under chapter 71.24 RCW and provided by licensed or  
20 certified behavioral health agencies as identified by RCW 71.24.025.

21 (46) (a) "Parent" has the same meaning as defined in RCW  
22 26.26A.010, including either parent if custody is shared under a  
23 joint custody agreement, or a person or agency judicially appointed  
24 as legal guardian or custodian of the child.

25 (b) For purposes of family-initiated treatment under RCW  
26 71.34.600 through 71.34.670, "parent" also includes a person to whom  
27 a parent defined in (a) of this subsection has given a signed  
28 authorization to make health care decisions for the adolescent, a  
29 stepparent who is involved in caring for the adolescent, a kinship  
30 caregiver who is involved in caring for the adolescent, or another  
31 relative who is responsible for the health care of the adolescent,  
32 who may be required to provide a declaration under penalty of perjury  
33 stating that he or she is a relative responsible for the health care  
34 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises  
35 between individuals authorized to act as a parent for the purpose of  
36 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
37 according to the priority established under RCW 7.70.065(2) (a).

38 (47) "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 (48) "Physician assistant" means a person licensed as a physician  
4 assistant under chapter 18.71A RCW.

5 (49) "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, that constitutes an evaluation  
8 and treatment facility or private institution, or hospital, or  
9 approved substance use disorder treatment program, that is conducted  
10 for, or includes a distinct unit, floor, or ward conducted for, the  
11 care and treatment of persons with mental illness, substance use  
12 disorders, or both mental illness and substance use disorders.

13 (50) "Professional person in charge" or "professional person"  
14 means a physician, other mental health professional, or other person  
15 empowered by an evaluation and treatment facility, secure withdrawal  
16 management and stabilization facility, or approved substance use  
17 disorder treatment program with authority to make admission and  
18 discharge decisions on behalf of that facility.

19 (51) "Psychiatric nurse" means a registered nurse who has  
20 experience in the direct treatment of persons who have a mental  
21 illness or who are emotionally disturbed, such experience gained  
22 under the supervision of a mental health professional.

23 (52) "Psychiatrist" means a person having a license as a  
24 physician in this state who has completed residency training in  
25 psychiatry in a program approved by the American Medical Association  
26 or the American Osteopathic Association, and is board eligible or  
27 board certified in psychiatry.

28 (53) "Psychologist" means a person licensed as a psychologist  
29 under chapter 18.83 RCW.

30 (54) "Public agency" means any evaluation and treatment facility  
31 or institution, or hospital, or approved substance use disorder  
32 treatment program that is conducted for, or includes a distinct unit,  
33 floor, or ward conducted for, the care and treatment of persons with  
34 mental illness, substance use disorders, or both mental illness and  
35 substance use disorders if the agency is operated directly by  
36 federal, state, county, or municipal government, or a combination of  
37 such governments.

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

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

3 (57) "Responsible other" means the minor, the minor's parent or  
4 estate, or any other person legally responsible for support of the  
5 minor.

6 (58) "Secretary" means the secretary of the department or  
7 secretary's designee.

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

15 (a) Provide the following services:

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

18 (ii) Clinical stabilization services;

19 (iii) Acute or subacute detoxification services for intoxicated  
20 individuals; and

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

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

28 (c) Be licensed or certified as such by the department of health.

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

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

1 (62) "Store and forward technology" means use of an asynchronous  
2 transmission of a person's medical information from a mental health  
3 service provider to the designated crisis responder which results in  
4 medical diagnosis, consultation, or treatment.

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

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

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

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

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

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

7       ~~((69))~~) (68) "Violent act" means behavior that resulted in  
8 homicide, attempted suicide, injury, or substantial loss or damage to  
9 property.

10       (69) "23-hour crisis relief center" has the same meaning as under  
11 RCW 71.24.025.

12       **Sec. 13.** RCW 71.34.020 and 2021 c 264 s 28 are each amended to  
13 read as follows:

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

16       (1) "Admission" or "admit" means a decision by a physician,  
17 physician assistant, or psychiatric advanced registered nurse  
18 practitioner that a minor should be examined or treated as a patient  
19 in a hospital.

20       (2) "Adolescent" means a minor thirteen years of age or older.

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

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

31       (5) "Approved substance use disorder treatment program" means a  
32 program for minors with substance use disorders provided by a  
33 treatment program licensed or certified by the department of health  
34 as meeting standards adopted under chapter 71.24 RCW.

35       (6) "Attending staff" means any person on the staff of a public  
36 or private agency having responsibility for the care and treatment of  
37 a minor patient.

38       (7) "Authority" means the Washington state health care authority.

1 (8) "Behavioral health administrative services organization" has  
2 the same meaning as provided in RCW 71.24.025.

3 (9) "Behavioral health disorder" means either a mental disorder  
4 as defined in this section, a substance use disorder as defined in  
5 this section, or a co-occurring mental disorder and substance use  
6 disorder.

7 (10) "Child psychiatrist" means a person having a license as a  
8 physician and surgeon in this state, who has had graduate training in  
9 child psychiatry in a program approved by the American Medical  
10 Association or the American Osteopathic Association, and who is board  
11 eligible or board certified in child psychiatry.

12 (11) "Children's mental health specialist" means:

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

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

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

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

26 (14) "Co-occurring disorder specialist" means an individual  
27 possessing an enhancement granted by the department of health under  
28 chapter 18.205 RCW that certifies the individual to provide substance  
29 use disorder counseling subject to the practice limitations under RCW  
30 18.205.105.

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

37 (16) "Custody" means involuntary detention under the provisions  
38 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
39 unconditional release from commitment from a facility providing  
40 involuntary care and treatment.



1 (17) "Department" means the department of social and health  
2 services.

3 (18) "Designated crisis responder" has the same meaning as  
4 provided in RCW 71.05.020.

5 (19) "Detention" or "detain" means the lawful confinement of a  
6 person, under the provisions of this chapter.

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

15 (21) "Developmental disability" has the same meaning as defined  
16 in RCW 71A.10.020.

17 (22) "Director" means the director of the authority.

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

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

32 (25) "Evaluation and treatment program" means the total system of  
33 services and facilities coordinated and approved by a county or  
34 combination of counties for the evaluation and treatment of minors  
35 under this chapter.

36 (26) "Gravely disabled minor" means a minor who, as a result of a  
37 behavioral health disorder, (a) is in danger of serious physical harm  
38 resulting from a failure to provide for his or her essential human  
39 needs of health or safety, or (b) manifests severe deterioration from  
40 safe behavior evidenced by repeated and escalating loss of cognitive

1 or volitional control over his or her actions and is not receiving  
2 such care as is essential for his or her health or safety.

3 (27) "Habilitative services" means those services provided by  
4 program personnel to assist minors in acquiring and maintaining life  
5 skills and in raising their levels of physical, behavioral, social,  
6 and vocational functioning. Habilitative services include education,  
7 training for employment, and therapy.

8 (28) "Hearing" means any proceeding conducted in open court that  
9 conforms to the requirements of RCW 71.34.910.

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

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

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

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

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

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

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

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

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

35 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day  
36 mental health care provided within a general hospital, psychiatric  
37 hospital, residential treatment facility licensed or certified by the  
38 department of health as an evaluation and treatment facility for  
39 minors, secure withdrawal management and stabilization facility for

1 minors, or approved substance use disorder treatment program for  
2 minors.

3 (b) For purposes of family-initiated treatment under RCW  
4 71.34.600 through 71.34.670, "inpatient treatment" has the meaning  
5 included in (a) of this subsection and any other residential  
6 treatment facility licensed under chapter 71.12 RCW.

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

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

12 (34) "Kinship caregiver" has the same meaning as in RCW  
13 74.13.031(19)(a).

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

18 (36) "Less restrictive alternative" or "less restrictive setting"  
19 means outpatient treatment provided to a minor as a program of  
20 individualized treatment in a less restrictive setting than inpatient  
21 treatment that includes the services described in RCW 71.34.755,  
22 including residential treatment.

23 (37) "Licensed physician" means a person licensed to practice  
24 medicine or osteopathic medicine and surgery in the state of  
25 Washington.

26 (38) "Likelihood of serious harm" means:

27 (a) A substantial risk that: (i) Physical harm will be inflicted  
28 by a minor upon his or her own person, as evidenced by threats or  
29 attempts to commit suicide or inflict physical harm on oneself; (ii)  
30 physical harm will be inflicted by a minor upon another individual,  
31 as evidenced by behavior which has caused harm, substantial pain, or  
32 which places another person or persons in reasonable fear of harm to  
33 themselves or others; or (iii) physical harm will be inflicted by a  
34 minor upon the property of others, as evidenced by behavior which has  
35 caused substantial loss or damage to the property of others; or

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

38 (39) "Managed care organization" has the same meaning as provided  
39 in RCW 71.24.025.

1 (40) "Medical clearance" means a physician or other health care  
2 provider has determined that a person is medically stable and ready  
3 for referral to the designated crisis responder.

4 (41) "Medical necessity" for inpatient care means a requested  
5 service which is reasonably calculated to: (a) Diagnose, correct,  
6 cure, or alleviate a mental disorder or substance use disorder; or  
7 (b) prevent the progression of a mental disorder or substance use  
8 disorder that endangers life or causes suffering and pain, or results  
9 in illness or infirmity or threatens to cause or aggravate a  
10 disability, or causes physical deformity or malfunction, and there is  
11 no adequate less restrictive alternative available.

12 (42) "Mental disorder" means any organic, mental, or emotional  
13 impairment that has substantial adverse effects on an individual's  
14 cognitive or volitional functions. The presence of alcohol abuse,  
15 drug abuse, juvenile criminal history, antisocial behavior, or  
16 intellectual disabilities alone is insufficient to justify a finding  
17 of "mental disorder" within the meaning of this section.

18 (43) "Mental health professional" means a psychiatrist,  
19 psychiatric advanced registered nurse practitioner, physician  
20 assistant working with a supervising psychiatrist, psychologist,  
21 psychiatric nurse, social worker, and such other mental health  
22 professionals as defined by rules adopted by the secretary of the  
23 department of health under this chapter.

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

25 (45) "Outpatient treatment" means any of the nonresidential  
26 services mandated under chapter 71.24 RCW and provided by licensed or  
27 certified behavioral health agencies as identified by RCW 71.24.025.

28 (46)(a) "Parent" has the same meaning as defined in RCW  
29 26.26A.010, including either parent if custody is shared under a  
30 joint custody agreement, or a person or agency judicially appointed  
31 as legal guardian or custodian of the child.

32 (b) For purposes of family-initiated treatment under RCW  
33 71.34.600 through 71.34.670, "parent" also includes a person to whom  
34 a parent defined in (a) of this subsection has given a signed  
35 authorization to make health care decisions for the adolescent, a  
36 stepparent who is involved in caring for the adolescent, a kinship  
37 caregiver who is involved in caring for the adolescent, or another  
38 relative who is responsible for the health care of the adolescent,  
39 who may be required to provide a declaration under penalty of perjury  
40 stating that he or she is a relative responsible for the health care

1 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises  
2 between individuals authorized to act as a parent for the purpose of  
3 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
4 according to the priority established under RCW 7.70.065(2) (a).

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

9 (48) "Physician assistant" means a person licensed as a physician  
10 assistant under chapter 18.71A RCW.

11 (49) "Private agency" means any person, partnership, corporation,  
12 or association that is not a public agency, whether or not financed  
13 in whole or in part by public funds, that constitutes an evaluation  
14 and treatment facility or private institution, or hospital, or  
15 approved substance use disorder treatment program, that is conducted  
16 for, or includes a distinct unit, floor, or ward conducted for, the  
17 care and treatment of persons with mental illness, substance use  
18 disorders, or both mental illness and substance use disorders.

19 (50) "Professional person in charge" or "professional person"  
20 means a physician, other mental health professional, or other person  
21 empowered by an evaluation and treatment facility, secure withdrawal  
22 management and stabilization facility, or approved substance use  
23 disorder treatment program with authority to make admission and  
24 discharge decisions on behalf of that facility.

25 (51) "Psychiatric nurse" means a registered nurse who has  
26 experience in the direct treatment of persons who have a mental  
27 illness or who are emotionally disturbed, such experience gained  
28 under the supervision of a mental health professional.

29 (52) "Psychiatrist" means a person having a license as a  
30 physician in this state who has completed residency training in  
31 psychiatry in a program approved by the American Medical Association  
32 or the American Osteopathic Association, and is board eligible or  
33 board certified in psychiatry.

34 (53) "Psychologist" means a person licensed as a psychologist  
35 under chapter 18.83 RCW.

36 (54) "Public agency" means any evaluation and treatment facility  
37 or institution, or hospital, or approved substance use disorder  
38 treatment program that is conducted for, or includes a distinct unit,  
39 floor, or ward conducted for, the care and treatment of persons with  
40 mental illness, substance use disorders, or both mental illness and

1 substance use disorders if the agency is operated directly by  
2 federal, state, county, or municipal government, or a combination of  
3 such governments.

4 (55) "Release" means legal termination of the commitment under  
5 the provisions of this chapter.

6 (56) "Resource management services" has the meaning given in  
7 chapter 71.24 RCW.

8 (57) "Responsible other" means the minor, the minor's parent or  
9 estate, or any other person legally responsible for support of the  
10 minor.

11 (58) "Secretary" means the secretary of the department or  
12 secretary's designee.

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

20 (a) Provide the following services:

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

23 (ii) Clinical stabilization services;

24 (iii) Acute or subacute detoxification services for intoxicated  
25 individuals; and

26 (iv) Discharge assistance provided by certified substance use  
27 disorder professionals or co-occurring disorder specialists,  
28 including facilitating transitions to appropriate voluntary or  
29 involuntary inpatient services or to less restrictive alternatives as  
30 appropriate for the individual;

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

33 (c) Be licensed or certified as such by the department of health.

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

1 (61) "Social worker" means a person with a master's or further  
2 advanced degree from a social work educational program accredited and  
3 approved as provided in RCW 18.320.010.

4 (62) "Start of initial detention" means the time of arrival of  
5 the minor at the first evaluation and treatment facility, secure  
6 withdrawal management and stabilization facility, or approved  
7 substance use disorder treatment program offering inpatient treatment  
8 if the minor is being involuntarily detained at the time. With regard  
9 to voluntary patients, "start of initial detention" means the time at  
10 which the minor gives notice of intent to leave under the provisions  
11 of this chapter.

12 (63) "Store and forward technology" means use of an asynchronous  
13 transmission of a person's medical information from a mental health  
14 service provider to the designated crisis responder which results in  
15 medical diagnosis, consultation, or treatment.

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

22 (65) "Substance use disorder professional" means a person  
23 certified as a substance use disorder professional by the department  
24 of health under chapter 18.205 RCW.

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

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

1 services for the department, the department of health, the authority,  
2 behavioral health organizations, or a treatment facility if the notes  
3 or records are not available to others.

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

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

17 ~~((70))~~ (69) "Violent act" means behavior that resulted in  
18 homicide, attempted suicide, injury, or substantial loss or damage to  
19 property.

20 (70) "23-hour crisis relief center" has the same meaning as under  
21 RCW 71.24.025.

22 **Sec. 14.** RCW 71.34.351 and 2020 c 302 s 67 are each amended to  
23 read as follows:

24 A peace officer may take or authorize a minor to be taken into  
25 custody and immediately delivered to an appropriate ~~((trriage~~  
26 ~~facility,))~~ crisis stabilization unit, 23-hour crisis relief center,  
27 evaluation and treatment facility, secure withdrawal management and  
28 stabilization facility, approved substance use disorder treatment  
29 program, or the emergency department of a local hospital when he or  
30 she has reasonable cause to believe that such minor is suffering from  
31 a behavioral health disorder and presents an imminent likelihood of  
32 serious harm or is gravely disabled. Until July 1, 2026, a peace  
33 officer's delivery of a minor to a secure withdrawal management and  
34 stabilization facility or approved substance use disorder treatment  
35 program is subject to the availability of a secure withdrawal  
36 management and stabilization facility or approved substance use  
37 disorder treatment program with adequate space for the minor.



1       **Sec. 15.** RCW 71.34.700 and 2020 c 302 s 78 are each amended to  
2 read as follows:

3       (1) If an adolescent is brought to an evaluation and treatment  
4 facility, secure withdrawal management and stabilization facility  
5 with available space, 23-hour crisis relief center, approved  
6 substance use disorder treatment program with available space, or  
7 hospital emergency room for immediate behavioral health services, the  
8 professional person in charge of the facility shall evaluate the  
9 adolescent's condition, determine whether the adolescent suffers from  
10 a behavioral health disorder, and whether the adolescent is in need  
11 of immediate inpatient treatment.

12       (2) If it is determined under subsection (1) of this section that  
13 the adolescent suffers from a behavioral health disorder, inpatient  
14 treatment is required, the adolescent is unwilling to consent to  
15 voluntary admission, and the professional person believes that the  
16 adolescent meets the criteria for initial detention, the facility may  
17 detain or arrange for the detention of the adolescent for up to  
18 twelve hours, not including time periods prior to medical clearance,  
19 in order to enable a designated crisis responder to evaluate the  
20 adolescent and commence initial detention proceedings under the  
21 provisions of this chapter.

22       (3) Dismissal of a commitment petition is not the appropriate  
23 remedy for a violation of the timeliness requirements of this  
24 section, based on the purpose of this chapter under RCW 71.34.010,  
25 except in the few cases where the facility staff or the designated  
26 crisis responder have totally disregarded the requirements of this  
27 section.

28       **Sec. 16.** RCW 71.34.700 and 2020 c 302 s 79 are each amended to  
29 read as follows:

30       (1) If an adolescent is brought to an evaluation and treatment  
31 facility, secure withdrawal management and stabilization facility,  
32 approved substance use disorder treatment program, 23-hour crisis  
33 relief center, or hospital emergency room for immediate behavioral  
34 health services, the professional person in charge of the facility  
35 shall evaluate the adolescent's condition, determine whether the  
36 adolescent suffers from a behavioral health disorder, and whether the  
37 adolescent is in need of immediate inpatient treatment.

38       (2) If it is determined under subsection (1) of this section that  
39 the adolescent suffers from a behavioral health disorder, inpatient

1 treatment is required, the adolescent is unwilling to consent to  
2 voluntary admission, and the professional person believes that the  
3 adolescent meets the criteria for initial detention, the facility may  
4 detain or arrange for the detention of the adolescent for up to  
5 twelve hours, not including time periods prior to medical clearance,  
6 in order to enable a designated crisis responder to evaluate the  
7 adolescent and commence initial detention proceedings under the  
8 provisions of this chapter.

9 (3) Dismissal of a commitment petition is not the appropriate  
10 remedy for a violation of the timeliness requirements of this  
11 section, based on the purpose of this chapter under RCW 71.34.010,  
12 except in the few cases where the facility staff or the designated  
13 crisis responder have totally disregarded the requirements of this  
14 section.

15 **Sec. 17.** RCW 71.05.755 and 2019 c 325 s 3014 are each amended to  
16 read as follows:

17 (1) The authority shall promptly share reports it receives under  
18 RCW 71.05.750 with the responsible behavioral health administrative  
19 services organization or managed care organization, if  
20 applicable. The behavioral health administrative services  
21 organization or managed care organization, if applicable, receiving  
22 this notification must attempt to engage the person in appropriate  
23 services for which the person is eligible and report back within  
24 seven days to the authority.

25 (2) The authority shall track and analyze reports submitted under  
26 RCW 71.05.750. The authority must initiate corrective action when  
27 appropriate to ensure that each behavioral health administrative  
28 services organization or managed care organization, if applicable,  
29 has implemented an adequate plan to provide evaluation and treatment  
30 services. Corrective actions may include remedies under the  
31 authority's contract with such entity. An adequate plan may include  
32 development of less restrictive alternatives to involuntary  
33 commitment such as (~~crisis triage,~~) crisis diversion, voluntary  
34 treatment, or prevention programs reasonably calculated to reduce  
35 demand for evaluation and treatment under this chapter.

36 **Sec. 18.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to  
37 read as follows:

1 (1) Establishing the state crisis call center hubs and enhancing  
2 the crisis response system will require collaborative work between  
3 the department and the authority within their respective roles. The  
4 department shall have primary responsibility for establishing and  
5 designating the crisis call center hubs. The authority shall have  
6 primary responsibility for developing and implementing the crisis  
7 response system and services to support the work of the crisis call  
8 center hubs. In any instance in which one agency is identified as the  
9 lead, the expectation is that agency will be communicating and  
10 collaborating with the other to ensure seamless, continuous, and  
11 effective service delivery within the statewide crisis response  
12 system.

13 (2) The department shall provide adequate funding for the state's  
14 crisis call centers to meet an expected increase in the use of the  
15 call centers based on the implementation of the 988 crisis hotline.  
16 The funding level shall be established at a level anticipated to  
17 achieve an in-state call response rate of at least 90 percent by July  
18 22, 2022. The funding level shall be determined by considering  
19 standards and cost per call predictions provided by the administrator  
20 of the national suicide prevention lifeline, call volume predictions,  
21 guidance on crisis call center performance metrics, and necessary  
22 technology upgrades.

23 (3) The department shall adopt rules by July 1, 2023, to  
24 establish standards for designation of crisis call centers as crisis  
25 call center hubs. The department shall collaborate with the authority  
26 and other agencies to assure coordination and availability of  
27 services, and shall consider national guidelines for behavioral  
28 health crisis care as determined by the federal substance abuse and  
29 mental health services administration, national behavioral health  
30 accrediting bodies, and national behavioral health provider  
31 associations to the extent they are appropriate, and recommendations  
32 from the crisis response improvement strategy committee created in  
33 RCW 71.24.892.

34 (4) The department shall designate crisis call center hubs by  
35 July 1, 2024. The crisis call center hubs shall provide crisis  
36 intervention services, triage, care coordination, referrals, and  
37 connections to individuals contacting the 988 crisis hotline from any  
38 jurisdiction within Washington 24 hours a day, seven days a week,  
39 using the system platform developed under subsection (5) of this  
40 section.

1 (a) To be designated as a crisis call center hub, the applicant  
2 must demonstrate to the department the ability to comply with the  
3 requirements of this section and to contract to provide crisis call  
4 center hub services. The department may revoke the designation of any  
5 crisis call center hub that fails to substantially comply with the  
6 contract.

7 (b) The contracts entered shall require designated crisis call  
8 center hubs to:

9 (i) Have an active agreement with the administrator of the  
10 national suicide prevention lifeline for participation within its  
11 network;

12 (ii) Meet the requirements for operational and clinical standards  
13 established by the department and based upon the national suicide  
14 prevention lifeline best practices guidelines and other recognized  
15 best practices;

16 (iii) Employ highly qualified, skilled, and trained clinical  
17 staff who have sufficient training and resources to provide empathy  
18 to callers in acute distress, de-escalate crises, assess behavioral  
19 health disorders and suicide risk, triage to system partners, and  
20 provide case management and documentation. Call center staff shall be  
21 trained to make every effort to resolve cases in the least  
22 restrictive environment and without law enforcement involvement  
23 whenever possible. Call center staff shall coordinate with certified  
24 peer counselors to provide follow-up and outreach to callers in  
25 distress as available. It is intended for transition planning to  
26 include a pathway for continued employment and skill advancement as  
27 needed for experienced crisis call center employees;

28 (iv) Collaborate with the authority, the national suicide  
29 prevention lifeline, and veterans crisis line networks to assure  
30 consistency of public messaging about the 988 crisis hotline; and

31 (v) Provide data and reports and participate in evaluations and  
32 related quality improvement activities, according to standards  
33 established by the department in collaboration with the authority.

34 (c) The department and the authority shall incorporate  
35 recommendations from the crisis response improvement strategy  
36 committee created under RCW 71.24.892 in its agreements with crisis  
37 call center hubs, as appropriate.

38 (5) The department and authority must coordinate to develop the  
39 technology and platforms necessary to manage and operate the

1 behavioral health crisis response and suicide prevention system. The  
2 technologies developed must include:

3 (a) A new technologically advanced behavioral health and suicide  
4 prevention crisis call center system platform using technology  
5 demonstrated to be interoperable across crisis and emergency response  
6 systems used throughout the state, such as 911 systems, emergency  
7 medical services systems, and other nonbehavioral health crisis  
8 services, for use in crisis call center hubs designated by the  
9 department under subsection (4) of this section. This platform, which  
10 shall be fully funded by July 1, 2023, shall be developed by the  
11 department and must include the capacity to receive crisis assistance  
12 requests through phone calls, texts, chats, and other similar methods  
13 of communication that may be developed in the future that promote  
14 access to the behavioral health crisis system; and

15 (b) A behavioral health integrated client referral system capable  
16 of providing system coordination information to crisis call center  
17 hubs and the other entities involved in behavioral health care. This  
18 system shall be developed by the authority.

19 (6) In developing the new technologies under subsection (5) of  
20 this section, the department and the authority must coordinate to  
21 designate a primary technology system to provide each of the  
22 following:

23 (a) Access to real-time information relevant to the coordination  
24 of behavioral health crisis response and suicide prevention services,  
25 including:

26 (i) Real-time bed availability for all behavioral health bed  
27 types, including but not limited to crisis stabilization services,  
28 (~~(triage facilities,)~~) 23-hour crisis relief centers, psychiatric  
29 inpatient, substance use disorder inpatient, withdrawal management,  
30 peer-run respite centers, and crisis respite services, inclusive of  
31 both voluntary and involuntary beds, for use by crisis response  
32 workers, first responders, health care providers, emergency  
33 departments, and individuals in crisis; and

34 (ii) Real-time information relevant to the coordination of  
35 behavioral health crisis response and suicide prevention services for  
36 a person, including the means to access:

37 (A) Information about any less restrictive alternative treatment  
38 orders or mental health advance directives related to the person; and

39 (B) Information necessary to enable the crisis call center hub to  
40 actively collaborate with emergency departments, primary care

1 providers and behavioral health providers within managed care  
2 organizations, behavioral health administrative services  
3 organizations, and other health care payers to establish a safety  
4 plan for the person in accordance with best practices and provide the  
5 next steps for the person's transition to follow-up noncrisis care.  
6 To establish information-sharing guidelines that fulfill the intent  
7 of this section the authority shall consider input from the  
8 confidential information compliance and coordination subcommittee  
9 established under RCW 71.24.892;

10 (b) The means to request deployment of appropriate crisis  
11 response services, which may include mobile rapid response crisis  
12 teams, co-responder teams, designated crisis responders, fire  
13 department mobile integrated health teams, or community assistance  
14 referral and educational services programs under RCW 35.21.930,  
15 according to best practice guidelines established by the authority,  
16 and track local response through global positioning technology;  
17 ((and))

18 (c) The means to track the outcome of the 988 call to enable  
19 appropriate follow up, cross-system coordination, and accountability,  
20 including as appropriate: (i) Any immediate services dispatched and  
21 reports generated from the encounter; (ii) the validation of a safety  
22 plan established for the caller in accordance with best practices;  
23 (iii) the next steps for the caller to follow in transition to  
24 noncrisis follow-up care, including a next-day appointment for  
25 callers experiencing urgent, symptomatic behavioral health care  
26 needs; and (iv) the means to verify and document whether the caller  
27 was successful in making the transition to appropriate noncrisis  
28 follow-up care indicated in the safety plan for the person, to be  
29 completed either by the care coordinator provided through the  
30 person's managed care organization, health plan, or behavioral health  
31 administrative services organization, or if such a care coordinator  
32 is not available or does not follow through, by the staff of the  
33 crisis call center hub;

34 (d) A means to facilitate actions to verify and document whether  
35 the person's transition to follow up noncrisis care was completed and  
36 services offered, to be performed by a care coordinator provided  
37 through the person's managed care organization, health plan, or  
38 behavioral health administrative services organization, or if such a  
39 care coordinator is not available or does not follow through, by the  
40 staff of the crisis call center hub;

1 (e) The means to provide geographically, culturally, and  
2 linguistically appropriate services to persons who are part of high-  
3 risk populations or otherwise have need of specialized services or  
4 accommodations, and to document these services or accommodations; and

5 (f) When appropriate, consultation with tribal governments to  
6 ensure coordinated care in government-to-government relationships,  
7 and access to dedicated services to tribal members.

8 (7) To implement this section the department and the authority  
9 shall collaborate with the state ((enhanced)) 911 coordination  
10 office, emergency management division, and military department to  
11 develop technology that is demonstrated to be interoperable between  
12 the 988 crisis hotline system and crisis and emergency response  
13 systems used throughout the state, such as 911 systems, emergency  
14 medical services systems, and other nonbehavioral health crisis  
15 services, as well as the national suicide prevention lifeline, to  
16 assure cohesive interoperability, develop training programs and  
17 operations for both 911 public safety telecommunicators and crisis  
18 line workers, develop suicide and other behavioral health crisis  
19 assessments and intervention strategies, and establish efficient and  
20 equitable access to resources via crisis hotlines.

21 (8) The authority shall:

22 (a) Collaborate with county authorities and behavioral health  
23 administrative services organizations to develop procedures to  
24 dispatch behavioral health crisis services in coordination with  
25 crisis call center hubs to effectuate the intent of this section;

26 (b) Establish formal agreements with managed care organizations  
27 and behavioral health administrative services organizations by  
28 January 1, 2023, to provide for the services, capacities, and  
29 coordination necessary to effectuate the intent of this section,  
30 which shall include a requirement to arrange next-day appointments  
31 for persons contacting the 988 crisis hotline experiencing urgent,  
32 symptomatic behavioral health care needs with geographically,  
33 culturally, and linguistically appropriate primary care or behavioral  
34 health providers within the person's provider network, or, if  
35 uninsured, through the person's behavioral health administrative  
36 services organization;

37 (c) Create best practices guidelines by July 1, 2023, for  
38 deployment of appropriate and available crisis response services by  
39 crisis call center hubs to assist 988 hotline callers to minimize  
40 nonessential reliance on emergency room services and the use of law

1 enforcement, considering input from relevant stakeholders and  
2 recommendations made by the crisis response improvement strategy  
3 committee created under RCW 71.24.892;

4 (d) Develop procedures to allow appropriate information sharing  
5 and communication between and across crisis and emergency response  
6 systems for the purpose of real-time crisis care coordination  
7 including, but not limited to, deployment of crisis and outgoing  
8 services, follow-up care, and linked, flexible services specific to  
9 crisis response; and

10 (e) Establish guidelines to appropriately serve high-risk  
11 populations who request crisis services. The authority shall design  
12 these guidelines to promote behavioral health equity for all  
13 populations with attention to circumstances of race, ethnicity,  
14 gender, socioeconomic status, sexual orientation, and geographic  
15 location, and include components such as training requirements for  
16 call response workers, policies for transferring such callers to an  
17 appropriate specialized center or subnetwork within or external to  
18 the national suicide prevention lifeline network, and procedures for  
19 referring persons who access the 988 crisis hotline to linguistically  
20 and culturally competent care.

21 **Sec. 19.** RCW 10.31.110 and 2021 c 311 s 6 are each amended to  
22 read as follows:

23 (1) When a police officer has reasonable cause to believe that  
24 the individual has committed acts constituting a crime, and the  
25 individual is known by history or consultation with the behavioral  
26 health administrative services organization, managed care  
27 organization, crisis hotline, local crisis services providers, or  
28 community health providers to have a mental disorder or substance use  
29 disorder, in addition to existing authority under state law or local  
30 policy, as an alternative to arrest, the arresting officer is  
31 authorized and encouraged to:

32 (a) Take the individual to a crisis stabilization unit as defined  
33 in RCW 71.05.020. Individuals delivered to a crisis stabilization  
34 unit pursuant to this section may be held by the facility for a  
35 period of up to twelve hours. The individual must be examined by a  
36 mental health professional or substance use disorder professional  
37 within three hours of arrival;

38 ~~(b) ((Take the individual to a triage facility as defined in RCW~~  
39 ~~71.05.020. An individual delivered to a triage facility which has~~



1 ~~elected to operate as an involuntary facility may be held up to a~~  
2 ~~period of twelve hours. The individual must be examined by a mental~~  
3 ~~health professional or substance use disorder professional within~~  
4 ~~three hours of arrival;~~

5 ~~(e))~~ Refer the individual to a designated crisis responder for  
6 evaluation for initial detention and proceeding under chapter 71.05  
7 RCW;

8 ~~((d))~~ (c) Release the individual upon agreement to voluntary  
9 participation in outpatient treatment;

10 ~~((e))~~ (d) Refer the individual to youth, adult, or geriatric  
11 mobile crisis response services, as appropriate; or

12 ~~((f))~~ (e) Refer the individual to the regional entity  
13 responsible to receive referrals in lieu of legal system involvement,  
14 including the recovery navigator program described in RCW 71.24.115.

15 (2) If the individual is released to the community from the  
16 facilities in subsection (1)(a) ~~((through (e)))~~ and (b) of this  
17 section, the mental health provider or substance use disorder  
18 professional shall make reasonable efforts to inform the arresting  
19 officer of the planned release prior to release if the arresting  
20 officer has specifically requested notification and provided contact  
21 information to the provider.

22 (3) In deciding whether to refer the individual to treatment  
23 under this section, the police officer must be guided by local law  
24 enforcement diversion guidelines for behavioral health developed and  
25 mutually agreed upon with the prosecuting authority with an  
26 opportunity for consultation and comment by the defense bar and  
27 disability community. These guidelines must address, at a minimum,  
28 the length, seriousness, and recency of the known criminal history of  
29 the individual, the mental health history of the individual, if  
30 available, the substance use disorder history of the individual, if  
31 available, the opinions of a mental health professional, if  
32 available, the opinions of a substance use disorder professional, if  
33 available, and the circumstances surrounding the commission of the  
34 alleged offense. The guidelines must include a process for clearing  
35 outstanding warrants or referring the individual for assistance in  
36 clearing outstanding warrants, if any, and issuing a new court date,  
37 if appropriate, without booking or incarcerating the individual or  
38 disqualifying the individual from referral to treatment under this  
39 section, and define the circumstances under which such action is  
40 permissible. Referrals to services, care, and treatment for substance

1 use disorder must be made in accordance with protocols developed for  
2 the recovery navigator program described in RCW 71.24.115.

3 (4) Any agreement to participate in treatment or services in lieu  
4 of jail booking or referring a case for prosecution shall not require  
5 individuals to stipulate to any of the alleged facts regarding the  
6 criminal activity as a prerequisite to participation in the  
7 alternative response described in this section. Any agreement is  
8 inadmissible in any criminal or civil proceeding. Such agreements do  
9 not create immunity from prosecution for the alleged criminal  
10 activity.

11 (5) If there are required terms of participation in the services  
12 or treatment to which an individual was referred under this section,  
13 and if the individual violates such terms and is therefore no longer  
14 participating in services:

15 (a) The behavioral health or service provider shall inform the  
16 referring law enforcement agency of the violation, if consistent with  
17 the terms of the program and applicable law; and

18 (b) The original charges may be filed or referred to the  
19 prosecutor, as appropriate, and the matter may proceed accordingly,  
20 unless filing or referring the charges is inconsistent with the terms  
21 of a local diversion program or a recovery navigator program  
22 described in RCW 71.24.115.

23 (6) The police officer is immune from liability for any good  
24 faith conduct under this section.

25 **Sec. 20.** RCW 10.77.086 and 2022 c 288 s 4 are each amended to  
26 read as follows:

27 (1) If the defendant is charged with a felony and determined to  
28 be incompetent, until he or she has regained the competency necessary  
29 to understand the proceedings against him or her and assist in his or  
30 her own defense, but in any event for a period of no longer than 90  
31 days, the court shall commit the defendant to the custody of the  
32 secretary for inpatient competency restoration, or may alternatively  
33 order the defendant to receive outpatient competency restoration  
34 based on a recommendation from a forensic navigator and input from  
35 the parties.

36 (a) To be eligible for an order for outpatient competency  
37 restoration, a defendant must be clinically appropriate and be  
38 willing to:

1 (i) Adhere to medications or receive prescribed intramuscular  
2 medication;

3 (ii) Abstain from alcohol and unprescribed drugs; and

4 (iii) Comply with urinalysis or breathalyzer monitoring if  
5 needed.

6 (b) If the court orders inpatient competency restoration, the  
7 department shall place the defendant in an appropriate facility of  
8 the department for competency restoration.

9 (c) If the court orders outpatient competency restoration, the  
10 court shall modify conditions of release as needed to authorize the  
11 department to place the person in approved housing, which may include  
12 access to supported housing, affiliated with a contracted outpatient  
13 competency restoration program. The department, in conjunction with  
14 the health care authority, must establish rules for conditions of  
15 participation in the outpatient competency restoration program, which  
16 must include the defendant being subject to medication management.  
17 The court may order regular urinalysis testing. The outpatient  
18 competency restoration program shall monitor the defendant during the  
19 defendant's placement in the program and report any noncompliance or  
20 significant changes with respect to the defendant to the department  
21 and, if applicable, the forensic navigator.

22 (d) If a defendant fails to comply with the restrictions of the  
23 outpatient restoration program such that restoration is no longer  
24 appropriate in that setting or the defendant is no longer clinically  
25 appropriate for outpatient competency restoration, the director of  
26 the outpatient competency restoration program shall notify the  
27 authority and the department of the need to terminate the outpatient  
28 competency restoration placement and intent to request placement for  
29 the defendant in an appropriate facility of the department for  
30 inpatient competency restoration. The outpatient competency  
31 restoration program shall coordinate with the authority, the  
32 department, and any law enforcement personnel under (d)(i) of this  
33 subsection to ensure that the time period between termination and  
34 admission into the inpatient facility is as minimal as possible. The  
35 time period for inpatient competency restoration shall be reduced by  
36 the time period spent in active treatment within the outpatient  
37 competency restoration program, excluding time periods in which the  
38 defendant was absent from the program and all time from notice of  
39 termination of the outpatient competency restoration period through  
40 the defendant's admission to the facility. The department shall

1 obtain a placement for the defendant within seven days of the notice  
2 of intent to terminate the outpatient competency restoration  
3 placement.

4 (i) The department may authorize a peace officer to detain the  
5 defendant into emergency custody for transport to the designated  
6 inpatient competency restoration facility. If medical clearance is  
7 required by the designated competency restoration facility before  
8 admission, the peace officer must transport the defendant to a crisis  
9 stabilization unit, evaluation and treatment facility, or emergency  
10 department of a local hospital(~~(, or triage facility)~~) for medical  
11 clearance once a bed is available at the designated inpatient  
12 competency restoration facility. The signed outpatient competency  
13 restoration order of the court shall serve as authority for the  
14 detention of the defendant under this subsection. This subsection  
15 does not preclude voluntary transportation of the defendant to a  
16 facility for inpatient competency restoration or for medical  
17 clearance, or authorize admission of the defendant into jail.

18 (ii) The department shall notify the court and parties of the  
19 defendant's admission for inpatient competency restoration before the  
20 close of the next judicial day. The court shall schedule a hearing  
21 within five days to review the conditions of release of the defendant  
22 and anticipated release from treatment and issue appropriate orders.

23 (e) The court may not issue an order for outpatient competency  
24 restoration unless the department certifies that there is an  
25 available appropriate outpatient competency restoration program that  
26 has adequate space for the person at the time the order is issued or  
27 the court places the defendant under the guidance and control of a  
28 professional person identified in the court order.

29 (2) For a defendant whose highest charge is a class C felony, or  
30 a class B felony that is not classified as violent under RCW  
31 9.94A.030, the maximum time allowed for the initial competency  
32 restoration period is 45 days if the defendant is referred for  
33 inpatient competency restoration, or 90 days if the defendant is  
34 referred for outpatient competency restoration, provided that if the  
35 outpatient competency restoration placement is terminated and the  
36 defendant is subsequently admitted to an inpatient facility, the  
37 period of inpatient treatment during the first competency restoration  
38 period under this subsection shall not exceed 45 days.

39 (3) If the court determines or the parties agree before the  
40 initial competency restoration period or at any subsequent stage of

1 the proceedings that the defendant is unlikely to regain competency,  
2 the court may dismiss the charges without prejudice without ordering  
3 the defendant to undergo an initial or further period of competency  
4 restoration treatment, in which case the court shall order that the  
5 defendant be referred for evaluation for civil commitment in the  
6 manner provided in subsection (5) of this section.

7 (4) On or before expiration of the initial competency restoration  
8 period the court shall conduct a hearing to determine whether the  
9 defendant is now competent to stand trial. If the court finds by a  
10 preponderance of the evidence that the defendant is incompetent to  
11 stand trial, the court may order an extension of the competency  
12 restoration period for an additional period of 90 days, but the court  
13 must at the same time set a date for a new hearing to determine the  
14 defendant's competency to stand trial before the expiration of this  
15 second restoration period. The defendant, the defendant's attorney,  
16 and the prosecutor have the right to demand that the hearing be  
17 before a jury. No extension shall be ordered for a second or third  
18 competency restoration period if the defendant's incompetence has  
19 been determined by the secretary to be solely the result of a  
20 developmental disability which is such that competence is not  
21 reasonably likely to be regained during an extension.

22 (5) At the hearing upon the expiration of the second competency  
23 restoration period, or at the end of the first competency restoration  
24 period if the defendant is ineligible for a second or third  
25 competency restoration period under subsection (4) of this section,  
26 if the jury or court finds that the defendant is incompetent to stand  
27 trial, the court shall dismiss the charges without prejudice and  
28 order the defendant to be committed to a state hospital for up to 120  
29 hours if the defendant has not undergone competency restoration  
30 services or has engaged in outpatient competency restoration services  
31 and up to 72 hours if the defendant engaged in inpatient competency  
32 restoration services starting from admission to the facility,  
33 excluding Saturdays, Sundays, and holidays, for evaluation for the  
34 purpose of filing a civil commitment petition under chapter 71.05  
35 RCW. However, the court shall not dismiss the charges if the court or  
36 jury finds that: (a) The defendant (i) is a substantial danger to  
37 other persons; or (ii) presents a substantial likelihood of  
38 committing criminal acts jeopardizing public safety or security; and  
39 (b) there is a substantial probability that the defendant will regain  
40 competency within a reasonable period of time. If the court or jury

1 makes such a finding, the court may extend the period of commitment  
2 for up to an additional six months.

3 (6) Any period of competency restoration treatment under this  
4 section includes only the time the defendant is actually at the  
5 facility or is actively participating in an outpatient competency  
6 restoration program and is in addition to reasonable time for  
7 transport to or from the facility.

8 **Sec. 21.** RCW 10.77.088 and 2022 c 288 s 5 are each amended to  
9 read as follows:

10 (1) If the defendant is charged with a nonfelony crime which is a  
11 serious offense as identified in RCW 10.77.092 and found by the court  
12 to be not competent, then the court:

13 (a) Shall dismiss the proceedings without prejudice and detain  
14 the defendant for sufficient time to allow the designated crisis  
15 responder to evaluate the defendant and consider initial detention  
16 proceedings under chapter 71.05 RCW, unless the prosecutor objects to  
17 the dismissal and provides notice of a motion for an order for  
18 competency restoration treatment, in which case the court shall  
19 schedule a hearing within seven days.

20 (b) At the hearing, the prosecuting attorney must establish that  
21 there is a compelling state interest to order competency restoration  
22 treatment for the defendant. The court may consider prior criminal  
23 history, prior history in treatment, prior history of violence, the  
24 quality and severity of the pending charges, any history that  
25 suggests whether competency restoration treatment is likely to be  
26 successful, in addition to the factors listed under RCW 10.77.092. If  
27 the prosecuting attorney proves by a preponderance of the evidence  
28 that there is a compelling state interest in ordering competency  
29 restoration treatment, then the court shall issue an order in  
30 accordance with subsection (2) of this section.

31 (2) If a court finds pursuant to subsection (1)(b) of this  
32 section that there is a compelling state interest in pursuing  
33 competency restoration treatment, the court shall commit the  
34 defendant to the custody of the secretary for inpatient competency  
35 restoration, or may alternatively order the defendant to receive  
36 outpatient competency restoration based on a recommendation from a  
37 forensic navigator and input from the parties.

1 (a) To be eligible for an order for outpatient competency  
2 restoration, a defendant must be clinically appropriate and be  
3 willing to:

4 (i) Adhere to medications or receive prescribed intramuscular  
5 medication;

6 (ii) Abstain from alcohol and unprescribed drugs; and

7 (iii) Comply with urinalysis or breathalyzer monitoring if  
8 needed.

9 (b) If the court orders inpatient competency restoration, the  
10 department shall place the defendant in an appropriate facility of  
11 the department for competency restoration under subsection (3) of  
12 this section.

13 (c) If the court orders outpatient competency restoration, the  
14 court shall modify conditions of release as needed to authorize the  
15 department to place the person in approved housing, which may include  
16 access to supported housing, affiliated with a contracted outpatient  
17 competency restoration program. The department, in conjunction with  
18 the health care authority, must establish rules for conditions of  
19 participation in the outpatient competency restoration program, which  
20 must include the defendant being subject to medication management.  
21 The court may order regular urinalysis testing. The outpatient  
22 competency restoration program shall monitor the defendant during the  
23 defendant's placement in the program and report any noncompliance or  
24 significant changes with respect to the defendant to the department  
25 and, if applicable, the forensic navigator.

26 (d) If a defendant fails to comply with the restrictions of the  
27 outpatient competency restoration program such that restoration is no  
28 longer appropriate in that setting or the defendant is no longer  
29 clinically appropriate for outpatient competency restoration, the  
30 director of the outpatient competency restoration program shall  
31 notify the authority and the department of the need to terminate the  
32 outpatient competency restoration placement and intent to request  
33 placement for the defendant in an appropriate facility of the  
34 department for inpatient competency restoration. The outpatient  
35 competency restoration program shall coordinate with the authority,  
36 the department, and any law enforcement personnel under (d)(i) of  
37 this subsection to ensure that the time period between termination  
38 and admission into the inpatient facility is as minimal as possible.  
39 The time period for inpatient competency restoration shall be reduced  
40 by the time period spent in active treatment within the outpatient

1 competency restoration program, excluding time periods in which the  
2 defendant was absent from the program and all time from notice of  
3 termination of the outpatient competency restoration period through  
4 the defendant's admission to the facility. The department shall  
5 obtain a placement for the defendant within seven days of the notice  
6 of intent to terminate the outpatient competency restoration  
7 placement.

8 (i) The department may authorize a peace officer to detain the  
9 defendant into emergency custody for transport to the designated  
10 inpatient competency restoration facility. If medical clearance is  
11 required by the designated competency restoration facility before  
12 admission, the peace officer must transport the defendant to a crisis  
13 stabilization unit, evaluation and treatment facility, or emergency  
14 department of a local hospital (~~(, or triage facility)~~) for medical  
15 clearance once a bed is available at the designated inpatient  
16 competency restoration facility. The signed outpatient competency  
17 restoration order of the court shall serve as authority for the  
18 detention of the defendant under this subsection. This subsection  
19 does not preclude voluntary transportation of the defendant to a  
20 facility for inpatient competency restoration or for medical  
21 clearance, or authorize admission of the defendant into jail.

22 (ii) The department shall notify the court and parties of the  
23 defendant's admission for inpatient competency restoration before the  
24 close of the next judicial day. The court shall schedule a hearing  
25 within five days to review the conditions of release of the defendant  
26 and anticipated release from treatment and issue appropriate orders.

27 (e) The court may not issue an order for outpatient competency  
28 restoration unless the department certifies that there is an  
29 available appropriate outpatient restoration program that has  
30 adequate space for the person at the time the order is issued or the  
31 court places the defendant under the guidance and control of a  
32 professional person identified in the court order.

33 (3) The placement under subsection (2) of this section shall not  
34 exceed 29 days if the defendant is ordered to receive inpatient  
35 competency restoration, and shall not exceed 90 days if the defendant  
36 is ordered to receive outpatient competency restoration. The court  
37 may order any combination of this subsection, but the total period of  
38 inpatient competency restoration may not exceed 29 days.

39 (4) If the court has determined or the parties agree that the  
40 defendant is unlikely to regain competency, the court may dismiss the



1 charges without prejudice without ordering the defendant to undergo  
2 competency restoration treatment, in which case the court shall order  
3 that the defendant be referred for evaluation for civil commitment in  
4 the manner provided in subsection (5) of this section.

5 (5) (a) If the proceedings are dismissed under RCW 10.77.084 and  
6 the defendant was on conditional release at the time of dismissal,  
7 the court shall order the designated crisis responder within that  
8 county to evaluate the defendant pursuant to chapter 71.05 RCW. The  
9 evaluation may be conducted in any location chosen by the  
10 professional.

11 (b) If the defendant was in custody and not on conditional  
12 release at the time of dismissal, the defendant shall be detained and  
13 sent to an evaluation and treatment facility for up to 120 hours if  
14 the defendant has not undergone competency restoration services or  
15 has engaged in outpatient competency restoration services and up to  
16 72 hours if the defendant engaged in inpatient competency restoration  
17 services, excluding Saturdays, Sundays, and holidays, for evaluation  
18 for purposes of filing a petition under chapter 71.05 RCW. The 120-  
19 hour or 72-hour period shall commence upon the next nonholiday  
20 weekday following the court order and shall run to the end of the  
21 last nonholiday weekday within the 120-hour or 72-hour period.

22 (6) If the defendant is charged with a nonfelony crime that is  
23 not a serious offense as defined in RCW 10.77.092 and found by the  
24 court to be not competent, the court may stay or dismiss proceedings  
25 and detain the defendant for sufficient time to allow the designated  
26 crisis responder to evaluate the defendant and consider initial  
27 detention proceedings under chapter 71.05 RCW. The court must give  
28 notice to all parties at least 24 hours before the dismissal of any  
29 proceeding under this subsection, and provide an opportunity for a  
30 hearing on whether to dismiss the proceedings.

31 (7) If at any time the court dismisses charges under subsections  
32 (1) through (6) of this section, the court shall make a finding as to  
33 whether the defendant has a history of one or more violent acts. If  
34 the court so finds, the defendant is barred from the possession of  
35 firearms until a court restores his or her right to possess a firearm  
36 under RCW 9.41.047. The court shall state to the defendant and  
37 provide written notice that the defendant is barred from the  
38 possession of firearms and that the prohibition remains in effect  
39 until a court restores his or her right to possess a firearm under  
40 RCW 9.41.047.

1 (8) Any period of competency restoration treatment under this  
2 section includes only the time the defendant is actually at the  
3 facility or is actively participating in an outpatient competency  
4 restoration program and is in addition to reasonable time for  
5 transport to or from the facility.

6 **Sec. 22.** RCW 48.43.005 and 2022 c 263 s 2 are each reenacted and  
7 amended to read as follows:

8 Unless otherwise specifically provided, the definitions in this  
9 section apply throughout this chapter.

10 (1) "Adjusted community rate" means the rating method used to  
11 establish the premium for health plans adjusted to reflect  
12 actuarially demonstrated differences in utilization or cost  
13 attributable to geographic region, age, family size, and use of  
14 wellness activities.

15 (2) "Adverse benefit determination" means a denial, reduction, or  
16 termination of, or a failure to provide or make payment, in whole or  
17 in part, for a benefit, including a denial, reduction, termination,  
18 or failure to provide or make payment that is based on a  
19 determination of an enrollee's or applicant's eligibility to  
20 participate in a plan, and including, with respect to group health  
21 plans, a denial, reduction, or termination of, or a failure to  
22 provide or make payment, in whole or in part, for a benefit resulting  
23 from the application of any utilization review, as well as a failure  
24 to cover an item or service for which benefits are otherwise provided  
25 because it is determined to be experimental or investigational or not  
26 medically necessary or appropriate.

27 (3) "Air ambulance service" has the same meaning as defined in  
28 section 2799A-2 of the public health service act (42 U.S.C. Sec.  
29 300gg-112) and implementing federal regulations in effect on March  
30 31, 2022.

31 (4) "Allowed amount" means the maximum portion of a billed charge  
32 a health carrier will pay, including any applicable enrollee cost-  
33 sharing responsibility, for a covered health care service or item  
34 rendered by a participating provider or facility or by a  
35 nonparticipating provider or facility.

36 (5) "Applicant" means a person who applies for enrollment in an  
37 individual health plan as the subscriber or an enrollee, or the  
38 dependent or spouse of a subscriber or enrollee.

1 (6) "Balance bill" means a bill sent to an enrollee by a  
2 nonparticipating provider or facility for health care services  
3 provided to the enrollee after the provider or facility's billed  
4 amount is not fully reimbursed by the carrier, exclusive of permitted  
5 cost-sharing.

6 (7) "Basic health plan" means the plan described under chapter  
7 70.47 RCW, as revised from time to time.

8 (8) "Basic health plan model plan" means a health plan as  
9 required in RCW 70.47.060(2)(e).

10 (9) "Basic health plan services" means that schedule of covered  
11 health services, including the description of how those benefits are  
12 to be administered, that are required to be delivered to an enrollee  
13 under the basic health plan, as revised from time to time.

14 (10) "Behavioral health emergency services provider" means  
15 emergency services provided in the following settings:

16 (a) A crisis stabilization unit as defined in RCW 71.05.020;

17 (b) An evaluation and treatment facility that can provide  
18 directly, or by direct arrangement with other public or private  
19 agencies, emergency evaluation and treatment, outpatient care, and  
20 timely and appropriate inpatient care to persons suffering from a  
21 mental disorder, and which is licensed or certified as such by the  
22 department of health;

23 (c) An agency certified by the department of health under chapter  
24 71.24 RCW to provide outpatient crisis services;

25 (d) ~~((A triage facility as defined in RCW 71.05.020;~~

26 ~~(e)))~~ An agency certified by the department of health under  
27 chapter 71.24 RCW to provide medically managed or medically monitored  
28 withdrawal management services; or

29 ~~((f)))~~ (e) A mobile rapid response crisis team as defined in RCW  
30 71.24.025 that is contracted with a behavioral health administrative  
31 services organization operating under RCW 71.24.045 to provide crisis  
32 response services in the behavioral health administrative services  
33 organization's service area.

34 (11) "Board" means the governing board of the Washington health  
35 benefit exchange established in chapter 43.71 RCW.

36 (12)(a) For grandfathered health benefit plans issued before  
37 January 1, 2014, and renewed thereafter, "catastrophic health plan"  
38 means:

39 (i) In the case of a contract, agreement, or policy covering a  
40 single enrollee, a health benefit plan requiring a calendar year

1 deductible of, at a minimum, one thousand seven hundred fifty dollars  
2 and an annual out-of-pocket expense required to be paid under the  
3 plan (other than for premiums) for covered benefits of at least three  
4 thousand five hundred dollars, both amounts to be adjusted annually  
5 by the insurance commissioner; and

6 (ii) In the case of a contract, agreement, or policy covering  
7 more than one enrollee, a health benefit plan requiring a calendar  
8 year deductible of, at a minimum, three thousand five hundred dollars  
9 and an annual out-of-pocket expense required to be paid under the  
10 plan (other than for premiums) for covered benefits of at least six  
11 thousand dollars, both amounts to be adjusted annually by the  
12 insurance commissioner.

13 (b) In July 2008, and in each July thereafter, the insurance  
14 commissioner shall adjust the minimum deductible and out-of-pocket  
15 expense required for a plan to qualify as a catastrophic plan to  
16 reflect the percentage change in the consumer price index for medical  
17 care for a preceding twelve months, as determined by the United  
18 States department of labor. For a plan year beginning in 2014, the  
19 out-of-pocket limits must be adjusted as specified in section  
20 1302(c)(1) of P.L. 111-148 of 2010, as amended. The adjusted amount  
21 shall apply on the following January 1st.

22 (c) For health benefit plans issued on or after January 1, 2014,  
23 "catastrophic health plan" means:

24 (i) A health benefit plan that meets the definition of  
25 catastrophic plan set forth in section 1302(e) of P.L. 111-148 of  
26 2010, as amended; or

27 (ii) A health benefit plan offered outside the exchange  
28 marketplace that requires a calendar year deductible or out-of-pocket  
29 expenses under the plan, other than for premiums, for covered  
30 benefits, that meets or exceeds the commissioner's annual adjustment  
31 under (b) of this subsection.

32 (13) "Certification" means a determination by a review  
33 organization that an admission, extension of stay, or other health  
34 care service or procedure has been reviewed and, based on the  
35 information provided, meets the clinical requirements for medical  
36 necessity, appropriateness, level of care, or effectiveness under the  
37 auspices of the applicable health benefit plan.

38 (14) "Concurrent review" means utilization review conducted  
39 during a patient's hospital stay or course of treatment.

1 (15) "Covered person" or "enrollee" means a person covered by a  
2 health plan including an enrollee, subscriber, policyholder,  
3 beneficiary of a group plan, or individual covered by any other  
4 health plan.

5 (16) "Dependent" means, at a minimum, the enrollee's legal spouse  
6 and dependent children who qualify for coverage under the enrollee's  
7 health benefit plan.

8 (17) "Emergency medical condition" means a medical, mental  
9 health, or substance use disorder condition manifesting itself by  
10 acute symptoms of sufficient severity including, but not limited to,  
11 severe pain or emotional distress, such that a prudent layperson, who  
12 possesses an average knowledge of health and medicine, could  
13 reasonably expect the absence of immediate medical, mental health, or  
14 substance use disorder treatment attention to result in a condition  
15 (a) placing the health of the individual, or with respect to a  
16 pregnant woman, the health of the woman or her unborn child, in  
17 serious jeopardy, (b) serious impairment to bodily functions, or (c)  
18 serious dysfunction of any bodily organ or part.

19 (18) "Emergency services" means:

20 (a) (i) A medical screening examination, as required under section  
21 1867 of the social security act (42 U.S.C. Sec. 1395dd), that is  
22 within the capability of the emergency department of a hospital,  
23 including ancillary services routinely available to the emergency  
24 department to evaluate that emergency medical condition;

25 (ii) Medical examination and treatment, to the extent they are  
26 within the capabilities of the staff and facilities available at the  
27 hospital, as are required under section 1867 of the social security  
28 act (42 U.S.C. Sec. 1395dd) to stabilize the patient. Stabilize, with  
29 respect to an emergency medical condition, has the meaning given in  
30 section 1867(e)(3) of the social security act (42 U.S.C. Sec.  
31 1395dd(e)(3)); and

32 (iii) Covered services provided by staff or facilities of a  
33 hospital after the enrollee is stabilized and as part of outpatient  
34 observation or an inpatient or outpatient stay with respect to the  
35 visit during which screening and stabilization services have been  
36 furnished. Poststabilization services relate to medical, mental  
37 health, or substance use disorder treatment necessary in the short  
38 term to avoid placing the health of the individual, or with respect  
39 to a pregnant woman, the health of the woman or her unborn child, in

1 serious jeopardy, serious impairment to bodily functions, or serious  
2 dysfunction of any bodily organ or part; or

3 (b) (i) A screening examination that is within the capability of a  
4 behavioral health emergency services provider including ancillary  
5 services routinely available to the behavioral health emergency  
6 services provider to evaluate that emergency medical condition;

7 (ii) Examination and treatment, to the extent they are within the  
8 capabilities of the staff and facilities available at the behavioral  
9 health emergency services provider, as are required under section  
10 1867 of the social security act (42 U.S.C. Sec. 1395dd) or as would  
11 be required under such section if such section applied to behavioral  
12 health emergency services providers, to stabilize the patient.  
13 Stabilize, with respect to an emergency medical condition, has the  
14 meaning given in section 1867(e)(3) of the social security act (42  
15 U.S.C. Sec. 1395dd(e)(3)); and

16 (iii) Covered behavioral health services provided by staff or  
17 facilities of a behavioral health emergency services provider after  
18 the enrollee is stabilized and as part of outpatient observation or  
19 an inpatient or outpatient stay with respect to the visit during  
20 which screening and stabilization services have been furnished.  
21 Poststabilization services relate to mental health or substance use  
22 disorder treatment necessary in the short term to avoid placing the  
23 health of the individual, or with respect to a pregnant woman, the  
24 health of the woman or her unborn child, in serious jeopardy, serious  
25 impairment to bodily functions, or serious dysfunction of any bodily  
26 organ or part.

27 (19) "Employee" has the same meaning given to the term, as of  
28 January 1, 2008, under section 3(6) of the federal employee  
29 retirement income security act of 1974.

30 (20) "Enrollee point-of-service cost-sharing" or "cost-sharing"  
31 means amounts paid to health carriers directly providing services,  
32 health care providers, or health care facilities by enrollees and may  
33 include copayments, coinsurance, or deductibles.

34 (21) "Essential health benefit categories" means:

35 (a) Ambulatory patient services;

36 (b) Emergency services;

37 (c) Hospitalization;

38 (d) Maternity and newborn care;

39 (e) Mental health and substance use disorder services, including  
40 behavioral health treatment;

1 (f) Prescription drugs;

2 (g) Rehabilitative and habilitative services and devices;

3 (h) Laboratory services;

4 (i) Preventive and wellness services and chronic disease  
5 management; and

6 (j) Pediatric services, including oral and vision care.

7 (22) "Exchange" means the Washington health benefit exchange  
8 established under chapter 43.71 RCW.

9 (23) "Final external review decision" means a determination by an  
10 independent review organization at the conclusion of an external  
11 review.

12 (24) "Final internal adverse benefit determination" means an  
13 adverse benefit determination that has been upheld by a health plan  
14 or carrier at the completion of the internal appeals process, or an  
15 adverse benefit determination with respect to which the internal  
16 appeals process has been exhausted under the exhaustion rules  
17 described in RCW 48.43.530 and 48.43.535.

18 (25) "Grandfathered health plan" means a group health plan or an  
19 individual health plan that under section 1251 of the patient  
20 protection and affordable care act, P.L. 111-148 (2010) and as  
21 amended by the health care and education reconciliation act, P.L.  
22 111-152 (2010) is not subject to subtitles A or C of the act as  
23 amended.

24 (26) "Grievance" means a written complaint submitted by or on  
25 behalf of a covered person regarding service delivery issues other  
26 than denial of payment for medical services or nonprovision of  
27 medical services, including dissatisfaction with medical care,  
28 waiting time for medical services, provider or staff attitude or  
29 demeanor, or dissatisfaction with service provided by the health  
30 carrier.

31 (27) "Health care facility" or "facility" means hospices licensed  
32 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW,  
33 rural health care facilities as defined in RCW 70.175.020,  
34 psychiatric hospitals licensed under chapter 71.12 RCW, nursing homes  
35 licensed under chapter 18.51 RCW, community mental health centers  
36 licensed under chapter 71.05 or 71.24 RCW, kidney disease treatment  
37 centers licensed under chapter 70.41 RCW, ambulatory diagnostic,  
38 treatment, or surgical facilities licensed under chapter 70.41 or  
39 70.230 RCW, drug and alcohol treatment facilities licensed under  
40 chapter 70.96A RCW, and home health agencies licensed under chapter

1 70.127 RCW, and includes such facilities if owned and operated by a  
2 political subdivision or instrumentality of the state and such other  
3 facilities as required by federal law and implementing regulations.

4 (28) "Health care provider" or "provider" means:

5 (a) A person regulated under Title 18 or chapter 70.127 RCW, to  
6 practice health or health-related services or otherwise practicing  
7 health care services in this state consistent with state law; or

8 (b) An employee or agent of a person described in (a) of this  
9 subsection, acting in the course and scope of his or her employment.

10 (29) "Health care service" means that service offered or provided  
11 by health care facilities and health care providers relating to the  
12 prevention, cure, or treatment of illness, injury, or disease.

13 (30) "Health carrier" or "carrier" means a disability insurer  
14 regulated under chapter 48.20 or 48.21 RCW, a health care service  
15 contractor as defined in RCW 48.44.010, or a health maintenance  
16 organization as defined in RCW 48.46.020, and includes "issuers" as  
17 that term is used in the patient protection and affordable care act  
18 (P.L. 111-148).

19 (31) "Health plan" or "health benefit plan" means any policy,  
20 contract, or agreement offered by a health carrier to provide,  
21 arrange, reimburse, or pay for health care services except the  
22 following:

23 (a) Long-term care insurance governed by chapter 48.84 or 48.83  
24 RCW;

25 (b) Medicare supplemental health insurance governed by chapter  
26 48.66 RCW;

27 (c) Coverage supplemental to the coverage provided under chapter  
28 55, Title 10, United States Code;

29 (d) Limited health care services offered by limited health care  
30 service contractors in accordance with RCW 48.44.035;

31 (e) Disability income;

32 (f) Coverage incidental to a property/casualty liability  
33 insurance policy such as automobile personal injury protection  
34 coverage and homeowner guest medical;

35 (g) Workers' compensation coverage;

36 (h) Accident only coverage;

37 (i) Specified disease or illness-triggered fixed payment  
38 insurance, hospital confinement fixed payment insurance, or other  
39 fixed payment insurance offered as an independent, noncoordinated  
40 benefit;



1 (j) Employer-sponsored self-funded health plans;

2 (k) Dental only and vision only coverage;

3 (l) Plans deemed by the insurance commissioner to have a short-  
4 term limited purpose or duration, or to be a student-only plan that  
5 is guaranteed renewable while the covered person is enrolled as a  
6 regular full-time undergraduate or graduate student at an accredited  
7 higher education institution, after a written request for such  
8 classification by the carrier and subsequent written approval by the  
9 insurance commissioner;

10 (m) Civilian health and medical program for the veterans affairs  
11 administration (CHAMPVA); and

12 (n) Stand-alone prescription drug coverage that exclusively  
13 supplements medicare part D coverage provided through an employer  
14 group waiver plan under federal social security act regulation 42  
15 C.F.R. Sec. 423.458(c).

16 (32) "Individual market" means the market for health insurance  
17 coverage offered to individuals other than in connection with a group  
18 health plan.

19 (33) "In-network" or "participating" means a provider or facility  
20 that has contracted with a carrier or a carrier's contractor or  
21 subcontractor to provide health care services to enrollees and be  
22 reimbursed by the carrier at a contracted rate as payment in full for  
23 the health care services, including applicable cost-sharing  
24 obligations.

25 (34) "Material modification" means a change in the actuarial  
26 value of the health plan as modified of more than five percent but  
27 less than fifteen percent.

28 (35) "Nonemergency health care services performed by  
29 nonparticipating providers at certain participating facilities" means  
30 covered items or services other than emergency services with respect  
31 to a visit at a participating health care facility, as provided in  
32 section 2799A-1(b) of the public health service act (42 U.S.C. Sec.  
33 300gg-111(b)), 45 C.F.R. Sec. 149.30, and 45 C.F.R. Sec. 149.120 as  
34 in effect on March 31, 2022.

35 (36) "Open enrollment" means a period of time as defined in rule  
36 to be held at the same time each year, during which applicants may  
37 enroll in a carrier's individual health benefit plan without being  
38 subject to health screening or otherwise required to provide evidence  
39 of insurability as a condition for enrollment.

1 (37) "Out-of-network" or "nonparticipating" means a provider or  
2 facility that has not contracted with a carrier or a carrier's  
3 contractor or subcontractor to provide health care services to  
4 enrollees.

5 (38) "Out-of-pocket maximum" or "maximum out-of-pocket" means the  
6 maximum amount an enrollee is required to pay in the form of cost-  
7 sharing for covered benefits in a plan year, after which the carrier  
8 covers the entirety of the allowed amount of covered benefits under  
9 the contract of coverage.

10 (39) "Preexisting condition" means any medical condition,  
11 illness, or injury that existed any time prior to the effective date  
12 of coverage.

13 (40) "Premium" means all sums charged, received, or deposited by  
14 a health carrier as consideration for a health plan or the  
15 continuance of a health plan. Any assessment or any "membership,"  
16 "policy," "contract," "service," or similar fee or charge made by a  
17 health carrier in consideration for a health plan is deemed part of  
18 the premium. "Premium" shall not include amounts paid as enrollee  
19 point-of-service cost-sharing.

20 (41)(a) "Protected individual" means:

21 (i) An adult covered as a dependent on the enrollee's health  
22 benefit plan, including an individual enrolled on the health benefit  
23 plan of the individual's registered domestic partner; or

24 (ii) A minor who may obtain health care without the consent of a  
25 parent or legal guardian, pursuant to state or federal law.

26 (b) "Protected individual" does not include an individual deemed  
27 not competent to provide informed consent for care under RCW  
28 11.88.010(1)(e).

29 (42) "Review organization" means a disability insurer regulated  
30 under chapter 48.20 or 48.21 RCW, health care service contractor as  
31 defined in RCW 48.44.010, or health maintenance organization as  
32 defined in RCW 48.46.020, and entities affiliated with, under  
33 contract with, or acting on behalf of a health carrier to perform a  
34 utilization review.

35 (43) "Sensitive health care services" means health services  
36 related to reproductive health, sexually transmitted diseases,  
37 substance use disorder, gender dysphoria, gender affirming care,  
38 domestic violence, and mental health.

39 (44) "Small employer" or "small group" means any person, firm,  
40 corporation, partnership, association, political subdivision, sole

1 proprietor, or self-employed individual that is actively engaged in  
2 business that employed an average of at least one but no more than  
3 fifty employees, during the previous calendar year and employed at  
4 least one employee on the first day of the plan year, is not formed  
5 primarily for purposes of buying health insurance, and in which a  
6 bona fide employer-employee relationship exists. In determining the  
7 number of employees, companies that are affiliated companies, or that  
8 are eligible to file a combined tax return for purposes of taxation  
9 by this state, shall be considered an employer. Subsequent to the  
10 issuance of a health plan to a small employer and for the purpose of  
11 determining eligibility, the size of a small employer shall be  
12 determined annually. Except as otherwise specifically provided, a  
13 small employer shall continue to be considered a small employer until  
14 the plan anniversary following the date the small employer no longer  
15 meets the requirements of this definition. A self-employed individual  
16 or sole proprietor who is covered as a group of one must also: (a)  
17 Have been employed by the same small employer or small group for at  
18 least twelve months prior to application for small group coverage,  
19 and (b) verify that he or she derived at least seventy-five percent  
20 of his or her income from a trade or business through which the  
21 individual or sole proprietor has attempted to earn taxable income  
22 and for which he or she has filed the appropriate internal revenue  
23 service form 1040, schedule C or F, for the previous taxable year,  
24 except a self-employed individual or sole proprietor in an  
25 agricultural trade or business, must have derived at least fifty-one  
26 percent of his or her income from the trade or business through which  
27 the individual or sole proprietor has attempted to earn taxable  
28 income and for which he or she has filed the appropriate internal  
29 revenue service form 1040, for the previous taxable year.

30 (45) "Special enrollment" means a defined period of time of not  
31 less than thirty-one days, triggered by a specific qualifying event  
32 experienced by the applicant, during which applicants may enroll in  
33 the carrier's individual health benefit plan without being subject to  
34 health screening or otherwise required to provide evidence of  
35 insurability as a condition for enrollment.

36 (46) "Standard health questionnaire" means the standard health  
37 questionnaire designated under chapter 48.41 RCW.

38 (47) "Utilization review" means the prospective, concurrent, or  
39 retrospective assessment of the necessity and appropriateness of the  
40 allocation of health care resources and services of a provider or

1 facility, given or proposed to be given to an enrollee or group of  
2 enrollees.

3 (48) "Wellness activity" means an explicit program of an activity  
4 consistent with department of health guidelines, such as, smoking  
5 cessation, injury and accident prevention, reduction of alcohol  
6 misuse, appropriate weight reduction, exercise, automobile and  
7 motorcycle safety, blood cholesterol reduction, and nutrition  
8 education for the purpose of improving enrollee health status and  
9 reducing health service costs.

10 NEW SECTION. **Sec. 23.** The department of health shall convert  
11 the license or certification of any facility licensed or certified by  
12 the department to operate as a crisis triage facility to a license or  
13 certification for the facility to operate as a crisis stabilization  
14 unit by the start of the next licensing or certification period  
15 following the effective date of this section.

16 NEW SECTION. **Sec. 24.** When making rules under section 2 of this  
17 act, the department of health shall consult with stakeholders  
18 including, but not limited to: The Washington council for behavioral  
19 health; WAADAC, the voice for Washington state addiction  
20 professionals; the Washington state hospital association; the  
21 American college of emergency physicians; the Washington association  
22 of designated crisis responders; the Washington association of  
23 sheriffs and police chiefs; and an individual or entity representing  
24 emergency medical services.

25 NEW SECTION. **Sec. 25.** RCW 71.24.647 (Standards for  
26 certification or licensure of triage facilities) and 2018 c 201 s  
27 4056 are each repealed.

28 NEW SECTION. **Sec. 26.** Sections 6, 8, 10, and 15 of this act  
29 expire July 1, 2026.

30 NEW SECTION. **Sec. 27.** Sections 7, 9, 11, and 16 of this act  
31 take effect July 1, 2026.

32 **Sec. 28.** 2022 c 210 s 31 (uncodified) is amended to read as  
33 follows:

1 (1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and  
2 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021,  
3 ((and)) sections 2 and 10, chapter 210, Laws of 2022, and section 4,  
4 chapter . . . , Laws of 2023 (this act) take effect when monthly  
5 single-bed certifications authorized under RCW 71.05.745 fall below  
6 200 reports for 3 consecutive months

7 (2) The health care authority must provide written notice of the  
8 effective date of sections 4 and 28, chapter 302, Laws of 2020,  
9 sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter  
10 264, Laws of 2021, ((and)) sections 2 and 10, chapter 210, Laws of  
11 2022, and section 4, chapter . . . , Laws of 2023 (this act) to  
12 affected parties, the chief clerk of the house of representatives,  
13 the secretary of the senate, the office of the code reviser, and  
14 others as deemed appropriate by the authority.

15 **Sec. 29.** 2021 c 264 s 29 (uncodified) is amended to read as  
16 follows:

17 (1) Sections 64 and 81, chapter 302, Laws of 2020 ((~~and, until~~  
18 ~~July 1, 2022, section 27, chapter 264, Laws of 2021 and, beginning~~  
19 ~~July 1, 2022~~)), section 28, chapter 264, Laws of 2021, and section  
20 13, chapter . . . , Laws of 2023 (this act) take effect when the  
21 average wait time for children's long-term inpatient placement  
22 admission is 30 days or less for two consecutive quarters.

23 (2) The health care authority must provide written notice of the  
24 effective date of sections 64 and 81, chapter 302, Laws of 2020 ((~~and~~  
25 ~~sections 27 and~~)), section 28, chapter 264, Laws of 2021, and section  
26 13, chapter . . . , Laws of 2023 (this act) to affected parties, the  
27 chief clerk of the house of representatives, the secretary of the  
28 senate, the office of the code reviser, and others as deemed  
29 appropriate by the authority.

--- END ---