

3SHB 1713 - S COMM AMD

By Committee on Human Services, Mental Health & Housing

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

3 "PART I

4 CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT PROVISIONS

5 **Sec. 101.** RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted  
6 and amended to read as follows:

7 For the purposes of this chapter the following words and phrases  
8 shall have the following meanings unless the context clearly requires  
9 otherwise:

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

16 (2) "Approved substance use disorder treatment program" means a  
17 program for persons with a substance use disorder provided by a  
18 treatment program certified by the department of social and health  
19 services as meeting standards adopted under this chapter.

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

21 (4) "Behavioral health organization" means a county authority or  
22 group of county authorities or other entity recognized by the  
23 secretary in contract in a defined regional service area.

24 ((+4)) (5) "Behavioral health program" has the same meaning as  
25 in RCW 71.24.025.

26 (6) "Behavioral health services" means mental health services as  
27 described in chapters 71.24 and 71.36 RCW and chemical dependency  
28 treatment services as described in this chapter.

29 ((+5)) (7) "Chemical dependency" means: (a) Alcoholism; (b) drug  
30 addiction; or (c) dependence on alcohol and one or more other  
31 psychoactive chemicals, as the context requires.

1       ~~((6) "Chemical dependency program" means expenditures and~~  
2 ~~activities of the department designed and conducted to prevent or~~  
3 ~~treat alcoholism and other drug addiction, including reasonable~~  
4 ~~administration and overhead.~~

5       ~~(7))~~ (8) "Department" means the department of social and health  
6 services.

7       ~~((8))~~ (9) "Designated chemical dependency specialist" or  
8 "specialist" means a person designated by the behavioral health  
9 organization or by the county ~~((alcoholism and other drug addiction))~~  
10 substance use disorder treatment program coordinator designated  
11 ((under RCW 70.96A.310)) by the behavioral health organization to  
12 perform the commitment duties described in RCW 70.96A.140 and  
13 qualified to do so by meeting standards adopted by the department.

14       ~~((9) "Director" means the person administering the substance use~~  
15 ~~disorder program within the department.))~~

16       (10) "Designated crisis responder" means a mental health  
17 professional appointed by the behavioral health organization or full  
18 integration region to perform the duties specified in this chapter.

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

25       ~~((11) "Emergency service patrol" means a patrol established~~  
26 ~~under RCW 70.96A.170.))~~

27       (12) "Full integration region" means entities within a regional  
28 service area which has elected to jointly purchase behavioral health  
29 services through an integrated medical and behavioral health services  
30 contract under RCW 71.24.380(5) which perform functions relevant to  
31 this chapter which are equivalent to the functions of a behavioral  
32 health organization.

33       (13) "Gravely disabled by alcohol or other psychoactive  
34 chemicals" or "gravely disabled" means that a person, as a result of  
35 the use of alcohol or other psychoactive chemicals: (a) Is in danger  
36 of serious physical harm resulting from a failure to provide for his  
37 or her essential human needs of health or safety; or (b) manifests  
38 severe deterioration in routine functioning evidenced by a repeated  
39 and escalating loss of cognition or volitional control over his or

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

3 ~~((13))~~ (14) "History of one or more violent acts" refers to the  
4 period of time ten years prior to the filing of a petition under this  
5 chapter, excluding any time spent, but not any violent acts  
6 committed, in a mental health facility, or a long-term alcoholism or  
7 drug treatment facility, or in confinement.

8 ~~((14))~~ (15) "Incapacitated by alcohol or other psychoactive  
9 chemicals" means that a person, as a result of the use of alcohol or  
10 other psychoactive chemicals, is gravely disabled or presents a  
11 likelihood of serious harm to himself or herself, to any other  
12 person, or to property.

13 ~~((15))~~ (16) "Incompetent person" means a person who has been  
14 adjudged incompetent by the superior court.

15 ~~((16))~~ (17) "Integrated crisis response" means a system  
16 consistent with this chapter in which the functions of a designated  
17 mental health professional under chapters 71.05 and 71.34 RCW and a  
18 designated chemical dependency specialist under this chapter are  
19 combined in a designated crisis responder empowered to detain  
20 appropriate persons to an evaluation and treatment facility, secure  
21 detoxification facility, or approved substance use disorder treatment  
22 program depending on the treatment needs of the person.

23 (18) "Intoxicated person" means a person whose mental or physical  
24 functioning is substantially impaired as a result of the use of  
25 alcohol or other psychoactive chemicals.

26 ~~((17))~~ (19) "Licensed physician" means a person licensed to  
27 practice medicine or osteopathic medicine and surgery in the state of  
28 Washington.

29 ~~((18))~~ (20) "Likelihood of serious harm" means:

30 (a) A substantial risk that: (i) Physical harm will be inflicted  
31 by an individual upon his or her own person, as evidenced by threats  
32 or attempts to commit suicide or inflict physical harm on one's self;  
33 (ii) physical harm will be inflicted by an individual upon another,  
34 as evidenced by behavior that has caused the harm or that places  
35 another person or persons in reasonable fear of sustaining the harm;  
36 or (iii) physical harm will be inflicted by an individual upon the  
37 property of others, as evidenced by behavior that has caused  
38 substantial loss or damage to the property of others; or

39 (b) The individual has threatened the physical safety of another  
40 and has a history of one or more violent acts.

1       ((+19+)) (21) "Medical necessity" for inpatient care of a minor  
2 means a requested certified inpatient service that is reasonably  
3 calculated to: (a) Diagnose, arrest, or alleviate a chemical  
4 dependency; or (b) prevent the progression of substance use disorders  
5 that endanger life or cause suffering and pain, or result in illness  
6 or infirmity or threaten to cause or aggravate a handicap, or cause  
7 physical deformity or malfunction, and there is no adequate less  
8 restrictive alternative available.

9       ((+20+)) (22) "Minor" means a person less than eighteen years of  
10 age.

11       ((+21+)) (23) "Parent" means the parent or parents who have the  
12 legal right to custody of the child. Parent includes custodian or  
13 guardian.

14       ((+22+)) (24) "Peace officer" means a law enforcement official of  
15 a public agency or governmental unit, and includes persons  
16 specifically given peace officer powers by any state law, local  
17 ordinance, or judicial order of appointment.

18       ((+23+)) (25) "Person" means an individual, including a minor.

19       ((+24+)) (26) "Professional person in charge" or "professional  
20 person" means a physician or chemical dependency counselor as defined  
21 in rule by the department, who is empowered by a certified treatment  
22 program with authority to make assessment, admission, continuing  
23 care, and discharge decisions on behalf of the certified program.

24       ((+25+)) (27) "Region" means a regional service area under RCW  
25 71.24.380.

26       (28) "Secretary" means the secretary of the department of social  
27 and health services.

28       ((+26+)) (29) "Substance use disorder" means a cluster of  
29 cognitive, behavioral, and physiological symptoms indicating that an  
30 individual continues using the substance despite significant  
31 substance-related problems. The diagnosis of a substance use disorder  
32 is based on a pathological pattern of behaviors related to the use of  
33 the substances.

34       ((+27+)) (30) "Treatment" means the broad range of emergency,  
35 withdrawal management, residential, and outpatient services and care,  
36 including diagnostic evaluation, ((~~chemical dependency~~)) substance  
37 use disorder education and counseling, medical, psychiatric,  
38 psychological, and social service care, vocational rehabilitation and  
39 career counseling, which may be extended to persons with substance

1 use disorders and their families, persons incapacitated by alcohol or  
2 other psychoactive chemicals, and intoxicated persons.

3 ~~((+28+))~~ (31) "Substance use disorder treatment program" means an  
4 organization, institution, or corporation, public or private, engaged  
5 in the care, treatment, or rehabilitation of persons with substance  
6 use ~~((disorder[s+]))~~ disorders.

7 ~~((+29+))~~ (32) "Violent act" means behavior that resulted in  
8 homicide, attempted suicide, nonfatal injuries, or substantial damage  
9 to property.

10 (33) "Commitment" means the determination by a court that a  
11 person should be detained for a period of either evaluation or  
12 treatment, or both, in an inpatient or a less restrictive setting.

13 (34) "Mental health professional" means a psychiatrist,  
14 psychologist, psychiatric advanced registered nurse practitioner,  
15 psychiatric nurse, or social worker, and such other mental health  
16 professionals as may be defined by rules adopted by the secretary  
17 pursuant to the provisions of chapter 71.05 RCW.

18 (35) "Physician assistant" means a person who is licensed as a  
19 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is  
20 working with a licensed mental health physician as indicated by their  
21 delegation agreement.

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

26 **Sec. 102.** RCW 70.96A.140 and 2014 c 225 s 29 are each amended to  
27 read as follows:

28 (1)(a) When a designated chemical dependency specialist receives  
29 information alleging that a person presents a likelihood of serious  
30 harm or is gravely disabled as a result of chemical dependency, the  
31 designated chemical dependency specialist, after investigation and  
32 evaluation of the specific facts alleged and of the reliability and  
33 credibility of the information, may file a petition for commitment of  
34 such person with the superior court, district court, or in another  
35 court permitted by court rule.

36 If a petition for commitment is not filed in the case of a minor,  
37 the parent, guardian, or custodian who has custody of the minor may  
38 seek review of that decision made by the designated chemical  
39 dependency specialist in superior or district court. The parent,

1 guardian, or custodian shall file notice with the court and provide a  
2 copy of the designated chemical dependency specialist's report.

3 If the designated chemical dependency specialist finds that the  
4 initial needs of such person would be better served by placement  
5 within the mental health system, the person shall be referred to  
6 either a designated mental health professional or an evaluation and  
7 treatment facility as defined in RCW 71.05.020 or 71.34.020.

8 (b) If placement in a chemical dependency program is available  
9 and deemed appropriate, the petition shall allege that: The person is  
10 chemically dependent and presents a likelihood of serious harm or is  
11 gravely disabled by alcohol or drug addiction, or that the person has  
12 twice before in the preceding twelve months been admitted for  
13 withdrawal management, sobering services, or chemical dependency  
14 treatment pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of  
15 a more sustained treatment program, or that the person is chemically  
16 dependent and has threatened, attempted, or inflicted physical harm  
17 on another and is likely to inflict physical harm on another unless  
18 committed. A refusal to undergo treatment, by itself, does not  
19 constitute evidence of lack of judgment as to the need for treatment.

20 ~~((The petition shall be accompanied by a certificate of a licensed  
21 physician who has examined the person within five days before  
22 submission of the petition, unless the person whose commitment is  
23 sought has refused to submit to a medical examination, in which case  
24 the fact of refusal shall be alleged in the petition. The certificate  
25 shall set forth the licensed physician's findings in support of the  
26 allegations of the petition. A physician employed by the petitioning  
27 program or the department is eligible to be the certifying  
28 physician.))~~

29 (c) If involuntary detention is sought, the petition must state  
30 facts that support a finding of the grounds identified in (b) of this  
31 subsection and that there are no less restrictive alternatives to  
32 detention in the best interest of such person or others. The petition  
33 must state specifically that less restrictive alternative treatment  
34 was considered and specify why treatment less restrictive than  
35 detention is not appropriate. If an involuntary less restrictive  
36 alternative is sought, the petition must state facts that support a  
37 finding of the grounds for commitment identified in (b) of this  
38 subsection and set forth the proposed less restrictive alternative.

39 (d) The petition must be signed by two professionals who have  
40 each examined the person:

1       (i) The first professional must be a physician, physician  
2 assistant, or advanced registered nurse practitioner;

3       (ii) The second professional must be a physician, physician  
4 assistant, advanced registered nurse practitioner, mental health  
5 professional, or chemical dependency professional.

6       (2) Upon filing the petition, the court shall fix a date for a  
7 hearing no less than two and no more than seven days after the date  
8 the petition was filed unless the person petitioned against is  
9 presently being detained in a program, pursuant to RCW 70.96A.120,  
10 71.05.210, or 71.34.710, in which case the hearing shall be held  
11 within seventy-two hours of the filing of the petition: PROVIDED,  
12 HOWEVER, That the above specified seventy-two hours shall be computed  
13 by excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER,  
14 That, the court may, upon motion of the person whose commitment is  
15 sought, or upon motion of petitioner with written permission of the  
16 person whose commitment is sought, or his or her counsel and, upon  
17 good cause shown, extend the date for the hearing. A copy of the  
18 petition and of the notice of the hearing, including the date fixed  
19 by the court, shall be served by the designated chemical dependency  
20 specialist on the person whose commitment is sought, his or her next  
21 of kin, a parent or his or her legal guardian if he or she is a  
22 minor, and any other person the court believes advisable. A copy of  
23 the petition and certificate shall be delivered to each person  
24 notified.

25       (3) At the hearing the court shall hear all relevant  
26 testimony((τ)) including, if possible, the testimony, which may be  
27 telephonic, of at least one licensed physician, advanced registered  
28 nurse practitioner, physician assistant, mental health professional,  
29 or chemical dependency professional who has examined the person whose  
30 commitment is sought. Communications otherwise deemed privileged  
31 under the laws of this state are deemed to be waived in proceedings  
32 under this chapter when a court of competent jurisdiction in its  
33 discretion determines that the waiver is necessary to protect either  
34 the detained person or the public. The waiver of a privilege under  
35 this section is limited to records or testimony relevant to  
36 evaluation of the detained person for purposes of a proceeding under  
37 this chapter. Upon motion by the detained person, or on its own  
38 motion, the court shall examine a record or testimony sought by a  
39 petitioner to determine whether it is within the scope of the waiver.

1 The record maker shall not be required to testify in order to  
2 introduce medical, nursing, or psychological records of detained  
3 persons so long as the requirements of RCW 5.45.020 are met, except  
4 that portions of the record that contain opinions as to whether the  
5 detained person is chemically dependent shall be deleted from the  
6 records unless the person offering the opinions is available for  
7 cross-examination. The person shall be present unless the court  
8 believes that his or her presence is likely to be injurious to him or  
9 her; in this event the court may deem it appropriate to appoint a  
10 guardian ad litem to represent him or her throughout the proceeding.  
11 If deemed advisable, the court may examine the person out of  
12 courtroom. If the person has refused to be examined by a licensed  
13 physician, advanced registered nurse practitioner, physician  
14 assistant, mental health professional, or chemical dependency  
15 professional, he or she shall be given an opportunity to be examined  
16 by a court appointed licensed physician, advanced registered nurse  
17 practitioner, physician assistant, mental health professional,  
18 chemical dependency professional, or other professional person  
19 qualified to provide such services. If he or she refuses and there is  
20 sufficient evidence to believe that the allegations of the petition  
21 are true, or if the court believes that more medical evidence is  
22 necessary, the court may make a temporary order committing him or her  
23 to the department for a period of not more than five days for  
24 purposes of a diagnostic examination.

25 (4)(a) If, after hearing all relevant evidence, including the  
26 results of any diagnostic examination, the court finds that grounds  
27 for involuntary commitment have been established by ~~((clear, cogent,~~  
28 ~~and convincing proof))~~ a preponderance of the evidence and, after  
29 considering less restrictive alternatives to involuntary detention  
30 and treatment, finds that no such alternatives are in the best  
31 interest of the person or others, it shall make an order of  
32 commitment to an approved substance use disorder treatment program.  
33 It shall not order commitment of a person unless it determines that  
34 an approved substance use disorder treatment program is available and  
35 able to provide adequate and appropriate treatment for him or her.

36 (b) If the court finds that the grounds for commitment have been  
37 established by a preponderance of the evidence, but that treatment in  
38 a less restrictive setting than detention is in the best interest of  
39 such person or others, the court shall order an appropriate less  
40 restrictive course of treatment. The less restrictive order may

1 impose treatment conditions and other conditions that are in the best  
2 interest of the respondent and others. A copy of the less restrictive  
3 order must be given to the respondent, the designated chemical  
4 dependency specialist, and any program designated to provide less  
5 restrictive treatment. If the program designated to provide the less  
6 restrictive treatment is other than the program providing the initial  
7 involuntary treatment, the program so designated must agree in  
8 writing to assume such responsibility. The court may not order  
9 commitment of a person to a less restrictive course of treatment  
10 unless it determines that an approved substance use disorder  
11 treatment program is available and able to provide adequate and  
12 appropriate treatment for him or her.

13 (5) A person committed to inpatient treatment under this section  
14 shall remain in the program for treatment for a period of ((~~sixty~~))  
15 fourteen days unless sooner discharged. A person committed to a less  
16 restrictive course of treatment under this section shall remain in  
17 the program of treatment for a period of ninety days unless sooner  
18 discharged. At the end of the ((~~sixty~~)) fourteen-day period, or  
19 ninety-day period in the case of a less restrictive alternative to  
20 inpatient treatment, he or she shall be discharged automatically  
21 unless the program or the designated chemical dependency specialist,  
22 before expiration of the period, files a petition for his or her  
23 recommitment upon the grounds set forth in subsection (1) of this  
24 section for a further period of ninety days of inpatient treatment or  
25 ninety days of less restrictive alternative treatment unless sooner  
26 discharged. The petition for ninety-day inpatient or less restrictive  
27 alternative treatment must be filed with the clerk of the court at  
28 least three days before expiration of the fourteen-day period of  
29 intensive treatment.

30 If a petition for recommitment is not filed in the case of a  
31 minor, the parent, guardian, or custodian who has custody of the  
32 minor may seek review of that decision made by the designated  
33 chemical dependency specialist in superior or district court. The  
34 parent, guardian, or custodian shall file notice with the court and  
35 provide a copy of the treatment progress report.

36 If a person has been committed because he or she is chemically  
37 dependent and likely to inflict physical harm on another, the program  
38 or designated chemical dependency specialist shall apply for  
39 recommitment if after examination it is determined that the  
40 likelihood still exists.

1 (6) Upon the filing of a petition for recommitment under  
2 subsection (5) of this section, the court shall fix a date for  
3 hearing no less than two and no more than seven days after the date  
4 the petition was filed: PROVIDED, That, the court may, upon motion of  
5 the person whose commitment is sought and upon good cause shown,  
6 extend the date for the hearing. A copy of the petition and of the  
7 notice of hearing, including the date fixed by the court, shall be  
8 served by the treatment program on the person whose commitment is  
9 sought, his or her next of kin, the original petitioner under  
10 subsection (1) of this section if different from the petitioner for  
11 recommitment, one of his or her parents or his or her legal guardian  
12 if he or she is a minor, and his or her attorney and any other person  
13 the court believes advisable. At the hearing the court shall proceed  
14 as provided in subsections (3) and (4) of this section, except that  
15 the burden of proof upon a hearing for recommitment must be proof by  
16 clear, cogent, and convincing evidence.

17 (7) The approved substance use disorder treatment program shall  
18 provide for adequate and appropriate treatment of a person committed  
19 to its custody on an inpatient or outpatient basis. A person  
20 committed under this section may be transferred from one approved  
21 public treatment program to another if transfer is medically  
22 advisable.

23 (8) A person committed to (~~the custody of~~) a program for  
24 treatment shall be discharged at any time before the end of the  
25 period for which he or she has been committed and he or she shall be  
26 discharged by order of the court if either of the following  
27 conditions are met:

28 (a) In case of a chemically dependent person committed on the  
29 grounds of likelihood of infliction of physical harm upon himself,  
30 herself, or another, the likelihood no longer exists; or further  
31 treatment will not be likely to bring about significant improvement  
32 in the person's condition, or treatment is no longer adequate or  
33 appropriate.

34 (b) In case of a chemically dependent person committed on the  
35 grounds of the need of treatment and incapacity, that the incapacity  
36 no longer exists.

37 (9) The court shall inform the person whose commitment or  
38 recommitment is sought of his or her right to contest the  
39 application, be represented by counsel at every stage of any  
40 proceedings relating to his or her commitment and recommitment, and

1 have counsel appointed by the court or provided by the court, if he  
2 or she wants the assistance of counsel and is unable to obtain  
3 counsel. If the court believes that the person needs the assistance  
4 of counsel, the court shall require, by appointment if necessary,  
5 counsel for him or her regardless of his or her wishes. The person  
6 shall, if he or she is financially able, bear the costs of such legal  
7 service; otherwise such legal service shall be at public expense. The  
8 person whose commitment or recommitment is sought shall be informed  
9 of his or her right to be examined by a licensed physician (~~of his~~  
10 ~~or her choice~~), advanced registered nurse practitioner, physician  
11 assistant, mental health professional, chemical dependency  
12 professional, or other professional person of his or her choice who  
13 is qualified to provide such services. If the person is unable to  
14 obtain a (~~licensed physician~~) qualified person and requests an  
15 examination (~~by a physician~~), the court shall employ a licensed  
16 physician, advanced registered nurse practitioner, physician  
17 assistant, mental health professional, chemical dependency  
18 professional, or other professional person to conduct an examination  
19 and testify on behalf of the person.

20 (10) A person committed under this chapter may at any time seek  
21 to be discharged from commitment by writ of habeas corpus in a court  
22 of competent jurisdiction.

23 (11) The venue for proceedings under this section is the county  
24 in which person to be committed resides or is present.

25 (12) When in the opinion of the professional person in charge of  
26 the program providing involuntary inpatient treatment under this  
27 chapter, the committed patient can be appropriately served by less  
28 restrictive treatment before expiration of the period of commitment,  
29 then the less restrictive care may be required as a condition for  
30 early release for a period which, when added to the initial treatment  
31 period, does not exceed the period of commitment. If the program  
32 designated to provide the less restrictive treatment is other than  
33 the program providing the initial involuntary treatment, the program  
34 so designated must agree in writing to assume such responsibility. A  
35 copy of the conditions for early release shall be given to the  
36 patient, the designated chemical dependency specialist of original  
37 commitment, and the court of original commitment. The program  
38 designated to provide less restrictive care may modify the conditions  
39 for continued release when the modifications are in the best  
40 interests of the patient. If the program providing less restrictive

1 care and the designated chemical dependency specialist determine that  
2 a conditionally released patient is failing to adhere to the terms  
3 and conditions of his or her release, or that substantial  
4 deterioration in the patient's functioning has occurred, then the  
5 designated chemical dependency specialist shall notify the court of  
6 original commitment and request a hearing to be held no less than two  
7 and no more than seven days after the date of the request to  
8 determine whether or not the person should be returned to more  
9 restrictive care. The designated chemical dependency specialist shall  
10 file a petition with the court stating the facts substantiating the  
11 need for the hearing along with the treatment recommendations. The  
12 patient shall have the same rights with respect to notice, hearing,  
13 and counsel as for the original involuntary treatment proceedings.  
14 The issues to be determined at the hearing are whether the  
15 conditionally released patient did or did not adhere to the terms and  
16 conditions of his or her release to less restrictive care or that  
17 substantial deterioration of the patient's functioning has occurred  
18 and whether the conditions of release should be modified or the  
19 person should be returned to a more restrictive program. The hearing  
20 may be waived by the patient and his or her counsel and his or her  
21 guardian or conservator, if any, but may not be waived unless all  
22 such persons agree to the waiver. Upon waiver, the person may be  
23 returned for involuntary treatment or continued on conditional  
24 release on the same or modified conditions.

25 **Sec. 103.** RCW 70.96A.145 and 1993 c 137 s 1 are each amended to  
26 read as follows:

27 The prosecuting attorney of the county in which such action is  
28 taken (~~(may, at the discretion of the prosecuting attorney,)~~) shall  
29 represent the designated chemical dependency specialist or treatment  
30 program in judicial proceedings under RCW 70.96A.140 for the  
31 involuntary commitment or recommitment of an individual, including  
32 any judicial proceeding where the individual sought to be committed  
33 or recommitted challenges the action. The costs of mandated  
34 representation shall be reimbursed by the behavioral health  
35 organization or full integration region.

36 **PART II**  
37 **INTEGRATED SYSTEM**



1 (3) The department shall, by rule, combine the functions of a  
2 designated mental health professional and designated chemical  
3 dependency specialist in integrated crisis response regions by  
4 establishing a designated crisis responder who is authorized to  
5 conduct investigations, detain persons for up to seventy-two hours to  
6 the proper facility, and carry out the other functions identified in  
7 this chapter and chapter 71.--- RCW (the new chapter created in  
8 section 904 of this act). Behavioral health organizations and full  
9 integration regions shall provide training to the designated crisis  
10 responders as required by the department before implementation of  
11 integrated crisis response.

12 (4)(a) To qualify as a designated crisis responder, a person must  
13 have received chemical dependency training and mental health training  
14 as determined by the department and be a:

15 (i) Psychiatrist, psychologist, physician's assistant, advanced  
16 registered nurse practitioner, social worker, mental health  
17 professional, or chemical dependency professional;

18 (ii) Person with a master's degree or further advanced degree in  
19 counseling or one of the social sciences from an accredited college  
20 or university and who have, in addition, at least two years of  
21 experience in direct treatment of persons with behavioral health  
22 disorders or emotional disturbance, such experience gained under the  
23 direction of a mental health professional or chemical dependency  
24 professional;

25 (iii) Person who meets the waiver criteria of RCW 71.24.260,  
26 which waiver was granted before 1986;

27 (iv) Person who had an approved waiver to perform the duties of a  
28 mental health professional that was requested by the regional support  
29 network and granted by the department before July 1, 2001; or

30 (v) Person who has been granted an exception of the minimum  
31 requirements of a mental health professional or chemical dependency  
32 professional by the department consistent with rules adopted by the  
33 secretary.

34 (b) Training must include mental health and chemical dependency  
35 training appropriate to the duties of a designated crisis responder,  
36 including diagnosis of substance abuse and dependence and assessment  
37 of risks associated with substance use.

38 (5) The department must develop a transition process for any  
39 person who has been designated as a designated mental health  
40 professional or a designated chemical dependency specialist to be

1 converted to a designated crisis responder. The behavioral health  
2 organizations or full integration regions shall provide training, as  
3 required by the department, in advance of implementation of  
4 integrated crisis response to persons converting to designated crisis  
5 responders, which must include both mental health and chemical  
6 dependency training applicable to the designated crisis responder  
7 role.

8 (6) The department must submit a phased statewide implementation  
9 plan for statewide implementation of integrated crisis response to  
10 the relevant policy and fiscal committees of the legislature by  
11 October 1, 2016.

12 NEW SECTION. **Sec. 203.** (1) The Washington state institute for  
13 public policy shall evaluate the effect of the integration of the  
14 involuntary treatment systems for substance use disorders and mental  
15 health and make preliminary reports to appropriate committees of the  
16 legislature by December 1, 2020, and June 30, 2021, and a final  
17 report by June 30, 2023.

18 (2) The evaluation must include an assessment of whether the  
19 integrated system:

20 (a) Has increased efficiency of evaluation and treatment of  
21 persons involuntarily detained for substance use disorders;

22 (b) Is cost-effective, including impacts on health care, housing,  
23 employment, and criminal justice costs;

24 (c) Results in better outcomes for persons involuntarily  
25 detained;

26 (d) Increases the effectiveness of the crisis response system  
27 statewide;

28 (e) Has an impact on commitments based upon mental disorders;

29 (f) Has been sufficiently resourced with enough involuntary  
30 treatment beds, less restrictive alternative treatment options, and  
31 state funds to provide timely and appropriate treatment for all  
32 individuals interacting with the integrated involuntary treatment  
33 system; and

34 (g) Has diverted from the mental health involuntary treatment  
35 system a significant number of individuals whose risk results from  
36 substance abuse, including an estimate of the net savings from  
37 serving these clients into the appropriate substance abuse treatment  
38 system.

39 (3) This section expires August 1, 2023.

1        NEW SECTION.    **Sec. 204.**    (1) The provisions of this chapter are  
2 intended by the legislature:

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

7        (b) To prevent inappropriate, indefinite commitment of mentally  
8 disordered persons and persons with substance use disorders and to  
9 eliminate legal disabilities that arise from such commitment;

10       (c) To provide prompt evaluation and timely and appropriate  
11 treatment of persons with serious mental disorders and substance use  
12 disorders;

13       (d) To safeguard individual rights;

14       (e) To provide continuity of care for persons with serious mental  
15 disorders and substance use disorders;

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

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

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

29       NEW SECTION.    **Sec. 205.**    The definitions in this section apply  
30 throughout this chapter unless the context clearly requires  
31 otherwise.

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

35       (2) "Antipsychotic medications" means that class of drugs  
36 primarily used to treat serious manifestations of mental illness  
37 associated with thought disorders, which includes, but is not limited  
38 to atypical antipsychotic medications;

1 (3) "Attending staff" means any person on the staff of a public  
2 or private agency having responsibility for the care and treatment of  
3 a patient;

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

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

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

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

17 (8) "Custody" means involuntary detention under the provisions of  
18 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 (9) "Department" means the department of social and health  
22 services;

23 (10) "Designated crisis responder" means a mental health  
24 professional appointed by the behavioral health organization or full  
25 integration region to perform the duties specified in this chapter;

26 (11) "Detention" or "detain" means the lawful confinement of a  
27 person, under the provisions of this chapter;

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

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

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

1 (15) "Evaluation and treatment facility" means any facility which  
2 can provide directly, or by direct arrangement with other public or  
3 private agencies, emergency evaluation and treatment, outpatient  
4 care, and timely and appropriate inpatient care to persons suffering  
5 from a mental disorder, and which is certified as such by the  
6 department. The department may certify single beds as temporary  
7 evaluation and treatment beds under section 247 of this act. A  
8 physically separate and separately operated portion of a state  
9 hospital may be designated as an evaluation and treatment facility. A  
10 facility which is part of, or operated by, the department or any  
11 federal agency will not require certification. No correctional  
12 institution or facility, or jail, shall be an evaluation and  
13 treatment facility within the meaning of this chapter;

14 (16) "Full integration region" means entities within a regional  
15 service area which has elected to jointly purchase behavioral health  
16 services through an integrated medical and behavioral health services  
17 contract under RCW 71.24.380(5) which perform functions relevant to  
18 this chapter which are equivalent to the functions of a behavioral  
19 health organization;

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

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

37 (19) "History of one or more violent acts" refers to the period  
38 of time ten years prior to the filing of a petition under this  
39 chapter, excluding any time spent, but not any violent acts  
40 committed, in a mental health facility, a long-term alcoholism or

1 drug treatment facility, or in confinement as a result of a criminal  
2 conviction;

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

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

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

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

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

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

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

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

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

25 (22) "Information related to mental health services" means all  
26 information and records compiled, obtained, or maintained in the  
27 course of providing services to either voluntary or involuntary  
28 recipients of services by a mental health service provider. This may  
29 include documents of legal proceedings under this chapter or chapter  
30 71.34 or 10.77 RCW, or somatic health care information;

31 (23) "In need of assisted outpatient mental health treatment"  
32 means that a person, as a result of a mental disorder: (a) Has been  
33 committed by a court to detention for involuntary mental health  
34 treatment at least twice during the preceding thirty-six months, or,  
35 if the person is currently committed for involuntary mental health  
36 treatment, the person has been committed to detention for involuntary  
37 mental health treatment at least once during the thirty-six months  
38 preceding the date of initial detention of the current commitment  
39 cycle; (b) is unlikely to voluntarily participate in outpatient  
40 treatment without an order for less restrictive alternative

1 treatment, in view of the person's treatment history or current  
2 behavior; (c) is unlikely to survive safely in the community without  
3 supervision; (d) is likely to benefit from less restrictive  
4 alternative treatment; and (e) requires less restrictive alternative  
5 treatment to prevent a relapse, decompensation, or deterioration that  
6 is likely to result in the person presenting a likelihood of serious  
7 harm or the person becoming gravely disabled within a reasonably  
8 short period of time. For purposes of (a) of this subsection, time  
9 spent in a mental health facility or in confinement as a result of a  
10 criminal conviction is excluded from the thirty-six month  
11 calculation;

12 (24) "Integrated crisis response" means a system consistent with  
13 this chapter in which the functions of a designated mental health  
14 professional under chapters 71.05 and 71.34 RCW and a designated  
15 chemical dependency specialist under chapter 70.96A RCW are combined  
16 in a designated crisis responder empowered to detain appropriate  
17 persons to an evaluation and treatment facility, secure  
18 detoxification facility, or approved substance use disorder treatment  
19 program depending on the treatment needs of the person;

20 (25) "Judicial commitment" means a commitment by a court pursuant  
21 to the provisions of this chapter;

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

26 (27) "Less restrictive alternative treatment" means a program of  
27 individualized treatment in a less restrictive setting than inpatient  
28 treatment that includes the services described in section 237 of this  
29 act;

30 (28) "Likelihood of serious harm" means:

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

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

3 (29) "Medical clearance" means a physician or other health care  
4 provider has determined that a person is medically stable and ready  
5 for referral to the designated crisis responder;

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

9 (31) "Mental health professional" means a psychiatrist,  
10 psychologist, psychiatric advanced registered nurse practitioner,  
11 psychiatric nurse, or social worker, and such other mental health  
12 professionals as may be defined by rules adopted by the secretary  
13 pursuant to the provisions of this chapter;

14 (32) "Mental health service provider" means a public or private  
15 agency that provides mental health services to persons with mental  
16 disorders or substance use disorders as defined under this section  
17 and receives funding from public sources. This includes, but is not  
18 limited to, hospitals licensed under chapter 70.41 RCW, evaluation  
19 and treatment facilities as defined in this section, community mental  
20 health service delivery systems or behavioral health programs as  
21 defined in RCW 71.24.025, facilities conducting competency  
22 evaluations and restoration under chapter 10.77 RCW, approved  
23 substance use disorder treatment programs as defined in this section,  
24 secure detoxification facilities as defined in this section, and  
25 correctional facilities operated by state and local governments;

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

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

38 (35) "Professional person" means a mental health professional or  
39 designated crisis responder and shall also mean a physician,  
40 psychiatric advanced registered nurse practitioner, registered nurse,

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

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

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

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

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

23 (40) "Region" means a regional service area under RCW 71.24.380;

24 (41) "Registration records" include all the records of the  
25 department, behavioral health organizations, treatment facilities,  
26 and other persons providing services to the department, county  
27 departments, or facilities which identify persons who are receiving  
28 or who at any time have received services for mental illness or  
29 substance use disorders;

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

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

34 (44) "Secretary" means the secretary of the department of social  
35 and health services, or his or her designee;

36 (45) "Serious violent offense" has the same meaning as provided  
37 in RCW 9.94A.030;

38 (46) "Social worker" means a person with a master's or further  
39 advanced degree from a social work educational program accredited and  
40 approved as provided in RCW 18.320.010;

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

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

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

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

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

36 (52) "Approved substance use disorder treatment program" means a  
37 program for persons with a substance use disorder provided by a  
38 treatment program certified by the department as meeting standards  
39 adopted under chapter 71.24 RCW;

40 (53) "Chemical dependency" means:

- 1 (a) Alcoholism;
- 2 (b) Drug addiction; or
- 3 (c) Dependence on alcohol and one or more psychoactive chemicals,
- 4 as the context requires;

5 (54) "Chemical dependency professional" means a person certified  
6 as a chemical dependency professional by the department of health  
7 under chapter 18.205 RCW;

8 (55) "Drug addiction" means a disease, characterized by a  
9 dependency on psychoactive chemicals, loss of control over the amount  
10 and 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 (56) "Intoxicated person" means a person whose mental or physical  
15 functioning is substantially impaired as a result of the use of  
16 alcohol or other psychoactive chemicals;

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

20 (58) "Physician assistant" means a person who is licensed as a  
21 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is  
22 working with a licensed mental health physician as indicated by their  
23 delegation agreement;

24 (59) "Secure detoxification facility" means a facility operated  
25 by either a public or private agency or by the program of an agency  
26 that:

- 27 (a) Provides for intoxicated persons:
  - 28 (i) Evaluation and assessment, provided by certified chemical
  - 29 dependency professionals;
  - 30 (ii) Acute or subacute detoxification services; and
  - 31 (iii) Discharge assistance provided by certified chemical
  - 32 dependency professionals, including facilitating transitions to
  - 33 appropriate voluntary or involuntary inpatient services or to less
  - 34 restrictive alternatives as appropriate for the individual;
- 35 (b) Includes security measures sufficient to protect the
- 36 patients, staff, and community; and
- 37 (c) Is certified as such by the department;

38 (60) "Substance use disorder" means a cluster of cognitive,  
39 behavioral, and physiological symptoms indicating that an individual  
40 continues using the substance despite significant substance-related

1 problems. The diagnosis of a substance use disorder is based on a  
2 pathological pattern of behaviors related to the use of the  
3 substances.

4 NEW SECTION. **Sec. 206.** The legislature intends that the  
5 procedures and services authorized in this chapter be integrated with  
6 those in chapter 71.24 RCW to the maximum extent necessary to assure  
7 a continuum of care to persons with mental illness or who have mental  
8 disorders or substance use disorders, as defined in either or both  
9 this chapter and chapter 71.24 RCW. To this end, behavioral health  
10 organizations established in accordance with chapter 71.24 RCW shall  
11 institute procedures which require timely consultation with resource  
12 management services by designated crisis responders, evaluation and  
13 treatment facilities, secure detoxification facilities, and approved  
14 substance use disorder treatment programs to assure that  
15 determinations to admit, detain, commit, treat, discharge, or release  
16 persons with mental disorders or substance use disorders under this  
17 chapter are made only after appropriate information regarding such  
18 person's treatment history and current treatment plan has been sought  
19 from resource management services.

20 NEW SECTION. **Sec. 207.** (1) Except for monetary damage claims  
21 which have been reduced to final judgment by a superior court, this  
22 section applies to all claims against the state, state agencies,  
23 state officials, or state employees that exist on or arise after  
24 March 29, 2006.

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

36 (3) This section applies to counties, behavioral health  
37 organizations, and entities which contract to provide behavioral

1 health organization services and their subcontractors, agents, or  
2 employees.

3 NEW SECTION. **Sec. 208.** (1) Nothing in this chapter shall be  
4 construed to limit the right of any person to apply voluntarily to  
5 any public or private agency or practitioner for treatment of a  
6 mental disorder or substance use disorder, either by direct  
7 application or by referral. Any person voluntarily admitted for  
8 inpatient treatment to any public or private agency shall be released  
9 immediately upon his or her request. Any person voluntarily admitted  
10 for inpatient treatment to any public or private agency shall orally  
11 be advised of the right to immediate discharge, and further advised  
12 of such rights in writing as are secured to them pursuant to this  
13 chapter and their rights of access to attorneys, courts, and other  
14 legal redress. Their condition and status shall be reviewed at least  
15 once each one hundred eighty days for evaluation as to the need for  
16 further treatment or possible discharge, at which time they shall  
17 again be advised of their right to discharge upon request.

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

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

1 an evaluation treatment center, secure detoxification facility, or  
2 approved substance use disorder treatment program pursuant to the  
3 conditions in this chapter, but which time shall be no more than six  
4 hours from the time the professional staff notify the designated  
5 crisis responder of the need for evaluation, not counting time  
6 periods prior to medical clearance.

7 (4) Dismissal of a commitment petition is not the appropriate  
8 remedy for a violation of the timeliness requirements of this section  
9 based on the intent of this chapter under section 204 of this act  
10 except in the few cases where the facility staff or designated crisis  
11 responder has totally disregarded the requirements of this section.

12 NEW SECTION. **Sec. 209.** (1) No officer of a public or private  
13 agency, nor the superintendent, professional person in charge, his or  
14 her professional designee, or attending staff of any such agency, nor  
15 any public official performing functions necessary to the  
16 administration of this chapter, nor peace officer responsible for  
17 detaining a person pursuant to this chapter, nor any designated  
18 crisis responder, nor the state, a unit of local government, an  
19 evaluation and treatment facility, a secure detoxification facility,  
20 or an approved substance use disorder treatment program shall be  
21 civilly or criminally liable for performing duties pursuant to this  
22 chapter with regard to the decision of whether to admit, discharge,  
23 release, administer antipsychotic medications, or detain a person for  
24 evaluation and treatment: PROVIDED, That such duties were performed  
25 in good faith and without gross negligence.

26 (2) This section does not relieve a person from giving the  
27 required notices under RCW 71.05.330(2) or section 236(1)(b) of this  
28 act, or the duty to warn or to take reasonable precautions to provide  
29 protection from violent behavior where the patient has communicated  
30 an actual threat of physical violence against a reasonably  
31 identifiable victim or victims. The duty to warn or to take  
32 reasonable precautions to provide protection from violent behavior is  
33 discharged if reasonable efforts are made to communicate the threat  
34 to the victim or victims and to law enforcement personnel.

35 NEW SECTION. **Sec. 210.** When any court orders a person to  
36 receive treatment under this chapter, the order shall include a  
37 statement that if the person is, or becomes, subject to supervision  
38 by the department of corrections, the person must notify the

1 treatment provider and the person's mental health treatment  
2 information and substance use disorder treatment information must be  
3 shared with the department of corrections for the duration of the  
4 offender's incarceration and supervision, under RCW 71.05.445. Upon a  
5 petition by a person who does not have a history of one or more  
6 violent acts, the court may, for good cause, find that public safety  
7 would not be enhanced by the sharing of this person's information.

8 NEW SECTION. **Sec. 211.** (1)(a) When a designated crisis  
9 responder receives information alleging that a person, as a result of  
10 a mental disorder, substance use disorder, or both presents a  
11 likelihood of serious harm or is gravely disabled, or that a person  
12 is in need of assisted outpatient mental health treatment; the  
13 designated crisis responder may, after investigation and evaluation  
14 of the specific facts alleged and of the reliability and credibility  
15 of any person providing information to initiate detention or  
16 involuntary outpatient evaluation, if satisfied that the allegations  
17 are true and that the person will not voluntarily seek appropriate  
18 treatment, file a petition for initial detention or involuntary  
19 outpatient evaluation. If the petition is filed solely on the grounds  
20 that the person is in need of assisted outpatient mental health  
21 treatment, the petition may only be for an involuntary outpatient  
22 evaluation. An involuntary outpatient evaluation may be conducted by  
23 any combination of licensed professionals authorized to petition for  
24 involuntary commitment under section 228 of this act and must include  
25 involvement or consultation with the agency or facility which will  
26 provide monitoring or services under the proposed less restrictive  
27 alternative treatment order. If the petition is for an involuntary  
28 outpatient evaluation and the person is being held in a hospital  
29 emergency department, the person may be released once the hospital  
30 has satisfied federal and state legal requirements for appropriate  
31 screening and stabilization of patients.

32 (b) Before filing the petition, the designated crisis responder  
33 must personally interview the person, unless the person refuses an  
34 interview, and determine whether the person will voluntarily receive  
35 appropriate evaluation and treatment at an evaluation and treatment  
36 facility, crisis stabilization unit, triage facility, or approved  
37 substance use disorder treatment program.

38 (2)(a) An order to detain a person with a mental disorder to a  
39 designated evaluation and treatment facility, or to detain a person

1 with a substance use disorder to a secure detoxification facility or  
2 approved substance use disorder treatment program, for not more than  
3 a seventy-two-hour evaluation and treatment period, or an order for  
4 an involuntary outpatient evaluation, may be issued by a judge of the  
5 superior court upon request of a designated crisis responder whenever  
6 it appears to the satisfaction of a judge of the superior court:

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

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

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

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

9 NEW SECTION. **Sec. 212.** (1) When a designated crisis responder  
10 receives information alleging that a person, as the result of a  
11 mental disorder, presents an imminent likelihood of serious harm, or  
12 is in imminent danger because of being gravely disabled, after  
13 investigation and evaluation of the specific facts alleged and of the  
14 reliability and credibility of the person or persons providing the  
15 information if any, the designated crisis responder may take such  
16 person, or cause by oral or written order such person to be taken  
17 into emergency custody in an evaluation and treatment facility for  
18 not more than seventy-two hours as described in section 218 of this  
19 act.

20 (2) When a designated crisis responder receives information  
21 alleging that a person, as the result of substance use disorder,  
22 presents an imminent likelihood of serious harm, or is in imminent  
23 danger because of being gravely disabled, after investigation and  
24 evaluation of the specific facts alleged and of the reliability and  
25 credibility of the person or persons providing the information if  
26 any, the designated crisis responder may take the person, or cause by  
27 oral or written order the person to be taken, into emergency custody  
28 in a secure detoxification facility or approved substance use  
29 disorder treatment program for not more than seventy-two hours as  
30 described in section 218 of this act.

31 (3) A peace officer may take or cause such person to be taken  
32 into custody and immediately delivered to a triage facility, crisis  
33 stabilization unit, evaluation and treatment facility, secure  
34 detoxification facility, approved substance use disorder treatment  
35 program, or the emergency department of a local hospital under the  
36 following circumstances:

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

38 (b) When he or she has reasonable cause to believe that such  
39 person is suffering from a mental disorder or substance use disorder

1 and presents an imminent likelihood of serious harm or is in imminent  
2 danger because of being gravely disabled.

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

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

24 (6) Dismissal of a commitment petition is not the appropriate  
25 remedy for a violation of the timeliness requirements of this section  
26 based on the intent of this chapter under section 204 of this act  
27 except in the few cases where the facility staff or designated mental  
28 health professional has totally disregarded the requirements of this  
29 section.

30 NEW SECTION. **Sec. 213.** A designated crisis responder conducting  
31 an evaluation of a person under section 211 or 212 of this act must  
32 consult with any examining emergency room physician regarding the  
33 physician's observations and opinions relating to the person's  
34 condition, and whether, in the view of the physician, detention is  
35 appropriate. The designated crisis responder shall take serious  
36 consideration of observations and opinions by examining emergency  
37 room physicians in determining whether detention under this chapter  
38 is appropriate. The designated crisis responder must document the  
39 consultation with an examining emergency room physician, including

1 the physician's observations or opinions regarding whether detention  
2 of the person is appropriate.

3 NEW SECTION. **Sec. 214.** A designated crisis responder who  
4 conducts an evaluation for imminent likelihood of serious harm or  
5 imminent danger because of being gravely disabled under section 212  
6 of this act must also evaluate the person under section 211 of this  
7 act for likelihood of serious harm or grave disability that does not  
8 meet the imminent standard for emergency detention, and to determine  
9 whether the person is in need of assisted outpatient mental health  
10 treatment.

11 NEW SECTION. **Sec. 215.** (1) When a designated crisis responder  
12 is notified by a jail that a defendant or offender who was subject to  
13 a discharge review under RCW 71.05.232 is to be released to the  
14 community, the designated crisis responder shall evaluate the person  
15 within seventy-two hours of release.

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

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

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

1 (5) Nothing in this section creates a duty on any treatment  
2 provider or designated crisis responder to provide offender  
3 supervision.

4 (6) No jail or state correctional facility may be considered a  
5 less restrictive alternative to an evaluation and treatment facility,  
6 secure detoxification facility, or approved substance use disorder  
7 treatment program.

8 NEW SECTION. **Sec. 216.** Any facility receiving a person pursuant  
9 to section 211 or 212 of this act shall require the designated crisis  
10 responder to prepare a petition for initial detention stating the  
11 circumstances under which the person's condition was made known and  
12 stating that there is evidence, as a result of his or her personal  
13 observation or investigation, that the actions of the person for  
14 which application is made constitute a likelihood of serious harm, or  
15 that he or she is gravely disabled, and stating the specific facts  
16 known to him or her as a result of his or her personal observation or  
17 investigation, upon which he or she bases the belief that such person  
18 should be detained for the purposes and under the authority of this  
19 chapter.

20 If a person is involuntarily placed in an evaluation and  
21 treatment facility, secure detoxification facility, or approved  
22 substance use disorder treatment program pursuant to section 211 or  
23 212 of this act, on the next judicial day following the initial  
24 detention, the designated crisis responder shall file with the court  
25 and serve the designated attorney of the detained person the petition  
26 or supplemental petition for initial detention, proof of service of  
27 notice, and a copy of a notice of emergency detention.

28 NEW SECTION. **Sec. 217.** Whenever the designated crisis responder  
29 petitions for detention of a person whose actions constitute a  
30 likelihood of serious harm, or who is gravely disabled, the facility  
31 providing seventy-two hour evaluation and treatment must immediately  
32 accept on a provisional basis the petition and the person. The  
33 facility shall then evaluate the person's condition and admit,  
34 detain, transfer, or discharge such person in accordance with section  
35 223 of this act. The facility shall notify in writing the court and  
36 the designated crisis responder of the date and time of the initial  
37 detention of each person involuntarily detained in order that a

1 probable cause hearing shall be held no later than seventy-two hours  
2 after detention.

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

5 NEW SECTION. **Sec. 218.** If the evaluation and treatment  
6 facility, secure detoxification facility, or approved substance use  
7 disorder treatment program admits the person, it may detain him or  
8 her for evaluation and treatment for a period not to exceed seventy-  
9 two hours from the time of acceptance as set forth in section 217 of  
10 this act. The computation of such seventy-two hour period shall  
11 exclude Saturdays, Sundays and holidays.

12 NEW SECTION. **Sec. 219.** If the person is not approved for  
13 admission by a facility providing seventy-two hour evaluation and  
14 treatment, and the individual has not been arrested, the facility  
15 shall furnish transportation, if not otherwise available, for the  
16 person to his or her place of residence or other appropriate place.  
17 If the individual has been arrested, the evaluation and treatment  
18 facility, secure detoxification facility, or approved substance use  
19 disorder treatment program shall detain the individual for not more  
20 than eight hours at the request of the peace officer. The facility  
21 shall make reasonable attempts to contact the requesting peace  
22 officer during this time to inform the peace officer that the person  
23 is not approved for admission in order to enable a peace officer to  
24 return to the facility and take the individual back into custody.

25 NEW SECTION. **Sec. 220.** (1) A civil commitment may be initiated  
26 under the procedures described in section 211 or 212 of this act for  
27 a person who has been found not guilty by reason of insanity in a  
28 state other than Washington and who has fled from detention,  
29 commitment, or conditional release in that state, on the basis of a  
30 request by the state in which the person was found not guilty by  
31 reason of insanity for the person to be detained and transferred back  
32 to the custody or care of the requesting state. A finding of  
33 likelihood of serious harm or grave disability is not required for a  
34 commitment under this section. The detention may occur at either an  
35 evaluation and treatment facility or a state hospital. The petition  
36 for seventy-two hour detention filed by the designated crisis  
37 responder must be accompanied by the following documents:

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

4 (b) A warrant issued by a magistrate in the state in which the  
5 person was found not guilty by reason of insanity indicating that the  
6 person has fled from detention, commitment, or conditional release in  
7 that state and authorizing the detention of the person within the  
8 state in which the person was found not guilty by reason of insanity;

9 (c) A statement from the executive authority of the state in  
10 which the person was found not guilty by reason of insanity  
11 requesting that the person be returned to the requesting state and  
12 agreeing to facilitate the transfer of the person to the requesting  
13 state.

14 (2) The person shall be entitled to a probable cause hearing  
15 within the time limits applicable to other detentions under this  
16 chapter and shall be afforded the rights described in this chapter  
17 including the right to counsel. At the probable cause hearing, the  
18 court shall determine the identity of the person and whether the  
19 other requirements of this section are met. If the court so finds,  
20 the court may order continued detention in a treatment facility for  
21 up to thirty days for the purpose of the transfer of the person to  
22 the custody or care of the requesting state. The court may order a  
23 less restrictive alternative to detention only under conditions which  
24 ensure the person's safe transfer to the custody or care of the  
25 requesting state within thirty days without undue risk to the safety  
26 of the person or others.

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

32 NEW SECTION. **Sec. 221.** (1) If a designated crisis responder  
33 decides not to detain a person for evaluation and treatment under  
34 section 211 or 212 of this act or forty-eight hours have elapsed  
35 since a designated crisis responder received a request for  
36 investigation and the designated crisis responder has not taken  
37 action to have the person detained, an immediate family member or  
38 guardian or conservator of the person may petition the superior court  
39 for the person's initial detention.

1 (2)(a) The petition must be submitted on forms developed by the  
2 administrative office of the courts for this purpose. The petition  
3 must be accompanied by a sworn declaration from the petitioner, and  
4 other witnesses if desired, describing why the person should be  
5 detained for evaluation and treatment. The description of why the  
6 person should be detained may contain, but is not limited to, the  
7 information identified in section 224 of this act.

8 (b) The petition must contain:

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

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

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

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

25 (5) The court shall dismiss the petition at any time if it finds  
26 that a designated crisis responder has filed a petition for the  
27 person's initial detention under section 211 or 212 of this act or  
28 that the person has voluntarily accepted appropriate treatment.

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

37 (7) If the court enters an order for initial detention, it shall  
38 provide the order to the designated crisis responder agency, which  
39 shall execute the order without delay. An order for initial detention  
40 under this section expires one hundred eighty days from issuance.

1 (8) Except as otherwise expressly stated in this chapter, all  
2 procedures must be followed as if the order had been entered under  
3 section 211 of this act. Section 216 of this act does not apply if  
4 detention was initiated under the process set forth in this section.

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

8 NEW SECTION. **Sec. 222.** (1) The department and each behavioral  
9 health organization or agency employing designated crisis responders  
10 shall publish information in an easily accessible format describing  
11 the process for an immediate family member, guardian, or conservator  
12 to petition for court review of a detention decision under section  
13 221 of this act.

14 (2) A designated crisis responder or designated crisis responder  
15 agency that receives a request for investigation for possible  
16 detention under this chapter must inquire whether the request comes  
17 from an immediate family member, guardian, or conservator who would  
18 be eligible to petition under section 221 of this act. If the  
19 designated crisis responder decides not to detain the person for  
20 evaluation and treatment under section 211 or 212 of this act or  
21 forty-eight hours have elapsed since the request for investigation  
22 was received and the designated crisis responder has not taken action  
23 to have the person detained, the designated crisis responder or  
24 designated crisis responder agency must inform the immediate family  
25 member, guardian, or conservator who made the request for  
26 investigation about the process to petition for court review under  
27 section 221 of this act.

28 NEW SECTION. **Sec. 223.** Each person involuntarily detained and  
29 accepted or admitted at an evaluation and treatment facility, secure  
30 detoxification facility, or approved substance use disorder treatment  
31 program (1) shall, within twenty-four hours of his or her admission  
32 or acceptance at the facility, not counting time periods prior to  
33 medical clearance, be examined and evaluated by (a) a licensed  
34 physician who may be assisted by a physician assistant according to  
35 chapter 18.71A RCW and a mental health professional, (b) an advanced  
36 registered nurse practitioner according to chapter 18.79 RCW and a  
37 mental health professional, or (c) a licensed physician and a  
38 psychiatric advanced registered nurse practitioner and (2) shall

1 receive such treatment and care as his or her condition requires  
2 including treatment on an outpatient basis for the period that he or  
3 she is detained, except that, beginning twenty-four hours prior to a  
4 trial or hearing pursuant to RCW 71.05.310, 71.05.320, or 71.05.217  
5 or section 226, 230, or 238 of this act, the individual may refuse  
6 psychiatric medications, but may not refuse: (a) Any other medication  
7 previously prescribed by a person licensed under Title 18 RCW; or (b)  
8 emergency lifesaving treatment, and the individual shall be informed  
9 at an appropriate time of his or her right of such refusal. The  
10 person shall be detained up to seventy-two hours, if, in the opinion  
11 of the professional person in charge of the facility, or his or her  
12 professional designee, the person presents a likelihood of serious  
13 harm, or is gravely disabled. A person who has been detained for  
14 seventy-two hours shall no later than the end of such period be  
15 released, unless referred for further care on a voluntary basis, or  
16 detained pursuant to court order for further treatment as provided in  
17 this chapter.

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

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

37 NEW SECTION. **Sec. 224.** (1) Whenever a designated crisis  
38 responder or professional person is conducting an evaluation under

1 this chapter, consideration shall include all reasonably available  
2 information from credible witnesses and records regarding:

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

6 (b) Historical behavior, including history of one or more violent  
7 acts;

8 (c) Prior determinations of incompetency or insanity under  
9 chapter 10.77 RCW; and

10 (d) Prior commitments under this chapter.

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

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

25 (a) Such symptoms or behavior are closely associated with  
26 symptoms or behavior which preceded and led to a past incident of  
27 involuntary hospitalization, severe deterioration, or one or more  
28 violent acts;

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

31 (c) Without treatment, the continued deterioration of the  
32 respondent is probable.

33 (4) When conducting an evaluation for offenders identified under  
34 RCW 72.09.370, the designated crisis responder or professional person  
35 shall consider an offender's history of judicially required or  
36 administratively ordered antipsychotic medication while in  
37 confinement.

38 NEW SECTION. **Sec. 225.** The department shall develop statewide  
39 protocols to be utilized by professional persons and designated

1 crisis responders in administration of this chapter and chapter 10.77  
2 RCW. The protocols shall be updated at least every three years. The  
3 protocols shall provide uniform development and application of  
4 criteria in evaluation and commitment recommendations, of persons who  
5 have, or are alleged to have, mental disorders or substance use  
6 disorders and are subject to this chapter.

7 The initial protocols shall be developed not later than September  
8 1, 1999. The department shall develop and update the protocols in  
9 consultation with representatives of designated crisis responders,  
10 local government, law enforcement, county and city prosecutors,  
11 public defenders, and groups concerned with mental illness and  
12 substance use disorders. The protocols shall be submitted to the  
13 governor and legislature upon adoption by the department.

14 NEW SECTION. **Sec. 226.** (1) A person found to be gravely  
15 disabled or presents a likelihood of serious harm as a result of a  
16 mental disorder or substance use disorder has a right to refuse  
17 antipsychotic medication unless it is determined that the failure to  
18 medicate may result in a likelihood of serious harm or substantial  
19 deterioration or substantially prolong the length of involuntary  
20 commitment and there is no less intrusive course of treatment than  
21 medication in the best interest of that person.

22 (2) The department shall adopt rules to carry out the purposes of  
23 this chapter. These rules shall include:

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

26 (b) For short-term treatment up to thirty days, the right to  
27 refuse antipsychotic medications unless there is an additional  
28 concurring medical opinion approving medication by a psychiatrist,  
29 psychiatric advanced registered nurse practitioner, or physician in  
30 consultation with a mental health professional with prescriptive  
31 authority.

32 (c) For continued treatment beyond thirty days through the  
33 hearing on any petition filed under RCW 71.05.217, the right to  
34 periodic review of the decision to medicate by the medical director  
35 or designee.

36 (d) Administration of antipsychotic medication in an emergency  
37 and review of this decision within twenty-four hours. An emergency  
38 exists if the person presents an imminent likelihood of serious harm,  
39 and medically acceptable alternatives to administration of

1 antipsychotic medications are not available or are unlikely to be  
2 successful; and in the opinion of the physician or psychiatric  
3 advanced registered nurse practitioner, the person's condition  
4 constitutes an emergency requiring the treatment be instituted prior  
5 to obtaining a second medical opinion.

6 (e) Documentation in the medical record of the attempt by the  
7 physician or psychiatric advanced registered nurse practitioner to  
8 obtain informed consent and the reasons why antipsychotic medication  
9 is being administered over the person's objection or lack of consent.

10 NEW SECTION. **Sec. 227.** At the time a person is involuntarily  
11 admitted to an evaluation and treatment facility, secure  
12 detoxification facility, or approved substance use disorder treatment  
13 program, the professional person in charge or his or her designee  
14 shall take reasonable precautions to inventory and safeguard the  
15 personal property of the person detained. A copy of the inventory,  
16 signed by the staff member making it, shall be given to the person  
17 detained and shall, in addition, be open to inspection to any  
18 responsible relative, subject to limitations, if any, specifically  
19 imposed by the detained person. For purposes of this section,  
20 "responsible relative" includes the guardian, conservator, attorney,  
21 spouse, parent, adult child, or adult brother or sister of the  
22 person. The facility shall not disclose the contents of the inventory  
23 to any other person without the consent of the patient or order of  
24 the court.

25 NEW SECTION. **Sec. 228.** A person detained or committed for  
26 seventy-two hour evaluation and treatment or for an outpatient  
27 evaluation for the purpose of filing a petition for a less  
28 restrictive alternative treatment order may be committed for not more  
29 than fourteen additional days of involuntary intensive treatment or  
30 ninety additional days of a less restrictive alternative to  
31 involuntary intensive treatment. A petition may only be filed if the  
32 following conditions are met:

33 (1) The professional staff of the agency or facility providing  
34 evaluation services has analyzed the person's condition and finds  
35 that the condition is caused by mental disorder or substance use  
36 disorder and results in a likelihood of serious harm, results in the  
37 person being gravely disabled, or results in the person being in need

1 of assisted outpatient mental health treatment, and are prepared to  
2 testify those conditions are met; and

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

6 (3) The agency or facility providing intensive treatment or which  
7 proposes to supervise the less restrictive alternative is certified  
8 to provide such treatment by the department; and

9 (4) The professional staff of the agency or facility or the  
10 designated crisis responder has filed a petition with the court for a  
11 fourteen day involuntary detention or a ninety day less restrictive  
12 alternative. The petition must be signed by two professionals who  
13 have each examined the person:

14 (a) The first professional must be a physician, physician  
15 assistant, or advanced registered nurse practitioner;

16 (b) The second professional must be a physician, physician  
17 assistant, advanced registered nurse practitioner, mental health  
18 professional, or chemical dependency professional.

19 If involuntary detention is sought the petition shall state facts  
20 that support the finding that such person, as a result of a mental  
21 disorder or substance use disorder, presents a likelihood of serious  
22 harm, or is gravely disabled and that there are no less restrictive  
23 alternatives to detention in the best interest of such person or  
24 others. The petition shall state specifically that less restrictive  
25 alternative treatment was considered and specify why treatment less  
26 restrictive than detention is not appropriate. If an involuntary less  
27 restrictive alternative is sought, the petition shall state facts  
28 that support the finding that such person, as a result of a mental  
29 disorder or as a result of a substance use disorder, presents a  
30 likelihood of serious harm, is gravely disabled, or is in need of  
31 assisted outpatient mental health treatment, and shall set forth a  
32 plan for the less restrictive alternative treatment proposed by the  
33 facility in accordance with section 237 of this act; and

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

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

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

4 (8) At the conclusion of the initial commitment period, the  
5 professional staff of the agency or facility or the designated crisis  
6 responder may petition for an additional period of either ninety days  
7 of less restrictive alternative treatment or ninety days of  
8 involuntary intensive treatment as provided in section 232 of this  
9 act; and

10 (9) If the hospital or facility designated to provide less  
11 restrictive alternative treatment is other than the facility  
12 providing involuntary treatment, the outpatient facility so  
13 designated to provide less restrictive alternative treatment has  
14 agreed to assume such responsibility.

15 NEW SECTION. **Sec. 229.** (1) If an individual is referred to a  
16 designated crisis responder under RCW 10.77.088(1)(c)(i), the  
17 designated crisis responder shall examine the individual within  
18 forty-eight hours. If the designated crisis responder determines it  
19 is not appropriate to detain the individual or petition for a ninety-  
20 day less restrictive alternative under section 228(4) of this act,  
21 that decision shall be immediately presented to the superior court  
22 for hearing. The court shall hold a hearing to consider the decision  
23 of the designated crisis responder not later than the next judicial  
24 day. At the hearing the superior court shall review the determination  
25 of the designated crisis responder and determine whether an order  
26 should be entered requiring the person to be evaluated at an  
27 evaluation and treatment facility. No person referred to an  
28 evaluation and treatment facility may be held at the facility longer  
29 than seventy-two hours.

30 (2) If an individual is placed in an evaluation and treatment  
31 facility under RCW 10.77.088(1)(c)(ii), a professional person shall  
32 evaluate the individual for purposes of determining whether to file a  
33 ninety-day inpatient or outpatient petition under this chapter.  
34 Before expiration of the seventy-two hour evaluation period  
35 authorized under RCW 10.77.088(1)(c)(ii), the professional person  
36 shall file a petition or, if the recommendation of the professional  
37 person is to release the individual, present his or her  
38 recommendation to the superior court of the county in which the  
39 criminal charge was dismissed. The superior court shall review the

1 recommendation not later than forty-eight hours, excluding Saturdays,  
2 Sundays, and holidays, after the recommendation is presented. If the  
3 court rejects the recommendation to unconditionally release the  
4 individual, the court may order the individual detained at a  
5 designated evaluation and treatment facility for not more than a  
6 seventy-two hour evaluation and treatment period and direct the  
7 individual to appear at a surety hearing before that court within  
8 seventy-two hours, or the court may release the individual but direct  
9 the individual to appear at a surety hearing set before that court  
10 within eleven days, at which time the prosecutor may file a petition  
11 under this chapter for ninety-day inpatient or outpatient treatment.  
12 If a petition is filed by the prosecutor, the court may order that  
13 the person named in the petition be detained at the evaluation and  
14 treatment facility that performed the evaluation under this  
15 subsection or order the respondent to be in outpatient treatment. If  
16 a petition is filed but the individual fails to appear in court for  
17 the surety hearing, the court shall order that a mental health  
18 professional or peace officer shall take such person or cause such  
19 person to be taken into custody and placed in an evaluation and  
20 treatment facility to be brought before the court the next judicial  
21 day after detention. Upon the individual's first appearance in court  
22 after a petition has been filed, proceedings under RCW 71.05.310 and  
23 section 234 of this act shall commence. For an individual subject to  
24 this subsection, the prosecutor or professional person may directly  
25 file a petition for ninety-day inpatient or outpatient treatment and  
26 no petition for initial detention or fourteen-day detention is  
27 required before such a petition may be filed.

28 The court shall conduct the hearing on the petition filed under  
29 this subsection within five judicial days of the date the petition is  
30 filed. The court may continue the hearing upon the written request of  
31 the person named in the petition or the person's attorney, for good  
32 cause shown, which continuance shall not exceed five additional  
33 judicial days. If the person named in the petition requests a jury  
34 trial, the trial shall commence within ten judicial days of the date  
35 of the filing of the petition. The burden of proof shall be by clear,  
36 cogent, and convincing evidence and shall be upon the petitioner. The  
37 person shall be present at such proceeding, which shall in all  
38 respects accord with the constitutional guarantees of due process of  
39 law and the rules of evidence pursuant to section 239 (8) and (9) of  
40 this act.

1 During the proceeding the person named in the petition shall  
2 continue to be detained and treated until released by order of the  
3 court. If no order has been made within thirty days after the filing  
4 of the petition, not including any extensions of time requested by  
5 the detained person or his or her attorney, the detained person shall  
6 be released.

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

13 (4) The individual shall have the rights specified in section 239  
14 (8) and (9) of this act.

15 NEW SECTION. **Sec. 230.** (1) If a petition is filed for fourteen  
16 day involuntary treatment or ninety days of less restrictive  
17 alternative treatment, the court shall hold a probable cause hearing  
18 within seventy-two hours of the initial detention or involuntary  
19 outpatient evaluation of such person as determined in section 218 of  
20 this act. If requested by the person or his or her attorney, the  
21 hearing may be postponed for a period not to exceed forty-eight  
22 hours. The hearing may also be continued subject to the conditions  
23 set forth in section 223 of this act or subject to the petitioner's  
24 showing of good cause for a period not to exceed twenty-four hours.

25 (2) If the petition is for mental health treatment, the court at  
26 the time of the probable cause hearing and before an order of  
27 commitment is entered shall inform the person both orally and in  
28 writing that the failure to make a good faith effort to seek  
29 voluntary treatment as provided in section 228 of this act will  
30 result in the loss of his or her firearm rights if the person is  
31 subsequently detained for involuntary treatment under this section.

32 (3)(a) Subject to (b) of this subsection, at the conclusion of  
33 the probable cause hearing, if the court finds by a preponderance of  
34 the evidence that such person, as the result of a mental disorder or  
35 substance use disorder, presents a likelihood of serious harm, or is  
36 gravely disabled, and, after considering less restrictive  
37 alternatives to involuntary detention and treatment, finds that no  
38 such alternatives are in the best interests of such person or others,  
39 the court shall order that such person be detained for involuntary

1 treatment not to exceed fourteen days in a facility certified to  
2 provide treatment by the department.

3 (b) Commitment for up to fourteen days based on a substance use  
4 disorder must be to either a secure detoxification facility or an  
5 approved substance use disorder treatment program.

6 (c) At the conclusion of the probable cause hearing, if the court  
7 finds by a preponderance of the evidence that such person, as the  
8 result of a mental disorder or substance use disorder, presents a  
9 likelihood of serious harm, or is gravely disabled, but that  
10 treatment in a less restrictive setting than detention is in the best  
11 interest of such person or others, the court shall order an  
12 appropriate less restrictive alternative course of treatment for not  
13 to exceed ninety days.

14 (d) If the court finds by a preponderance of the evidence that  
15 such person, as the result of a mental disorder, is in need of  
16 assisted outpatient mental health treatment, and that the person does  
17 not present a likelihood of serious harm or grave disability, the  
18 court shall order an appropriate less restrictive alternative course  
19 of treatment not to exceed ninety days, and may not order inpatient  
20 treatment.

21 (e) An order for less restrictive alternative treatment must  
22 identify the services the person will receive, in accordance with  
23 section 237 of this act. The court may order additional evaluation of  
24 the person if necessary to identify appropriate services.

25 (4) The court shall specifically state to such person and give  
26 such person notice in writing that if involuntary treatment beyond  
27 the fourteen day period or beyond the ninety days of less restrictive  
28 treatment is to be sought, such person will have the right to a full  
29 hearing or jury trial as required by RCW 71.05.310. If the commitment  
30 is for mental health treatment, the court shall also state to the  
31 person and provide written notice that the person is barred from the  
32 possession of firearms and that the prohibition remains in effect  
33 until a court restores his or her right to possess a firearm under  
34 RCW 9.41.047.

35 NEW SECTION. **Sec. 231.** At the expiration of the fourteen-day  
36 period of intensive treatment, a person may be committed for further  
37 treatment pursuant to section 234 of this act if:

38 (1) Such person after having been taken into custody for  
39 evaluation and treatment has threatened, attempted, or inflicted: (a)

1 Physical harm upon the person of another or himself or herself, or  
2 substantial damage upon the property of another, and (b) as a result  
3 of mental disorder or substance use disorder presents a likelihood of  
4 serious harm; or

5 (2) Such person was taken into custody as a result of conduct in  
6 which he or she attempted or inflicted physical harm upon the person  
7 of another or himself or herself, or substantial damage upon the  
8 property of others, and continues to present, as a result of mental  
9 disorder or substance use disorder, a likelihood of serious harm; or

10 (3) Such person has been determined to be incompetent and  
11 criminal charges have been dismissed pursuant to RCW 10.77.086(4),  
12 and has committed acts constituting a felony, and as a result of a  
13 mental disorder, presents a substantial likelihood of repeating  
14 similar acts.

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

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

23 (4) Such person is gravely disabled; or

24 (5) Such person is in need of assisted outpatient mental health  
25 treatment.

26 NEW SECTION. **Sec. 232.** (1) At any time during a person's  
27 fourteen day intensive treatment period, the professional person in  
28 charge of a treatment facility or his or her professional designee or  
29 the designated crisis responder may petition the superior court for  
30 an order requiring such person to undergo an additional period of  
31 treatment. Such petition must be based on one or more of the grounds  
32 set forth in section 231 of this act.

33 (2) The petition shall summarize the facts which support the need  
34 for further commitment and shall be supported by affidavits signed by  
35 two professionals who have each examined the person:

36 (a) The first professional must be a physician, physician  
37 assistant, or advanced registered nurse practitioner;

38 (b) The second professional must be a physician, physician  
39 assistant, advanced registered nurse practitioner, mental health

1 professional, or chemical dependency professional. The affidavits  
2 shall describe in detail the behavior of the detained person which  
3 supports the petition and shall explain what, if any, less  
4 restrictive treatments which are alternatives to detention are  
5 available to such person, and shall state the willingness of the  
6 affiant to testify to such facts in subsequent judicial proceedings  
7 under this chapter. If less restrictive alternative treatment is  
8 sought, the petition shall set forth a proposed plan for less  
9 restrictive alternative treatment in accordance with section 237 of  
10 this act.

11 (3) If a person has been determined to be incompetent pursuant to  
12 RCW 10.77.086(4), then the professional person in charge of the  
13 treatment facility or his or her professional designee or the  
14 designated crisis responder may directly file a petition for one  
15 hundred eighty day treatment under section 231(3) of this act. No  
16 petition for initial detention or fourteen day detention is required  
17 before such a petition may be filed.

18 NEW SECTION. **Sec. 233.** (1) The petition for ninety day  
19 treatment shall be filed with the clerk of the superior court at  
20 least three days before expiration of the fourteen-day period of  
21 intensive treatment. At the time of filing such petition, the clerk  
22 shall set a time for the person to come before the court on the next  
23 judicial day after the day of filing unless such appearance is waived  
24 by the person's attorney, and the clerk shall notify the designated  
25 crisis responder. The designated crisis responder shall immediately  
26 notify the person detained, his or her attorney, if any, and his or  
27 her guardian or conservator, if any, the prosecuting attorney, and  
28 the behavioral health organization administrator, and provide a copy  
29 of the petition to such persons as soon as possible. The behavioral  
30 health organization administrator or designee may review the petition  
31 and may appear and testify at the full hearing on the petition.

32 (2) At the time set for appearance the detained person shall be  
33 brought before the court, unless such appearance has been waived and  
34 the court shall advise him or her of his or her right to be  
35 represented by an attorney, his or her right to a jury trial, and, if  
36 the petition is for commitment for mental health treatment, his or  
37 her loss of firearm rights if involuntarily committed. If the  
38 detained person is not represented by an attorney, or is indigent or  
39 is unwilling to retain an attorney, the court shall immediately

1 appoint an attorney to represent him or her. The court shall, if  
2 requested, appoint a reasonably available licensed physician,  
3 psychiatric advanced registered nurse practitioner, physician  
4 assistant, psychologist, or psychiatrist, designated by the detained  
5 person to examine and testify on behalf of the detained person.

6 (3) The court may, if requested, also appoint a professional  
7 person as defined in section 205 of this act to seek less restrictive  
8 alternative courses of treatment and to testify on behalf of the  
9 detained person. In the case of a person with a developmental  
10 disability who has been determined to be incompetent pursuant to RCW  
11 10.77.086(4), then the appointed professional person under this  
12 section shall be a developmental disabilities professional.

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

15 NEW SECTION. **Sec. 234.** (1) If the court or jury finds that  
16 grounds set forth in section 231 of this act have been proven and  
17 that the best interests of the person or others will not be served by  
18 a less restrictive treatment which is an alternative to detention,  
19 the court shall remand him or her to the custody of the department or  
20 to a facility certified for ninety day treatment by the department  
21 for a further period of intensive treatment not to exceed ninety days  
22 from the date of judgment. If the order for inpatient treatment is  
23 based on a substance use disorder, treatment must take place at an  
24 approved substance use disorder treatment program. If the grounds set  
25 forth in section 231(3) of this act are the basis of commitment, then  
26 the period of treatment may be up to but not exceed one hundred  
27 eighty days from the date of judgment in a facility certified for one  
28 hundred eighty day treatment by the department.

29 (2) If the court or jury finds that grounds set forth in section  
30 231 of this act have been proven, but finds that treatment less  
31 restrictive than detention will be in the best interest of the person  
32 or others, then the court shall remand him or her to the custody of  
33 the department or to a facility certified for ninety day treatment by  
34 the department or to a less restrictive alternative for a further  
35 period of less restrictive treatment not to exceed ninety days from  
36 the date of judgment. If the order for less restrictive treatment is  
37 based on a substance use disorder, treatment must be provided by an  
38 approved substance use disorder treatment program. If the grounds set  
39 forth in section 231(3) of this act are the basis of commitment, then

1 the period of treatment may be up to but not exceed one hundred  
2 eighty days from the date of judgment. If the court or jury finds  
3 that the grounds set forth in section 231(5) of this act have been  
4 proven, and provide the only basis for commitment, the court must  
5 enter an order for less restrictive alternative treatment for up to  
6 ninety days from the date of judgment and may not order inpatient  
7 treatment.

8 (3) An order for less restrictive alternative treatment entered  
9 under subsection (2) of this section must identify the services the  
10 person will receive, in accordance with section 237 of this act. The  
11 court may order additional evaluation of the person if necessary to  
12 identify appropriate services.

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

20 (a) During the current period of court ordered treatment: (i) Has  
21 threatened, attempted, or inflicted physical harm upon the person of  
22 another, or substantial damage upon the property of another, and (ii)  
23 as a result of a mental disorder, substance use disorder, or  
24 developmental disability presents a likelihood of serious harm; or

25 (b) Was taken into custody as a result of conduct in which he or  
26 she attempted or inflicted serious physical harm upon the person of  
27 another, and continues to present, as a result of mental disorder,  
28 substance use disorder, or developmental disability a likelihood of  
29 serious harm; or

30 (c)(i) Is in custody pursuant to section 231(3) of this act and  
31 as a result of mental disorder or developmental disability continues  
32 to present a substantial likelihood of repeating acts similar to the  
33 charged criminal behavior, when considering the person's life  
34 history, progress in treatment, and the public safety.

35 (ii) In cases under this subsection where the court has made an  
36 affirmative special finding under section 231(3)(b) of this act, the  
37 commitment shall continue for up to an additional one hundred eighty  
38 day period whenever the petition presents prima facie evidence that  
39 the person continues to suffer from a mental disorder or  
40 developmental disability that results in a substantial likelihood of

1 committing acts similar to the charged criminal behavior, unless the  
2 person presents proof through an admissible expert opinion that the  
3 person's condition has so changed such that the mental disorder or  
4 developmental disability no longer presents a substantial likelihood  
5 of the person committing acts similar to the charged criminal  
6 behavior. The initial or additional commitment period may include  
7 transfer to a specialized program of intensive support and treatment,  
8 which may be initiated prior to or after discharge from the state  
9 hospital; or

10 (d) Continues to be gravely disabled; or

11 (e) Is in need of assisted outpatient mental health treatment.

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

15 If less restrictive alternative treatment is sought, the petition  
16 shall set forth a proposed plan for less restrictive alternative  
17 services in accordance with section 237 of this act.

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

24 (6)(a) The hearing shall be held as provided in RCW 71.05.310,  
25 and if the court or jury finds that the grounds for additional  
26 confinement as set forth in this section are present, the court may  
27 order the committed person returned for an additional period of  
28 treatment not to exceed one hundred eighty days from the date of  
29 judgment, except as provided in subsection (7) of this section. If  
30 the court's order is based solely on the grounds identified in  
31 subsection (4)(e) of this section, the court may enter an order for  
32 less restrictive alternative treatment not to exceed one hundred  
33 eighty days from the date of judgment, and may not enter an order for  
34 inpatient treatment. An order for less restrictive alternative  
35 treatment must identify the services the person will receive, in  
36 accordance with section 237 of this act. The court may order  
37 additional evaluation of the person if necessary to identify  
38 appropriate services.

39 (b) At the end of the one hundred eighty day period of  
40 commitment, or one-year period of commitment if subsection (7) of

1 this section applies, the committed person shall be released unless a  
2 petition for an additional one hundred eighty day period of continued  
3 treatment is filed and heard in the same manner as provided in this  
4 section. Successive one hundred eighty day commitments are  
5 permissible on the same grounds and pursuant to the same procedures  
6 as the original one hundred eighty day commitment.

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

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

15 NEW SECTION. **Sec. 235.** (1) Before a person committed under  
16 grounds set forth in section 231(3) of this act is released because a  
17 new petition for involuntary treatment has not been filed under  
18 section 234(3) of this act, the superintendent, professional person,  
19 or designated crisis responder responsible for the decision whether  
20 to file a new petition shall in writing notify the prosecuting  
21 attorney of the county in which the criminal charges against the  
22 committed person were dismissed, of the decision not to file a new  
23 petition for involuntary treatment. Notice shall be provided at least  
24 forty-five days before the period of commitment expires.

25 (2)(a) Before a person committed under grounds set forth in  
26 section 231(3) of this act is permitted temporarily to leave a  
27 treatment facility pursuant to RCW 71.05.270 for any period of time  
28 without constant accompaniment by facility staff, the superintendent,  
29 professional person in charge of a treatment facility, or his or her  
30 professional designee shall in writing notify the prosecuting  
31 attorney of any county of the person's destination and the  
32 prosecuting attorney of the county in which the criminal charges  
33 against the committed person were dismissed. The notice shall be  
34 provided at least forty-five days before the anticipated leave and  
35 shall describe the conditions under which the leave is to occur.

36 (b) The provisions of RCW 71.05.330(2) apply to proposed leaves,  
37 and either or both prosecuting attorneys receiving notice under this  
38 subsection may petition the court under RCW 71.05.330(2).

1 (3) Nothing in this section shall be construed to authorize  
2 detention of a person unless a valid order of commitment is in  
3 effect.

4 (4) The existence of the notice requirements in this section will  
5 not require any extension of the leave date in the event the leave  
6 plan changes after notification.

7 (5) The notice requirements contained in this section shall not  
8 apply to emergency medical transfers.

9 (6) The notice provisions of this section are in addition to  
10 those provided in RCW 71.05.425.

11 NEW SECTION. **Sec. 236.** (1)(a) When, in the opinion of the  
12 superintendent or the professional person in charge of the hospital  
13 or facility providing involuntary treatment, the committed person can  
14 be appropriately served by outpatient treatment prior to or at the  
15 expiration of the period of commitment, then such outpatient care may  
16 be required as a term of conditional release for a period which, when  
17 added to the inpatient treatment period, shall not exceed the period  
18 of commitment. If the facility or agency designated to provide  
19 outpatient treatment is other than the facility providing involuntary  
20 treatment, the outpatient facility so designated must agree in  
21 writing to assume such responsibility. A copy of the terms of  
22 conditional release shall be given to the patient, the designated  
23 crisis responder in the county in which the patient is to receive  
24 outpatient treatment, and to the court of original commitment.

25 (b) Before a person committed under grounds set forth in section  
26 231(3) or 234(4)(c) of this act is conditionally released under (a)  
27 of this subsection, the superintendent or professional person in  
28 charge of the hospital or facility providing involuntary treatment  
29 shall in writing notify the prosecuting attorney of the county in  
30 which the criminal charges against the committed person were  
31 dismissed, of the decision to conditionally release the person.  
32 Notice and a copy of the terms of conditional release shall be  
33 provided at least thirty days before the person is released from  
34 inpatient care. Within twenty days after receiving notice, the  
35 prosecuting attorney may petition the court in the county that issued  
36 the commitment order to hold a hearing to determine whether the  
37 person may be conditionally released and the terms of the conditional  
38 release. The prosecuting attorney shall provide a copy of the  
39 petition to the superintendent or professional person in charge of

1 the hospital or facility providing involuntary treatment, the  
2 attorney, if any, and guardian or conservator of the committed  
3 person, and the court of original commitment. If the county in which  
4 the committed person is to receive outpatient treatment is the same  
5 county in which the criminal charges against the committed person  
6 were dismissed, then the court shall, upon the motion of the  
7 prosecuting attorney, transfer the proceeding to the court in that  
8 county. The court shall conduct a hearing on the petition within ten  
9 days of the filing of the petition. The committed person shall have  
10 the same rights with respect to notice, hearing, and counsel as for  
11 an involuntary treatment proceeding, except as set forth in this  
12 subsection and except that there shall be no right to jury trial. The  
13 issue to be determined at the hearing is whether or not the person  
14 may be conditionally released without substantial danger to other  
15 persons, or substantial likelihood of committing criminal acts  
16 jeopardizing public safety or security. If the court disapproves of  
17 the conditional release, it may do so only on the basis of  
18 substantial evidence. Pursuant to the determination of the court upon  
19 the hearing, the conditional release of the person shall be approved  
20 by the court on the same or modified conditions or the person shall  
21 be returned for involuntary treatment on an inpatient basis subject  
22 to release at the end of the period for which he or she was  
23 committed, or otherwise in accordance with the provisions of this  
24 chapter.

25 (2) The facility or agency designated to provide outpatient care  
26 or the secretary may modify the conditions for continued release when  
27 such modification is in the best interest of the person. Notification  
28 of such changes shall be sent to all persons receiving a copy of the  
29 original conditions. Enforcement or revocation proceedings related to  
30 a conditional release order may occur as provided under section 238  
31 of this act.

32 NEW SECTION. **Sec. 237.** (1) Less restrictive alternative  
33 treatment, at a minimum, includes the following services:

- 34 (a) Assignment of a care coordinator;  
35 (b) An intake evaluation with the provider of the less  
36 restrictive alternative treatment;  
37 (c) A psychiatric evaluation;  
38 (d) Medication management;

1 (e) A schedule of regular contacts with the provider of the less  
2 restrictive alternative treatment services for the duration of the  
3 order;

4 (f) A transition plan addressing access to continued services at  
5 the expiration of the order; and

6 (g) An individual crisis plan.

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

9 (a) Psychotherapy;

10 (b) Nursing;

11 (c) Substance abuse counseling;

12 (d) Residential treatment; and

13 (e) Support for housing, benefits, education, and employment.

14 (3) Less restrictive alternative treatment must be administered  
15 by a provider that is certified or licensed to provide or coordinate  
16 the full scope of services required under the less restrictive  
17 alternative order and that has agreed to assume this responsibility.

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

26 NEW SECTION. **Sec. 238.** (1) An agency or facility designated to  
27 monitor or provide services under a less restrictive alternative or  
28 conditional release order or a designated crisis responder may take  
29 action to enforce, modify, or revoke a less restrictive alternative  
30 or conditional release order if the agency, facility, or designated  
31 crisis responder determines that:

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

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

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

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

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

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

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

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

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

1 monitor less restrictive alternative services temporary detention is  
2 appropriate. This subsection does not limit the ability or obligation  
3 to pursue revocation procedures under subsection (4) of this section  
4 in appropriate circumstances; and

5 (e) To initiate revocation procedures under subsection (4) of  
6 this section.

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

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

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

34 (c) The designated crisis responder or secretary shall notify the  
35 court that originally ordered commitment within two judicial days of  
36 a person's detention and file a revocation petition and order of  
37 apprehension and detention with the court and serve the person and  
38 their attorney, guardian, and conservator, if any. The person has the  
39 same rights with respect to notice, hearing, and counsel as in any  
40 involuntary treatment proceeding, except as specifically set forth in

1 this section. There is no right to jury trial. The venue for  
2 proceedings regarding a petition for modification or revocation must  
3 be in the county in which the petition was filed.

4 (d) The issues for the court to determine are whether: (i) The  
5 person adhered to the terms and conditions of the court order; (ii)  
6 substantial deterioration in the person's functioning has occurred;  
7 (iii) there is evidence of substantial decompensation with a  
8 reasonable probability that the decompensation can be reversed by  
9 further inpatient treatment; or (iv) there is a likelihood of serious  
10 harm; and, if any of the above conditions apply, whether the court  
11 should reinstate or modify the person's less restrictive alternative  
12 or conditional release order or order the person's detention for  
13 inpatient treatment. The person may waive the court hearing and allow  
14 the court to enter a stipulated order upon the agreement of all  
15 parties. If the court orders detention for inpatient treatment, the  
16 treatment period may be for no longer than the period authorized in  
17 the original court order.

18 (e) Revocation proceedings under this subsection (4) are not  
19 allowable if the current commitment is solely based on the person  
20 being in need of assisted outpatient mental health treatment. In  
21 order to obtain a court order for detention for inpatient treatment  
22 under this circumstance, a petition must be filed under section 211  
23 or 212 of this act.

24 (5) 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 section 224 of this act and the  
27 court must consider the factors specified under RCW 71.05.245 as they  
28 apply to the question of whether to enforce, modify, or revoke a  
29 court order for involuntary treatment.

30 NEW SECTION. **Sec. 239.** (1)(a) Every person involuntarily  
31 detained or committed under the provisions of this chapter shall be  
32 entitled to all the rights set forth in this chapter, which shall be  
33 prominently posted in the facility, and shall retain all rights not  
34 denied him or her under this chapter except as chapter 9.41 RCW may  
35 limit the right of a person to purchase or possess a firearm or to  
36 qualify for a concealed pistol license if the person is committed  
37 under section 230 or 234 of this act for mental health treatment.

38 (b) No person shall be presumed incompetent as a consequence of  
39 receiving an evaluation or voluntary or involuntary treatment for a

1 mental disorder or substance use disorder, under this chapter or any  
2 prior laws of this state dealing with mental illness or substance use  
3 disorders. Competency shall not be determined or withdrawn except  
4 under the provisions of chapter 10.77 or 11.88 RCW.

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

9 (2) Each person involuntarily detained or committed pursuant to  
10 this chapter shall have the right to adequate care and individualized  
11 treatment.

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

16 (4) Persons receiving evaluation or treatment under this chapter  
17 shall be given a reasonable choice of an available physician,  
18 psychiatric advanced registered nurse practitioner, physician  
19 assistant, or other professional person qualified to provide such  
20 services.

21 (5) Whenever any person is detained for evaluation and treatment  
22 pursuant to this chapter, both the person and, if possible, a  
23 responsible member of his or her immediate family, personal  
24 representative, guardian, or conservator, if any, shall be advised as  
25 soon as possible in writing or orally, by the officer or person  
26 taking him or her into custody or by personnel of the evaluation and  
27 treatment facility, secure detoxification facility, or approved  
28 substance use disorder treatment program where the person is detained  
29 that unless the person is released or voluntarily admits himself or  
30 herself for treatment within seventy-two hours of the initial  
31 detention:

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

1 (b) The person has a right to communicate immediately with an  
2 attorney; has a right to have an attorney appointed to represent him  
3 or her before and at the probable cause hearing if he or she is  
4 indigent; and has the right to be told the name and address of the  
5 attorney that the mental health professional has designated pursuant  
6 to this chapter;

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

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

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

15 (6) When proceedings are initiated under section 212 of this act,  
16 no later than twelve hours after such person is admitted to the  
17 evaluation and treatment facility, secure detoxification facility, or  
18 approved substance use disorder treatment program the personnel of  
19 the facility or the designated crisis responder shall serve on such  
20 person a copy of the petition for initial detention and the name,  
21 business address, and phone number of the designated attorney and  
22 shall forthwith commence service of a copy of the petition for  
23 initial detention on the designated attorney.

24 (7) The judicial hearing described in subsection (5) of this  
25 section is hereby authorized, and shall be held according to the  
26 provisions of subsection (5) of this section and rules promulgated by  
27 the supreme court.

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

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

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

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

33 (d) To remain silent;

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

35 (9) Privileges between patients and physicians, psychologists,  
36 physician assistants, or psychiatric advanced registered nurse  
37 practitioners are deemed waived in proceedings under this chapter  
38 relating to the administration of antipsychotic medications. As to  
39 other proceedings under this chapter, the privileges shall be waived  
40 when a court of competent jurisdiction in its discretion determines

1 that such waiver is necessary to protect either the detained person  
2 or the public.

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

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

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

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

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

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

27 (d) To have visitors at reasonable times;

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

31 (f) To have ready access to letter writing materials, including  
32 stamps, and to send and receive uncensored correspondence through the  
33 mails;

34 (g) To discuss treatment plans and decisions with professional  
35 persons;

36 (h) Not to consent to the administration of antipsychotic  
37 medications and not to thereafter be administered antipsychotic  
38 medications unless ordered by a court under RCW 71.05.217 or pursuant  
39 to an administrative hearing under section 226 of this act;

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

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

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

9 (11) Every person involuntarily detained shall immediately be  
10 informed of his or her right to a hearing to review the legality of  
11 his or her detention and of his or her right to counsel, by the  
12 professional person in charge of the facility providing evaluation  
13 and treatment, or his or her designee, and, when appropriate, by the  
14 court. If the person so elects, the court shall immediately appoint  
15 an attorney to assist him or her.

16 (12) A person challenging his or her detention or his or her  
17 attorney shall have the right to designate and have the court appoint  
18 a reasonably available independent physician, psychiatric advanced  
19 registered nurse practitioner, physician assistant, or licensed  
20 mental health professional to examine the person detained, the  
21 results of which examination may be used in the proceeding. The  
22 person shall, if he or she is financially able, bear the cost of such  
23 expert examination, otherwise such expert examination shall be at  
24 public expense.

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

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

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

35 NEW SECTION. **Sec. 240.** All persons voluntarily entering or  
36 remaining in any facility, institution, or hospital providing  
37 evaluation and treatment for mental disorders or substance use  
38 disorders shall have no less than all rights secured to involuntarily  
39 detained persons by section 239 of this act and RCW 71.05.217.

1        NEW SECTION.    **Sec. 241.**    (1) Whenever a person who is the subject  
2 of an involuntary commitment order under this chapter is discharged  
3 from an evaluation and treatment facility, state hospital, secure  
4 detoxification facility, or approved substance use disorder treatment  
5 program providing involuntary treatment services, the entity  
6 discharging the person shall provide notice of the person's discharge  
7 to the designated crisis responder office responsible for the initial  
8 commitment and the designated crisis responder office that serves the  
9 county in which the person is expected to reside. The entity  
10 discharging the person must also provide these offices with a copy of  
11 any less restrictive order or conditional release order entered in  
12 conjunction with the discharge of the person, unless the entity  
13 discharging the person has entered into a memorandum of understanding  
14 obligating another entity to provide these documents.

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

21        (3) The department shall maintain and make available an updated  
22 list of contact information for designated crisis responder offices  
23 around the state.

24        NEW SECTION.    **Sec. 242.**    Evaluation and treatment facilities and  
25 secure detoxification facilities authorized pursuant to this chapter  
26 may be part of the comprehensive community mental health services  
27 program conducted in counties pursuant to chapter 71.24 RCW, and may  
28 receive funding pursuant to the provisions thereof.

29        NEW SECTION.    **Sec. 243.**    The department shall adopt such rules as  
30 may be necessary to effectuate the intent and purposes of this  
31 chapter, which shall include but not be limited to evaluation of the  
32 quality of the program and facilities operating pursuant to this  
33 chapter, evaluation of the effectiveness and cost effectiveness of  
34 such programs and facilities, and procedures and standards for  
35 certification and other action relevant to evaluation and treatment  
36 facilities, secure detoxification facilities, and approved substance  
37 use disorder treatment programs.

1        NEW SECTION.    **Sec. 244.**    (1) The files and records of court  
2 proceedings under this chapter and chapter 71.34 RCW shall be closed  
3 but shall be accessible to:

4        (a) The department;

5        (b) The state hospitals as defined in RCW 72.23.010;

6        (c) Any person who is the subject of a petition;

7        (d) The attorney or guardian of the person;

8        (e) Resource management services for that person; and

9        (f) Service providers authorized to receive such information by  
10 resource management services.

11       (2) The department shall adopt rules to implement this section.

12       NEW SECTION.    **Sec. 245.**    No designated crisis responder or crisis  
13 intervention worker shall be required to respond to a private home or  
14 other private location to stabilize or treat a person in crisis, or  
15 to evaluate a person for potential detention under the state's  
16 involuntary treatment act, unless a second trained individual,  
17 determined by the clinical team supervisor, on-call supervisor, or  
18 individual professional acting alone based on a risk assessment for  
19 potential violence, accompanies them. The second individual may be a  
20 law enforcement officer, a mental health professional, a mental  
21 health paraprofessional who has received training under RCW  
22 71.05.715, or other first responder, such as fire or ambulance  
23 personnel. No retaliation may be taken against a worker who,  
24 following consultation with the clinical team, refuses to go on a  
25 home visit alone.

26       NEW SECTION.    **Sec. 246.**    Each provider of designated crisis  
27 responder or crisis outreach services shall maintain a written policy  
28 that, at a minimum, describes the organization's plan for training,  
29 staff backup, information sharing, and communication for crisis  
30 outreach staff who respond to private homes or nonpublic settings.

31       NEW SECTION.    **Sec. 247.**    (1) The department may use a single bed  
32 certification process as outlined in rule to provide additional  
33 treatment capacity for a person suffering from a mental disorder for  
34 whom an evaluation and treatment bed is not available. The facility  
35 that is the proposed site of the single bed certification must be a  
36 facility that is willing and able to provide the person with timely

1 and appropriate treatment either directly or by arrangement with  
2 other public or private agencies.

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

5 (3) A designated crisis responder who submits an application for  
6 a single bed certification for treatment at a facility that is  
7 willing and able to provide timely and appropriate mental health  
8 treatment in good faith belief that the single bed certification is  
9 appropriate may presume that the single bed certification will be  
10 approved for the purpose of completing the detention process and  
11 responding to other emergency calls.

12 (4) The department may adopt rules implementing this section and  
13 continue to enforce rules it has already adopted except where  
14 inconsistent with this section.

15 NEW SECTION. **Sec. 248.** (1) A designated crisis responder shall  
16 make a report to the department when he or she determines a person  
17 meets detention criteria under section 211, 212, 263, or 264 of this  
18 act and there are not any beds available at an evaluation and  
19 treatment facility, the person has not been provisionally accepted  
20 for admission by a facility, and the person cannot be served on a  
21 single bed certification or less restrictive alternative. Starting at  
22 the time when the designated crisis responder determines a person  
23 meets detention criteria and the investigation has been completed,  
24 the designated crisis responder has twenty-four hours to submit a  
25 completed report to the department.

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

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

29 (b) The identity of the responsible behavioral health  
30 organization;

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

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

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

35 (3) The department shall develop a standardized reporting form or  
36 modify the current form used for single bed certifications for the  
37 report required under subsection (2) of this section and may require  
38 additional reporting elements as it determines are necessary or  
39 supportive. The department shall also determine the method for the

1 transmission of the completed report from the designated crisis  
2 responder to the department.

3 (4) The department shall create quarterly reports displayed on  
4 its web site that summarize the information reported under subsection  
5 (2) of this section. At a minimum, the reports must display data by  
6 county and by month. The reports must also include the number of  
7 single bed certifications granted by category. The categories must  
8 include all of the reasons that the department recognizes for issuing  
9 a single bed certification, as identified in rule.

10 (5) The reports provided according to this section may not  
11 display "protected health information" as that term is used in the  
12 federal health insurance portability and accountability act of 1996,  
13 nor information contained in "mental health treatment records" as  
14 that term is used in chapter 70.02 RCW or elsewhere in state law, and  
15 must otherwise be compliant with state and federal privacy laws.

16 (6) For purposes of this section, the term "single bed  
17 certification" means a situation in which an adult on a seventy-two  
18 hour detention, fourteen-day commitment, ninety-day commitment, or  
19 one hundred eighty-day commitment is detained to a facility that is:

20 (a) Not certified as an inpatient evaluation and treatment  
21 facility; or

22 (b) A certified inpatient evaluation and treatment facility that  
23 is already at capacity.

24 NEW SECTION. **Sec. 249.** The following sections apply to this  
25 chapter: RCW 71.05.012, 71.05.027, 71.05.030, 71.05.040, 71.05.100,  
26 71.05.110, 71.05.130, 71.05.135, 71.05.137, 71.05.140, 71.05.145,  
27 71.05.217, 71.05.232, 71.05.237, 71.05.245, 71.05.260, 71.05.270,  
28 71.05.285, 71.05.310, 71.05.330, 71.05.335, 71.05.350, 71.05.365,  
29 71.05.425, 71.05.445, 71.05.500, 71.05.510, 71.05.520, 71.05.525,  
30 71.05.570, 71.05.575, 71.05.590, 71.05.595, 71.05.660, 71.05.680,  
31 71.05.710, 71.05.715, 71.05.720, 71.05.730, 71.05.732, 71.05.740,  
32 71.05.755, and 71.05.801.

33 NEW SECTION. **Sec. 250.** Unless the context clearly requires  
34 otherwise, the definitions in this section apply throughout this  
35 chapter.

36 (1) "Authority" means the Washington state health care authority.

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

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

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

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

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

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

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

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

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

32 (8) "Full integration region" means entities within a regional  
33 service area which has elected to jointly purchase behavioral health  
34 services through an integrated medical and behavioral health services  
35 contract under RCW 71.24.380(5) which perform functions relevant to  
36 this chapter which are equivalent to the functions of a behavioral  
37 health organization.

38 (9) "Gravely disabled minor" means a minor who, as a result of a  
39 mental disorder, or as a result of the use of alcohol or other  
40 psychoactive chemicals, is in danger of serious physical harm

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

6 (10) "Inpatient treatment" means twenty-four-hour-per-day mental  
7 health care provided within a general hospital, psychiatric hospital,  
8 residential treatment facility certified by the department as an  
9 evaluation and treatment facility for minors, secure detoxification  
10 facility for minors, or approved substance use disorder treatment  
11 program for minors.

12 (11) "Integrated crisis response" means a system consistent with  
13 this chapter in which the functions of a designated mental health  
14 professional under chapters 71.05 and 71.34 RCW and a designated  
15 chemical dependency specialist under chapter 70.96A RCW are combined  
16 in a designated crisis responder empowered to detain appropriate  
17 persons to an evaluation and treatment facility, secure  
18 detoxification facility, or approved substance use disorder treatment  
19 program depending on the treatment needs of the person.

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

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

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

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

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

9 (16) "Mental health professional" means a psychiatrist,  
10 psychologist, psychiatric nurse, or social worker, and such other  
11 mental health professionals as may be defined by rules adopted by the  
12 secretary under this chapter.

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

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

17 (19) "Parent" means:

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

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

23 (20) "Professional person in charge" or "professional person"  
24 means a physician, other mental health professional, or other person  
25 empowered by an evaluation and treatment facility, secure  
26 detoxification facility, or approved substance use disorder treatment  
27 program with authority to make admission and discharge decisions on  
28 behalf of that facility.

29 (21) "Psychiatric nurse" means a registered nurse who has a  
30 bachelor's degree from an accredited college or university, and who  
31 has had, in addition, at least two years' experience in the direct  
32 treatment of persons who have a mental illness or who are emotionally  
33 disturbed, such experience gained under the supervision of a mental  
34 health professional. "Psychiatric nurse" shall also mean any other  
35 registered nurse who has three years of such experience.

36 (22) "Psychiatrist" means a person having a license as a  
37 physician in this state who has completed residency training in  
38 psychiatry in a program approved by the American Medical Association  
39 or the American Osteopathic Association, and is board eligible or  
40 board certified in psychiatry.

1 (23) "Psychologist" means a person licensed as a psychologist  
2 under chapter 18.83 RCW.

3 (24) "Region" means a regional service area under RCW 71.24.380.

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

7 (26) "Secretary" means the secretary of the department or  
8 secretary's designee.

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

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

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

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

30 (31) "Chemical dependency" means:

31 (a) Alcoholism;

32 (b) Drug addiction; or

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

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

38 (33) "Designated crisis responder" means a person designated by a  
39 behavioral health organization or full integration region to perform  
40 the duties specified in this chapter.

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

7 (35) "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 (36) "Physician assistant" means a person who is licensed as a  
11 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is  
12 working with a licensed mental health physician as indicated by their  
13 delegation agreement.

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

22 (38) "Public agency" means any evaluation and treatment facility  
23 or institution, or hospital, or approved substance use disorder  
24 treatment program that is conducted for, or includes a department or  
25 ward conducted for, the care and treatment of persons with mental  
26 illness, substance use disorders, or both mental illness and  
27 substance use disorders if the agency is operated directly by  
28 federal, state, county, or municipal government, or a combination of  
29 such governments.

30 (39) "Secure detoxification facility" means a facility operated  
31 by either a public or private agency or by the program of an agency  
32 that:

33 (a) Provides for intoxicated minors:

34 (i) Evaluation and assessment, provided by certified chemical  
35 dependency professionals;

36 (ii) Acute or subacute detoxification services; and

37 (iii) Discharge assistance provided by certified chemical  
38 dependency professionals, including facilitating transitions to  
39 appropriate voluntary or involuntary inpatient services or to less  
40 restrictive alternatives as appropriate for the minor;

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

3 (c) Is certified as such by the department.

4 (40) "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 NEW SECTION. **Sec. 251.** School district personnel who contact a  
11 mental health or substance use disorder inpatient treatment program  
12 or provider for the purpose of referring a student to inpatient  
13 treatment shall provide the parents with notice of the contact within  
14 forty-eight hours.

15 NEW SECTION. **Sec. 252.** (1) If a parent or guardian, for the  
16 purpose of mental health treatment, substance use disorder treatment,  
17 or evaluation, brings his or her minor child to an evaluation and  
18 treatment facility, a hospital emergency room, an inpatient facility  
19 licensed under chapter 72.23 RCW, an inpatient facility licensed  
20 under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds  
21 for minors, a secure detoxification facility, or an approved  
22 substance use disorder treatment program, the facility is required to  
23 promptly provide written and verbal notice of all statutorily  
24 available treatment options contained in this chapter. The notice  
25 need not be given more than once if written and verbal notice has  
26 already been provided and documented by the facility.

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

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

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

35 (3) The department shall produce, and make available, the written  
36 notification that must include, at a minimum, the information  
37 contained in subsection (2) of this section. The department must

1 revise the written notification as necessary to reflect changes in  
2 the law.

3 NEW SECTION. **Sec. 253.** The department shall ensure that the  
4 provisions of this chapter are applied by the counties in a  
5 consistent and uniform manner. The department shall also ensure that,  
6 to the extent possible within available funds, the designated crisis  
7 responders are specifically trained in adolescent mental health  
8 issues, the mental health and substance use disorder civil commitment  
9 laws, and the criteria for civil commitment.

10 NEW SECTION. **Sec. 254.** For purposes of eligibility for medical  
11 assistance under chapter 74.09 RCW, minors in inpatient mental health  
12 or inpatient substance use disorder treatment shall be considered to  
13 be part of their parent's or legal guardian's household, unless the  
14 minor has been assessed by the department or its designee as likely  
15 to require such treatment for at least ninety consecutive days, or is  
16 in out-of-home care in accordance with chapter 13.34 RCW, or the  
17 parents are found to not be exercising responsibility for care and  
18 control of the minor. Payment for such care by the department shall  
19 be made only in accordance with rules, guidelines, and clinical  
20 criteria applicable to inpatient treatment of minors established by  
21 the department.

22 NEW SECTION. **Sec. 255.** No public or private agency or  
23 governmental entity, nor officer of a public or private agency, nor  
24 the superintendent, or professional person in charge, his or her  
25 professional designee or attending staff of any such agency, nor any  
26 public official performing functions necessary to the administration  
27 of this chapter, nor peace officer responsible for detaining a person  
28 under this chapter, nor any designated crisis responder, nor  
29 professional person, nor evaluation and treatment facility, nor  
30 secure detoxification facility, nor approved substance use disorder  
31 treatment program shall be civilly or criminally liable for  
32 performing actions authorized in this chapter with regard to the  
33 decision of whether to admit, release, or detain a person for  
34 evaluation and treatment: PROVIDED, That such duties were performed  
35 in good faith and without gross negligence.

1        NEW SECTION.    **Sec. 256.**    (1) The department may use a single bed  
2 certification process as outlined in rule to provide additional  
3 treatment capacity for a minor suffering from a mental disorder for  
4 whom an evaluation and treatment bed is not available. The facility  
5 that is the proposed site of the single bed certification must be a  
6 facility that is willing and able to provide the person with timely  
7 and appropriate treatment either directly or by arrangement with  
8 other public or private agencies.

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

11        (3) A designated crisis responder who submits an application for  
12 a single bed certification for treatment at a facility that is  
13 willing and able to provide timely and appropriate mental health  
14 treatment in good faith belief that the single bed certification is  
15 appropriate may presume that the single bed certification will be  
16 approved for the purpose of completing the detention process and  
17 responding to other emergency calls.

18        (4) The department may adopt rules implementing this section and  
19 continue to enforce rules it has already adopted except where  
20 inconsistent with this section.

21        NEW SECTION.    **Sec. 257.**    (1) A minor thirteen years or older may  
22 admit himself or herself to an evaluation and treatment facility for  
23 inpatient mental health treatment or an approved substance use  
24 disorder treatment program for inpatient substance use disorder  
25 treatment without parental consent. The admission shall occur only if  
26 the professional person in charge of the facility concurs with the  
27 need for inpatient treatment. Parental authorization, or  
28 authorization from a person who may consent on behalf of the minor  
29 pursuant to RCW 7.70.065, is required for inpatient treatment of a  
30 minor under the age of thirteen.

31        (2) When, in the judgment of the professional person in charge of  
32 an evaluation and treatment facility or approved substance use  
33 disorder treatment program, there is reason to believe that a minor  
34 is in need of inpatient treatment because of a mental disorder or  
35 substance use disorder, and the facility provides the type of  
36 evaluation and treatment needed by the minor, and it is not feasible  
37 to treat the minor in any less restrictive setting or the minor's  
38 home, the minor may be admitted to the facility.

1 (3) Written renewal of voluntary consent must be obtained from  
2 the applicant no less than once every twelve months. The minor's need  
3 for continued inpatient treatments shall be reviewed and documented  
4 no less than every one hundred eighty days.

5 NEW SECTION. **Sec. 258.** (1) Any minor thirteen years or older  
6 voluntarily admitted to an evaluation and treatment facility or  
7 approved substance use disorder treatment program under section 257  
8 of this act may give notice of intent to leave at any time. The  
9 notice need not follow any specific form so long as it is written and  
10 the intent of the minor can be discerned.

11 (2) The staff member receiving the notice shall date it  
12 immediately, record its existence in the minor's clinical record, and  
13 send copies of it to the minor's attorney, if any, the designated  
14 crisis responders, and the parent.

15 (3) The professional person shall discharge the minor, thirteen  
16 years or older, from the facility by the second judicial day  
17 following receipt of the minor's notice of intent to leave.

18 NEW SECTION. **Sec. 259.** (1) A parent may bring, or authorize the  
19 bringing of, his or her minor child to:

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

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

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

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

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

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

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

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

20 (7) For the purposes of this section "professional person" means  
21 "professional person" as defined in section 205 of this act.

22 NEW SECTION. **Sec. 260.** If the minor is not released as a result  
23 of the petition filed under RCW 71.34.620, he or she shall be  
24 released not later than thirty days following the later of: (1) The  
25 date of the department's determination under RCW 71.34.610(2); or (2)  
26 the filing of a petition for judicial review under RCW 71.34.620,  
27 unless a professional person or the designated crisis responder  
28 initiates proceedings under this chapter.

29 NEW SECTION. **Sec. 261.** (1) A parent may bring, or authorize the  
30 bringing of, his or her minor child to:

31 (a) A provider of outpatient mental health treatment and request  
32 that an appropriately trained professional person examine the minor  
33 to determine whether the minor has a mental disorder and is in need  
34 of outpatient treatment; or

35 (b) A provider of outpatient substance use disorder treatment and  
36 request that an appropriately trained professional person examine the  
37 minor to determine whether the minor has a substance use disorder and  
38 is in need of outpatient treatment.

1 (2) The consent of the minor is not required for evaluation if  
2 the parent brings the minor to the provider.

3 (3) The professional person may evaluate whether the minor has a  
4 mental disorder or substance use disorder and is in need of  
5 outpatient treatment.

6 (4) Any minor admitted to inpatient treatment under section 257  
7 or 259 of this act shall be discharged immediately from inpatient  
8 treatment upon written request of the parent.

9 NEW SECTION. **Sec. 262.** A minor child shall have no cause of  
10 action against an evaluation and treatment facility, secure  
11 detoxification facility, approved substance use disorder treatment  
12 program, inpatient facility, or provider of outpatient mental health  
13 treatment or outpatient substance use disorder treatment for  
14 admitting or accepting the minor in good faith for evaluation or  
15 treatment under section 259 or 261 of this act based solely upon the  
16 fact that the minor did not consent to evaluation or treatment if the  
17 minor's parent has consented to the evaluation or treatment.

18 NEW SECTION. **Sec. 263.** (1) If a minor, thirteen years or older,  
19 is brought to an evaluation and treatment facility or hospital  
20 emergency room for immediate mental health services, the professional  
21 person in charge of the facility shall evaluate the minor's mental  
22 condition, determine whether the minor suffers from a mental  
23 disorder, and whether the minor is in need of immediate inpatient  
24 treatment.

25 (2) If a minor, thirteen years or older, is brought to a secure  
26 detoxification facility or a hospital emergency room for immediate  
27 substance use disorder treatment, the professional person in charge  
28 of the facility shall evaluate the minor's condition, determine  
29 whether the minor suffers from substance use disorder, and whether  
30 the minor is in need of immediate inpatient treatment.

31 (3) If it is determined under subsection (1) or (2) of this  
32 section that the minor suffers from a mental disorder or substance  
33 use disorder, inpatient treatment is required, the minor is unwilling  
34 to consent to voluntary admission, and the professional person  
35 believes that the minor meets the criteria for initial detention set  
36 forth herein, the facility may detain or arrange for the detention of  
37 the minor for up to twelve hours in order to enable a designated

1 crisis responder to evaluate the minor and commence initial detention  
2 proceedings under the provisions of this chapter.

3 NEW SECTION. **Sec. 264.** (1)(a)(i) When a designated crisis  
4 responder receives information that a minor, thirteen years or older,  
5 as a result of a mental disorder presents a likelihood of serious  
6 harm or is gravely disabled, has investigated the specific facts  
7 alleged and of the credibility of the person or persons providing the  
8 information, and has determined that voluntary admission for  
9 inpatient treatment is not possible, the designated crisis responder  
10 may take the minor, or cause the minor to be taken, into custody and  
11 transported to an evaluation and treatment facility providing  
12 inpatient treatment.

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

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

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

1 and the minor's attorney as soon as possible following the initial  
2 detention.

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

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

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

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

28 NEW SECTION. **Sec. 265.** (1) Each minor approved by the facility  
29 for inpatient admission shall be examined and evaluated by a  
30 children's mental health specialist, for minors admitted as a result  
31 of a mental disorder, or by a chemical dependency professional, for  
32 minors admitted as a result of a substance use disorder, as to the  
33 child's mental condition and by a physician, physician assistant, or  
34 psychiatric advanced registered nurse practitioner as to the child's  
35 physical condition within twenty-four hours of admission. Reasonable  
36 measures shall be taken to ensure medical treatment is provided for  
37 any condition requiring immediate medical attention.

38 (2) If, after examination and evaluation, the children's mental  
39 health specialist or substance use disorder specialist and the

1 physician, physician assistant, or psychiatric advanced registered  
2 nurse practitioner determine that the initial needs of the minor, if  
3 detained to an evaluation and treatment facility, would be better  
4 served by placement in a substance use disorder treatment facility  
5 or, if detained to a secure detoxification facility or approved  
6 substance use disorder treatment program, would be better served in  
7 an evaluation and treatment facility, then the minor shall be  
8 referred to the more appropriate placement.

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

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

18 (5) If the evaluation and treatment facility, secure  
19 detoxification facility, or approved substance use disorder treatment  
20 program admits the minor, it may detain the minor for evaluation and  
21 treatment for a period not to exceed seventy-two hours from the time  
22 of provisional acceptance. The computation of such seventy-two hour  
23 period shall exclude Saturdays, Sundays, and holidays. This initial  
24 treatment period shall not exceed seventy-two hours except when an  
25 application for voluntary inpatient treatment is received or a  
26 petition for fourteen-day commitment is filed.

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

29 NEW SECTION. **Sec. 266.** (1) The professional person in charge of  
30 an evaluation and treatment facility, secure detoxification facility,  
31 or approved substance use disorder treatment program where a minor  
32 has been admitted involuntarily for the initial seventy-two hour  
33 treatment period under this chapter may petition to have a minor  
34 committed to an evaluation and treatment facility or, in the case of  
35 a minor with a substance use disorder, to a secure detoxification  
36 facility or approved substance use disorder treatment program for  
37 fourteen-day diagnosis, evaluation, and treatment.

38 If the professional person in charge of the facility does not  
39 petition to have the minor committed, the parent who has custody of

1 the minor may seek review of that decision in court. The parent shall  
2 file notice with the court and provide a copy of the treatment and  
3 evaluation facility's report.

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

7 (a) A petition for a fourteen-day commitment shall be signed by  
8 two professionals who have each examined the minor:

9 (i) The first professional must be a physician, physician  
10 assistant, or advanced registered nurse practitioner;

11 (ii) The second professional must be a physician, physician  
12 assistant, advanced registered nurse practitioner, mental health  
13 professional, or chemical dependency professional. The petition must  
14 contain the following:

15 (A) The name and address of the petitioner;

16 (B) The name of the minor alleged to meet the criteria for  
17 fourteen-day commitment;

18 (C) The name, telephone number, and address if known of every  
19 person believed by the petitioner to be legally responsible for the  
20 minor;

21 (D) A statement that the petitioner has examined the minor and  
22 finds that the minor's condition meets required criteria for  
23 fourteen-day commitment and the supporting facts therefor;

24 (E) A statement that the minor has been advised of the need for  
25 voluntary treatment but has been unwilling or unable to consent to  
26 necessary treatment;

27 (F) If the petition is for mental health treatment, a statement  
28 that the minor has been advised of the loss of firearm rights if  
29 involuntarily committed;

30 (G) A statement recommending the appropriate facility or  
31 facilities to provide the necessary treatment; and

32 (H) A statement concerning whether a less restrictive alternative  
33 to inpatient treatment is in the best interests of the minor.

34 (b) A copy of the petition shall be personally delivered to the  
35 minor by the petitioner or petitioner's designee. A copy of the  
36 petition shall be sent to the minor's attorney and the minor's  
37 parent.

38 NEW SECTION. **Sec. 267.** (1) A commitment hearing shall be held  
39 within seventy-two hours of the minor's admission, excluding

1 Saturday, Sunday, and holidays, unless a continuance is requested by  
2 the minor or the minor's attorney.

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

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

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

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

14 (6) At the commitment hearing, the minor shall have the following  
15 rights:

16 (a) To be represented by an attorney;

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

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

19 (7) If the hearing is for commitment for mental health treatment,  
20 the court at the time of the commitment hearing and before an order  
21 of commitment is entered shall inform the minor both orally and in  
22 writing that the failure to make a good faith effort to seek  
23 voluntary treatment as provided in section 266 of this act will  
24 result in the loss of his or her firearm rights if the minor is  
25 subsequently detained for involuntary treatment under this section.

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

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

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

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

35 (b) The minor is in need of evaluation and treatment of the type  
36 provided by the inpatient evaluation and treatment facility, secure  
37 detoxification facility, or approved substance use disorder treatment  
38 program to which continued inpatient care is sought or is in need of  
39 less restrictive alternative treatment found to be in the best  
40 interests of the minor; and

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

3 (11) If the court finds that the minor meets the criteria for a  
4 fourteen-day commitment, the court shall either authorize commitment  
5 of the minor for inpatient treatment or for less restrictive  
6 alternative treatment upon such conditions as are necessary. If the  
7 court determines that the minor does not meet the criteria for a  
8 fourteen-day commitment, the minor shall be released.

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

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

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

20 NEW SECTION. **Sec. 268.** (1) At any time during the minor's  
21 period of fourteen-day commitment, the professional person in charge  
22 may petition the court for an order requiring the minor to undergo an  
23 additional one hundred eighty-day period of treatment. The evidence  
24 in support of the petition shall be presented by the county  
25 prosecutor unless the petition is filed by the professional person in  
26 charge of a state-operated facility in which case the evidence shall  
27 be presented by the attorney general.

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

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

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

33 (c) A statement that the petitioner is the professional person in  
34 charge of the evaluation and treatment facility, secure  
35 detoxification facility, or approved substance use disorder treatment  
36 program responsible for the treatment of the minor;

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

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

1 (3) The petition shall be supported by accompanying affidavits  
2 signed by two professionals who have each examined the minor:

3 (a) The first professional must be a physician or advanced  
4 registered nurse practitioner who is either a child psychiatrist or a  
5 child and adolescent or family advanced registered nurse  
6 practitioner;

7 (b) The second professional must be a physician, physician  
8 assistant, advanced registered nurse practitioner, children's mental  
9 health specialist, or children's substance use disorder specialist.  
10 The affidavits shall describe in detail the behavior of the detained  
11 minor which supports the petition and shall state whether a less  
12 restrictive alternative to inpatient treatment is in the best  
13 interests of the minor.

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

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

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

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

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

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

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

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

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

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

15 NEW SECTION. **Sec. 269.** (1) If a minor is committed for one  
16 hundred eighty-day inpatient treatment and is to be placed in a  
17 state-supported program, the secretary shall accept immediately and  
18 place the minor in a state-funded long-term evaluation and treatment  
19 facility or approved substance use disorder treatment program.

20 (2) The secretary's placement authority shall be exercised  
21 through a designated placement committee appointed by the secretary  
22 and composed of children's mental health specialists and chemical  
23 dependency professionals, including at least one child psychiatrist  
24 who represents the state-funded, long-term, evaluation and treatment  
25 facility for minors and one chemical dependency professional who  
26 represents the state-funded approved substance use disorder treatment  
27 program. The responsibility of the placement committee will be to:

28 (a) Make the long-term placement of the minor in the most  
29 appropriate, available state-funded evaluation and treatment facility  
30 or approved substance use disorder treatment program, having  
31 carefully considered factors including the treatment needs of the  
32 minor, the most appropriate facility able to respond to the minor's  
33 identified treatment needs, the geographic proximity of the facility  
34 to the minor's family, the immediate availability of bed space, and  
35 the probable impact of the placement on other residents of the  
36 facility;

37 (b) Approve or deny requests from treatment facilities for  
38 transfer of a minor to another facility;

39 (c) Receive and monitor reports required under this section;

1 (d) Receive and monitor reports of all discharges.

2 (3) The secretary may authorize transfer of minors among  
3 treatment facilities if the transfer is in the best interests of the  
4 minor or due to treatment priorities.

5 (4) The responsible state-funded evaluation and treatment  
6 facility or approved substance use disorder treatment program shall  
7 submit a report to the department's designated placement committee  
8 within ninety days of admission and no less than every one hundred  
9 eighty days thereafter, setting forth such facts as the department  
10 requires, including the minor's individual treatment plan and  
11 progress, recommendations for future treatment, and possible less  
12 restrictive treatment.

13 NEW SECTION. **Sec. 270.** (1) If the professional person in charge  
14 of an outpatient treatment program, a designated crisis responder, or  
15 the secretary determines that a minor is failing to adhere to the  
16 conditions of the court order for less restrictive alternative  
17 treatment or the conditions for the conditional release, or that  
18 substantial deterioration in the minor's functioning has occurred,  
19 the designated crisis responder, or the secretary may order that the  
20 minor, if committed for mental health treatment, be taken into  
21 custody and transported to an inpatient evaluation and treatment  
22 facility or, if committed for substance use disorder treatment, be  
23 taken into custody and transported to a secure detoxification  
24 facility or approved substance use disorder treatment program.

25 (2) The designated crisis responder or the secretary shall file  
26 the order of apprehension and detention and serve it upon the minor  
27 and notify the minor's parent and the minor's attorney, if any, of  
28 the detention within two days of return. At the time of service the  
29 minor shall be informed of the right to a hearing and to  
30 representation by an attorney. The designated crisis responder or the  
31 secretary may modify or rescind the order of apprehension and  
32 detention at any time prior to the hearing.

33 (3) A petition for revocation of less restrictive alternative  
34 treatment shall be filed by the designated crisis responder or the  
35 secretary with the court in the county ordering the less restrictive  
36 alternative treatment. The court shall conduct the hearing in that  
37 county. A petition for revocation of conditional release may be filed  
38 with the court in the county ordering inpatient treatment or the  
39 county where the minor on conditional release is residing. A petition

1 shall describe the behavior of the minor indicating violation of the  
2 conditions or deterioration of routine functioning and a  
3 dispositional recommendation. Upon motion for good cause, the hearing  
4 may be transferred to the county of the minor's residence or to the  
5 county in which the alleged violations occurred. The hearing shall be  
6 held within seven days of the minor's return. The issues to be  
7 determined are whether the minor did or did not adhere to the  
8 conditions of the less restrictive alternative treatment or  
9 conditional release, or whether the minor's routine functioning has  
10 substantially deteriorated, and, if so, whether the conditions of  
11 less restrictive alternative treatment or conditional release should  
12 be modified or whether the minor should be returned to inpatient  
13 treatment. Pursuant to the determination of the court, the minor  
14 shall be returned to less restrictive alternative treatment or  
15 conditional release on the same or modified conditions or shall be  
16 returned to inpatient treatment. If the minor is returned to  
17 inpatient treatment, section 269 of this act regarding the  
18 secretary's placement responsibility shall apply. The hearing may be  
19 waived by the minor and the minor returned to inpatient treatment or  
20 to less restrictive alternative treatment or conditional release on  
21 the same or modified conditions.

22 NEW SECTION. **Sec. 271.** The following sections apply to this  
23 chapter: RCW 71.34.010, 71.34.300, 71.34.310, 71.34.315, 71.34.320,  
24 71.34.325, 71.34.330, 71.34.335, 71.34.355, 71.34.360, 71.34.365,  
25 71.34.370, 71.34.377, 71.34.379, 71.34.380, 71.34.390, 71.34.395,  
26 71.34.415, 71.34.510, 71.34.530, 71.34.610, 71.34.620, 71.34.640,  
27 71.34.770, 71.34.790, and 71.34.795.

28 **Sec. 272.** RCW 9.41.098 and 2003 c 39 s 5 are each amended to  
29 read as follows:

30 (1) The superior courts and the courts of limited jurisdiction of  
31 the state may order forfeiture of a firearm which is proven to be:

32 (a) Found concealed on a person not authorized by RCW 9.41.060 or  
33 9.41.070 to carry a concealed pistol: PROVIDED, That it is an  
34 absolute defense to forfeiture if the person possessed a valid  
35 Washington concealed pistol license within the preceding two years  
36 and has not become ineligible for a concealed pistol license in the  
37 interim. Before the firearm may be returned, the person must pay the  
38 past due renewal fee and the current renewal fee;

1 (b) Commercially sold to any person without an application as  
2 required by RCW 9.41.090;

3 (c) In the possession of a person prohibited from possessing the  
4 firearm under RCW 9.41.040 or 9.41.045;

5 (d) In the possession or under the control of a person at the  
6 time the person committed or was arrested for committing a felony or  
7 committing a nonfelony crime in which a firearm was used or  
8 displayed;

9 (e) In the possession of a person who is in any place in which a  
10 concealed pistol license is required, and who is under the influence  
11 of any drug or under the influence of intoxicating liquor, as defined  
12 in chapter 46.61 RCW;

13 (f) In the possession of a person free on bail or personal  
14 recognizance pending trial, appeal, or sentencing for a felony or for  
15 a nonfelony crime in which a firearm was used or displayed, except  
16 that violations of Title 77 RCW shall not result in forfeiture under  
17 this section;

18 (g) In the possession of a person found to have been mentally  
19 incompetent while in possession of a firearm when apprehended or who  
20 is thereafter committed pursuant to chapter 10.77 RCW or committed  
21 for mental health treatment under chapter 71.05 RCW or chapter 71.---  
22 RCW (the new chapter created in section 903 of this act);

23 (h) Used or displayed by a person in the violation of a proper  
24 written order of a court of general jurisdiction; or

25 (i) Used in the commission of a felony or of a nonfelony crime in  
26 which a firearm was used or displayed.

27 (2) Upon order of forfeiture, the court in its discretion may  
28 order destruction of any forfeited firearm. A court may temporarily  
29 retain forfeited firearms needed for evidence.

30 (a) Except as provided in (b), (c), and (d) of this subsection,  
31 firearms that are: (i) Judicially forfeited and no longer needed for  
32 evidence; or (ii) forfeited due to a failure to make a claim under  
33 RCW 63.32.010 or 63.40.010; may be disposed of in any manner  
34 determined by the local legislative authority. Any proceeds of an  
35 auction or trade may be retained by the legislative authority. This  
36 subsection (2)(a) applies only to firearms that come into the  
37 possession of the law enforcement agency after June 30, 1993.

38 By midnight, June 30, 1993, every law enforcement agency shall  
39 prepare an inventory, under oath, of every firearm that has been  
40 judicially forfeited, has been seized and may be subject to judicial

1 forfeiture, or that has been, or may be, forfeited due to a failure  
2 to make a claim under RCW 63.32.010 or 63.40.010.

3 (b) Except as provided in (c) of this subsection, of the  
4 inventoried firearms a law enforcement agency shall destroy illegal  
5 firearms, may retain a maximum of ten percent of legal forfeited  
6 firearms for agency use, and shall either:

7 (i) Comply with the provisions for the auction of firearms in RCW  
8 9.41.098 that were in effect immediately preceding May 7, 1993; or

9 (ii) Trade, auction, or arrange for the auction of, rifles and  
10 shotguns. In addition, the law enforcement agency shall either trade,  
11 auction, or arrange for the auction of, short firearms, or shall pay  
12 a fee of twenty-five dollars to the state treasurer for every short  
13 firearm neither auctioned nor traded, to a maximum of fifty thousand  
14 dollars. The fees shall be accompanied by an inventory, under oath,  
15 of every short firearm listed in the inventory required by (a) of  
16 this subsection, that has been neither traded nor auctioned. The  
17 state treasurer shall credit the fees to the firearms range account  
18 established in RCW 79A.25.210. All trades or auctions of firearms  
19 under this subsection shall be to licensed dealers. Proceeds of any  
20 auction less costs, including actual costs of storage and sale, shall  
21 be forwarded to the firearms range account established in RCW  
22 79A.25.210.

23 (c) Antique firearms and firearms recognized as curios, relics,  
24 and firearms of particular historical significance by the United  
25 States treasury department bureau of alcohol, tobacco, (~~and~~)  
26 firearms, and explosives are exempt from destruction and shall be  
27 disposed of by auction or trade to licensed dealers.

28 (d) Firearms in the possession of the Washington state patrol on  
29 or after May 7, 1993, that are judicially forfeited and no longer  
30 needed for evidence, or forfeited due to a failure to make a claim  
31 under RCW 63.35.020, must be disposed of as follows: (i) Firearms  
32 illegal for any person to possess must be destroyed; (ii) the  
33 Washington state patrol may retain a maximum of ten percent of legal  
34 firearms for agency use; and (iii) all other legal firearms must be  
35 auctioned or traded to licensed dealers. The Washington state patrol  
36 may retain any proceeds of an auction or trade.

37 (3) The court shall order the firearm returned to the owner upon  
38 a showing that there is no probable cause to believe a violation of  
39 subsection (1) of this section existed or the firearm was stolen from  
40 the owner or the owner neither had knowledge of nor consented to the

1 act or omission involving the firearm which resulted in its  
2 forfeiture.

3 (4) A law enforcement officer of the state or of any county or  
4 municipality may confiscate a firearm found to be in the possession  
5 of a person under circumstances specified in subsection (1) of this  
6 section. After confiscation, the firearm shall not be surrendered  
7 except: (a) To the prosecuting attorney for use in subsequent legal  
8 proceedings; (b) for disposition according to an order of a court  
9 having jurisdiction as provided in subsection (1) of this section; or  
10 (c) to the owner if the proceedings are dismissed or as directed in  
11 subsection (3) of this section.

12 **Sec. 273.** RCW 71.05.020 and 2015 c 269 s 14 and 2015 c 250 s 2  
13 are each reenacted and amended to read as follows:

14 The definitions in this section apply throughout this chapter  
15 unless the context clearly requires otherwise.

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

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

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

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

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

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

38 (7) "Custody" means involuntary detention under the provisions of  
39 this chapter or chapter 10.77 RCW, uninterrupted by any period of

1 unconditional release from commitment from a facility providing  
2 involuntary care and treatment;

3 (8) "Department" means the department of social and health  
4 services;

5 (9) "Designated chemical dependency specialist" means a person  
6 designated by the county alcoholism and other drug addiction program  
7 coordinator designated under RCW 70.96A.310 to perform the commitment  
8 duties described in chapters 70.96A and 70.96B RCW;

9 (10) "Designated crisis responder" means a mental health  
10 professional appointed by the county or the behavioral health  
11 organization to perform the duties specified in this chapter;

12 (11) "Designated mental health professional" means a mental  
13 health professional designated by the county or other authority  
14 authorized in rule to perform the duties specified in this chapter;

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

17 (13) "Developmental disabilities professional" means a person who  
18 has specialized training and three years of experience in directly  
19 treating or working with persons with developmental disabilities and  
20 is a psychiatrist, psychologist, psychiatric advanced registered  
21 nurse practitioner, or social worker, and such other developmental  
22 disabilities professionals as may be defined by rules adopted by the  
23 secretary;

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

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

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

1 or jail, shall be an evaluation and treatment facility within the  
2 meaning of this chapter;

3 (17) "Gravely disabled" means a condition in which a person, as a  
4 result of a mental disorder: (a) Is in danger of serious physical  
5 harm resulting from a failure to provide for his or her essential  
6 human needs of health or safety; or (b) manifests severe  
7 deterioration in routine functioning evidenced by repeated and  
8 escalating loss of cognitive or volitional control over his or her  
9 actions and is not receiving such care as is essential for his or her  
10 health or safety;

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

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

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

26 (21) "In need of assisted outpatient mental health treatment"  
27 means that a person, as a result of a mental disorder: (a) Has been  
28 committed by a court to detention for involuntary mental health  
29 treatment at least twice during the preceding thirty-six months, or,  
30 if the person is currently committed for involuntary mental health  
31 treatment, the person has been committed to detention for involuntary  
32 mental health treatment at least once during the thirty-six months  
33 preceding the date of initial detention of the current commitment  
34 cycle; (b) is unlikely to voluntarily participate in outpatient  
35 treatment without an order for less restrictive alternative  
36 treatment, in view of the person's treatment history or current  
37 behavior; (c) is unlikely to survive safely in the community without  
38 supervision; (d) is likely to benefit from less restrictive  
39 alternative treatment; and (e) requires less restrictive alternative  
40 treatment to prevent a relapse, decompensation, or deterioration that

1 is likely to result in the person presenting a likelihood of serious  
2 harm or the person becoming gravely disabled within a reasonably  
3 short period of time. For purposes of (a) of this subsection, time  
4 spent in a mental health facility or in confinement as a result of a  
5 criminal conviction is excluded from the thirty-six month  
6 calculation;

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

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

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

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

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

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

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

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

27 (23) "Information related to mental health services" means all  
28 information and records compiled, obtained, or maintained in the  
29 course of providing services to either voluntary or involuntary  
30 recipients of services by a mental health service provider. This may  
31 include documents of legal proceedings under this chapter or chapter  
32 71.34 or 10.77 RCW, or somatic health care information;

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

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

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

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

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

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

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

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

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

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

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

1 (33) "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, which is  
5 conducted for, or includes a department or ward conducted for, the  
6 care and treatment of persons who are mentally ill;

7 (34) "Professional person" means a mental health professional and  
8 shall also mean a physician, psychiatric advanced registered nurse  
9 practitioner, registered nurse, and such others as may be defined by  
10 rules adopted by the secretary pursuant to the provisions of this  
11 chapter;

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

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

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

24 (38) "Public agency" means any evaluation and treatment facility  
25 or institution, or hospital which is conducted for, or includes a  
26 department or ward conducted for, the care and treatment of persons  
27 with mental illness, if the agency is operated directly by, federal,  
28 state, county, or municipal government, or a combination of such  
29 governments;

30 (39) "Registration records" include all the records of the  
31 department, behavioral health organizations, treatment facilities,  
32 and other persons providing services to the department, county  
33 departments, or facilities which identify persons who are receiving  
34 or who at any time have received services for mental illness;

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

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

39 (42) "Secretary" means the secretary of the department of social  
40 and health services, or his or her designee;

1 (43) "Serious violent offense" has the same meaning as provided  
2 in RCW 9.94A.030;

3 (44) "Social worker" means a person with a master's or further  
4 advanced degree from a social work educational program accredited and  
5 approved as provided in RCW 18.320.010;

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

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

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

32 (48) "Violent act" means behavior that resulted in homicide,  
33 attempted suicide, nonfatal injuries, or substantial damage to  
34 property;

35 (49) "Physician assistant" means a person who is licensed as a  
36 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is  
37 working with a licensed mental health physician as indicated by their  
38 delegation agreement.

1       **Sec. 274.** RCW 71.05.230 and 2015 c 250 s 6 are each amended to  
2 read as follows:

3       A person detained or committed for seventy-two hour evaluation  
4 and treatment or for an outpatient evaluation for the purpose of  
5 filing a petition for a less restrictive alternative treatment order  
6 may be committed for not more than fourteen additional days of  
7 involuntary intensive treatment or ninety additional days of a less  
8 restrictive alternative to involuntary intensive treatment. A  
9 petition may only be filed if the following conditions are met:

10       (1) The professional staff of the agency or facility providing  
11 evaluation services has analyzed the person's condition and finds  
12 that the condition is caused by mental disorder and results in a  
13 likelihood of serious harm, results in the person being gravely  
14 disabled, or results in the person being in need of assisted  
15 outpatient mental health treatment, and are prepared to testify those  
16 conditions are met; and

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

20       (3) The agency or facility providing intensive treatment or which  
21 proposes to supervise the less restrictive alternative is certified  
22 to provide such treatment by the department; and

23       (4) The professional staff of the agency or facility or the  
24 designated mental health professional has filed a petition with the  
25 court for a fourteen day involuntary detention or a ninety day less  
26 restrictive alternative. The petition must be signed ~~((either))~~ by  
27 two professionals who have each examined the person:

28       ~~((Two physicians))~~ The first professional must be a  
29 physician, physician assistant, or psychiatric advanced registered  
30 nurse practitioner;

31       ~~((One physician and a mental health professional;~~

32       ~~(c) Two psychiatric advanced registered nurse practitioners;~~

33       ~~(d) One psychiatric advanced registered nurse practitioner and a~~  
34 ~~mental health professional; or~~

35       ~~(e) A physician and a psychiatric advanced registered nurse~~  
36 ~~practitioner. The persons signing the petition must have examined the~~  
37 ~~person))~~ The second professional must be a physician, physician  
38 assistant, psychiatric advanced registered nurse practitioner, or  
39 mental health professional.

1 If involuntary detention is sought the petition shall state facts  
2 that support the finding that such person, as a result of mental  
3 disorder, presents a likelihood of serious harm, or is gravely  
4 disabled and that there are no less restrictive alternatives to  
5 detention in the best interest of such person or others. The petition  
6 shall state specifically that less restrictive alternative treatment  
7 was considered and specify why treatment less restrictive than  
8 detention is not appropriate. If an involuntary less restrictive  
9 alternative is sought, the petition shall state facts that support  
10 the finding that such person, as a result of mental disorder,  
11 presents a likelihood of serious harm, is gravely disabled, or is in  
12 need of assisted outpatient mental health treatment, and shall set  
13 forth a plan for the less restrictive alternative treatment proposed  
14 by the facility in accordance with RCW 71.05.585; and

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

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

21 (7) The petition reflects that the person was informed of the  
22 loss of firearm rights if involuntarily committed; and

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

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

33 **Sec. 275.** RCW 71.05.290 and 2015 c 250 s 10 are each amended to  
34 read as follows:

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

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

3 (2) The petition shall summarize the facts which support the need  
4 for further commitment and shall be supported by affidavits signed by  
5 two professionals who have each examined the person:

6 (a) ~~((Two examining physicians))~~ The first professional must be a  
7 physician, physician assistant, or psychiatric advanced registered  
8 nurse practitioner;

9 (b) ~~((One examining physician and examining mental health~~  
10 ~~professional;~~

11 ~~(c) Two psychiatric advanced registered nurse practitioners;~~

12 ~~(d) One psychiatric advanced registered nurse practitioner and a~~  
13 ~~mental health professional; or~~

14 ~~(e) An examining physician and an examining psychiatric advanced~~  
15 ~~registered nurse practitioner))~~ The second professional must be a  
16 physician, physician assistant, psychiatric advanced registered nurse  
17 practitioner, or mental health professional.

18 The affidavits shall describe in detail the behavior of the  
19 detained person which supports the petition and shall explain what,  
20 if any, less restrictive treatments which are alternatives to  
21 detention are available to such person, and shall state the  
22 willingness of the affiant to testify to such facts in subsequent  
23 judicial proceedings under this chapter. If less restrictive  
24 alternative treatment is sought, the petition shall set forth a  
25 proposed plan for less restrictive alternative treatment in  
26 accordance with RCW 71.05.585.

27 (3) If a person has been determined to be incompetent pursuant to  
28 RCW 10.77.086(4), then the professional person in charge of the  
29 treatment facility or his or her professional designee or the  
30 designated mental health professional may directly file a petition  
31 for one hundred eighty day treatment under RCW 71.05.280(3). No  
32 petition for initial detention or fourteen day detention is required  
33 before such a petition may be filed.

34 **Sec. 276.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to  
35 read as follows:

36 (1)(a) Every person involuntarily detained or committed under the  
37 provisions of this chapter shall be entitled to all the rights set  
38 forth in this chapter, which shall be prominently posted in the  
39 facility, and shall retain all rights not denied him or her under

1 this chapter except as chapter 9.41 RCW may limit the right of a  
2 person to purchase or possess a firearm or to qualify for a concealed  
3 pistol license.

4 (b) No person shall be presumed incompetent as a consequence of  
5 receiving an evaluation or voluntary or involuntary treatment for a  
6 mental disorder, under this chapter or any prior laws of this state  
7 dealing with mental illness. Competency shall not be determined or  
8 withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.

9 (c) Any person who leaves a public or private agency following  
10 evaluation or treatment for mental disorder shall be given a written  
11 statement setting forth the substance of this section.

12 (2) Each person involuntarily detained or committed pursuant to  
13 this chapter shall have the right to adequate care and individualized  
14 treatment.

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

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

24 (5) Whenever any person is detained for evaluation and treatment  
25 pursuant to this chapter, both the person and, if possible, a  
26 responsible member of his or her immediate family, personal  
27 representative, guardian, or conservator, if any, shall be advised as  
28 soon as possible in writing or orally, by the officer or person  
29 taking him or her into custody or by personnel of the evaluation and  
30 treatment facility where the person is detained that unless the  
31 person is released or voluntarily admits himself or herself for  
32 treatment within seventy-two hours of the initial detention:

33 (a) A judicial hearing in a superior court, either by a judge or  
34 court commissioner thereof, shall be held not more than seventy-two  
35 hours after the initial detention to determine whether there is  
36 probable cause to detain the person after the seventy-two hours have  
37 expired for up to an additional fourteen days without further  
38 automatic hearing for the reason that the person is a person whose  
39 mental disorder presents a likelihood of serious harm or that the  
40 person is gravely disabled;

1 (b) The person has a right to communicate immediately with an  
2 attorney; has a right to have an attorney appointed to represent him  
3 or her before and at the probable cause hearing if he or she is  
4 indigent; and has the right to be told the name and address of the  
5 attorney that the mental health professional has designated pursuant  
6 to this chapter;

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

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

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

15 (6) When proceedings are initiated under RCW 71.05.153, no later  
16 than twelve hours after such person is admitted to the evaluation and  
17 treatment facility the personnel of the evaluation and treatment  
18 facility or the designated mental health professional shall serve on  
19 such person a copy of the petition for initial detention and the  
20 name, business address, and phone number of the designated attorney  
21 and shall forthwith commence service of a copy of the petition for  
22 initial detention on the designated attorney.

23 (7) The judicial hearing described in subsection (5) of this  
24 section is hereby authorized, and shall be held according to the  
25 provisions of subsection (5) of this section and rules promulgated by  
26 the supreme court.

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

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

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

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

32 (d) To remain silent;

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

34 (9) Privileges between patients and physicians, psychologists,  
35 physician assistants, or psychiatric advanced registered nurse  
36 practitioners are deemed waived in proceedings under this chapter  
37 relating to the administration of antipsychotic medications. As to  
38 other proceedings under this chapter, the privileges shall be waived  
39 when a court of competent jurisdiction in its discretion determines

1 that such waiver is necessary to protect either the detained person  
2 or the public.

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

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

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

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

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

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

27 (d) To have visitors at reasonable times;

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

31 (f) To have ready access to letter writing materials, including  
32 stamps, and to send and receive uncensored correspondence through the  
33 mails;

34 (g) To discuss treatment plans and decisions with professional  
35 persons;

36 (h) Not to consent to the administration of antipsychotic  
37 medications and not to thereafter be administered antipsychotic  
38 medications unless ordered by a court under RCW 71.05.217 or pursuant  
39 to an administrative hearing under RCW 71.05.215;

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

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

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

9 (11) Every person involuntarily detained shall immediately be  
10 informed of his or her right to a hearing to review the legality of  
11 his or her detention and of his or her right to counsel, by the  
12 professional person in charge of the facility providing evaluation  
13 and treatment, or his or her designee, and, when appropriate, by the  
14 court. If the person so elects, the court shall immediately appoint  
15 an attorney to assist him or her.

16 (12) A person challenging his or her detention or his or her  
17 attorney shall have the right to designate and have the court appoint  
18 a reasonably available independent physician, psychiatric advanced  
19 registered nurse practitioner, physician assistant, or licensed  
20 mental health professional to examine the person detained, the  
21 results of which examination may be used in the proceeding. The  
22 person shall, if he or she is financially able, bear the cost of such  
23 expert examination, otherwise such expert examination shall be at  
24 public expense.

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

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

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

35 **Sec. 277.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to  
36 read as follows:

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

1 (1) "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 (2) "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 (3) "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 (4) "Department" means the department of social and health  
19 services.

20 (5) "Designated mental health professional" means a mental health  
21 professional designated by one or more counties to perform the  
22 functions of a designated mental health professional described in  
23 this chapter.

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

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

38 (8) "Gravely disabled minor" means a minor who, as a result of a  
39 mental disorder, is in danger of serious physical harm resulting from  
40 a failure to provide for his or her essential human needs of health

1 or safety, or manifests severe deterioration in routine functioning  
2 evidenced by repeated and escalating loss of cognitive or volitional  
3 control over his or her actions and is not receiving such care as is  
4 essential for his or her health or safety.

5 (9) "Inpatient treatment" means twenty-four-hour-per-day mental  
6 health care provided within a general hospital, psychiatric hospital,  
7 or residential treatment facility certified by the department as an  
8 evaluation and treatment facility for minors.

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

12 (11) "Likelihood of serious harm" means either: (a) A substantial  
13 risk that physical harm will be inflicted by an individual upon his  
14 or her own person, as evidenced by threats or attempts to commit  
15 suicide or inflict physical harm on oneself; (b) a substantial risk  
16 that physical harm will be inflicted by an individual upon another,  
17 as evidenced by behavior which has caused such harm or which places  
18 another person or persons in reasonable fear of sustaining such harm;  
19 or (c) a substantial risk that physical harm will be inflicted by an  
20 individual upon the property of others, as evidenced by behavior  
21 which has caused substantial loss or damage to the property of  
22 others.

23 (12) "Medical necessity" for inpatient care means a requested  
24 service which is reasonably calculated to: (a) Diagnose, correct,  
25 cure, or alleviate a mental disorder; or (b) prevent the worsening of  
26 mental conditions that endanger life or cause suffering and pain, or  
27 result in illness or infirmity or threaten to cause or aggravate a  
28 handicap, or cause physical deformity or malfunction, and there is no  
29 adequate less restrictive alternative available.

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

36 (14) "Mental health professional" means a psychiatrist,  
37 psychologist, psychiatric nurse, or social worker, and such other  
38 mental health professionals as may be defined by rules adopted by the  
39 secretary under this chapter.

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

1 (16) "Outpatient treatment" means any of the nonresidential  
2 services mandated under chapter 71.24 RCW and provided by licensed  
3 services providers as identified by RCW 71.24.025.

4 (17) "Parent" means:

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

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

10 (18) "Professional person in charge" or "professional person"  
11 means a physician or other mental health professional empowered by an  
12 evaluation and treatment facility with authority to make admission  
13 and discharge decisions on behalf of that facility.

14 (19) "Psychiatric nurse" means a registered nurse who has a  
15 bachelor's degree from an accredited college or university, and who  
16 has had, in addition, at least two years' experience in the direct  
17 treatment of persons who have a mental illness or who are emotionally  
18 disturbed, such experience gained under the supervision of a mental  
19 health professional. "Psychiatric nurse" shall also mean any other  
20 registered nurse who has three years of such experience.

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

26 (21) "Psychologist" means a person licensed as a psychologist  
27 under chapter 18.83 RCW.

28 (22) "Responsible other" means the minor, the minor's parent or  
29 estate, or any other person legally responsible for support of the  
30 minor.

31 (23) "Secretary" means the secretary of the department or  
32 secretary's designee.

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

36 (25) "Start of initial detention" means the time of arrival of  
37 the minor at the first evaluation and treatment facility offering  
38 inpatient treatment if the minor is being involuntarily detained at  
39 the time. With regard to voluntary patients, "start of initial

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

3 (26) "Physician assistant" means a person who is licensed as a  
4 physician assistant pursuant to chapter 18.57A or 18.71A RCW and is  
5 working with a licensed mental health physician as indicated by their  
6 delegation agreement.

7 **Sec. 278.** RCW 71.34.720 and 2009 c 217 s 16 are each amended to  
8 read as follows:

9 (1) Each minor approved by the facility for inpatient admission  
10 shall be examined and evaluated by a children's mental health  
11 specialist as to the child's mental condition and by a physician,  
12 physician assistant, or psychiatric advanced registered nurse  
13 practitioner as to the child's physical condition within twenty-four  
14 hours of admission. Reasonable measures shall be taken to ensure  
15 medical treatment is provided for any condition requiring immediate  
16 medical attention.

17 (2) If, after examination and evaluation, the children's mental  
18 health specialist and the physician, physician assistant, or  
19 psychiatric advanced registered nurse practitioner determine that the  
20 initial needs of the minor would be better served by placement in a  
21 chemical dependency treatment facility, then the minor shall be  
22 referred to an approved treatment program defined under RCW  
23 70.96A.020.

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

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

33 (5) If the evaluation and treatment facility admits the minor, it  
34 may detain the minor for evaluation and treatment for a period not to  
35 exceed seventy-two hours from the time of provisional acceptance. The  
36 computation of such seventy-two hour period shall exclude Saturdays,  
37 Sundays, and holidays. This initial treatment period shall not exceed  
38 seventy-two hours except when an application for voluntary inpatient

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

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

5 **Sec. 279.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to  
6 read as follows:

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

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

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

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

20 (c) A statement that the petitioner is the professional person in  
21 charge of the evaluation and treatment facility responsible for the  
22 treatment of the minor;

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

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

25 (3) The petition shall be supported by accompanying affidavits  
26 signed by two professionals, each of whom has examined the minor:

27 (a) (~~two examining physicians, one of whom shall be a child~~  
28 ~~psychiatrist, or two psychiatric advanced registered nurse~~  
29 ~~practitioners, one of whom shall be a child and adolescent or family~~  
30 ~~psychiatric advanced registered nurse practitioner,)) The first  
31 professional must be a child psychiatrist or a child and adolescent  
32 or family psychiatric registered nurse practitioner;~~

33 (b) (~~one children's mental health specialist and either an~~  
34 ~~examining physician or a psychiatric advanced registered nurse~~  
35 ~~practitioner, or (c) an examining physician and a psychiatric~~  
36 ~~advanced registered nurse practitioner, one of which needs to be a~~  
37 ~~child psychiatrist or a child and adolescent psychiatric nurse~~  
38 ~~practitioner,)) The second professional must be a physician, physician  
39 assistant, psychiatric advanced registered nurse practitioner,~~

1 children's mental health specialist, or children's substance use  
2 disorder specialist.

3 The affidavits shall describe in detail the behavior of the  
4 detained minor which supports the petition and shall state whether a  
5 less restrictive alternative to inpatient treatment is in the best  
6 interests of the minor.

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

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

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

23 (a) Is suffering from a mental disorder;

24 (b) Presents a likelihood of serious harm or is gravely disabled;  
25 and

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

28 (7) If the court finds that the criteria for commitment are met  
29 and that less restrictive treatment in a community setting is not  
30 appropriate or available, the court shall order the minor committed  
31 for further inpatient treatment to the custody of the secretary or to  
32 a private treatment and evaluation facility if the minor's parents  
33 have assumed responsibility for payment for the treatment. If the  
34 court finds that a less restrictive alternative is in the best  
35 interest of the minor, the court shall order less restrictive  
36 alternative treatment upon such conditions as necessary.

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

39 (8) Successive one hundred eighty-day commitments are permissible  
40 on the same grounds and under the same procedures as the original one

1 hundred eighty-day commitment. Such petitions shall be filed at least  
2 five days prior to the expiration of the previous one hundred eighty-  
3 day commitment order.

4 **Sec. 280.** RCW 70.96A.097 and 1998 c 296 s 28 are each amended to  
5 read as follows:

6 (1) The department shall ensure that, for any minor admitted to  
7 inpatient treatment under RCW 70.96A.245, a review is conducted by a  
8 physician or ((~~chemical dependency~~)) substance use disorder  
9 counselor, as defined in rule by the department, who is employed by  
10 the department or an agency under contract with the department and  
11 who neither has a financial interest in continued inpatient treatment  
12 of the minor nor is affiliated with the program providing the  
13 treatment. The physician or ((~~chemical dependency~~)) substance use  
14 disorder counselor shall conduct the review not less than seven nor  
15 more than fourteen days following the date the minor was brought to  
16 the facility under RCW 70.96A.245(1) to determine whether it is a  
17 medical necessity to continue the minor's treatment on an inpatient  
18 basis.

19 (2) In making a determination under subsection (1) of this  
20 section whether it is a medical necessity to release the minor from  
21 inpatient treatment, the department shall consider the opinion of the  
22 treatment provider, the safety of the minor, the likelihood the  
23 minor's ((~~chemical dependency~~)) substance use disorder recovery will  
24 deteriorate if released from inpatient treatment, and the wishes of  
25 the parent or guardian.

26 (3) If, after any review conducted by the department under this  
27 section, the department determines it is no longer a medical  
28 necessity for a minor to receive inpatient treatment, the department  
29 shall immediately notify the parents or guardian and the professional  
30 person in charge. The professional person in charge shall release the  
31 minor to the parents or guardian within twenty-four hours of  
32 receiving notice. If the professional person in charge and the parent  
33 or guardian believe that it is a medical necessity for the minor to  
34 remain in inpatient treatment, the minor shall be released to the  
35 parent or guardian on the second judicial day following the  
36 department's determination in order to allow the parent or guardian  
37 time to file an at-risk youth petition under chapter 13.32A RCW. If  
38 the department determines it is a medical necessity for the minor to  
39 receive outpatient treatment and the minor declines to obtain such

1 treatment, such refusal shall be grounds for the parent or guardian  
2 to file an at-risk youth petition.

3 (4) The department may, subject to available funds, contract with  
4 other governmental agencies for the conduct of the reviews conducted  
5 under this section and may seek reimbursement from the parents, the  
6 guardian, their insurance, or medicaid for the expense of any review  
7 conducted by an agency under contract.

8 (5) In addition to the review required under this section, the  
9 department may periodically determine and redetermine the medical  
10 necessity of treatment for purposes of payment with public funds.

11 **Sec. 281.** RCW 70.96A.230 and 1998 c 296 s 24 are each amended to  
12 read as follows:

13 Any provider of outpatient treatment who provides outpatient  
14 treatment to a minor thirteen years of age or older shall provide  
15 notice of the minor's request for treatment to the minor's parents  
16 ((if: (1) The minor signs a written consent authorizing the  
17 disclosure; or (2) the treatment program director determines that the  
18 minor lacks capacity to make a rational choice regarding consenting  
19 to disclosure)) or guardian. The notice shall be made within seven  
20 days of the request for treatment, excluding Saturdays, Sundays, and  
21 holidays, and shall contain the name, location, and telephone number  
22 of the facility providing treatment, and the name of a professional  
23 person on the staff of the facility providing treatment who is  
24 designated to discuss the minor's need for treatment with the parent  
25 or guardian.

26 **Sec. 282.** RCW 70.96A.235 and 1998 c 296 s 25 are each amended to  
27 read as follows:

28 Parental or guardian consent is required for inpatient ((~~chemical~~  
29 ~~dependency~~)) substance use disorder treatment of a minor, unless the  
30 child meets the definition of a child in need of services in RCW  
31 13.32A.030((+4)) (5)(c) as determined by the department((~~PROVIDED,~~  
32 ~~That~~)). Parental or guardian consent is required for any treatment of  
33 a minor under the age of thirteen.

34 This section does not apply to petitions filed under this  
35 chapter.

36 **Sec. 283.** RCW 70.96A.240 and 1998 c 296 s 26 are each amended to  
37 read as follows:

1 (1) The parent or guardian of a minor is not liable for payment  
2 of inpatient or outpatient (~~(chemical dependency)~~) substance use  
3 disorder treatment unless the parent or guardian has joined in the  
4 consent to the treatment.

5 (2) The ability of a parent or guardian to apply to a certified  
6 treatment program for the admission of his or her minor child does  
7 not create a right to obtain or benefit from any funds or resources  
8 of the state. However, the state may provide services for indigent  
9 minors to the extent that funds are available (~~(therefor)~~).

10 **Sec. 284.** RCW 70.96A.245 and 1998 c 296 s 27 are each amended to  
11 read as follows:

12 (1) A parent or guardian may bring, or authorize the bringing of,  
13 his or her minor child to a certified treatment program and request  
14 that a (~~(chemical dependency)~~) substance use disorder assessment be  
15 conducted by a professional person to determine whether the minor  
16 (~~(is chemically dependent and)~~) has a substance use disorder and is  
17 in need of inpatient treatment.

18 (2) The consent of the minor is not required for admission,  
19 evaluation, and treatment if the parent or guardian brings the minor  
20 to the program.

21 (3) An appropriately trained professional person may evaluate  
22 whether the minor (~~(is chemically dependent)~~) has a substance use  
23 disorder. The evaluation shall be completed within twenty-four hours  
24 of the time the minor was brought to the program, unless the  
25 professional person determines that the condition of the minor  
26 necessitates additional time for evaluation. In no event shall a  
27 minor be held longer than seventy-two hours for evaluation. If, in  
28 the judgment of the professional person, it is determined it is a  
29 medical necessity for the minor to receive inpatient treatment, the  
30 minor may be held for treatment. The facility shall limit treatment  
31 to that which the professional person determines is medically  
32 necessary to stabilize the minor's condition until the evaluation has  
33 been completed. Within twenty-four hours of completion of the  
34 evaluation, the professional person shall notify the department if  
35 the child is held for treatment and of the date of admission.

36 (4) No provider is obligated to provide treatment to a minor  
37 under the provisions of this section. No provider may admit a minor  
38 to treatment under this section unless it is medically necessary.

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

3 **Sec. 285.** RCW 70.96A.250 and 1998 c 296 s 29 are each amended to  
4 read as follows:

5 (1) A parent or guardian may bring, or authorize the bringing of,  
6 his or her minor child to a provider of outpatient (~~chemical~~  
7 ~~dependency~~) substance use disorder treatment and request that an  
8 appropriately trained professional person examine the minor to  
9 determine whether the minor has a (~~chemical-dependency~~) substance  
10 use disorder and is in need of outpatient treatment.

11 (2) The consent of the minor is not required for evaluation if  
12 the parent or guardian brings the minor to the provider.

13 (3) The professional person in charge of the program may evaluate  
14 whether the minor has a (~~chemical-dependency~~) substance use  
15 disorder and is in need of outpatient treatment.

16 (4) Any minor admitted to inpatient treatment under RCW  
17 70.96A.245 shall be discharged immediately from inpatient treatment  
18 upon written request of the parent or guardian.

19 **Sec. 286.** RCW 70.96A.255 and 1998 c 296 s 30 are each amended to  
20 read as follows:

21 Following the review conducted under RCW 70.96A.097, a minor  
22 child may petition the superior court for his or her release from the  
23 facility. The petition may be filed not sooner than fourteen days  
24 after the minor is admitted to the facility, or five days following  
25 the review, whichever is later. The court shall release the minor  
26 unless it finds, upon a preponderance of the evidence, that it is a  
27 medical necessity for the minor to remain at the facility.

28 NEW SECTION. **Sec. 287.** A new section is added to chapter 71.24  
29 RCW to read as follows:

30 (1) The department and the Washington state health care authority  
31 shall convene a task force including participation by a  
32 representative cross-section of behavioral health organizations and  
33 behavioral health providers to align regulations between behavioral  
34 health and primary health care settings and simplify regulations for  
35 behavioral health providers. The alignment must support clinical  
36 integration from the standpoint of standardizing practices and  
37 culture in a manner that to the extent practicable reduces barriers

1 to access, including reducing the paperwork burden for patients and  
2 providers. Brief integrated behavioral health services must not, in  
3 general, take longer to document than to provide. Regulations should  
4 emphasize the desired outcome rather than how they should be  
5 achieved. The task force may also make recommendations to the  
6 department concerning subsections (2) and (3) of this section.

7 (2) The department shall collaborate with the department of  
8 health, the Washington state health care authority, and other  
9 appropriate government partners to reduce unneeded costs and burdens  
10 to health plans and providers associated with excessive audits, the  
11 licensing process, and contracting. In pursuit of this goal, the  
12 department shall consider steps such as cooperating across divisions  
13 and agencies to combine audit functions when multiple audits of an  
14 agency or site are scheduled, sharing audit information across  
15 divisions and agencies to reduce redundancy of audits, and treating  
16 organizations with multiple sites and programs as single entities  
17 instead of as multiple agencies.

18 (3) The department shall review its practices under RCW  
19 71.24.035(5)(c)(i) to determine whether its practices comply with the  
20 statutory mandate to deem accreditation by recognized behavioral  
21 health accrediting bodies as equivalent to meeting licensure  
22 requirements, comport with standard practices used by other state  
23 divisions or agencies, and properly incentivize voluntary  
24 accreditation to the highest industry standards.

25 NEW SECTION. **Sec. 288.** The department of social and health  
26 services and the Washington state health care authority shall report  
27 their progress under section 287 of this act to the relevant  
28 committees of the legislature by December 15, 2016.

### 29 **PART III**

#### 30 **REPEALERS FOR INTEGRATED SYSTEM**

31 NEW SECTION. **Sec. 301.** The following acts or parts of acts, as  
32 now existing or hereafter amended, are each repealed, effective April  
33 1, 2018:

34 (1) RCW 70.96B.010 (Definitions) and 2014 c 225 s 74, 2011 c 89 s  
35 10, 2008 c 320 s 3, & 2005 c 504 s 202;

36 (2) RCW 70.96B.020 (Selection of areas for pilot programs—Pilot  
37 program requirements) and 2014 c 225 s 75 & 2005 c 504 s 203;

1 (3) RCW 70.96B.030 (Designated crisis responder—Qualifications)  
2 and 2014 c 225 s 76 & 2005 c 504 s 204;  
3 (4) RCW 70.96B.040 (Powers of designated crisis responder) and  
4 2005 c 504 s 205;  
5 (5) RCW 70.96B.045 (Emergency custody—Procedure) and 2007 c 120 s  
6 2;  
7 (6) RCW 70.96B.050 (Petition for initial detention—Order to  
8 detain for evaluation and treatment period—Procedure) and 2008 c 320  
9 s 5, 2007 c 120 s 1, & 2005 c 504 s 206;  
10 (7) RCW 70.96B.060 (Exemption from liability) and 2005 c 504 s  
11 207;  
12 (8) RCW 70.96B.070 (Detention period for evaluation and  
13 treatment) and 2005 c 504 s 208;  
14 (9) RCW 70.96B.080 (Detention for evaluation and treatment of  
15 mental disorder—Chapter 71.05 RCW applies) and 2005 c 504 s 209;  
16 (10) RCW 70.96B.090 (Procedures for additional chemical  
17 dependency treatment) and 2005 c 504 s 210;  
18 (11) RCW 70.96B.100 (Detention for involuntary chemical  
19 dependency treatment—Petition for less restrictive treatment—  
20 Appearance before court—Representation—Hearing—Less restrictive  
21 order—Failure to adhere to terms of less restrictive order) and 2008  
22 c 320 s 6 & 2005 c 504 s 211;  
23 (12) RCW 70.96B.110 (Involuntary chemical dependency treatment  
24 proceedings—Prosecuting attorney shall represent petitioner) and 2005  
25 c 504 s 212;  
26 (13) RCW 70.96B.120 (Rights of involuntarily detained persons)  
27 and 2005 c 504 s 213;  
28 (14) RCW 70.96B.130 (Evaluation by designated crisis responder—  
29 When required—Required notifications) and 2005 c 504 s 214;  
30 (15) RCW 70.96B.140 (Secretary may adopt rules) and 2005 c 504 s  
31 215;  
32 (16) RCW 70.96B.150 (Application of RCW 71.05.550) and 2005 c 504  
33 s 216;  
34 (17) RCW 70.96B.800 (Evaluation of pilot programs—Reports) and  
35 2008 c 320 s 2 & 2005 c 504 s 217; and  
36 (18) RCW 71.05.032 (Joinder of petitions for commitment) and 2005  
37 c 504 s 115.

38

**PART IV**

1                                   **CORRECTIONS TO REFERENCES FOR INTEGRATED SYSTEM**

2           **Sec. 401.** RCW 4.24.558 and 2004 c 166 s 21 are each amended to  
3 read as follows:

4           Information shared and actions taken without gross negligence and  
5 in good faith compliance with RCW 71.05.445, 72.09.585, 70.96A.142,  
6 71.05.157, section 216 of this act, or 72.09.315 are not a basis for  
7 any private civil cause of action.

8           **Sec. 402.** RCW 5.60.060 and 2012 c 29 s 12 are each amended to  
9 read as follows:

10           (1) A spouse or domestic partner shall not be examined for or  
11 against his or her spouse or domestic partner, without the consent of  
12 the spouse or domestic partner; nor can either during marriage or  
13 during the domestic partnership or afterward, be without the consent  
14 of the other, examined as to any communication made by one to the  
15 other during the marriage or the domestic partnership. But this  
16 exception shall not apply to a civil action or proceeding by one  
17 against the other, nor to a criminal action or proceeding for a crime  
18 committed by one against the other, nor to a criminal action or  
19 proceeding against a spouse or domestic partner if the marriage or  
20 the domestic partnership occurred subsequent to the filing of formal  
21 charges against the defendant, nor to a criminal action or proceeding  
22 for a crime committed by said spouse or domestic partner against any  
23 child of whom said spouse or domestic partner is the parent or  
24 guardian, nor to a proceeding under chapter 70.96A, (~~70.96B,~~)  
25 71.05, or 71.09 RCW: PROVIDED, That the spouse or the domestic  
26 partner of a person sought to be detained under chapter 70.96A,  
27 (~~70.96B,~~) 71.05, 71.--- (the new chapter created in section 903 of  
28 this act), or 71.09 RCW may not be compelled to testify and shall be  
29 so informed by the court prior to being called as a witness.

30           (2)(a) An attorney or counselor shall not, without the consent of  
31 his or her client, be examined as to any communication made by the  
32 client to him or her, or his or her advice given thereon in the  
33 course of professional employment.

34           (b) A parent or guardian of a minor child arrested on a criminal  
35 charge may not be examined as to a communication between the child  
36 and his or her attorney if the communication was made in the presence  
37 of the parent or guardian. This privilege does not extend to  
38 communications made prior to the arrest.

1 (3) A member of the clergy, a Christian Science practitioner  
2 listed in the Christian Science Journal, or a priest shall not,  
3 without the consent of a person making the confession or sacred  
4 confidence, be examined as to any confession or sacred confidence  
5 made to him or her in his or her professional character, in the  
6 course of discipline enjoined by the church to which he or she  
7 belongs.

8 (4) Subject to the limitations under RCW 70.96A.140 or 71.05.360  
9 (8) and (9) or section 239 of this act, a physician or surgeon or  
10 osteopathic physician or surgeon or podiatric physician or surgeon  
11 shall not, without the consent of his or her patient, be examined in  
12 a civil action as to any information acquired in attending such  
13 patient, which was necessary to enable him or her to prescribe or act  
14 for the patient, except as follows:

15 (a) In any judicial proceedings regarding a child's injury,  
16 neglect, or sexual abuse or the cause thereof; and

17 (b) Ninety days after filing an action for personal injuries or  
18 wrongful death, the claimant shall be deemed to waive the physician-  
19 patient privilege. Waiver of the physician-patient privilege for any  
20 one physician or condition constitutes a waiver of the privilege as  
21 to all physicians or conditions, subject to such limitations as a  
22 court may impose pursuant to court rules.

23 (5) A public officer shall not be examined as a witness as to  
24 communications made to him or her in official confidence, when the  
25 public interest would suffer by the disclosure.

26 (6)(a) A peer support group counselor shall not, without consent  
27 of the law enforcement officer or firefighter making the  
28 communication, be compelled to testify about any communication made  
29 to the counselor by the officer or firefighter while receiving  
30 counseling. The counselor must be designated as such by the sheriff,  
31 police chief, fire chief, or chief of the Washington state patrol,  
32 prior to the incident that results in counseling. The privilege only  
33 applies when the communication was made to the counselor while acting  
34 in his or her capacity as a peer support group counselor. The  
35 privilege does not apply if the counselor was an initial responding  
36 officer or firefighter, a witness, or a party to the incident which  
37 prompted the delivery of peer support group counseling services to  
38 the law enforcement officer or firefighter.

39 (b) For purposes of this section, "peer support group counselor"  
40 means a:

1 (i) Law enforcement officer, firefighter, civilian employee of a  
2 law enforcement agency, or civilian employee of a fire department,  
3 who has received training to provide emotional and moral support and  
4 counseling to an officer or firefighter who needs those services as a  
5 result of an incident in which the officer or firefighter was  
6 involved while acting in his or her official capacity; or

7 (ii) Nonemployee counselor who has been designated by the  
8 sheriff, police chief, fire chief, or chief of the Washington state  
9 patrol to provide emotional and moral support and counseling to an  
10 officer or firefighter who needs those services as a result of an  
11 incident in which the officer or firefighter was involved while  
12 acting in his or her official capacity.

13 (7) A sexual assault advocate may not, without the consent of the  
14 victim, be examined as to any communication made between the victim  
15 and the sexual assault advocate.

16 (a) For purposes of this section, "sexual assault advocate" means  
17 the employee or volunteer from a community sexual assault program or  
18 underserved populations provider, victim assistance unit, program, or  
19 association, that provides information, medical or legal advocacy,  
20 counseling, or support to victims of sexual assault, who is  
21 designated by the victim to accompany the victim to the hospital or  
22 other health care facility and to proceedings concerning the alleged  
23 assault, including police and prosecution interviews and court  
24 proceedings.

25 (b) A sexual assault advocate may disclose a confidential  
26 communication without the consent of the victim if failure to  
27 disclose is likely to result in a clear, imminent risk of serious  
28 physical injury or death of the victim or another person. Any sexual  
29 assault advocate participating in good faith in the disclosing of  
30 records and communications under this section shall have immunity  
31 from any liability, civil, criminal, or otherwise, that might result  
32 from the action. In any proceeding, civil or criminal, arising out of  
33 a disclosure under this section, the good faith of the sexual assault  
34 advocate who disclosed the confidential communication shall be  
35 presumed.

36 (8) A domestic violence advocate may not, without the consent of  
37 the victim, be examined as to any communication between the victim  
38 and the domestic violence advocate.

39 (a) For purposes of this section, "domestic violence advocate"  
40 means an employee or supervised volunteer from a community-based

1 domestic violence program or human services program that provides  
2 information, advocacy, counseling, crisis intervention, emergency  
3 shelter, or support to victims of domestic violence and who is not  
4 employed by, or under the direct supervision of, a law enforcement  
5 agency, a prosecutor's office, or the child protective services  
6 section of the department of social and health services as defined in  
7 RCW 26.44.020.

8 (b) A domestic violence advocate may disclose a confidential  
9 communication without the consent of the victim if failure to  
10 disclose is likely to result in a clear, imminent risk of serious  
11 physical injury or death of the victim or another person. This  
12 section does not relieve a domestic violence advocate from the  
13 requirement to report or cause to be reported an incident under RCW  
14 26.44.030(1) or to disclose relevant records relating to a child as  
15 required by RCW 26.44.030(~~(12)~~) (14). Any domestic violence  
16 advocate participating in good faith in the disclosing of  
17 communications under this subsection is immune from liability, civil,  
18 criminal, or otherwise, that might result from the action. In any  
19 proceeding, civil or criminal, arising out of a disclosure under this  
20 subsection, the good faith of the domestic violence advocate who  
21 disclosed the confidential communication shall be presumed.

22 (9) A mental health counselor, independent clinical social  
23 worker, or marriage and family therapist licensed under chapter  
24 18.225 RCW may not disclose, or be compelled to testify about, any  
25 information acquired from persons consulting the individual in a  
26 professional capacity when the information was necessary to enable  
27 the individual to render professional services to those persons  
28 except:

29 (a) With the written authorization of that person or, in the case  
30 of death or disability, the person's personal representative;

31 (b) If the person waives the privilege by bringing charges  
32 against the mental health counselor licensed under chapter 18.225  
33 RCW;

34 (c) In response to a subpoena from the secretary of health. The  
35 secretary may subpoena only records related to a complaint or report  
36 under RCW 18.130.050;

37 (d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360  
38 (8) and (9); or

39 (e) To any individual if the mental health counselor, independent  
40 clinical social worker, or marriage and family therapist licensed

1 under chapter 18.225 RCW reasonably believes that disclosure will  
2 avoid or minimize an imminent danger to the health or safety of the  
3 individual or any other individual; however, there is no obligation  
4 on the part of the provider to so disclose.

5 **Sec. 403.** RCW 9.41.280 and 2014 c 225 s 56 are each amended to  
6 read as follows:

7 (1) It is unlawful for a person to carry onto, or to possess on,  
8 public or private elementary or secondary school premises, school-  
9 provided transportation, or areas of facilities while being used  
10 exclusively by public or private schools:

11 (a) Any firearm;

12 (b) Any other dangerous weapon as defined in RCW 9.41.250;

13 (c) Any device commonly known as "nun-chu-ka sticks," consisting  
14 of two or more lengths of wood, metal, plastic, or similar substance  
15 connected with wire, rope, or other means;

16 (d) Any device, commonly known as "throwing stars," which are  
17 multipointed, metal objects designed to embed upon impact from any  
18 aspect;

19 (e) Any air gun, including any air pistol or air rifle, designed  
20 to propel a BB, pellet, or other projectile by the discharge of  
21 compressed air, carbon dioxide, or other gas; or

22 (f)(i) Any portable device manufactured to function as a weapon  
23 and which is commonly known as a stun gun, including a projectile  
24 stun gun which projects wired probes that are attached to the device  
25 that emit an electrical charge designed to administer to a person or  
26 an animal an electric shock, charge, or impulse; or

27 (ii) Any device, object, or instrument which is used or intended  
28 to be used as a weapon with the intent to injure a person by an  
29 electric shock, charge, or impulse.

30 (2) Any such person violating subsection (1) of this section is  
31 guilty of a gross misdemeanor. If any person is convicted of a  
32 violation of subsection (1)(a) of this section, the person shall have  
33 his or her concealed pistol license, if any revoked for a period of  
34 three years. Anyone convicted under this subsection is prohibited  
35 from applying for a concealed pistol license for a period of three  
36 years. The court shall send notice of the revocation to the  
37 department of licensing, and the city, town, or county which issued  
38 the license.

1 Any violation of subsection (1) of this section by elementary or  
2 secondary school students constitutes grounds for expulsion from the  
3 state's public schools in accordance with RCW 28A.600.010. An  
4 appropriate school authority shall promptly notify law enforcement  
5 and the student's parent or guardian regarding any allegation or  
6 indication of such violation.

7 Upon the arrest of a person at least twelve years of age and not  
8 more than twenty-one years of age for violating subsection (1)(a) of  
9 this section, the person shall be detained or confined in a juvenile  
10 or adult facility for up to seventy-two hours. The person shall not  
11 be released within the seventy-two hours until after the person has  
12 been examined and evaluated by the designated mental health  
13 professional or designated crisis responder unless the court in its  
14 discretion releases the person sooner after a determination regarding  
15 probable cause or on probation bond or bail.

16 Within twenty-four hours of the arrest, the arresting law  
17 enforcement agency shall refer the person to the designated mental  
18 health professional or designated crisis responder for examination  
19 and evaluation under chapter 71.05 or 71.34 RCW and inform a parent  
20 or guardian of the person of the arrest, detention, and examination.  
21 The designated mental health professional or designated crisis  
22 responder shall examine and evaluate the person subject to the  
23 provisions of chapter 71.05 or 71.34 RCW. The examination shall occur  
24 at the facility in which the person is detained or confined. If the  
25 person has been released on probation, bond, or bail, the examination  
26 shall occur wherever is appropriate.

27 The designated mental health professional may determine whether  
28 to refer the person to the county-designated chemical dependency  
29 specialist for examination and evaluation in accordance with chapter  
30 70.96A RCW. The county-designated chemical dependency specialist  
31 shall examine the person subject to the provisions of chapter 70.96A  
32 RCW. The examination shall occur at the facility in which the person  
33 is detained or confined. If the person has been released on  
34 probation, bond, or bail, the examination shall occur wherever is  
35 appropriate.

36 Upon completion of any examination by the designated mental  
37 health professional or the county-designated chemical dependency  
38 specialist or designated crisis responder, the results of the  
39 examination shall be sent to the court, and the court shall consider  
40 those results in making any determination about the person.

1 The designated mental health professional and county-designated  
2 chemical dependency specialist or designated crisis responder shall,  
3 to the extent permitted by law, notify a parent or guardian of the  
4 person that an examination and evaluation has taken place and the  
5 results of the examination. Nothing in this subsection prohibits the  
6 delivery of additional, appropriate mental health examinations to the  
7 person while the person is detained or confined.

8 If the designated mental health professional or designated crisis  
9 responder determines it is appropriate, the designated mental health  
10 professional or designated crisis responder may refer the person to  
11 the local behavioral health organization for follow-up services or  
12 the department of social and health services or other community  
13 providers for other services to the family and individual.

14 (3) Subsection (1) of this section does not apply to:

15 (a) Any student or employee of a private military academy when on  
16 the property of the academy;

17 (b) Any person engaged in military, law enforcement, or school  
18 district security activities. However, a person who is not a  
19 commissioned law enforcement officer and who provides school security  
20 services under the direction of a school administrator may not  
21 possess a device listed in subsection (1)(f) of this section unless  
22 he or she has successfully completed training in the use of such  
23 devices that is equivalent to the training received by commissioned  
24 law enforcement officers;

25 (c) Any person who is involved in a convention, showing,  
26 demonstration, lecture, or firearms safety course authorized by  
27 school authorities in which the firearms of collectors or instructors  
28 are handled or displayed;

29 (d) Any person while the person is participating in a firearms or  
30 air gun competition approved by the school or school district;

31 (e) Any person in possession of a pistol who has been issued a  
32 license under RCW 9.41.070, or is exempt from the licensing  
33 requirement by RCW 9.41.060, while picking up or dropping off a  
34 student;

35 (f) Any nonstudent at least eighteen years of age legally in  
36 possession of a firearm or dangerous weapon that is secured within an  
37 attended vehicle or concealed from view within a locked unattended  
38 vehicle while conducting legitimate business at the school;

1 (g) Any nonstudent at least eighteen years of age who is in  
2 lawful possession of an unloaded firearm, secured in a vehicle while  
3 conducting legitimate business at the school; or

4 (h) Any law enforcement officer of the federal, state, or local  
5 government agency.

6 (4) Subsections (1)(c) and (d) of this section do not apply to  
7 any person who possesses nun-chu-ka sticks, throwing stars, or other  
8 dangerous weapons to be used in martial arts classes authorized to be  
9 conducted on the school premises.

10 (5) Subsection (1)(f)(i) of this section does not apply to any  
11 person who possesses a device listed in subsection (1)(f)(i) of this  
12 section, if the device is possessed and used solely for the purpose  
13 approved by a school for use in a school authorized event, lecture,  
14 or activity conducted on the school premises.

15 (6) Except as provided in subsection (3)(b), (c), (f), and (h) of  
16 this section, firearms are not permitted in a public or private  
17 school building.

18 (7) "GUN-FREE ZONE" signs shall be posted around school  
19 facilities giving warning of the prohibition of the possession of  
20 firearms on school grounds.

21 **Sec. 404.** RCW 9.95.143 and 2004 c 166 s 10 are each amended to  
22 read as follows:

23 When an offender receiving court-ordered mental health or  
24 chemical dependency treatment or treatment ordered by the department  
25 of corrections presents for treatment from a mental health or  
26 chemical dependency treatment provider, the offender must disclose to  
27 the mental health or chemical dependency treatment provider whether  
28 he or she is subject to supervision by the department of corrections.  
29 If an offender has received relief from disclosure pursuant to RCW  
30 9.94A.562, 70.96A.155, (~~(e)~~) 71.05.132, or section 210 of this act,  
31 the offender must provide the mental health or chemical dependency  
32 treatment provider with a copy of the order granting the relief.

33 **Sec. 405.** RCW 10.77.010 and 2014 c 225 s 58 are each amended to  
34 read as follows:

35 As used in this chapter:

36 (1) "Admission" means acceptance based on medical necessity, of a  
37 person as a patient.

1 (2) "Commitment" means the determination by a court that a person  
2 should be detained for a period of either evaluation or treatment, or  
3 both, in an inpatient or a less-restrictive setting.

4 (3) "Conditional release" means modification of a court-ordered  
5 commitment, which may be revoked upon violation of any of its terms.

6 (4) A "criminally insane" person means any person who has been  
7 acquitted of a crime charged by reason of insanity, and thereupon  
8 found to be a substantial danger to other persons or to present a  
9 substantial likelihood of committing criminal acts jeopardizing  
10 public safety or security unless kept under further control by the  
11 court or other persons or institutions.

12 (5) "Department" means the state department of social and health  
13 services.

14 (6) "Designated mental health professional" and "designated  
15 crisis responder" (~~has~~) have the same meanings as provided in RCW  
16 71.05.020.

17 (7) "Detention" or "detain" means the lawful confinement of a  
18 person, under the provisions of this chapter, pending evaluation.

19 (8) "Developmental disabilities professional" means a person who  
20 has specialized training and three years of experience in directly  
21 treating or working with persons with developmental disabilities and  
22 is a psychiatrist or psychologist, or a social worker, and such other  
23 developmental disabilities professionals as may be defined by rules  
24 adopted by the secretary.

25 (9) "Developmental disability" means the condition as defined in  
26 RCW 71A.10.020(~~(+4)~~) (5).

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

30 (11) "Furlough" means an authorized leave of absence for a  
31 resident of a state institution operated by the department designated  
32 for the custody, care, and treatment of the criminally insane,  
33 consistent with an order of conditional release from the court under  
34 this chapter, without any requirement that the resident be  
35 accompanied by, or be in the custody of, any law enforcement or  
36 institutional staff, while on such unescorted leave.

37 (12) "Habilitative services" means those services provided by  
38 program personnel to assist persons in acquiring and maintaining life  
39 skills and in raising their levels of physical, mental, social, and  
40 vocational functioning. Habilitative services include education,

1 training for employment, and therapy. The habilitative process shall  
2 be undertaken with recognition of the risk to the public safety  
3 presented by the person being assisted as manifested by prior charged  
4 criminal conduct.

5 (13) "History of one or more violent acts" means violent acts  
6 committed during: (a) The ten-year period of time prior to the filing  
7 of criminal charges; plus (b) the amount of time equal to time spent  
8 during the ten-year period in a mental health facility or in  
9 confinement as a result of a criminal conviction.

10 (14) "Immediate family member" means a spouse, child, stepchild,  
11 parent, stepparent, grandparent, sibling, or domestic partner.

12 (15) "Incompetency" means a person lacks the capacity to  
13 understand the nature of the proceedings against him or her or to  
14 assist in his or her own defense as a result of mental disease or  
15 defect.

16 (16) "Indigent" means any person who is financially unable to  
17 obtain counsel or other necessary expert or professional services  
18 without causing substantial hardship to the person or his or her  
19 family.

20 (17) "Individualized service plan" means a plan prepared by a  
21 developmental disabilities professional with other professionals as a  
22 team, for an individual with developmental disabilities, which shall  
23 state:

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

26 (b) The conditions and strategies necessary to achieve the  
27 purposes of habilitation;

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

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

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

33 (f) Where relevant in light of past criminal behavior and due  
34 consideration for public safety, the criteria for proposed movement  
35 to less-restrictive settings, criteria for proposed eventual release,  
36 and a projected possible date for release; and

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

39 (18) "Professional person" means:

1 (a) A psychiatrist licensed as a physician and surgeon in this  
2 state who has, in addition, completed three years of graduate  
3 training in psychiatry in a program approved by the American medical  
4 association or the American osteopathic association and is certified  
5 or eligible to be certified by the American board of psychiatry and  
6 neurology or the American osteopathic board of neurology and  
7 psychiatry;

8 (b) A psychologist licensed as a psychologist pursuant to chapter  
9 18.83 RCW; or

10 (c) A social worker with a master's or further advanced degree  
11 from a social work educational program accredited and approved as  
12 provided in RCW 18.320.010.

13 (19) "Registration records" include all the records of the  
14 department, behavioral health organizations, treatment facilities,  
15 and other persons providing services to the department, county  
16 departments, or facilities which identify persons who are receiving  
17 or who at any time have received services for mental illness.

18 (20) "Release" means legal termination of the court-ordered  
19 commitment under the provisions of this chapter.

20 (21) "Secretary" means the secretary of the department of social  
21 and health services or his or her designee.

22 (22) "Treatment" means any currently standardized medical or  
23 mental health procedure including medication.

24 (23) "Treatment records" include registration and all other  
25 records concerning persons who are receiving or who at any time have  
26 received services for mental illness, which are maintained by the  
27 department, by behavioral health organizations and their staffs, and  
28 by treatment facilities. Treatment records do not include notes or  
29 records maintained for personal use by a person providing treatment  
30 services for the department, behavioral health organizations, or a  
31 treatment facility if the notes or records are not available to  
32 others.

33 (24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)  
34 if completed as intended would have resulted in; or (iii) was  
35 threatened to be carried out by a person who had the intent and  
36 opportunity to carry out the threat and would have resulted in,  
37 homicide, nonfatal injuries, or substantial damage to property; or  
38 (b) recklessly creates an immediate risk of serious physical injury  
39 to another person. As used in this subsection, "nonfatal injuries"  
40 means physical pain or injury, illness, or an impairment of physical

1 condition. "Nonfatal injuries" shall be construed to be consistent  
2 with the definition of "bodily injury," as defined in RCW 9A.04.110.

3 **Sec. 406.** RCW 10.77.025 and 2000 c 94 s 13 are each amended to  
4 read as follows:

5 (1) Whenever any person has been: (a) Committed to a correctional  
6 facility or inpatient treatment under any provision of this chapter;  
7 or (b) ordered to undergo alternative treatment following his or her  
8 acquittal by reason of insanity of a crime charged, such commitment  
9 or treatment cannot exceed the maximum possible penal sentence for  
10 any offense charged for which the person was committed, or was  
11 acquitted by reason of insanity.

12 (2) Whenever any person committed under any provision of this  
13 chapter has not been released within seven days of the maximum  
14 possible penal sentence under subsection (1) of this section, and the  
15 professional person in charge of the facility believes that the  
16 person presents a likelihood of serious harm or is gravely disabled  
17 due to a mental disorder, the professional person shall, prior to the  
18 expiration of the maximum penal sentence, notify the appropriate  
19 ((~~county~~)) designated mental health professional or designated crisis  
20 responder of the impending expiration and provide a copy of all  
21 relevant information regarding the person, including the likely  
22 release date and shall indicate why the person should not be  
23 released.

24 (3) A ((~~county~~)) designated mental health professional or  
25 designated crisis responder who receives notice and records under  
26 subsection (2) of this section shall, prior to the date of the  
27 expiration of the maximum sentence, determine whether to initiate  
28 proceedings under chapter 71.05 RCW.

29 **Sec. 407.** RCW 10.77.027 and 2004 c 166 s 3 are each amended to  
30 read as follows:

31 When a ((~~county~~)) designated mental health professional or  
32 designated crisis responder or a professional person has determined  
33 that a person has a mental disorder, and is otherwise committable,  
34 the cause of the person's mental disorder shall not make the person  
35 ineligible for commitment under chapter 71.05 RCW.

36 **Sec. 408.** RCW 10.77.060 and 2012 c 256 s 3 are each amended to  
37 read as follows:

1 (1)(a) Whenever a defendant has pleaded not guilty by reason of  
2 insanity, or there is reason to doubt his or her competency, the  
3 court on its own motion or on the motion of any party shall either  
4 appoint or request the secretary to designate a qualified expert or  
5 professional person, who shall be approved by the prosecuting  
6 attorney, to evaluate and report upon the mental condition of the  
7 defendant.

8 (b) The signed order of the court shall serve as authority for  
9 the evaluator to be given access to all records held by any mental  
10 health, medical, educational, or correctional facility that relate to  
11 the present or past mental, emotional, or physical condition of the  
12 defendant. If the court is advised by any party that the defendant  
13 may have a developmental disability, the evaluation must be performed  
14 by a developmental disabilities professional.

15 (c) The evaluator shall assess the defendant in a jail, detention  
16 facility, in the community, or in court to determine whether a period  
17 of inpatient commitment will be necessary to complete an accurate  
18 evaluation. If inpatient commitment is needed, the signed order of  
19 the court shall serve as authority for the evaluator to request the  
20 jail or detention facility to transport the defendant to a hospital  
21 or secure mental health facility for a period of commitment not to  
22 exceed fifteen days from the time of admission to the facility.  
23 Otherwise, the evaluator shall complete the evaluation.

24 (d) The court may commit the defendant for evaluation to a  
25 hospital or secure mental health facility without an assessment if:  
26 (i) The defendant is charged with murder in the first or second  
27 degree; (ii) the court finds that it is more likely than not that an  
28 evaluation in the jail will be inadequate to complete an accurate  
29 evaluation; or (iii) the court finds that an evaluation outside the  
30 jail setting is necessary for the health, safety, or welfare of the  
31 defendant. The court shall not order an initial inpatient evaluation  
32 for any purpose other than a competency evaluation.

33 (e) The order shall indicate whether, in the event the defendant  
34 is committed to a hospital or secure mental health facility for  
35 evaluation, all parties agree to waive the presence of the defendant  
36 or to the defendant's remote participation at a subsequent competency  
37 hearing or presentation of an agreed order if the recommendation of  
38 the evaluator is for continuation of the stay of criminal  
39 proceedings, or if the opinion of the evaluator is that the defendant  
40 remains incompetent and there is no remaining restoration period, and

1 the hearing is held prior to the expiration of the authorized  
2 commitment period.

3 (f) When a defendant is ordered to be committed for inpatient  
4 evaluation under this subsection (1), the court may delay granting  
5 bail until the defendant has been evaluated for competency or sanity  
6 and appears before the court. Following the evaluation, in  
7 determining bail the court shall consider: (i) Recommendations of the  
8 evaluator regarding the defendant's competency, sanity, or diminished  
9 capacity; (ii) whether the defendant has a recent history of one or  
10 more violent acts; (iii) whether the defendant has previously been  
11 acquitted by reason of insanity or found incompetent; (iv) whether it  
12 is reasonably likely the defendant will fail to appear for a future  
13 court hearing; and (v) whether the defendant is a threat to public  
14 safety.

15 (2) The court may direct that a qualified expert or professional  
16 person retained by or appointed for the defendant be permitted to  
17 witness the evaluation authorized by subsection (1) of this section,  
18 and that the defendant shall have access to all information obtained  
19 by the court appointed experts or professional persons. The  
20 defendant's expert or professional person shall have the right to  
21 file his or her own report following the guidelines of subsection (3)  
22 of this section. If the defendant is indigent, the court shall upon  
23 the request of the defendant assist him or her in obtaining an expert  
24 or professional person.

25 (3) The report of the evaluation shall include the following:

26 (a) A description of the nature of the evaluation;

27 (b) A diagnosis or description of the current mental status of  
28 the defendant;

29 (c) If the defendant suffers from a mental disease or defect, or  
30 has a developmental disability, an opinion as to competency;

31 (d) If the defendant has indicated his or her intention to rely  
32 on the defense of insanity pursuant to RCW 10.77.030, and an  
33 evaluation and report by an expert or professional person has been  
34 provided concluding that the defendant was criminally insane at the  
35 time of the alleged offense, an opinion as to the defendant's sanity  
36 at the time of the act, and an opinion as to whether the defendant  
37 presents a substantial danger to other persons, or presents a  
38 substantial likelihood of committing criminal acts jeopardizing  
39 public safety or security, unless kept under further control by the  
40 court or other persons or institutions, provided that no opinion

1 shall be rendered under this subsection (3)(d) unless the evaluator  
2 or court determines that the defendant is competent to stand trial;

3 (e) When directed by the court, if an evaluation and report by an  
4 expert or professional person has been provided concluding that the  
5 defendant lacked the capacity at the time of the offense to form the  
6 mental state necessary to commit the charged offense, an opinion as  
7 to the capacity of the defendant to have a particular state of mind  
8 which is an element of the offense charged;

9 (f) An opinion as to whether the defendant should be evaluated by  
10 a designated mental health professional or designated crisis  
11 responder under chapter 71.05 RCW.

12 (4) The secretary may execute such agreements as appropriate and  
13 necessary to implement this section and may choose to designate more  
14 than one evaluator.

15 **Sec. 409.** RCW 10.77.065 and 2015 1st sp.s. c 7 s 16 are each  
16 amended to read as follows:

17 (1)(a)(i) The expert conducting the evaluation shall provide his  
18 or her report and recommendation to the court in which the criminal  
19 proceeding is pending. For a competency evaluation of a defendant who  
20 is released from custody, if the evaluation cannot be completed  
21 within twenty-one days due to a lack of cooperation by the defendant,  
22 the evaluator shall notify the court that he or she is unable to  
23 complete the evaluation because of such lack of cooperation.

24 (ii) A copy of the report and recommendation shall be provided to  
25 the designated mental health professional or designated crisis  
26 responder, the prosecuting attorney, the defense attorney, and the  
27 professional person at the local correctional facility where the  
28 defendant is being held, or if there is no professional person, to  
29 the person designated under (a)(iv) of this subsection. Upon request,  
30 the evaluator shall also provide copies of any source documents  
31 relevant to the evaluation to the designated mental health  
32 professional or designated crisis responder.

33 (iii) Any facility providing inpatient services related to  
34 competency shall discharge the defendant as soon as the facility  
35 determines that the defendant is competent to stand trial. Discharge  
36 shall not be postponed during the writing and distribution of the  
37 evaluation report. Distribution of an evaluation report by a facility  
38 providing inpatient services shall ordinarily be accomplished within  
39 two working days or less following the final evaluation of the

1 defendant. If the defendant is discharged to the custody of a local  
2 correctional facility, the local correctional facility must continue  
3 the medication regimen prescribed by the facility, when clinically  
4 appropriate, unless the defendant refuses to cooperate with  
5 medication and an involuntary medication order by the court has not  
6 been entered.

7 (iv) If there is no professional person at the local correctional  
8 facility, the local correctional facility shall designate a  
9 professional person as defined in RCW 71.05.020 or, in cooperation  
10 with the behavioral health organization, a professional person at the  
11 behavioral health organization to receive the report and  
12 recommendation.

13 (v) Upon commencement of a defendant's evaluation in the local  
14 correctional facility, the local correctional facility must notify  
15 the evaluator of the name of the professional person, or person  
16 designated under (a)(iv) of this subsection, to receive the report  
17 and recommendation.

18 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the  
19 person should be evaluated by a designated mental health professional  
20 or designated crisis responder under chapter 71.05 RCW, the court  
21 shall order such evaluation be conducted prior to release from  
22 confinement when the person is acquitted or convicted and sentenced  
23 to confinement for twenty-four months or less, or when charges are  
24 dismissed pursuant to a finding of incompetent to stand trial.

25 (2) The designated mental health professional or designated  
26 crisis responder shall provide written notification within twenty-  
27 four hours of the results of the determination whether to commence  
28 proceedings under chapter 71.05 RCW. The notification shall be  
29 provided to the persons identified in subsection (1)(a) of this  
30 section.

31 (3) The prosecuting attorney shall provide a copy of the results  
32 of any proceedings commenced by the designated mental health  
33 professional or designated crisis responder under subsection (2) of  
34 this section to the secretary.

35 (4) A facility conducting a civil commitment evaluation under RCW  
36 10.77.086(4) or 10.77.088(1)(~~(b)~~) (c)(ii) that makes a  
37 determination to release the person instead of filing a civil  
38 commitment petition must provide written notice to the prosecutor and  
39 defense attorney at least twenty-four hours prior to release. The

1 notice may be given by (~~electronic mail~~) email, facsimile, or other  
2 means reasonably likely to communicate the information immediately.

3 (5) The fact of admission and all information and records  
4 compiled, obtained, or maintained in the course of providing services  
5 under this chapter may also be disclosed to the courts solely to  
6 prevent the entry of any evaluation or treatment order that is  
7 inconsistent with any order entered under chapter 71.05 RCW.

8 **Sec. 410.** RCW 10.77.084 and 2015 1st sp.s. c 7 s 4 are each  
9 amended to read as follows:

10 (1)(a) If at any time during the pendency of an action and prior  
11 to judgment the court finds, following a report as provided in RCW  
12 10.77.060, a defendant is incompetent, the court shall order the  
13 proceedings against the defendant be stayed except as provided in  
14 subsection (4) of this section.

15 (b) The court may order a defendant who has been found to be  
16 incompetent to undergo competency restoration treatment at a facility  
17 designated by the department if the defendant is eligible under RCW  
18 10.77.086 or 10.77.088. At the end of each competency restoration  
19 period or at any time a professional person determines competency has  
20 been, or is unlikely to be, restored, the defendant shall be returned  
21 to court for a hearing, except that if the opinion of the  
22 professional person is that the defendant remains incompetent and the  
23 hearing is held before the expiration of the current competency  
24 restoration period, the parties may agree to waive the defendant's  
25 presence, to remote participation by the defendant at a hearing, or  
26 to presentation of an agreed order in lieu of a hearing. The facility  
27 shall promptly notify the court and all parties of the date on which  
28 the competency restoration period commences and expires so that a  
29 timely hearing date may be scheduled.

30 (c) If, following notice and hearing or entry of an agreed order  
31 under (b) of this subsection, the court finds that competency has  
32 been restored, the court shall lift the stay entered under (a) of  
33 this subsection. If the court finds that competency has not been  
34 restored, the court shall dismiss the proceedings without prejudice,  
35 except that the court may order a further period of competency  
36 restoration treatment if it finds that further treatment within the  
37 time limits established by RCW 10.77.086 or 10.77.088 is likely to  
38 restore competency, and a further period of treatment is allowed  
39 under RCW 10.77.086 or 10.77.088.

1 (d) If at any time during the proceeding the court finds,  
2 following notice and hearing, a defendant is not likely to regain  
3 competency, the court shall dismiss the proceedings without prejudice  
4 and refer the defendant for civil commitment evaluation or  
5 proceedings if appropriate under RCW 10.77.065, 10.77.086, or  
6 10.77.088.

7 (2) If the defendant is referred for evaluation by a designated  
8 mental health professional or designated crisis responder under this  
9 chapter, the designated mental health professional or designated  
10 crisis responder shall provide prompt written notification of the  
11 results of the evaluation and whether the person was detained. The  
12 notification shall be provided to the court in which the criminal  
13 action was pending, the prosecutor, the defense attorney in the  
14 criminal action, and the facility that evaluated the defendant for  
15 competency.

16 (3) The fact that the defendant is unfit to proceed does not  
17 preclude any pretrial proceedings which do not require the personal  
18 participation of the defendant.

19 (4) A defendant receiving medication for either physical or  
20 mental problems shall not be prohibited from standing trial, if the  
21 medication either enables the defendant to understand the proceedings  
22 against him or her and to assist in his or her own defense, or does  
23 not disable him or her from so understanding and assisting in his or  
24 her own defense.

25 (5) At or before the conclusion of any commitment period provided  
26 for by this section, the facility providing evaluation and treatment  
27 shall provide to the court a written report of evaluation which meets  
28 the requirements of RCW 10.77.060(3). For defendants charged with a  
29 felony, the report following the second competency restoration period  
30 or first competency restoration period if the defendant's  
31 incompetence is determined to be solely due to a developmental  
32 disability or the evaluator concludes that the defendant is not  
33 likely to regain competency must include an assessment of the  
34 defendant's future dangerousness which is evidence-based regarding  
35 predictive validity.

36 **Sec. 411.** RCW 10.77.088 and 2015 1st sp.s. c 7 s 6 are each  
37 amended to read as follows:

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

4 (i) Shall commit the defendant to the custody of the secretary  
5 who shall place such defendant in an appropriate facility of the  
6 department for evaluation and treatment;

7 (ii) May alternatively order the defendant to undergo evaluation  
8 and treatment at some other facility or provider as determined by the  
9 department, or under the guidance and control of a professional  
10 person. The facilities or providers may include community mental  
11 health providers or other local facilities that contract with the  
12 department and are willing and able to provide treatment under this  
13 section. During the 2015-2017 fiscal biennium, the department may  
14 contract with one or more cities or counties to provide competency  
15 restoration services in a city or county jail if the city or county  
16 jail is willing and able to serve as a location for competency  
17 restoration services and if the secretary determines that there is an  
18 emergent need for beds and documents the justification, including a  
19 plan to address the emergency. Patients receiving competency  
20 restoration services in a city or county jail must be physically  
21 separated from other populations at the jail and restoration  
22 treatment services must be provided as much as possible within a  
23 therapeutic environment. The placement under (a)(i) and (ii) of this  
24 subsection shall not exceed fourteen days in addition to any unused  
25 time of the evaluation under RCW 10.77.060. The court shall compute  
26 this total period and include its computation in the order. The  
27 fourteen-day period plus any unused time of the evaluation under RCW  
28 10.77.060 shall be considered to include only the time the defendant  
29 is actually at the facility and shall be in addition to reasonable  
30 time for transport to or from the facility;

31 (iii) May alternatively order that the defendant be placed on  
32 conditional release for up to ninety days for mental health treatment  
33 and restoration of competency; or

34 (iv) May order any combination of this subsection.

35 (b) If the court has determined or the parties agree that the  
36 defendant is unlikely to regain competency, the court may dismiss the  
37 charges without prejudice without ordering the defendant to undergo  
38 restoration treatment, in which case the court shall order that the  
39 defendant be referred for evaluation for civil commitment in the  
40 manner provided in (c) of this subsection.

1 (c)(i) If the proceedings are dismissed under RCW 10.77.084 and  
2 the defendant was on conditional release at the time of dismissal,  
3 the court shall order the designated mental health professional or  
4 designated crisis responder within that county to evaluate the  
5 defendant pursuant to chapter 71.05 RCW. The evaluation may be  
6 conducted in any location chosen by the professional.

7 (ii) If the defendant was in custody and not on conditional  
8 release at the time of dismissal, the defendant shall be detained and  
9 sent to an evaluation and treatment facility for up to seventy-two  
10 hours, excluding Saturdays, Sundays, and holidays, for evaluation for  
11 purposes of filing a petition under chapter 71.05 RCW. The seventy-  
12 two-hour period shall commence upon the next nonholiday weekday  
13 following the court order and shall run to the end of the last  
14 nonholiday weekday within the seventy-two-hour period.

15 (2) If the defendant is charged with a nonfelony crime that is  
16 not a serious offense as defined in RCW 10.77.092:

17 The court may stay or dismiss proceedings and detain the  
18 defendant for sufficient time to allow the designated mental health  
19 professional or designated crisis responder to evaluate the defendant  
20 and consider initial detention proceedings under chapter 71.05 RCW.  
21 The court must give notice to all parties at least twenty-four hours  
22 before the dismissal of any proceeding under this subsection, and  
23 provide an opportunity for a hearing on whether to dismiss the  
24 proceedings.

25 **Sec. 412.** RCW 11.92.190 and 1996 c 249 s 11 are each amended to  
26 read as follows:

27 No residential treatment facility which provides nursing or other  
28 care may detain a person within such facility against their will. Any  
29 court order, other than an order issued in accordance with the  
30 involuntary treatment provisions of chapters 10.77, 71.05, 71.---  
31 (the new chapter created in section 903 of this act), and 72.23 RCW,  
32 which purports to authorize such involuntary detention or purports to  
33 authorize a guardian or limited guardian to consent to such  
34 involuntary detention on behalf of an incapacitated person shall be  
35 void and of no force or effect. This section does not apply to the  
36 detention of a minor as provided in chapter 70.96A (~~(or)~~), 71.34, or  
37 71.--- (the new chapter created in section 904 of this act) RCW.

38 Nothing in this section shall be construed to require a court  
39 order authorizing placement of an incapacitated person in a

1 residential treatment facility if such order is not otherwise  
2 required by law: PROVIDED, That notice of any residential placement  
3 of an incapacitated person shall be served, either before or after  
4 placement, by the guardian or limited guardian on such person, the  
5 guardian ad litem of record, and any attorney of record.

6 **Sec. 413.** RCW 43.185C.255 and 2015 c 69 s 12 are each amended to  
7 read as follows:

8 (1) The purpose of the multidisciplinary team is to assist in a  
9 coordinated referral of the family to available social and health-  
10 related services.

11 (2) The team shall have the authority to evaluate the juvenile,  
12 and family members, if appropriate and agreed to by the parent, and  
13 shall:

14 (a) With parental input, develop a plan of appropriate available  
15 services and assist the family in obtaining those services;

16 (b) Make a referral to the designated chemical dependency  
17 specialist or the county designated mental health professional or  
18 designated crisis responder, if appropriate;

19 (c) Recommend no further intervention because the juvenile and  
20 his or her family have resolved the problem causing the family  
21 conflict; or

22 (d) With the parent's consent, work with them to achieve  
23 reconciliation of the child and family.

24 (3) At the first meeting of the multidisciplinary team, it shall  
25 choose a member to coordinate the team's efforts. The parent member  
26 of the multidisciplinary team must agree with the choice of  
27 coordinator. The team shall meet or communicate as often as necessary  
28 to assist the family.

29 (4) The coordinator of the multidisciplinary team may assist in  
30 filing a child in need of services petition when requested by the  
31 parent or child or an at-risk youth petition when requested by the  
32 parent. The multidisciplinary team shall have no standing as a party  
33 in any action under this title.

34 (5) If the administrator is unable to contact the child's parent,  
35 the multidisciplinary team may be used for assistance. If the parent  
36 has not been contacted within five days the administrator shall  
37 contact the department of social and health services and request the  
38 case be reviewed for a dependency filing under chapter 13.34 RCW.



1 (7) "Designated mental health professional" and "designated  
2 crisis responder" (~~has~~) have the same meanings as in RCW 71.05.020  
3 or 71.34.020, as applicable.

4 (8) "Detention" or "detain" has the same meaning as in RCW  
5 71.05.020.

6 (9) "Directory information" means information disclosing the  
7 presence, and for the purpose of identification, the name, location  
8 within a health care facility, and the general health condition of a  
9 particular patient who is a patient in a health care facility or who  
10 is currently receiving emergency health care in a health care  
11 facility.

12 (10) "Discharge" has the same meaning as in RCW 71.05.020.

13 (11) "Evaluation and treatment facility" has the same meaning as  
14 in RCW 71.05.020 or 71.34.020, as applicable.

15 (12) "Federal, state, or local law enforcement authorities" means  
16 an officer of any agency or authority in the United States, a state,  
17 a tribe, a territory, or a political subdivision of a state, a tribe,  
18 or a territory who is empowered by law to: (a) Investigate or conduct  
19 an official inquiry into a potential criminal violation of law; or  
20 (b) prosecute or otherwise conduct a criminal proceeding arising from  
21 an alleged violation of law.

22 (13) "General health condition" means the patient's health status  
23 described in terms of "critical," "poor," "fair," "good,"  
24 "excellent," or terms denoting similar conditions.

25 (14) "Health care" means any care, service, or procedure provided  
26 by a health care provider:

27 (a) To diagnose, treat, or maintain a patient's physical or  
28 mental condition; or

29 (b) That affects the structure or any function of the human body.

30 (15) "Health care facility" means a hospital, clinic, nursing  
31 home, laboratory, office, or similar place where a health care  
32 provider provides health care to patients.

33 (16) "Health care information" means any information, whether  
34 oral or recorded in any form or medium, that identifies or can  
35 readily be associated with the identity of a patient and directly  
36 relates to the patient's health care, including a patient's  
37 deoxyribonucleic acid and identified sequence of chemical base pairs.  
38 The term includes any required accounting of disclosures of health  
39 care information.

1 (17) "Health care operations" means any of the following  
2 activities of a health care provider, health care facility, or third-  
3 party payor to the extent that the activities are related to  
4 functions that make an entity a health care provider, a health care  
5 facility, or a third-party payor:

6 (a) Conducting: Quality assessment and improvement activities,  
7 including outcomes evaluation and development of clinical guidelines,  
8 if the obtaining of generalizable knowledge is not the primary  
9 purpose of any studies resulting from such activities; population-  
10 based activities relating to improving health or reducing health care  
11 costs, protocol development, case management and care coordination,  
12 contacting of health care providers and patients with information  
13 about treatment alternatives; and related functions that do not  
14 include treatment;

15 (b) Reviewing the competence or qualifications of health care  
16 professionals, evaluating practitioner and provider performance and  
17 third-party payor performance, conducting training programs in which  
18 students, trainees, or practitioners in areas of health care learn  
19 under supervision to practice or improve their skills as health care  
20 providers, training of nonhealth care professionals, accreditation,  
21 certification, licensing, or credentialing activities;

22 (c) Underwriting, premium rating, and other activities relating  
23 to the creation, renewal, or replacement of a contract of health  
24 insurance or health benefits, and ceding, securing, or placing a  
25 contract for reinsurance of risk relating to claims for health care,  
26 including stop-loss insurance and excess of loss insurance, if any  
27 applicable legal requirements are met;

28 (d) Conducting or arranging for medical review, legal services,  
29 and auditing functions, including fraud and abuse detection and  
30 compliance programs;

31 (e) Business planning and development, such as conducting cost-  
32 management and planning-related analyses related to managing and  
33 operating the health care facility or third-party payor, including  
34 formulary development and administration, development, or improvement  
35 of methods of payment or coverage policies; and

36 (f) Business management and general administrative activities of  
37 the health care facility, health care provider, or third-party payor  
38 including, but not limited to:

39 (i) Management activities relating to implementation of and  
40 compliance with the requirements of this chapter;

1 (ii) Customer service, including the provision of data analyses  
2 for policy holders, plan sponsors, or other customers, provided that  
3 health care information is not disclosed to such policy holder, plan  
4 sponsor, or customer;

5 (iii) Resolution of internal grievances;

6 (iv) The sale, transfer, merger, or consolidation of all or part  
7 of a health care provider, health care facility, or third-party payor  
8 with another health care provider, health care facility, or third-  
9 party payor or an entity that following such activity will become a  
10 health care provider, health care facility, or third-party payor, and  
11 due diligence related to such activity; and

12 (v) Consistent with applicable legal requirements, creating  
13 deidentified health care information or a limited dataset for the  
14 benefit of the health care provider, health care facility, or third-  
15 party payor.

16 (18) "Health care provider" means a person who is licensed,  
17 certified, registered, or otherwise authorized by the law of this  
18 state to provide health care in the ordinary course of business or  
19 practice of a profession.

20 (19) "Human immunodeficiency virus" or "HIV" has the same meaning  
21 as in RCW 70.24.017.

22 (20) "Imminent" has the same meaning as in RCW 71.05.020.

23 (21) "Information and records related to mental health services"  
24 means a type of health care information that relates to all  
25 information and records compiled, obtained, or maintained in the  
26 course of providing services by a mental health service agency or  
27 mental health professional to persons who are receiving or have  
28 received services for mental illness. The term includes mental health  
29 information contained in a medical bill, registration records, as  
30 defined in RCW 71.05.020, and all other records regarding the person  
31 maintained by the department, by regional support networks and their  
32 staff, and by treatment facilities. The term further includes  
33 documents of legal proceedings under chapter 71.05, 71.34, or 10.77  
34 RCW, or somatic health care information. For health care information  
35 maintained by a hospital as defined in RCW 70.41.020 or a health care  
36 facility or health care provider that participates with a hospital in  
37 an organized health care arrangement defined under federal law,  
38 "information and records related to mental health services" is  
39 limited to information and records of services provided by a mental  
40 health professional or information and records of services created by

1 a hospital-operated (~~community mental~~) behavioral health program as  
2 defined in RCW 71.24.025(~~(+6)~~). The term does not include  
3 psychotherapy notes.

4 (22) "Information and records related to sexually transmitted  
5 diseases" means a type of health care information that relates to the  
6 identity of any person upon whom an HIV antibody test or other  
7 sexually transmitted infection test is performed, the results of such  
8 tests, and any information relating to diagnosis of or treatment for  
9 any confirmed sexually transmitted infections.

10 (23) "Institutional review board" means any board, committee, or  
11 other group formally designated by an institution, or authorized  
12 under federal or state law, to review, approve the initiation of, or  
13 conduct periodic review of research programs to assure the protection  
14 of the rights and welfare of human research subjects.

15 (24) "Legal counsel" has the same meaning as in RCW 71.05.020.

16 (25) "Local public health officer" has the same meaning as in RCW  
17 70.24.017.

18 (26) "Maintain," as related to health care information, means to  
19 hold, possess, preserve, retain, store, or control that information.

20 (27) "Mental health professional" means a psychiatrist,  
21 psychologist, psychiatric advanced registered nurse practitioner,  
22 psychiatric nurse, or social worker, and such other mental health  
23 professionals as may be defined by rules adopted by the secretary of  
24 social and health services under chapter 71.05 RCW, whether that  
25 person works in a private or public setting.

26 (28) "Mental health service agency" means a public or private  
27 agency that provides services to persons with mental disorders as  
28 defined under RCW 71.05.020 or 71.34.020 and receives funding from  
29 public sources. This includes evaluation and treatment facilities as  
30 defined in RCW 71.34.020, community mental health service delivery  
31 systems, or (~~community mental~~) behavioral health programs, as  
32 defined in RCW 71.24.025, and facilities conducting competency  
33 evaluations and restoration under chapter 10.77 RCW.

34 (29) "Minor" has the same meaning as in RCW 71.34.020.

35 (30) "Parent" has the same meaning as in RCW 71.34.020.

36 (31) "Patient" means an individual who receives or has received  
37 health care. The term includes a deceased individual who has received  
38 health care.

39 (32) "Payment" means:

40 (a) The activities undertaken by:

1 (i) A third-party payor to obtain premiums or to determine or  
2 fulfill its responsibility for coverage and provision of benefits by  
3 the third-party payor; or

4 (ii) A health care provider, health care facility, or third-party  
5 payor, to obtain or provide reimbursement for the provision of health  
6 care; and

7 (b) The activities in (a) of this subsection that relate to the  
8 patient to whom health care is provided and that include, but are not  
9 limited to:

10 (i) Determinations of eligibility or coverage, including  
11 coordination of benefits or the determination of cost-sharing  
12 amounts, and adjudication or subrogation of health benefit claims;

13 (ii) Risk adjusting amounts due based on enrollee health status  
14 and demographic characteristics;

15 (iii) Billing, claims management, collection activities,  
16 obtaining payment under a contract for reinsurance, including stop-  
17 loss insurance and excess of loss insurance, and related health care  
18 data processing;

19 (iv) Review of health care services with respect to medical  
20 necessity, coverage under a health plan, appropriateness of care, or  
21 justification of charges;

22 (v) Utilization review activities, including precertification and  
23 preauthorization of services, and concurrent and retrospective review  
24 of services; and

25 (vi) Disclosure to consumer reporting agencies of any of the  
26 following health care information relating to collection of premiums  
27 or reimbursement:

28 (A) Name and address;

29 (B) Date of birth;

30 (C) Social security number;

31 (D) Payment history;

32 (E) Account number; and

33 (F) Name and address of the health care provider, health care  
34 facility, and/or third-party payor.

35 (33) "Person" means an individual, corporation, business trust,  
36 estate, trust, partnership, association, joint venture, government,  
37 governmental subdivision or agency, or any other legal or commercial  
38 entity.

39 (34) "Professional person" has the same meaning as in RCW  
40 71.05.020.

1 (35) "Psychiatric advanced registered nurse practitioner" has the  
2 same meaning as in RCW 71.05.020.

3 (36) "Psychotherapy notes" means notes recorded, in any medium,  
4 by a mental health professional documenting or analyzing the contents  
5 of conversations during a private counseling session or group, joint,  
6 or family counseling session, and that are separated from the rest of  
7 the individual's medical record. The term excludes mediation  
8 prescription and monitoring, counseling session start and stop times,  
9 the modalities and frequencies of treatment furnished, results of  
10 clinical tests, and any summary of the following items: Diagnosis,  
11 functional status, the treatment plan, symptoms, prognosis, and  
12 progress to date.

13 (37) "Reasonable fee" means the charges for duplicating or  
14 searching the record, but shall not exceed sixty-five cents per page  
15 for the first thirty pages and fifty cents per page for all other  
16 pages. In addition, a clerical fee for searching and handling may be  
17 charged not to exceed fifteen dollars. These amounts shall be  
18 adjusted biennially in accordance with changes in the consumer price  
19 index, all consumers, for Seattle-Tacoma metropolitan statistical  
20 area as determined by the secretary of health. However, where editing  
21 of records by a health care provider is required by statute and is  
22 done by the provider personally, the fee may be the usual and  
23 customary charge for a basic office visit.

24 (38) "Release" has the same meaning as in RCW 71.05.020.

25 (39) "Resource management services" has the same meaning as in  
26 RCW 71.05.020.

27 (40) "Serious violent offense" has the same meaning as in RCW  
28 71.05.020.

29 (41) "Sexually transmitted infection" or "sexually transmitted  
30 disease" has the same meaning as "sexually transmitted disease" in  
31 RCW 70.24.017.

32 (42) "Test for a sexually transmitted disease" has the same  
33 meaning as in RCW 70.24.017.

34 (43) "Third-party payor" means an insurer regulated under Title  
35 48 RCW authorized to transact business in this state or other  
36 jurisdiction, including a health care service contractor, and health  
37 maintenance organization; or an employee welfare benefit plan,  
38 excluding fitness or wellness plans; or a state or federal health  
39 benefit program.

1 (44) "Treatment" means the provision, coordination, or management  
2 of health care and related services by one or more health care  
3 providers or health care facilities, including the coordination or  
4 management of health care by a health care provider or health care  
5 facility with a third party; consultation between health care  
6 providers or health care facilities relating to a patient; or the  
7 referral of a patient for health care from one health care provider  
8 or health care facility to another.

9 **Sec. 417.** RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9  
10 are each reenacted and amended to read as follows:

11 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,  
12 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and  
13 70.02.260, or pursuant to a valid authorization under RCW 70.02.030,  
14 the fact of admission to a provider for mental health services and  
15 all information and records compiled, obtained, or maintained in the  
16 course of providing mental health services to either voluntary or  
17 involuntary recipients of services at public or private agencies must  
18 be confidential.

19 (2) Information and records related to mental health services,  
20 other than those obtained through treatment under chapter 71.34 RCW,  
21 may be disclosed only:

22 (a) In communications between qualified professional persons to  
23 meet the requirements of chapter 71.05 RCW, in the provision of  
24 services or appropriate referrals, or in the course of guardianship  
25 proceedings if provided to a professional person:

26 (i) Employed by the facility;

27 (ii) Who has medical responsibility for the patient's care;

28 (iii) Who is a designated mental health professional or  
29 designated crisis responder;

30 (iv) Who is providing services under chapter 71.24 RCW;

31 (v) Who is employed by a state or local correctional facility  
32 where the person is confined or supervised; or

33 (vi) Who is providing evaluation, treatment, or follow-up  
34 services under chapter 10.77 RCW;

35 (b) When the communications regard the special needs of a patient  
36 and the necessary circumstances giving rise to such needs and the  
37 disclosure is made by a facility providing services to the operator  
38 of a facility in which the patient resides or will reside;

1 (c)(i) When the person receiving services, or his or her  
2 guardian, designates persons to whom information or records may be  
3 released, or if the person is a minor, when his or her parents make  
4 such a designation;

5 (ii) A public or private agency shall release to a person's next  
6 of kin, attorney, personal representative, guardian, or conservator,  
7 if any:

8 (A) The information that the person is presently a patient in the  
9 facility or that the person is seriously physically ill;

10 (B) A statement evaluating the mental and physical condition of  
11 the patient, and a statement of the probable duration of the  
12 patient's confinement, if such information is requested by the next  
13 of kin, attorney, personal representative, guardian, or conservator;  
14 and

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

18 (d)(i) To the courts as necessary to the administration of  
19 chapter 71.05 RCW or to a court ordering an evaluation or treatment  
20 under chapter 10.77 RCW solely for the purpose of preventing the  
21 entry of any evaluation or treatment order that is inconsistent with  
22 any order entered under chapter 71.05 RCW.

23 (ii) To a court or its designee in which a motion under chapter  
24 10.77 RCW has been made for involuntary medication of a defendant for  
25 the purpose of competency restoration.

26 (iii) Disclosure under this subsection is mandatory for the  
27 purpose of the federal health insurance portability and  
28 accountability act;

29 (e)(i) When a mental health professional or designated crisis  
30 responder is requested by a representative of a law enforcement or  
31 corrections agency, including a police officer, sheriff, community  
32 corrections officer, a municipal attorney, or prosecuting attorney to  
33 undertake an investigation or provide treatment under RCW 71.05.150,  
34 10.31.110, or 71.05.153, the mental health professional or designated  
35 crisis responder shall, if requested to do so, advise the  
36 representative in writing of the results of the investigation  
37 including a statement of reasons for the decision to detain or  
38 release the person investigated. The written report must be submitted  
39 within seventy-two hours of the completion of the investigation or

1 the request from the law enforcement or corrections representative,  
2 whichever occurs later.

3 (ii) Disclosure under this subsection is mandatory for the  
4 purposes of the federal health insurance portability and  
5 accountability act;

6 (f) To the attorney of the detained person;

7 (g) To the prosecuting attorney as necessary to carry out the  
8 responsibilities of the office under RCW 71.05.330(2),  
9 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided  
10 access to records regarding the committed person's treatment and  
11 prognosis, medication, behavior problems, and other records relevant  
12 to the issue of whether treatment less restrictive than inpatient  
13 treatment is in the best interest of the committed person or others.  
14 Information must be disclosed only after giving notice to the  
15 committed person and the person's counsel;

16 (h)(i) To appropriate law enforcement agencies and to a person,  
17 when the identity of the person is known to the public or private  
18 agency, whose health and safety has been threatened, or who is known  
19 to have been repeatedly harassed, by the patient. The person may  
20 designate a representative to receive the disclosure. The disclosure  
21 must be made by the professional person in charge of the public or  
22 private agency or his or her designee and must include the dates of  
23 commitment, admission, discharge, or release, authorized or  
24 unauthorized absence from the agency's facility, and only any other  
25 information that is pertinent to the threat or harassment. The agency  
26 or its employees are not civilly liable for the decision to disclose  
27 or not, so long as the decision was reached in good faith and without  
28 gross negligence.

29 (ii) Disclosure under this subsection is mandatory for the  
30 purposes of the federal health insurance portability and  
31 accountability act;

32 (i)(i) To appropriate corrections and law enforcement agencies  
33 all necessary and relevant information in the event of a crisis or  
34 emergent situation that poses a significant and imminent risk to the  
35 public. The mental health service agency or its employees are not  
36 civilly liable for the decision to disclose or not so long as the  
37 decision was reached in good faith and without gross negligence.

38 (ii) Disclosure under this subsection is mandatory for the  
39 purposes of the health insurance portability and accountability act;

1 (j) To the persons designated in RCW 71.05.425 for the purposes  
2 described in those sections;

3 (k) Upon the death of a person. The person's next of kin,  
4 personal representative, guardian, or conservator, if any, must be  
5 notified. Next of kin who are of legal age and competent must be  
6 notified under this section in the following order: Spouse, parents,  
7 children, brothers and sisters, and other relatives according to the  
8 degree of relation. Access to all records and information compiled,  
9 obtained, or maintained in the course of providing services to a  
10 deceased patient are governed by RCW 70.02.140;

11 (l) To mark headstones or otherwise memorialize patients interred  
12 at state hospital cemeteries. The department of social and health  
13 services shall make available the name, date of birth, and date of  
14 death of patients buried in state hospital cemeteries fifty years  
15 after the death of a patient;

16 (m) To law enforcement officers and to prosecuting attorneys as  
17 are necessary to enforce RCW 9.41.040(2)(a)(~~(ii)~~) (iii). The extent  
18 of information that may be released is limited as follows:

19 (i) Only the fact, place, and date of involuntary commitment, an  
20 official copy of any order or orders of commitment, and an official  
21 copy of any written or oral notice of ineligibility to possess a  
22 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
23 must be disclosed upon request;

24 (ii) The law enforcement and prosecuting attorneys may only  
25 release the information obtained to the person's attorney as required  
26 by court rule and to a jury or judge, if a jury is waived, that  
27 presides over any trial at which the person is charged with violating  
28 RCW 9.41.040(2)(a)(~~(ii)~~) (iii);

29 (iii) Disclosure under this subsection is mandatory for the  
30 purposes of the federal health insurance portability and  
31 accountability act;

32 (n) When a patient would otherwise be subject to the provisions  
33 of this section and disclosure is necessary for the protection of the  
34 patient or others due to his or her unauthorized disappearance from  
35 the facility, and his or her whereabouts is unknown, notice of the  
36 disappearance, along with relevant information, may be made to  
37 relatives, the department of corrections when the person is under the  
38 supervision of the department, and governmental law enforcement  
39 agencies designated by the physician or psychiatric advanced  
40 registered nurse practitioner in charge of the patient or the

1 professional person in charge of the facility, or his or her  
2 professional designee;

3 (o) Pursuant to lawful order of a court;

4 (p) To qualified staff members of the department, to the director  
5 of behavioral health organizations, to resource management services  
6 responsible for serving a patient, or to service providers designated  
7 by resource management services as necessary to determine the  
8 progress and adequacy of treatment and to determine whether the  
9 person should be transferred to a less restrictive or more  
10 appropriate treatment modality or facility;

11 (q) Within the mental health service agency where the patient is  
12 receiving treatment, confidential information may be disclosed to  
13 persons employed, serving in bona fide training programs, or  
14 participating in supervised volunteer programs, at the facility when  
15 it is necessary to perform their duties;

16 (r) Within the department as necessary to coordinate treatment  
17 for mental illness, developmental disabilities, alcoholism, or drug  
18 abuse of persons who are under the supervision of the department;

19 (s) To a licensed physician or psychiatric advanced registered  
20 nurse practitioner who has determined that the life or health of the  
21 person is in danger and that treatment without the information and  
22 records related to mental health services could be injurious to the  
23 patient's health. Disclosure must be limited to the portions of the  
24 records necessary to meet the medical emergency;

25 (t) Consistent with the requirements of the federal health  
26 information portability and accountability act, to a licensed mental  
27 health professional or a health care professional licensed under  
28 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is  
29 providing care to a person, or to whom a person has been referred for  
30 evaluation or treatment, to assure coordinated care and treatment of  
31 that person. Psychotherapy notes may not be released without  
32 authorization of the person who is the subject of the request for  
33 release of information;

34 (u) To administrative and office support staff designated to  
35 obtain medical records for those licensed professionals listed in (t)  
36 of this subsection;

37 (v) To a facility that is to receive a person who is  
38 involuntarily committed under chapter 71.05 RCW, or upon transfer of  
39 the person from one evaluation and treatment facility to another. The  
40 release of records under this subsection is limited to the

1 information and records related to mental health services required by  
2 law, a record or summary of all somatic treatments, and a discharge  
3 summary. The discharge summary may include a statement of the  
4 patient's problem, the treatment goals, the type of treatment which  
5 has been provided, and recommendation for future treatment, but may  
6 not include the patient's complete treatment record;

7 (w) To the person's counsel or guardian ad litem, without  
8 modification, at any time in order to prepare for involuntary  
9 commitment or recommitment proceedings, reexaminations, appeals, or  
10 other actions relating to detention, admission, commitment, or  
11 patient's rights under chapter 71.05 RCW;

12 (x) To staff members of the protection and advocacy agency or to  
13 staff members of a private, nonprofit corporation for the purpose of  
14 protecting and advocating the rights of persons with mental disorders  
15 or developmental disabilities. Resource management services may limit  
16 the release of information to the name, birthdate, and county of  
17 residence of the patient, information regarding whether the patient  
18 was voluntarily admitted, or involuntarily committed, the date and  
19 place of admission, placement, or commitment, the name and address of  
20 a guardian of the patient, and the date and place of the guardian's  
21 appointment. Any staff member who wishes to obtain additional  
22 information must notify the patient's resource management services in  
23 writing of the request and of the resource management services' right  
24 to object. The staff member shall send the notice by mail to the  
25 guardian's address. If the guardian does not object in writing within  
26 fifteen days after the notice is mailed, the staff member may obtain  
27 the additional information. If the guardian objects in writing within  
28 fifteen days after the notice is mailed, the staff member may not  
29 obtain the additional information;

30 (y) To all current treating providers of the patient with  
31 prescriptive authority who have written a prescription for the  
32 patient within the last twelve months. For purposes of coordinating  
33 health care, the department may release without written authorization  
34 of the patient, information acquired for billing and collection  
35 purposes as described in RCW 70.02.050(1)(d). The department shall  
36 notify the patient that billing and collection information has been  
37 released to named providers, and provide the substance of the  
38 information released and the dates of such release. The department  
39 may not release counseling, inpatient psychiatric hospitalization, or

1 drug and alcohol treatment information without a signed written  
2 release from the client;

3 (z)(i) To the secretary of social and health services for either  
4 program evaluation or research, or both so long as the secretary  
5 adopts rules for the conduct of the evaluation or research, or both.  
6 Such rules must include, but need not be limited to, the requirement  
7 that all evaluators and researchers sign an oath of confidentiality  
8 substantially as follows:

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

16 I recognize that unauthorized release of confidential information  
17 may subject me to civil liability under the provisions of state law.  
18 /s/ . . . . ."

19 (ii) Nothing in this chapter may be construed to prohibit the  
20 compilation and publication of statistical data for use by government  
21 or researchers under standards, including standards to assure  
22 maintenance of confidentiality, set forth by the secretary.

23 (3) Whenever federal law or federal regulations restrict the  
24 release of information contained in the information and records  
25 related to mental health services of any patient who receives  
26 treatment for chemical dependency, the department may restrict the  
27 release of the information as necessary to comply with federal law  
28 and regulations.

29 (4) Civil liability and immunity for the release of information  
30 about a particular person who is committed to the department of  
31 social and health services under RCW 71.05.280(3) and  
32 71.05.320(~~(+3)~~) (4)(c) after dismissal of a sex offense as defined  
33 in RCW 9.94A.030, is governed by RCW 4.24.550.

34 (5) The fact of admission to a provider of mental health  
35 services, as well as all records, files, evidence, findings, or  
36 orders made, prepared, collected, or maintained pursuant to chapter  
37 71.05 RCW are not admissible as evidence in any legal proceeding  
38 outside that chapter without the written authorization of the person  
39 who was the subject of the proceeding except as provided in RCW

1 70.02.260, in a subsequent criminal prosecution of a person committed  
2 pursuant to RCW 71.05.280(3) or 71.05.320(~~(+3)~~) (4)(c) on charges  
3 that were dismissed pursuant to chapter 10.77 RCW due to incompetency  
4 to stand trial, in a civil commitment proceeding pursuant to chapter  
5 71.09 RCW, or, in the case of a minor, a guardianship or dependency  
6 proceeding. The records and files maintained in any court proceeding  
7 pursuant to chapter 71.05 RCW must be confidential and available  
8 subsequent to such proceedings only to the person who was the subject  
9 of the proceeding or his or her attorney. In addition, the court may  
10 order the subsequent release or use of such records or files only  
11 upon good cause shown if the court finds that appropriate safeguards  
12 for strict confidentiality are and will be maintained.

13 (6)(a) Except as provided in RCW 4.24.550, any person may bring  
14 an action against an individual who has willfully released  
15 confidential information or records concerning him or her in  
16 violation of the provisions of this section, for the greater of the  
17 following amounts:

18 (i) One thousand dollars; or

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

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

23 (c) Any person may bring an action to enjoin the release of  
24 confidential information or records concerning him or her or his or  
25 her ward, in violation of the provisions of this section, and may in  
26 the same action seek damages as provided in this subsection.

27 (d) The court may award to the plaintiff, should he or she  
28 prevail in any action authorized by this subsection, reasonable  
29 attorney fees in addition to those otherwise provided by law.

30 (e) If an action is brought under this subsection, no action may  
31 be brought under RCW 70.02.170.

32 **Sec. 418.** RCW 70.48.475 and 2004 c 166 s 14 are each amended to  
33 read as follows:

34 (1) A person having charge of a jail, or that person's designee,  
35 shall notify the county designated mental health professional or the  
36 designated chemical dependency specialist or designated crisis  
37 responder seventy-two hours prior to the release to the community of  
38 an offender or defendant who was subject to a discharge review under  
39 RCW 71.05.232. If the person having charge of the jail does not

1 receive seventy-two hours notice of the release, the notification to  
2 the county designated mental health professional or the designated  
3 chemical dependency specialist or designated crisis responder shall  
4 be made as soon as reasonably possible, but not later than the actual  
5 release to the community of the defendant or offender.

6 (2) When a person having charge of a jail, or that person's  
7 designee, releases an offender or defendant who was the subject of a  
8 discharge review under RCW 71.05.232, the person having charge of a  
9 jail, or that person's designee, shall notify the state hospital from  
10 which the offender or defendant was released.

11 **Sec. 419.** RCW 70.97.010 and 2014 c 225 s 78 are each amended to  
12 read as follows:

13 The definitions in this section apply throughout this chapter  
14 unless the context clearly requires otherwise.

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

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

22 (3) "Chemical dependency" means alcoholism, drug addiction, or  
23 dependence on alcohol and one or more other psychoactive chemicals,  
24 as the context requires and as those terms are defined in chapter  
25 70.96A, 71.05, or 71.--- (the new chapter created in section 903 of  
26 this act) RCW.

27 (4) "Chemical dependency professional" means a person certified  
28 as a chemical dependency professional by the department of health  
29 under chapter 18.205 RCW.

30 (5) "Commitment" means the determination by a court that an  
31 individual should be detained for a period of either evaluation or  
32 treatment, or both, in an inpatient or a less restrictive setting.

33 (6) "Conditional release" means a modification of a commitment  
34 that may be revoked upon violation of any of its terms.

35 (7) "Custody" means involuntary detention under chapter 71.05,  
36 71.--- (the new chapter created in section 903 of this act), or  
37 70.96A RCW, uninterrupted by any period of unconditional release from  
38 commitment from a facility providing involuntary care and treatment.

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

3 (9) "Designated crisis responder" (~~means a designated mental~~  
4 ~~health professional, a designated chemical dependency specialist, or~~  
5 ~~a designated crisis responder as those terms are defined in chapter~~  
6 ~~70.96A, 71.05, or 70.96B RCW~~) has the same meaning as in chapter  
7 71.05 RCW.

8 (10) "Detention" or "detain" means the lawful confinement of an  
9 individual under chapter 70.96A (~~( $\text{\textcircled{e}}$ )~~), 71.05, or 71.--- (the new  
10 chapter created in section 903 of this act) RCW.

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

14 (12) "Enhanced services facility" means a facility that provides  
15 treatment and services to persons for whom acute inpatient treatment  
16 is not medically necessary and who have been determined by the  
17 department to be inappropriate for placement in other licensed  
18 facilities due to the complex needs that result in behavioral and  
19 security issues.

20 (13) "Expanded community services program" means a nonsecure  
21 program of enhanced behavioral and residential support provided to  
22 long-term and residential care providers serving specifically  
23 eligible clients who would otherwise be at risk for hospitalization  
24 at state hospital geriatric units.

25 (14) "Facility" means an enhanced services facility.

26 (15) "Gravely disabled" means a condition in which an individual,  
27 as a result of a mental disorder, as a result of the use of alcohol  
28 or other psychoactive chemicals, or both:

29 (a) Is in danger of serious physical harm resulting from a  
30 failure to provide for his or her essential human needs of health or  
31 safety; or

32 (b) Manifests severe deterioration in routine functioning  
33 evidenced by repeated and escalating loss of cognitive or volitional  
34 control over his or her actions and is not receiving such care as is  
35 essential for his or her health or safety.

36 (16) "History of one or more violent acts" refers to the period  
37 of time ten years before the filing of a petition under this  
38 chapter(~~( $\text{\textcircled{r}}$ )~~) or chapter 70.96A (~~( $\text{\textcircled{e}}$ )~~), 71.05, or 71.--- (the new  
39 chapter created in section 903 of this act) RCW, excluding any time  
40 spent, but not any violent acts committed, in a mental health

1 facility or a long-term alcoholism or drug treatment facility, or in  
2 confinement as a result of a criminal conviction.

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

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

7 (a) A substantial risk that:

8 (i) Physical harm will be inflicted by an individual upon his or  
9 her own person, as evidenced by threats or attempts to commit suicide  
10 or inflict physical harm on oneself;

11 (ii) Physical harm will be inflicted by an individual upon  
12 another, as evidenced by behavior that has caused such harm or that  
13 places another person or persons in reasonable fear of sustaining  
14 such harm; or

15 (iii) Physical harm will be inflicted by an individual upon the  
16 property of others, as evidenced by behavior that has caused  
17 substantial loss or damage to the property of others; or

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

20 (19) "Mental disorder" means any organic, mental, or emotional  
21 impairment that has substantial adverse effects on an individual's  
22 cognitive or volitional functions.

23 (20) "Mental health professional" means a psychiatrist,  
24 psychologist, psychiatric nurse, or social worker, and such other  
25 mental health professionals as may be defined by rules adopted by the  
26 secretary under the authority of chapter 71.05 RCW.

27 (21) "Professional person" means a mental health professional and  
28 also means a physician, registered nurse, and such others as may be  
29 defined in rules adopted by the secretary pursuant to the provisions  
30 of this chapter.

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

37 (23) "Psychologist" means a person who has been licensed as a  
38 psychologist under chapter 18.83 RCW.

39 (24) "Registration records" include all the records of the  
40 department, behavioral health organizations, treatment facilities,

1 and other persons providing services to the department, county  
2 departments, or facilities which identify individuals who are  
3 receiving or who at any time have received services for mental  
4 illness.

5 (25) "Release" means legal termination of the commitment under  
6 chapter ((70.96A or)) 71.05 RCW.

7 (26) "Resident" means a person admitted to an enhanced services  
8 facility.

9 (27) "Secretary" means the secretary of the department or the  
10 secretary's designee.

11 (28) "Significant change" means:

12 (a) A deterioration in a resident's physical, mental, or  
13 psychosocial condition that has caused or is likely to cause clinical  
14 complications or life-threatening conditions; or

15 (b) An improvement in the resident's physical, mental, or  
16 psychosocial condition that may make the resident eligible for  
17 release or for treatment in a less intensive or less secure setting.

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

21 (30) "Treatment" means the broad range of emergency,  
22 detoxification, residential, inpatient, and outpatient services and  
23 care, including diagnostic evaluation, mental health or chemical  
24 dependency education and counseling, medical, psychiatric,  
25 psychological, and social service care, vocational rehabilitation,  
26 and career counseling, which may be extended to persons with mental  
27 disorders, chemical dependency disorders, or both, and their  
28 families.

29 (31) "Treatment records" include registration and all other  
30 records concerning individuals who are receiving or who at any time  
31 have received services for mental illness, which are maintained by  
32 the department, by behavioral health organizations and their staffs,  
33 and by treatment facilities. "Treatment records" do not include notes  
34 or records maintained for personal use by an individual providing  
35 treatment services for the department, behavioral health  
36 organizations, or a treatment facility if the notes or records are  
37 not available to others.

38 (32) "Violent act" means behavior that resulted in homicide,  
39 attempted suicide, nonfatal injuries, or substantial damage to  
40 property.

1       **Sec. 420.** RCW 71.05.660 and 2013 c 200 s 21 are each amended to  
2 read as follows:

3       Nothing in this chapter or chapter 70.02, 70.96A, or 71.34(~~, or~~  
4 ~~70.96B~~) RCW shall be construed to interfere with communications  
5 between physicians, psychiatric advanced registered nurse  
6 practitioners, or psychologists and patients and attorneys and  
7 clients.

8       **Sec. 421.** RCW 71.24.330 and 2015 c 250 s 19 are each amended to  
9 read as follows:

10       (1)(a) Contracts between a behavioral health organization and the  
11 department shall include mechanisms for monitoring performance under  
12 the contract and remedies for failure to substantially comply with  
13 the requirements of the contract including, but not limited to,  
14 financial penalties, termination of the contract, and reprocurement  
15 of the contract.

16       (b) The department shall incorporate the criteria to measure the  
17 performance of service coordination organizations into contracts with  
18 behavioral health organizations as provided in chapter 70.320 RCW.

19       (2) The behavioral health organization procurement processes  
20 shall encourage the preservation of infrastructure previously  
21 purchased by the community mental health service delivery system, the  
22 maintenance of linkages between other services and delivery systems,  
23 and maximization of the use of available funds for services versus  
24 profits. However, a behavioral health organization selected through  
25 the procurement process is not required to contract for services with  
26 any county-owned or operated facility. The behavioral health  
27 organization procurement process shall provide that public funds  
28 appropriated by the legislature shall not be used to promote or  
29 deter, encourage, or discourage employees from exercising their  
30 rights under Title 29, chapter 7, subchapter II, United States Code  
31 or chapter 41.56 RCW.

32       (3) In addition to the requirements of RCW 71.24.035, contracts  
33 shall:

34       (a) Define administrative costs and ensure that the behavioral  
35 health organization does not exceed an administrative cost of ten  
36 percent of available funds;

37       (b) Require effective collaboration with law enforcement,  
38 criminal justice agencies, and the chemical dependency treatment  
39 system;

1 (c) Require substantial implementation of department adopted  
2 integrated screening and assessment process and matrix of best  
3 practices;

4 (d) Maintain the decision-making independence of designated  
5 mental health professionals or designated crisis responders;

6 (e) Except at the discretion of the secretary or as specified in  
7 the biennial budget, require behavioral health organizations to pay  
8 the state for the costs associated with individuals who are being  
9 served on the grounds of the state hospitals and who are not  
10 receiving long-term inpatient care as defined in RCW 71.24.025;

11 (f) Include a negotiated alternative dispute resolution clause;

12 (g) Include a provision requiring either party to provide one  
13 hundred eighty days' notice of any issue that may cause either party  
14 to voluntarily terminate, refuse to renew, or refuse to sign a  
15 mandatory amendment to the contract to act as a behavioral health  
16 organization. If either party decides to voluntarily terminate,  
17 refuse to renew, or refuse to sign a mandatory amendment to the  
18 contract to serve as a behavioral health organization they shall  
19 provide ninety days' advance notice in writing to the other party;

20 (h) Require behavioral health organizations to provide services  
21 as identified in RCW 71.05.585 to individuals committed for  
22 involuntary commitment under less restrictive alternative court  
23 orders when:

24 (i) The individual is enrolled in the medicaid program and meets  
25 behavioral health organization access to care standards; or

26 (ii) The individual is not enrolled in medicaid, does not have  
27 other insurance which can pay for the services, and the behavioral  
28 health organization has adequate available resources to provide the  
29 services; and

30 (i) Establish caseload guidelines for care coordinators who  
31 supervise less restrictive alternative orders and guidelines for  
32 response times during and immediately following periods of  
33 hospitalization or incarceration.

34 **Sec. 422.** RCW 71.32.080 and 2006 c 108 s 5 are each amended to  
35 read as follows:

36 (1)(a) A principal with capacity may, by written statement by the  
37 principal or at the principal's direction in the principal's  
38 presence, revoke a directive in whole or in part.

1 (b) An incapacitated principal may revoke a directive only if he  
2 or she elected at the time of executing the directive to be able to  
3 revoke when incapacitated.

4 (2) The revocation need not follow any specific form so long as  
5 it is written and the intent of the principal can be discerned. In  
6 the case of a directive that is stored in the health care  
7 declarations registry created by RCW 70.122.130, the revocation may  
8 be by an online method established by the department of health.  
9 Failure to use the online method of revocation for a directive that  
10 is stored in the registry does not invalidate a revocation that is  
11 made by another method described under this section.

12 (3) The principal shall provide a copy of his or her written  
13 statement of revocation to his or her agent, if any, and to each  
14 health care provider, professional person, or health care facility  
15 that received a copy of the directive from the principal.

16 (4) The written statement of revocation is effective:

17 (a) As to a health care provider, professional person, or health  
18 care facility, upon receipt. The professional person, health care  
19 provider, or health care facility, or persons acting under their  
20 direction shall make the statement of revocation part of the  
21 principal's medical record; and

22 (b) As to the principal's agent, upon receipt. The principal's  
23 agent shall notify the principal's health care provider, professional  
24 person, or health care facility of the revocation and provide them  
25 with a copy of the written statement of revocation.

26 (5) A directive also may:

27 (a) Be revoked, in whole or in part, expressly or to the extent  
28 of any inconsistency, by a subsequent directive; or

29 (b) Be superseded or revoked by a court order, including any  
30 order entered in a criminal matter. A directive may be superseded by  
31 a court order regardless of whether the order contains an explicit  
32 reference to the directive. To the extent a directive is not in  
33 conflict with a court order, the directive remains effective, subject  
34 to the provisions of RCW 71.32.150. A directive shall not be  
35 interpreted in a manner that interferes with: (i) Incarceration or  
36 detention by the department of corrections, in a city or county jail,  
37 or by the department of social and health services; or (ii) treatment  
38 of a principal who is subject to involuntary treatment pursuant to  
39 chapter 10.77, 70.96A, 71.05, 71.--- (the new chapter created in

1 section 903 of this act), 71.09, ((~~or~~) 71.34, or 71.---(the new  
2 chapter created in section 904 of this act) RCW.

3 (6) A directive that would have otherwise expired but is  
4 effective because the principal is incapacitated remains effective  
5 until the principal is no longer incapacitated unless the principal  
6 has elected to be able to revoke while incapacitated and has revoked  
7 the directive.

8 (7) When a principal with capacity consents to treatment that  
9 differs from, or refuses treatment consented to in, the provisions of  
10 his or her directive, the consent or refusal constitutes a waiver of  
11 that provision and does not constitute a revocation of the provision  
12 or directive unless the principal also revokes the directive or  
13 provision.

14 **Sec. 423.** RCW 71.32.140 and 2009 c 217 s 12 are each amended to  
15 read as follows:

16 (1) A principal who:

17 (a) Chose not to be able to revoke his or her directive during  
18 any period of incapacity;

19 (b) Consented to voluntary admission to inpatient mental health  
20 treatment, or authorized an agent to consent on the principal's  
21 behalf; and

22 (c) At the time of admission to inpatient treatment, refuses to  
23 be admitted,  
24 may only be admitted into inpatient mental health treatment under  
25 subsection (2) of this section.

26 (2) A principal may only be admitted to inpatient mental health  
27 treatment under his or her directive if, prior to admission, a member  
28 of the treating facility's professional staff who is a physician or  
29 psychiatric advanced registered nurse practitioner:

30 (a) Evaluates the principal's mental condition, including a  
31 review of reasonably available psychiatric and psychological history,  
32 diagnosis, and treatment needs, and determines, in conjunction with  
33 another health care provider or mental health professional, that the  
34 principal is incapacitated;

35 (b) Obtains the informed consent of the agent, if any, designated  
36 in the directive;

37 (c) Makes a written determination that the principal needs an  
38 inpatient evaluation or is in need of inpatient treatment and that

1 the evaluation or treatment cannot be accomplished in a less  
2 restrictive setting; and

3 (d) Documents in the principal's medical record a summary of the  
4 physician's or psychiatric advanced registered nurse practitioner's  
5 findings and recommendations for treatment or evaluation.

6 (3) In the event the admitting physician is not a psychiatrist,  
7 or the advanced registered nurse practitioner is not a psychiatric  
8 advanced registered nurse practitioner, the principal shall receive a  
9 complete psychological assessment by a mental health professional  
10 within twenty-four hours of admission to determine the continued need  
11 for inpatient evaluation or treatment.

12 (4)(a) If it is determined that the principal has capacity, then  
13 the principal may only be admitted to, or remain in, inpatient  
14 treatment if he or she consents at the time or is detained under the  
15 involuntary treatment provisions of chapter 70.96A, 71.05, ((~~or~~)  
16 71.--- (the new chapter created in section 903 of this act), 71.34,  
17 or 71.--- (the new chapter created in section 904 of this act) RCW.

18 (b) If a principal who is determined by two health care providers  
19 or one mental health professional and one health care provider to be  
20 incapacitated continues to refuse inpatient treatment, the principal  
21 may immediately seek injunctive relief for release from the facility.

22 (5) If, at the end of the period of time that the principal or  
23 the principal's agent, if any, has consented to voluntary inpatient  
24 treatment, but no more than fourteen days after admission, the  
25 principal has not regained capacity or has regained capacity but  
26 refuses to consent to remain for additional treatment, the principal  
27 must be released during reasonable daylight hours, unless detained  
28 under chapter 70.96A, 71.05, ((~~or~~) 71.--- (the new chapter created  
29 in section 903 of this act), 71.34, or 71.--- (the new chapter  
30 created in section 904 of this act) RCW.

31 (6)(a) Except as provided in (b) of this subsection, any  
32 principal who is voluntarily admitted to inpatient mental health  
33 treatment under this chapter shall have all the rights provided to  
34 individuals who are voluntarily admitted to inpatient treatment under  
35 chapter 71.05, 71.34, or 72.23 RCW.

36 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient  
37 treatment for a specified length of time, the choices an  
38 incapacitated principal expressed in his or her directive shall  
39 control, provided, however, that a principal who takes action  
40 demonstrating a desire to be discharged, in addition to making

1 statements requesting to be discharged, shall be discharged, and no  
2 principal shall be restrained in any way in order to prevent his or  
3 her discharge. Nothing in this subsection shall be construed to  
4 prevent detention and evaluation for civil commitment under chapter  
5 71.05 RCW.

6 (7) Consent to inpatient admission in a directive is effective  
7 only while the professional person, health care provider, and health  
8 care facility are in substantial compliance with the material  
9 provisions of the directive related to inpatient treatment.

10 **Sec. 424.** RCW 71.32.150 and 2003 c 283 s 15 are each amended to  
11 read as follows:

12 (1) Upon receiving a directive, a health care provider,  
13 professional person, or health care facility providing treatment to  
14 the principal, or persons acting under the direction of the health  
15 care provider, professional person, or health care facility, shall  
16 make the directive a part of the principal's medical record and shall  
17 be deemed to have actual knowledge of the directive's contents.

18 (2) When acting under authority of a directive, a health care  
19 provider, professional person, or health care facility shall act in  
20 accordance with the provisions of the directive to the fullest extent  
21 possible, unless in the determination of the health care provider,  
22 professional person, or health care facility:

23 (a) Compliance with the provision would violate the accepted  
24 standard of care established in RCW 7.70.040;

25 (b) The requested treatment is not available;

26 (c) Compliance with the provision would violate applicable law;  
27 or

28 (d) It is an emergency situation and compliance would endanger  
29 any person's life or health.

30 (3)(a) In the case of a principal committed or detained under the  
31 involuntary treatment provisions of chapter 10.77, 70.96A, 71.05,  
32 71.--- (the new chapter created in section 903 of this act), 71.09,  
33 ~~((~~o~~))~~ 71.34, or 71.--- (the new chapter created in section 904 of  
34 this act) RCW, those provisions of a principal's directive that, in  
35 the determination of the health care provider, professional person,  
36 or health care facility, are inconsistent with the purpose of the  
37 commitment or with any order of the court relating to the commitment  
38 are invalid during the commitment.

1 (b) Remaining provisions of a principal's directive are advisory  
2 while the principal is committed or detained.

3 The treatment provider is encouraged to follow the remaining  
4 provisions of the directive, except as provided in (a) of this  
5 subsection or subsection (2) of this section.

6 (4) In the case of a principal who is incarcerated or committed  
7 in a state or local correctional facility, provisions of the  
8 principal's directive that are inconsistent with reasonable  
9 penological objectives or administrative hearings regarding  
10 involuntary medication are invalid during the period of incarceration  
11 or commitment. In addition, treatment may be given despite refusal of  
12 the principal or the provisions of the directive: (a) For any reason  
13 under subsection (2) of this section; or (b) if, without the benefit  
14 of the specific treatment measure, there is a significant possibility  
15 that the person will harm self or others before an improvement of the  
16 person's condition occurs.

17 (5)(a) If the health care provider, professional person, or  
18 health care facility is, at the time of receiving the directive,  
19 unable or unwilling to comply with any part or parts of the directive  
20 for any reason, the health care provider, professional person, or  
21 health care facility shall promptly notify the principal and, if  
22 applicable, his or her agent and shall document the reason in the  
23 principal's medical record.

24 (b) If the health care provider, professional person, or health  
25 care facility is acting under authority of a directive and is unable  
26 to comply with any part or parts of the directive for the reasons  
27 listed in subsection (2) or (3) of this section, the health care  
28 provider, professional person, or health care facility shall promptly  
29 notify the principal and if applicable, his or her agent, and shall  
30 document the reason in the principal's medical record.

31 (6) In the event that one or more parts of the directive are not  
32 followed because of one or more of the reasons set forth in  
33 subsection (2) or (4) of this section, all other parts of the  
34 directive shall be followed.

35 (7) If no provider-patient relationship has previously been  
36 established, nothing in this chapter requires the establishment of a  
37 provider-patient relationship.

38 **Sec. 425.** RCW 72.09.315 and 2004 c 166 s 17 are each amended to  
39 read as follows:

1 (1) When an offender is under court-ordered mental health or  
2 chemical dependency treatment in the community and the supervision of  
3 the department of corrections, and the community corrections officer  
4 becomes aware that the person is in violation of the terms of the  
5 court's treatment order, the community corrections officer shall  
6 notify the county designated mental health professional or the  
7 designated chemical dependency specialist or designated crisis  
8 responder, as appropriate, of the violation and request an evaluation  
9 for purposes of revocation of the less restrictive alternative or  
10 conditional release.

11 (2) When a county designated mental health professional or the  
12 designated chemical dependency specialist or designated crisis  
13 responder notifies the department that an offender in a state  
14 correctional facility is the subject of a petition for involuntary  
15 treatment under chapter 71.05, 71.--- (the new chapter created in  
16 section 903 of this act), or 70.96A RCW, the department shall provide  
17 documentation of its risk assessment or other concerns to the  
18 petitioner and the court if the department classified the offender as  
19 a high risk or high needs offender.

20 **Sec. 426.** RCW 72.09.370 and 2014 c 225 s 95 are each amended to  
21 read as follows:

22 (1) The offender reentry community safety program is established  
23 to provide intensive services to offenders identified under this  
24 subsection and to thereby promote public safety. The secretary shall  
25 identify offenders in confinement or partial confinement who: (a) Are  
26 reasonably believed to be dangerous to themselves or others; and (b)  
27 have a mental disorder. In determining an offender's dangerousness,  
28 the secretary shall consider behavior known to the department and  
29 factors, based on research, that are linked to an increased risk for  
30 dangerousness of offenders with mental illnesses and shall include  
31 consideration of an offender's chemical dependency or abuse.

32 (2) Prior to release of an offender identified under this  
33 section, a team consisting of representatives of the department of  
34 corrections, the division of mental health, and, as necessary, the  
35 indeterminate sentence review board, other divisions or  
36 administrations within the department of social and health services,  
37 specifically including the division of alcohol and substance abuse  
38 and the division of developmental disabilities, the appropriate  
39 behavioral health organization, and the providers, as appropriate,

1 shall develop a plan, as determined necessary by the team, for  
2 delivery of treatment and support services to the offender upon  
3 release. In developing the plan, the offender shall be offered  
4 assistance in executing a mental health directive under chapter 71.32  
5 RCW, after being fully informed of the benefits, scope, and purposes  
6 of such directive. The team may include a school district  
7 representative for offenders under the age of twenty-one. The team  
8 shall consult with the offender's counsel, if any, and, as  
9 appropriate, the offender's family and community. The team shall  
10 notify the crime victim/witness program, which shall provide notice  
11 to all people registered to receive notice under RCW 72.09.712 of the  
12 proposed release plan developed by the team. Victims, witnesses, and  
13 other interested people notified by the department may provide  
14 information and comments to the department on potential safety risk  
15 to specific individuals or classes of individuals posed by the  
16 specific offender. The team may recommend: (a) That the offender be  
17 evaluated by the designated mental health professional or designated  
18 crisis responder, as defined in chapter 71.05 RCW; (b) department-  
19 supervised community treatment; or (c) voluntary community mental  
20 health or chemical dependency or abuse treatment.

21 (3) Prior to release of an offender identified under this  
22 section, the team shall determine whether or not an evaluation by a  
23 designated mental health professional or designated crisis responder  
24 is needed. If an evaluation is recommended, the supporting  
25 documentation shall be immediately forwarded to the appropriate  
26 designated mental health professional or designated crisis responder.  
27 The supporting documentation shall include the offender's criminal  
28 history, history of judicially required or administratively ordered  
29 involuntary antipsychotic medication while in confinement, and any  
30 known history of involuntary civil commitment.

31 (4) If an evaluation by a designated mental health professional  
32 or designated crisis responder is recommended by the team, such  
33 evaluation shall occur not more than ten days, nor less than five  
34 days, prior to release.

35 (5) A second evaluation by a designated mental health  
36 professional or designated crisis responder shall occur on the day of  
37 release if requested by the team, based upon new information or a  
38 change in the offender's mental condition, and the initial evaluation  
39 did not result in an emergency detention or a summons under chapter  
40 71.05 RCW.

1 (6) If the designated mental health professional or designated  
2 crisis responder determines an emergency detention under chapter  
3 71.05 RCW is necessary, the department shall release the offender  
4 only to a state hospital or to a consenting evaluation and treatment  
5 facility. The department shall arrange transportation of the offender  
6 to the hospital or facility.

7 (7) If the designated mental health professional or designated  
8 crisis responder believes that a less restrictive alternative  
9 treatment is appropriate, he or she shall seek a summons, pursuant to  
10 the provisions of chapter 71.05 RCW, to require the offender to  
11 appear at an evaluation and treatment facility. If a summons is  
12 issued, the offender shall remain within the corrections facility  
13 until completion of his or her term of confinement and be  
14 transported, by corrections personnel on the day of completion,  
15 directly to the identified evaluation and treatment facility.

16 (8) The secretary shall adopt rules to implement this section.

17 **Sec. 427.** RCW 43.185C.305 and 2015 c 69 s 20 are each amended to  
18 read as follows:

19 (1) If a resident of a crisis residential center becomes by his  
20 or her behavior disruptive to the facility's program, such resident  
21 may be immediately removed to a separate area within the facility and  
22 counseled on an individual basis until such time as the child regains  
23 his or her composure. The department may set rules and regulations  
24 establishing additional procedures for dealing with severely  
25 disruptive children on the premises.

26 (2) When the juvenile resides in this facility, all services  
27 deemed necessary to the juvenile's reentry to normal family life  
28 shall be made available to the juvenile as required by chapter 13.32A  
29 RCW. In assessing the child and providing these services, the  
30 facility staff shall:

31 (a) Interview the juvenile as soon as possible;

32 (b) Contact the juvenile's parents and arrange for a counseling  
33 interview with the juvenile and his or her parents as soon as  
34 possible;

35 (c) Conduct counseling interviews with the juvenile and his or  
36 her parents, to the end that resolution of the child/parent conflict  
37 is attained and the child is returned home as soon as possible;

38 (d) Provide additional crisis counseling as needed, to the end  
39 that placement of the child in the crisis residential center will be

1 required for the shortest time possible, but not to exceed fifteen  
2 consecutive days; and

3 (e) Convene, when appropriate, a multidisciplinary team.

4 (3) Based on the assessments done under subsection (2) of this  
5 section the center staff may refer any child who, as the result of a  
6 mental or emotional disorder, or intoxication by alcohol or other  
7 drugs, is suicidal, seriously assaultive, or seriously destructive  
8 toward others, or otherwise similarly evidences an immediate need for  
9 emergency medical evaluation and possible care, for evaluation  
10 pursuant to chapter 71.34 RCW((7)) or to a designated mental health  
11 professional or designated crisis responder pursuant to chapter 71.05  
12 or 71.--- (the new chapter created in section 903 of this act) RCW,  
13 or to a chemical dependency specialist pursuant to chapter 70.96A RCW  
14 whenever such action is deemed appropriate and consistent with law.

15 (4) A juvenile taking unauthorized leave from a facility shall be  
16 apprehended and returned to it by law enforcement officers or other  
17 persons designated as having this authority as provided in RCW  
18 43.185C.260. If returned to the facility after having taken  
19 unauthorized leave for a period of more than twenty-four hours a  
20 juvenile shall be supervised by such a facility for a period,  
21 pursuant to this chapter, which, unless where otherwise provided, may  
22 not exceed fifteen consecutive days. Costs of housing juveniles  
23 admitted to crisis residential centers shall be assumed by the  
24 department for a period not to exceed fifteen consecutive days.

25 **Sec. 428.** RCW 74.50.070 and 1987 c 406 s 8 are each amended to  
26 read as follows:

27 (1) If a county elects to establish a multipurpose diagnostic  
28 center or detention center, the alcoholism and drug addiction  
29 assessment service under RCW 74.50.040 may be integrated into the  
30 services provided by such a center.

31 (2) The center may be financed from funds made available by the  
32 department for alcoholism and drug addiction assessments under this  
33 chapter and funds contained in the department's budget for  
34 detoxification, involuntary detention, and involuntary treatment  
35 under chapters 70.96A ((and)), 71.05, and 71.--- (the new chapter  
36 created in section 903 of this act) RCW. The center may be operated  
37 by the county or pursuant to contract between the county and a  
38 qualified organization.

PART V  
INTEGRATION OF CHEMICAL DEPENDENCY AND MENTAL HEALTH ADMINISTRATIVE  
PROVISIONS

**Sec. 501.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and amended to read as follows:

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

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

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

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

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

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

(3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region. References in this chapter to behavioral health organizations should be read to apply equally to full integration regions unless the context clearly indicates otherwise.

(4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and (~~chemical dependency~~) substance use disorder treatment services as described in this chapter and chapter 70.96A RCW.

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

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

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

3 (b) Has experienced a continuous psychiatric hospitalization or  
4 residential treatment exceeding six months' duration within the  
5 preceding year; or

6 (c) Has been unable to engage in any substantial gainful activity  
7 by reason of any mental disorder which has lasted for a continuous  
8 period of not less than twelve months. "Substantial gainful activity"  
9 shall be defined by the department by rule consistent with Public Law  
10 92-603, as amended.

11 (7) "Clubhouse" means a community-based program that provides  
12 rehabilitation services and is certified by the department of social  
13 and health services.

14 ~~(8) ("Community mental health program" means all mental health~~  
15 ~~services, activities, or programs using available resources.~~

16 ~~(9))~~ "Community mental health service delivery system" means  
17 public, private, or tribal agencies that provide services  
18 specifically to persons with mental disorders as defined under RCW  
19 71.05.020 and receive funding from public sources.

20 ~~((10))~~ (9) "Community support services" means services  
21 authorized, planned, and coordinated through resource management  
22 services including, at a minimum, assessment, diagnosis, emergency  
23 crisis intervention available twenty-four hours, seven days a week,  
24 prescreening determinations for persons who are mentally ill being  
25 considered for placement in nursing homes as required by federal law,  
26 screening for patients being considered for admission to residential  
27 services, diagnosis and treatment for children who are acutely  
28 mentally ill or severely emotionally disturbed discovered under  
29 screening through the federal Title XIX early and periodic screening,  
30 diagnosis, and treatment program, investigation, legal, and other  
31 nonresidential services under chapter 71.05 RCW, case management  
32 services, psychiatric treatment including medication supervision,  
33 counseling, psychotherapy, assuring transfer of relevant patient  
34 information between service providers, recovery services, and other  
35 services determined by behavioral health organizations.

36 ~~((11))~~ (10) "Consensus-based" means a program or practice that  
37 has general support among treatment providers and experts, based on  
38 experience or professional literature, and may have anecdotal or case  
39 study support, or that is agreed but not possible to perform studies  
40 with random assignment and controlled groups.

1       ~~((12))~~ (11) "County authority" means the board of county  
2 commissioners, county council, or county executive having authority  
3 to establish a community mental health program, or two or more of the  
4 county authorities specified in this subsection which have entered  
5 into an agreement to provide a community mental health program.

6       ~~((13))~~ (12) "Department" means the department of social and  
7 health services.

8       ~~((14))~~ (13) "Designated mental health professional" means a  
9 mental health professional designated by the county or other  
10 authority authorized in rule to perform the duties specified in this  
11 chapter.

12       ~~((15))~~ (14) "Emerging best practice" or "promising practice"  
13 means a program or practice that, based on statistical analyses or a  
14 well established theory of change, shows potential for meeting the  
15 evidence-based or research-based criteria, which may include the use  
16 of a program that is evidence-based for outcomes other than those  
17 listed in subsection ~~((16))~~ (15) of this section.

18       ~~((16))~~ (15) "Evidence-based" means a program or practice that  
19 has been tested in heterogeneous or intended populations with  
20 multiple randomized, or statistically controlled evaluations, or  
21 both; or one large multiple site randomized, or statistically  
22 controlled evaluation, or both, where the weight of the evidence from  
23 a systemic review demonstrates sustained improvements in at least one  
24 outcome. "Evidence-based" also means a program or practice that can  
25 be implemented with a set of procedures to allow successful  
26 replication in Washington and, when possible, is determined to be  
27 cost-beneficial.

28       ~~((17))~~ (16) "Licensed service provider" means an entity  
29 licensed according to this chapter or chapter 71.05 or 70.96A RCW or  
30 an entity deemed to meet state minimum standards as a result of  
31 accreditation by a recognized behavioral health accrediting body  
32 recognized and having a current agreement with the department, or  
33 tribal attestation that meets state minimum standards, or persons  
34 licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it  
35 applies to registered nurses and advanced registered nurse  
36 practitioners.

37       ~~((18))~~ (17) "Long-term inpatient care" means inpatient services  
38 for persons committed for, or voluntarily receiving intensive  
39 treatment for, periods of ninety days or greater under chapter 71.05  
40 RCW. "Long-term inpatient care" as used in this chapter does not

1 include: (a) Services for individuals committed under chapter 71.05  
2 RCW who are receiving services pursuant to a conditional release or a  
3 court-ordered less restrictive alternative to detention; or (b)  
4 services for individuals voluntarily receiving less restrictive  
5 alternative treatment on the grounds of the state hospital.

6 ~~((+19))~~ (18) "Mental health services" means all services  
7 provided by behavioral health organizations and other services  
8 provided by the state for persons who are mentally ill.

9 ~~((+20))~~ (19) "Mentally ill persons," "persons who are mentally  
10 ill," and "the mentally ill" mean persons and conditions defined in  
11 subsections (1), (6), (27), and (28)~~((, and (29))~~ of this section.

12 ~~((+21))~~ (20) "Recovery" means the process in which people are  
13 able to live, work, learn, and participate fully in their  
14 communities.

15 ~~((+22))~~ (21) "Registration records" include all the records of  
16 the department, behavioral health organizations, treatment  
17 facilities, and other persons providing services to the department,  
18 county departments, or facilities which identify persons who are  
19 receiving or who at any time have received services for mental  
20 illness.

21 ~~((+23))~~ (22) "Research-based" means a program or practice that  
22 has been tested with a single randomized, or statistically controlled  
23 evaluation, or both, demonstrating sustained desirable outcomes; or  
24 where the weight of the evidence from a systemic review supports  
25 sustained outcomes as described in subsection ~~((+16))~~ (15) of this  
26 section but does not meet the full criteria for evidence-based.

27 ~~((+24))~~ (23) "Residential services" means a complete range of  
28 residences and supports authorized by resource management services  
29 and which may involve a facility, a distinct part thereof, or  
30 services which support community living, for persons who are acutely  
31 mentally ill, adults who are chronically mentally ill, children who  
32 are severely emotionally disturbed, or adults who are seriously  
33 disturbed and determined by the behavioral health organization to be  
34 at risk of becoming acutely or chronically mentally ill. The services  
35 shall include at least evaluation and treatment services as defined  
36 in chapter 71.05 RCW, acute crisis respite care, long-term adaptive  
37 and rehabilitative care, and supervised and supported living  
38 services, and shall also include any residential services developed  
39 to service persons who are mentally ill in nursing homes, assisted  
40 living facilities, and adult family homes, and may include outpatient

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

6 ~~((+25+))~~ (24) "Resilience" means the personal and community  
7 qualities that enable individuals to rebound from adversity, trauma,  
8 tragedy, threats, or other stresses, and to live productive lives.

9 ~~((+26+))~~ (25) "Resource management services" mean the planning,  
10 coordination, and authorization of residential services and community  
11 support services administered pursuant to an individual service plan  
12 for: (a) Adults and children who are acutely mentally ill; (b) adults  
13 who are chronically mentally ill; (c) children who are severely  
14 emotionally disturbed; or (d) adults who are seriously disturbed and  
15 determined solely by a behavioral health organization to be at risk  
16 of becoming acutely or chronically mentally ill. Such planning,  
17 coordination, and authorization shall include mental health screening  
18 for children eligible under the federal Title XIX early and periodic  
19 screening, diagnosis, and treatment program. Resource management  
20 services include seven day a week, twenty-four hour a day  
21 availability of information regarding enrollment of adults and  
22 children who are mentally ill in services and their individual  
23 service plan to designated mental health professionals, evaluation  
24 and treatment facilities, and others as determined by the behavioral  
25 health organization.

26 ~~((+27+))~~ (26) "Secretary" means the secretary of social and  
27 health services.

28 ~~((+28+))~~ (27) "Seriously disturbed person" means a person who:

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

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

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

38 (d) Exhibits suicidal preoccupation or attempts; or

39 (e) Is a child diagnosed by a mental health professional, as  
40 defined in chapter 71.34 RCW, as experiencing a mental disorder which

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

4 ~~((+29+))~~ (28) "Severely emotionally disturbed child" or "child  
5 who is severely emotionally disturbed" means a child who has been  
6 determined by the behavioral health organization to be experiencing a  
7 mental disorder as defined in chapter 71.34 RCW, including those  
8 mental disorders that result in a behavioral or conduct disorder,  
9 that is clearly interfering with the child's functioning in family or  
10 school or with peers and who meets at least one of the following  
11 criteria:

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

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

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

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

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

22 (ii) Changes in custodial adult;

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

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

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

30 ~~((+30+))~~ (29) "State minimum standards" means minimum  
31 requirements established by rules adopted by the secretary and  
32 necessary to implement this chapter for: (a) Delivery of mental  
33 health services; (b) licensed service providers for the provision of  
34 mental health services; (c) residential services; and (d) community  
35 support services and resource management services.

36 ~~((+31+))~~ (30) Mental health "treatment records" include  
37 registration and all other records concerning persons who are  
38 receiving or who at any time have received services for mental  
39 illness, which are maintained by the department, by behavioral health  
40 organizations and their staffs, and by treatment facilities.

1 Treatment records do not include notes or records maintained for  
2 personal use by a person providing treatment services for the  
3 department, behavioral health organizations, or a treatment facility  
4 if the notes or records are not available to others.

5 ~~((32))~~ (31) "Tribal authority," for the purposes of this  
6 section and RCW 71.24.300 only, means: The federally recognized  
7 Indian tribes and the major Indian organizations recognized by the  
8 secretary insofar as these organizations do not have a financial  
9 relationship with any behavioral health organization that would  
10 present a conflict of interest.

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

17 (33) "Approved substance use disorder treatment program" means a  
18 program for persons with a substance use disorder provided by a  
19 treatment program certified by the department of social and health  
20 services as meeting standards adopted under this chapter.

21 (34) "Authority" means the Washington state health care  
22 authority.

23 (35) "Behavioral health program" means all expenditures,  
24 services, activities, or programs, including reasonable  
25 administration and overhead, designed and conducted to prevent or  
26 treat chemical dependency and mental illness.

27 (36) "Full integration region" means entities within a regional  
28 service area which has elected to jointly purchase behavioral health  
29 services through an integrated medical and behavioral health services  
30 contract under RCW 71.24.380(5) which perform functions relevant to  
31 this chapter which are equivalent to the functions of a behavioral  
32 health organization.

33 (37) "Integrated crisis response" means a system consistent with  
34 this chapter in which the functions of a designated mental health  
35 professional under chapters 71.05 and 71.34 RCW and a designated  
36 chemical dependency specialist under chapter 70.96A RCW are combined  
37 in a designated crisis responder empowered to detain appropriate  
38 persons to an evaluation and treatment facility, secure  
39 detoxification facility, or approved substance use disorder treatment  
40 program depending on the treatment needs of the person.

1 (38) "Region" means a regional service area under RCW 71.24.380.

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

8 (40) "Designated chemical dependency specialist" means a person  
9 designated by the behavioral health organization or by the county  
10 alcoholism and other drug addiction program coordinator designated by  
11 the behavioral health organization to perform the commitment duties  
12 described in RCW 70.96A.140 and qualified to do so by meeting  
13 standards adopted by the department.

14 (41) "Designated crisis responder" means a mental health  
15 professional appointed by the behavioral health organization or full  
16 integration region to perform the duties specified in this chapter.

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

23 (43) "Early adopter" means a regional service area for which all  
24 of the county authorities have requested that the department and the  
25 health care authority jointly purchase medical and behavioral health  
26 services through a managed care health system as defined under RCW  
27 71.24.380(6).

28 (44) "Licensed physician" means a person licensed to practice  
29 medicine or osteopathic medicine and surgery in the state of  
30 Washington.

31 **Sec. 502.** RCW 71.24.035 and 2015 c 269 s 8 are each amended to  
32 read as follows:

33 (1) The department is designated as the state (~~mental~~)  
34 behavioral health authority which includes recognition as the single  
35 state authority for substance use disorders and state mental health  
36 authority.

37 (2) The secretary shall provide for public, client, tribal, and  
38 licensed service provider participation in developing the state  
39 (~~mental~~) behavioral health program, developing contracts with

1 behavioral health organizations, and any waiver request to the  
2 federal government under medicaid.

3 (3) The secretary shall provide for participation in developing  
4 the state (~~(mental)~~) behavioral health program for children and other  
5 underserved populations, by including representatives on any  
6 committee established to provide oversight to the state (~~(mental)~~)  
7 behavioral health program.

8 (4) The secretary shall be designated as the behavioral health  
9 organization if the behavioral health organization fails to meet  
10 state minimum standards or refuses to exercise responsibilities under  
11 its contract or RCW 71.24.045, until such time as a new behavioral  
12 health organization is designated.

13 (5) The secretary shall:

14 (a) Develop a biennial state (~~(mental)~~) behavioral health program  
15 that incorporates regional biennial needs assessments and regional  
16 mental health service plans and state services for adults and  
17 children with mental (~~(illness)~~) disorders or substance use disorders  
18 or both;

19 (b) Assure that any behavioral health organization or county  
20 community (~~(mental)~~) behavioral health program provides medically  
21 necessary services to medicaid recipients consistent with the state's  
22 medicaid state plan or federal waiver authorities, and nonmedicaid  
23 services consistent with priorities established by the department;

24 (c) Develop and adopt rules establishing state minimum standards  
25 for the delivery of (~~(mental)~~) behavioral health services pursuant to  
26 RCW 71.24.037 including, but not limited to:

27 (i) Licensed service providers. These rules shall permit a  
28 county-operated (~~(mental)~~) behavioral health program to be licensed  
29 as a service provider subject to compliance with applicable statutes  
30 and rules. The secretary shall provide for deeming of compliance with  
31 state minimum standards for those entities accredited by recognized  
32 behavioral health accrediting bodies recognized and having a current  
33 agreement with the department;

34 (ii) Inpatient services, an adequate network of evaluation and  
35 treatment services and facilities under chapter 71.05 RCW to ensure  
36 access to treatment, resource management services, and community  
37 support services;

38 (d) Assure that the special needs of persons who are minorities,  
39 elderly, disabled, children, low-income, and parents who are

1 respondents in dependency cases are met within the priorities  
2 established in this section;

3 (e) Establish a standard contract or contracts, consistent with  
4 state minimum standards which shall be used in contracting with  
5 behavioral health organizations. The standard contract shall include  
6 a maximum fund balance, which shall be consistent with that required  
7 by federal regulations or waiver stipulations;

8 (f) Make contracts necessary or incidental to the performance of  
9 its duties and the execution of its powers, including managed care  
10 contracts for behavioral health services, contracts entered into  
11 under RCW 74.09.522, and contracts with public and private agencies,  
12 organizations, and individuals to pay them for behavioral health  
13 services;

14 (g) Establish, to the extent possible, a standardized auditing  
15 procedure which is designed to assure compliance with contractual  
16 agreements authorized by this chapter and minimizes paperwork  
17 requirements of behavioral health organizations and licensed service  
18 providers. The audit procedure shall focus on the outcomes of service  
19 as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

20 (~~(g)~~) (h) Develop and maintain an information system to be used  
21 by the state and behavioral health organizations that includes a  
22 tracking method which allows the department and behavioral health  
23 organizations to identify (~~mental~~) behavioral health clients'  
24 participation in any (~~mental~~) behavioral health service or public  
25 program on an immediate basis. The information system shall not  
26 include individual patient's case history files. Confidentiality of  
27 client information and records shall be maintained as provided in  
28 this chapter and chapter 70.02 RCW;

29 (~~(h)~~) (i) License service providers who meet state minimum  
30 standards;

31 (~~(i)~~) (j) Periodically monitor the compliance of behavioral  
32 health organizations and their network of licensed service providers  
33 for compliance with the contract between the department, the  
34 behavioral health organization, and federal and state rules at  
35 reasonable times and in a reasonable manner;

36 (~~(j)~~) (k) Fix fees to be paid by evaluation and treatment  
37 centers to the secretary for the required inspections;

38 (~~(k)~~) (l) Monitor and audit behavioral health organizations and  
39 licensed service providers as needed to assure compliance with  
40 contractual agreements authorized by this chapter;

1       ~~((l))~~ (m) Adopt such rules as are necessary to implement the  
2 department's responsibilities under this chapter;

3       ~~((m))~~ (n) License or certify crisis stabilization units that  
4 meet state minimum standards;

5       ~~((n))~~ (o) License or certify clubhouses that meet state minimum  
6 standards; ~~((and~~

7 ~~(+e))~~ (p) License or certify triage facilities that meet state  
8 minimum standards; and

9       (q) Administer or supervise the administration of the provisions  
10 relating to persons with substance use disorders and intoxicated  
11 persons of any state plan submitted for federal funding pursuant to  
12 federal health, welfare, or treatment legislation.

13       (6) The secretary shall use available resources only for  
14 behavioral health organizations, except:

15       (a) To the extent authorized, and in accordance with any  
16 priorities or conditions specified, in the biennial appropriations  
17 act; or

18       (b) To incentivize improved performance with respect to the  
19 client outcomes established in RCW 43.20A.895, 70.320.020, and  
20 71.36.025, integration of behavioral health and medical services at  
21 the clinical level, and improved care coordination for individuals  
22 with complex care needs.

23       (7) Each behavioral health organization and licensed service  
24 provider shall file with the secretary, on request, such data,  
25 statistics, schedules, and information as the secretary reasonably  
26 requires. A behavioral health organization or licensed service  
27 provider which, without good cause, fails to furnish any data,  
28 statistics, schedules, or information as requested, or files  
29 fraudulent reports thereof, may be subject to the behavioral health  
30 organization contractual remedies in RCW 43.20A.894 or may have its  
31 service provider certification or license revoked or suspended.

32       (8) The secretary may suspend, revoke, limit, or restrict a  
33 certification or license, or refuse to grant a certification or  
34 license for failure to conform to: (a) The law; (b) applicable rules  
35 and regulations; (c) applicable standards; or (d) state minimum  
36 standards.

37       (9) The superior court may restrain any behavioral health  
38 organization or service provider from operating without a contract,  
39 certification, or a license or any other violation of this section.  
40 The court may also review, pursuant to procedures contained in

1 chapter 34.05 RCW, any denial, suspension, limitation, restriction,  
2 or revocation of certification or license, and grant other relief  
3 required to enforce the provisions of this chapter.

4 (10) Upon petition by the secretary, and after hearing held upon  
5 reasonable notice to the facility, the superior court may issue a  
6 warrant to an officer or employee of the secretary authorizing him or  
7 her to enter at reasonable times, and examine the records, books, and  
8 accounts of any behavioral health organization or service provider  
9 refusing to consent to inspection or examination by the authority.

10 (11) Notwithstanding the existence or pursuit of any other  
11 remedy, the secretary may file an action for an injunction or other  
12 process against any person or governmental unit to restrain or  
13 prevent the establishment, conduct, or operation of a behavioral  
14 health organization or service provider without a contract,  
15 certification, or a license under this chapter.

16 ~~(12) ((The standards for certification or licensure of evaluation  
17 and treatment facilities shall include standards relating to  
18 maintenance of good physical and mental health and other services to  
19 be afforded persons pursuant to this chapter and chapters 71.05 and  
20 71.34 RCW, and shall otherwise assure the effectuation of the  
21 purposes of these chapters.~~

22 ~~(13) The standards for certification or licensure of crisis  
23 stabilization units shall include standards that:~~

24 ~~(a) Permit location of the units at a jail facility if the unit  
25 is physically separate from the general population of the jail;~~

26 ~~(b) Require administration of the unit by mental health  
27 professionals who direct the stabilization and rehabilitation  
28 efforts; and~~

29 ~~(c) Provide an environment affording security appropriate with  
30 the alleged criminal behavior and necessary to protect the public  
31 safety.~~

32 ~~(14) The standards for certification or licensure of a clubhouse  
33 shall at a minimum include:~~

34 ~~(a) The facilities may be peer operated and must be recovery-  
35 focused;~~

36 ~~(b) Members and employees must work together;~~

37 ~~(c) Members must have the opportunity to participate in all the  
38 work of the clubhouse, including administration, research, intake and  
39 orientation, outreach, hiring, training and evaluation of staff,~~

1 public relations, advocacy, and evaluation of clubhouse  
2 effectiveness;

3 ~~(d) Members and staff and ultimately the clubhouse director must~~  
4 ~~be responsible for the operation of the clubhouse, central to this~~  
5 ~~responsibility is the engagement of members and staff in all aspects~~  
6 ~~of clubhouse operations;~~

7 ~~(e) Clubhouse programs must be comprised of structured activities~~  
8 ~~including but not limited to social skills training, vocational~~  
9 ~~rehabilitation, employment training and job placement, and community~~  
10 ~~resource development;~~

11 ~~(f) Clubhouse programs must provide in-house educational programs~~  
12 ~~that significantly utilize the teaching and tutoring skills of~~  
13 ~~members and assist members by helping them to take advantage of adult~~  
14 ~~education opportunities in the community;~~

15 ~~(g) Clubhouse programs must focus on strengths, talents, and~~  
16 ~~abilities of its members;~~

17 ~~(h) The work-ordered day may not include medication clinics, day~~  
18 ~~treatment, or other therapy programs within the clubhouse.~~

19 ~~(15))~~ The department shall distribute appropriated state and  
20 federal funds in accordance with any priorities, terms, or conditions  
21 specified in the appropriations act.

22 ~~((16))~~ (13) The secretary shall assume all duties assigned to  
23 the nonparticipating behavioral health organizations under chapters  
24 71.05 and 71.34 RCW and this chapter. Such responsibilities shall  
25 include those which would have been assigned to the nonparticipating  
26 counties in regions where there are not participating behavioral  
27 health organizations.

28 The behavioral health organizations, or the secretary's  
29 assumption of all responsibilities under chapters 71.05 and 71.34 RCW  
30 and this chapter, shall be included in all state and federal plans  
31 affecting the state ~~((mental))~~ behavioral health program including at  
32 least those required by this chapter, the medicaid program, and P.L.  
33 99-660. Nothing in these plans shall be inconsistent with the intent  
34 and requirements of this chapter.

35 ~~((17))~~ (14) The secretary shall:

36 (a) Disburse funds for the behavioral health organizations within  
37 sixty days of approval of the biennial contract. The department must  
38 either approve or reject the biennial contract within sixty days of  
39 receipt.

1 (b) Enter into biennial contracts with behavioral health  
2 organizations. The contracts shall be consistent with available  
3 resources. No contract shall be approved that does not include  
4 progress toward meeting the goals of this chapter by taking  
5 responsibility for: (i) Short-term commitments; (ii) residential  
6 care; and (iii) emergency response systems.

7 (c) Notify behavioral health organizations of their allocation of  
8 available resources at least sixty days prior to the start of a new  
9 biennial contract period.

10 (d) Deny all or part of the funding allocations to behavioral  
11 health organizations based solely upon formal findings of  
12 noncompliance with the terms of the behavioral health organization's  
13 contract with the department. Behavioral health organizations  
14 disputing the decision of the secretary to withhold funding  
15 allocations are limited to the remedies provided in the department's  
16 contracts with the behavioral health organizations.

17 ~~((18))~~ (15) The department, in cooperation with the state  
18 congressional delegation, shall actively seek waivers of federal  
19 requirements and such modifications of federal regulations as are  
20 necessary to allow federal medicaid reimbursement for services  
21 provided by freestanding evaluation and treatment facilities  
22 certified under chapter 71.05 RCW. The department shall periodically  
23 report its efforts to the appropriate committees of the senate and  
24 the house of representatives.

25 (16) The department may:

26 (a) Plan, establish, and maintain substance use disorder  
27 prevention and substance use disorder treatment programs as necessary  
28 or desirable;

29 (b) Coordinate its activities and cooperate with behavioral  
30 programs in this and other states, and make contracts and other joint  
31 or cooperative arrangements with state, local, or private agencies in  
32 this and other states for behavioral health services and for the  
33 common advancement of substance use disorder programs;

34 (c) Solicit and accept for use any gift of money or property made  
35 by will or otherwise, and any grant of money, services, or property  
36 from the federal government, the state, or any political subdivision  
37 thereof or any private source, and do all things necessary to  
38 cooperate with the federal government or any of its agencies in  
39 making an application for any grant;

1 (d) Keep records and engage in research and the gathering of  
2 relevant statistics; and

3 (e) Acquire, hold, or dispose of real property or any interest  
4 therein, and construct, lease, or otherwise provide substance use  
5 disorder treatment programs.

6 **Sec. 503.** RCW 70.96A.050 and 2014 c 225 s 23 are each amended to  
7 read as follows:

8 The department shall:

9 (1) Develop, encourage, and foster statewide, regional, and local  
10 plans and programs for the prevention of alcoholism and other drug  
11 addiction, treatment of persons with substance use disorders and  
12 their families, persons incapacitated by alcohol or other  
13 psychoactive chemicals, and intoxicated persons in cooperation with  
14 public and private agencies, organizations, and individuals and  
15 provide technical assistance and consultation services for these  
16 purposes;

17 (2) Assure that any behavioral health organization managed care  
18 contract, or managed care contract under RCW 74.09.522 for behavioral  
19 health services or programs for the treatment of persons with  
20 substance use disorders and their families, persons incapacitated by  
21 alcohol or other psychoactive chemicals, and intoxicated persons  
22 provides medically necessary services to medicaid recipients. This  
23 must include a continuum of mental health and (~~chemical dependency~~)  
24 substance use disorder services consistent with the state's medicaid  
25 plan or federal waiver authorities, and nonmedicaid services  
26 consistent with priorities established by the department;

27 (3) Coordinate the efforts and enlist the assistance of all  
28 public and private agencies, organizations, and individuals  
29 interested in prevention of alcoholism and drug addiction, and  
30 treatment of persons with substance use disorders and their families,  
31 persons incapacitated by alcohol or other psychoactive chemicals, and  
32 intoxicated persons;

33 (4) Cooperate with public and private agencies in establishing  
34 and conducting programs to provide treatment for persons with  
35 substance use disorders and their families, persons incapacitated by  
36 alcohol or other psychoactive chemicals, and intoxicated persons who  
37 are clients of the correctional system;

38 (5) Cooperate with the superintendent of public instruction,  
39 state board of education, schools, police departments, courts, and

1 other public and private agencies, organizations and individuals in  
2 establishing programs for the prevention of (~~alcoholism and other~~  
3 ~~drug addiction~~) substance use disorders, treatment of persons with  
4 substance use disorders and their families, persons incapacitated by  
5 alcohol or other psychoactive chemicals, and intoxicated persons, and  
6 preparing curriculum materials thereon for use at all levels of  
7 school education;

8 (6) Prepare, publish, evaluate, and disseminate educational  
9 material dealing with the nature and effects of alcohol and other  
10 psychoactive chemicals and the consequences of their use;

11 (7) Develop and implement, as an integral part of substance use  
12 disorder treatment programs, an educational program for use in the  
13 treatment of persons with substance use disorders, persons  
14 incapacitated by alcohol or other psychoactive chemicals, and  
15 intoxicated persons, which program shall include the dissemination of  
16 information concerning the nature and effects of alcohol and other  
17 psychoactive chemicals, the consequences of their use, the principles  
18 of recovery, and HIV and AIDS;

19 (8) Organize and foster training programs for persons engaged in  
20 treatment of persons with substance use disorders, persons  
21 incapacitated by alcohol or other psychoactive chemicals, and  
22 intoxicated persons;

23 (9) Sponsor and encourage research into the causes and nature of  
24 (~~alcoholism and other drug addiction~~) substance use disorders,  
25 treatment of persons with substance use disorders, persons  
26 incapacitated by alcohol or other psychoactive chemicals, and  
27 intoxicated persons, and serve as a clearinghouse for information  
28 relating to (~~alcoholism or other drug addiction~~) substance use  
29 disorders;

30 (10) Specify uniform methods for keeping statistical information  
31 by public and private agencies, organizations, and individuals, and  
32 collect and make available relevant statistical information,  
33 including number of persons treated, frequency of admission and  
34 readmission, and frequency and duration of treatment;

35 (11) Advise the governor in the preparation of a comprehensive  
36 plan for treatment of persons with substance use disorders, persons  
37 incapacitated by alcohol or other psychoactive chemicals, and  
38 intoxicated persons for inclusion in the state's comprehensive health  
39 plan;

1 (12) Review all state health, welfare, and treatment plans to be  
2 submitted for federal funding under federal legislation, and advise  
3 the governor on provisions to be included relating to substance use  
4 disorders;

5 (13) Assist in the development of, and cooperate with, programs  
6 for alcohol and other psychoactive chemical education and treatment  
7 for employees of state and local governments and businesses and  
8 industries in the state;

9 (14) Use the support and assistance of interested persons in the  
10 community to encourage persons with substance use disorders  
11 voluntarily to undergo treatment;

12 (15) Cooperate with public and private agencies in establishing  
13 and conducting programs designed to deal with the problem of persons  
14 operating motor vehicles while intoxicated;

15 (16) Encourage general hospitals and other appropriate health  
16 facilities to admit without discrimination persons with substance use  
17 disorders, persons incapacitated by alcohol or other psychoactive  
18 chemicals, and intoxicated persons and to provide them with adequate  
19 and appropriate treatment;

20 (17) Encourage all health and disability insurance programs to  
21 include (~~alcoholism and other drug addiction~~) substance use  
22 disorders as a covered illness; and

23 (18) Organize and sponsor a statewide program to help court  
24 personnel, including judges, better understand (~~the disease of~~  
25 ~~alcoholism and other drug addiction~~) substance use disorders and the  
26 uses of (~~chemical dependency~~) substance use disorder treatment  
27 programs.

28 **Sec. 504.** RCW 71.24.037 and 2001 c 323 s 11 are each amended to  
29 read as follows:

30 (1) The secretary shall by rule establish state minimum standards  
31 for licensed behavioral health service providers and services,  
32 whether those service providers and services are licensed to provide  
33 solely mental health services, substance use disorder treatment  
34 services, or services to persons with co-occurring disorders.

35 (2) Minimum standards for licensed behavioral health service  
36 providers shall, at a minimum, establish: Qualifications for staff  
37 providing services directly to (~~mentally ill~~) persons with mental  
38 disorders, substance use disorders, or both, the intended result of  
39 each service, and the rights and responsibilities of persons

1 receiving (~~mental~~) behavioral health services pursuant to this  
2 chapter. The secretary shall provide for deeming of licensed  
3 behavioral health service providers as meeting state minimum  
4 standards as a result of accreditation by a recognized behavioral  
5 health accrediting body recognized and having a current agreement  
6 with the department.

7 (3) Minimum standards for community support services and resource  
8 management services shall include at least qualifications for  
9 resource management services, client tracking systems, and the  
10 transfer of patient information between behavioral health service  
11 providers.

12 (4) The department may suspend, revoke, limit, restrict, or  
13 modify an approval, or refuse to grant approval, for failure to meet  
14 the provisions of this chapter, or the standards adopted under this  
15 chapter. RCW 43.20A.205 governs notice of a license denial,  
16 revocation, suspension, or modification and provides the right to an  
17 adjudicative proceeding.

18 (5) No licensed behavioral health service provider may advertise  
19 or represent itself as a licensed behavioral health service provider  
20 if approval has not been granted, has been denied, suspended,  
21 revoked, or canceled.

22 (6) Licensure as a behavioral health service provider is  
23 effective for one calendar year from the date of issuance of the  
24 license. The license must specify the types of services provided by  
25 the behavioral health service provider that meet the standards  
26 adopted under this chapter. Renewal of a license must be made in  
27 accordance with this section for initial approval and in accordance  
28 with the standards set forth in rules adopted by the secretary.

29 (7) Licensure as a licensed behavioral health service provider  
30 must specify the types of services provided that meet the standards  
31 adopted under this chapter. Renewal of a license must be made in  
32 accordance with this section for initial approval and in accordance  
33 with the standards set forth in rules adopted by the secretary.

34 (8) Licensed behavioral health service providers may not provide  
35 types of services for which the licensed behavioral health service  
36 provider has not been certified. Licensed behavioral health service  
37 providers may provide services for which approval has been sought and  
38 is pending, if approval for the services has not been previously  
39 revoked or denied.

1 (9) The department periodically shall inspect licensed behavioral  
2 health service providers at reasonable times and in a reasonable  
3 manner.

4 (10) Upon petition of the department and after a hearing held  
5 upon reasonable notice to the facility, the superior court may issue  
6 a warrant to an officer or employee of the department authorizing him  
7 or her to enter and inspect at reasonable times, and examine the  
8 books and accounts of, any licensed behavioral health service  
9 provider refusing to consent to inspection or examination by the  
10 department or which the department has reasonable cause to believe is  
11 operating in violation of this chapter.

12 (11) The department shall maintain and periodically publish a  
13 current list of licensed behavioral health service providers.

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

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

31 **Sec. 505.** RCW 70.96A.090 and 2005 c 70 s 2 are each amended to  
32 read as follows:

33 ~~(1) ((The department shall adopt rules establishing standards for~~  
34 ~~approved treatment programs, the process for the review and~~  
35 ~~inspection program applying to the department for certification as an~~  
36 ~~approved treatment program, and fixing the fees to be charged by the~~  
37 ~~department for the required inspections. The standards may concern~~  
38 ~~the health standards to be met and standards of services and~~  
39 ~~treatment to be afforded patients.~~

1       ~~(2) The department may suspend, revoke, limit, restrict, or~~  
2 ~~modify an approval, or refuse to grant approval, for failure to meet~~  
3 ~~the provisions of this chapter, or the standards adopted under this~~  
4 ~~chapter. RCW 43.20A.205 governs notice of a license denial,~~  
5 ~~revocation, suspension, or modification and provides the right to an~~  
6 ~~adjudicative proceeding.~~

7       ~~(3) No treatment program may advertise or represent itself as an~~  
8 ~~approved treatment program if approval has not been granted, has been~~  
9 ~~denied, suspended, revoked, or canceled.~~

10       ~~(4) Certification as an approved treatment program is effective~~  
11 ~~for one calendar year from the date of issuance of the certificate.~~  
12 ~~The certification shall specify the types of services provided by the~~  
13 ~~approved treatment program that meet the standards adopted under this~~  
14 ~~chapter. Renewal of certification shall be made in accordance with~~  
15 ~~this section for initial approval and in accordance with the~~  
16 ~~standards set forth in rules adopted by the secretary.~~

17       ~~(5) Approved treatment programs shall not provide alcoholism or~~  
18 ~~other drug addiction treatment services for which the approved~~  
19 ~~treatment program has not been certified. Approved treatment programs~~  
20 ~~may provide services for which approval has been sought and is~~  
21 ~~pending, if approval for the services has not been previously revoked~~  
22 ~~or denied.~~

23       ~~(6) The department periodically shall inspect approved public and~~  
24 ~~private treatment programs at reasonable times and in a reasonable~~  
25 ~~manner.~~

26       ~~(7) The department shall maintain and periodically publish a~~  
27 ~~current list of approved treatment programs.~~

28       ~~(8) Each approved treatment program shall file with the~~  
29 ~~department on request, data, statistics, schedules, and information~~  
30 ~~the department reasonably requires. An approved treatment program~~  
31 ~~that without good cause fails to furnish any data, statistics,~~  
32 ~~schedules, or information as requested, or files fraudulent returns~~  
33 ~~thereof, may be removed from the list of approved treatment programs,~~  
34 ~~and its certification revoked or suspended.~~

35       ~~(9) The department shall use the data provided in subsection (8)~~  
36 ~~of this section to evaluate each program that admits children to~~  
37 ~~inpatient treatment upon application of their parents. The evaluation~~  
38 ~~shall be done at least once every twelve months. In addition, the~~  
39 ~~department shall randomly select and review the information on~~  
40 ~~individual children who are admitted on application of the child's~~

1 ~~parent for the purpose of determining whether the child was~~  
2 ~~appropriately placed into treatment based on an objective evaluation~~  
3 ~~of the child's condition and the outcome of the child's treatment.~~

4 ~~(10) Upon petition of the department and after a hearing held~~  
5 ~~upon reasonable notice to the facility, the superior court may issue~~  
6 ~~a warrant to an officer or employee of the department authorizing him~~  
7 ~~or her to enter and inspect at reasonable times, and examine the~~  
8 ~~books and accounts of, any approved public or private treatment~~  
9 ~~program refusing to consent to inspection or examination by the~~  
10 ~~department or which the department has reasonable cause to believe is~~  
11 ~~operating in violation of this chapter.~~

12 ~~((11)(a))~~ All approved opiate substitution treatment programs  
13 that provide services to women who are pregnant are required to  
14 disseminate up-to-date and accurate health education information to  
15 all their pregnant clients concerning the possible addiction and  
16 health risks that their opiate substitution treatment may have on  
17 their baby. All pregnant clients must also be advised of the risks to  
18 both them and their baby associated with not remaining on the opiate  
19 substitute program. The information must be provided to these clients  
20 both verbally and in writing. The health education information  
21 provided to the pregnant clients must include referral options for  
22 the addicted baby.

23 ~~((b))~~ (2) The department shall adopt rules that require all  
24 opiate treatment programs to educate all pregnant women in their  
25 program on the benefits and risks of methadone treatment to their  
26 fetus before they are provided these medications, as part of their  
27 addiction treatment. The department shall meet the requirements under  
28 this subsection within the appropriations provided for opiate  
29 treatment programs. The department, working with treatment providers  
30 and medical experts, shall develop and disseminate the educational  
31 materials to all certified opiate treatment programs.

32 NEW SECTION. Sec. 506. A new section is added to chapter 71.24  
33 RCW to read as follows:

34 The standards for certification or licensure of evaluation and  
35 treatment facilities must include standards relating to maintenance  
36 of good physical and mental health and other services to be afforded  
37 persons pursuant to this chapter and chapters 71.05 and 71.34 RCW,  
38 and must otherwise assure the effectuation of the purposes of these  
39 chapters.

1        NEW SECTION.    **Sec. 507.**    A new section is added to chapter 71.24  
2    RCW to read as follows:

3        The standards for certification or licensure of crisis  
4    stabilization units must include standards that:

5        (1) Permit location of the units at a jail facility if the unit  
6    is physically separate from the general population of the jail;

7        (2) Require administration of the unit by mental health  
8    professionals who direct the stabilization and rehabilitation  
9    efforts; and

10       (3) Provide an environment affording security appropriate with  
11   the alleged criminal behavior and necessary to protect the public  
12   safety.

13       NEW SECTION.    **Sec. 508.**    A new section is added to chapter 71.24  
14    RCW to read as follows:

15       The standards for certification or licensure of a clubhouse must  
16    at a minimum include:

17       (1) The facilities may be peer-operated and must be  
18    recovery-focused;

19       (2) Members and employees must work together;

20       (3) Members must have the opportunity to participate in all the  
21   work of the clubhouse, including administration, research, intake and  
22   orientation, outreach, hiring, training and evaluation of staff,  
23   public relations, advocacy, and evaluation of clubhouse  
24   effectiveness;

25       (4) Members and staff and ultimately the clubhouse director must  
26   be responsible for the operation of the clubhouse, central to this  
27   responsibility is the engagement of members and staff in all aspects  
28   of clubhouse operations;

29       (5) Clubhouse programs must be comprised of structured activities  
30   including but not limited to social skills training, vocational  
31   rehabilitation, employment training and job placement, and community  
32   resource development;

33       (6) Clubhouse programs must provide in-house educational programs  
34   that significantly utilize the teaching and tutoring skills of  
35   members and assist members by helping them to take advantage of adult  
36   education opportunities in the community;

37       (7) Clubhouse programs must focus on strengths, talents, and  
38   abilities of its members;

1 (8) The work-ordered day may not include medication clinics, day  
2 treatment, or other therapy programs within the clubhouse.

3 **Sec. 509.** RCW 71.24.385 and 2014 c 225 s 9 are each amended to  
4 read as follows:

5 (1) Within funds appropriated by the legislature for this  
6 purpose, behavioral health organizations shall develop the means to  
7 serve the needs of people:

8 (a) With mental disorders residing within the boundaries of their  
9 regional service area. Elements of the program may include:

10 ~~((a))~~ (i) Crisis diversion services;

11 ~~((b))~~ (ii) Evaluation and treatment and community hospital  
12 beds;

13 ~~((c))~~ (iii) Residential treatment;

14 ~~((d))~~ (iv) Programs for intensive community treatment;

15 ~~((e))~~ (v) Outpatient services;

16 ~~((f))~~ (vi) Peer support services;

17 ~~((g))~~ (vii) Community support services;

18 ~~((h))~~ (viii) Resource management services; and

19 ~~((i))~~ (ix) Supported housing and supported employment services.

20 (b) With substance use disorders and their families, people  
21 incapacitated by alcohol or other psychoactive chemicals, and  
22 intoxicated people.

23 (i) Elements of the program shall include, but not necessarily be  
24 limited to, a continuum of substance use disorder treatment services  
25 that includes:

26 (A) Withdrawal management;

27 (B) Residential treatment; and

28 (C) Outpatient treatment.

29 (ii) The program may include peer support, supported housing,  
30 supported employment, crisis diversion, or recovery support services.

31 (iii) The department may contract for the use of an approved  
32 substance use disorder treatment program or other individual or  
33 organization if the secretary considers this to be an effective and  
34 economical course to follow.

35 (2) The behavioral health organization shall have the  
36 flexibility, within the funds appropriated by the legislature for  
37 this purpose and the terms of their contract, to design the mix of  
38 services that will be most effective within their service area of  
39 meeting the needs of people with ~~((mental))~~ behavioral health

1 disorders and avoiding placement of such individuals at the state  
2 mental hospital. Behavioral health organizations are encouraged to  
3 maximize the use of evidence-based practices and alternative  
4 resources with the goal of substantially reducing and potentially  
5 eliminating the use of institutions for mental diseases.

6 (3)(a) Treatment provided under this chapter must be purchased  
7 primarily through managed care contracts.

8 (b) Consistent with RCW 70.96A.350 (as recodified by this act),  
9 services and funding provided through the criminal justice treatment  
10 account are intended to be exempted from managed care contracting.

11 **Sec. 510.** RCW 70.96A.350 and 2015 3rd sp.s. c 4 s 968 and 2015 c  
12 291 s 10 are each reenacted and amended to read as follows:

13 (1) The criminal justice treatment account is created in the  
14 state treasury. Moneys in the account may be expended solely for: (a)  
15 Substance ~~((abuse))~~ use disorder treatment and treatment support  
16 services for offenders with ~~((an addiction or a substance abuse~~  
17 ~~problem))~~ a substance use disorder that, if not treated, would result  
18 in addiction, against whom charges are filed by a prosecuting  
19 attorney in Washington state; (b) the provision of ~~((drug and~~  
20 ~~alcohol))~~ substance use disorder treatment services and treatment  
21 support services for nonviolent offenders within a drug court  
22 program; and (c) the administrative and overhead costs associated  
23 with the operation of a drug court. ~~((This amount is not subject to~~  
24 ~~the requirements of subsections (5) through (9) of this section.~~  
25 ~~During the 2013-2015 fiscal biennium, the legislature may transfer~~  
26 ~~from the criminal justice treatment account to the state general fund~~  
27 ~~amounts as reflect the state savings associated with the~~  
28 ~~implementation of the medicaid expansion of the federal affordable~~  
29 ~~care act.))~~ During the 2015-2017 fiscal biennium, the legislature may  
30 transfer from the criminal justice treatment account to the state  
31 general fund amounts as reflect the state savings associated with the  
32 implementation of the medicaid expansion of the federal affordable  
33 care act and the excess fund balance of the account. Moneys in the  
34 account may be spent only after appropriation.

35 (2) For purposes of this section:

36 (a) "Treatment" means services that are critical to a  
37 participant's successful completion of his or her substance ~~((abuse))~~  
38 use disorder treatment program, but does not include the following  
39 services: Housing other than that provided as part of an inpatient

1 substance ((~~abuse~~)) use disorder treatment program, vocational  
2 training, and mental health counseling; and

3 (b) "Treatment support" means transportation to or from inpatient  
4 or outpatient treatment services when no viable alternative exists,  
5 and child care services that are necessary to ensure a participant's  
6 ability to attend outpatient treatment sessions.

7 (3) Revenues to the criminal justice treatment account consist  
8 of: (a) Funds transferred to the account pursuant to this section;  
9 and (b) any other revenues appropriated to or deposited in the  
10 account.

11 (4)(a) (~~((For the fiscal biennium beginning July 1, 2003, the  
12 state treasurer shall transfer eight million nine hundred fifty  
13 thousand dollars from the general fund into the criminal justice  
14 treatment account, divided into eight equal quarterly payments. For  
15 the fiscal year beginning July 1, 2005, and each subsequent fiscal  
16 year, the state treasurer shall transfer eight million two hundred  
17 fifty thousand dollars from the general fund to the criminal justice  
18 treatment account, divided into four equal quarterly payments.))~~) For  
19 the fiscal year beginning July 1, 2006, and each subsequent fiscal  
20 year, the amount transferred shall be increased on an annual basis by  
21 the implicit price deflator as published by the federal bureau of  
22 labor statistics.

23 (b) In each odd-numbered year, the legislature shall appropriate  
24 the amount transferred to the criminal justice treatment account in  
25 (a) of this subsection to the ((~~division of alcohol and substance  
26 abuse~~)) department for the purposes of subsection (5) of this  
27 section.

28 (5) Moneys appropriated to the ((~~division of alcohol and  
29 substance abuse~~)) department from the criminal justice treatment  
30 account shall be distributed as specified in this subsection. The  
31 department ((~~shall serve as the fiscal agent for purposes of  
32 distribution. Until July 1, 2004, the department may not use moneys  
33 appropriated from the criminal justice treatment account for  
34 administrative expenses and shall distribute all amounts appropriated  
35 under subsection (4)(b) of this section in accordance with this  
36 subsection. Beginning in July 1, 2004, the department~~)) may retain up  
37 to three percent of the amount appropriated under subsection (4)(b)  
38 of this section for its administrative costs.

39 (a) Seventy percent of amounts appropriated to the ((~~division~~))  
40 department from the account shall be distributed to counties pursuant

1 to the distribution formula adopted under this section. The division  
2 of alcohol and substance abuse, in consultation with the department  
3 of corrections, the Washington state association of counties, the  
4 Washington state association of drug court professionals, the  
5 superior court judges' association, the Washington association of  
6 prosecuting attorneys, representatives of the criminal defense bar,  
7 representatives of substance ~~((abuse))~~ use disorder treatment  
8 providers, and any other person deemed by the ~~((division))~~ department  
9 to be necessary, shall establish a fair and reasonable methodology  
10 for distribution to counties of moneys in the criminal justice  
11 treatment account. County or regional plans submitted for the  
12 expenditure of formula funds must be approved by the panel  
13 established in (b) of this subsection.

14 (b) Thirty percent of the amounts appropriated to the  
15 ~~((division))~~ department from the account shall be distributed as  
16 grants for purposes of treating offenders against whom charges are  
17 filed by a county prosecuting attorney. The ~~((division))~~ department  
18 shall appoint a panel of representatives from the Washington  
19 association of prosecuting attorneys, the Washington association of  
20 sheriffs and police chiefs, the superior court judges' association,  
21 the Washington state association of counties, the Washington  
22 defender's association or the Washington association of criminal  
23 defense lawyers, the department of corrections, the Washington state  
24 association of drug court professionals, substance ~~((abuse))~~ use  
25 disorder treatment providers, and the division. The panel shall  
26 review county or regional plans for funding under (a) of this  
27 subsection and grants approved under this subsection. The panel shall  
28 attempt to ensure that treatment as funded by the grants is available  
29 to offenders statewide.

30 (6) The county alcohol and drug coordinator, county prosecutor,  
31 county sheriff, county superior court, a substance abuse treatment  
32 provider appointed by the county legislative authority, a member of  
33 the criminal defense bar appointed by the county legislative  
34 authority, and, in counties with a drug court, a representative of  
35 the drug court shall jointly submit a plan, approved by the county  
36 legislative authority or authorities, to the panel established in  
37 subsection (5)(b) of this section, for disposition of all the funds  
38 provided from the criminal justice treatment account within that  
39 county. The funds shall be used solely to provide approved alcohol  
40 and substance abuse treatment pursuant to RCW 70.96A.090 (as

1 recodified by this act), treatment support services, and for the  
2 administrative and overhead costs associated with the operation of a  
3 drug court.

4 (a) No more than ten percent of the total moneys received under  
5 subsections (4) and (5) of this section by a county or group of  
6 counties participating in a regional agreement shall be spent on the  
7 administrative and overhead costs associated with the operation of a  
8 drug court.

9 (b) No more than ten percent of the total moneys received under  
10 subsections (4) and (5) of this section by a county or group of  
11 counties participating in a regional agreement shall be spent for  
12 treatment support services.

13 (7) Counties are encouraged to consider regional agreements and  
14 submit regional plans for the efficient delivery of treatment under  
15 this section.

16 (8) Moneys allocated under this section shall be used to  
17 supplement, not supplant, other federal, state, and local funds used  
18 for substance abuse treatment.

19 (9) Counties must meet the criteria established in RCW  
20 2.30.030(3).

21 (10) The authority under this section to use funds from the  
22 criminal justice treatment account for the administrative and  
23 overhead costs associated with the operation of a drug court expires  
24 June 30, 2015.

25 **Sec. 511.** RCW 70.96A.035 and 2005 c 504 s 302 are each amended  
26 to read as follows:

27 (1) (~~Not later than January 1, 2007,~~) All persons providing  
28 treatment under this chapter shall also implement the integrated  
29 comprehensive screening and assessment process for (~~chemical~~  
30 ~~dependency~~) substance use and mental disorders adopted pursuant to  
31 RCW 70.96C.010 (as recodified by this act) and shall document the  
32 numbers of clients with co-occurring mental and substance (~~abuse~~)  
33 use disorders based on a quadrant system of low and high needs.

34 (2) Treatment providers contracted to provide treatment under  
35 this chapter who fail to implement the integrated comprehensive  
36 screening and assessment process for (~~chemical—dependency~~)  
37 substance use and mental disorders (~~by July 1, 2007,~~) are subject  
38 to contractual penalties established under RCW 70.96C.010 (as  
39 recodified by this act).

1       **Sec. 512.** RCW 70.96C.010 and 2014 c 225 s 77 are each amended to  
2 read as follows:

3       (1) The department of social and health services(~~(, in~~  
4 ~~consultation with the members of the team charged with developing the~~  
5 ~~state plan for co-occurring mental and substance abuse disorders,~~  
6 ~~shall adopt, not later than January 1, 2006,)) shall maintain an  
7 integrated and comprehensive screening and assessment process for  
8 (~~chemical dependency~~) substance use and mental disorders and co-  
9 occurring (~~chemical dependency~~) substance use and mental disorders.~~

10       (a) The process adopted shall include, at a minimum:

11       (i) An initial screening tool that can be used by intake  
12 personnel system-wide and which will identify the most common types  
13 of co-occurring disorders;

14       (ii) An assessment process for those cases in which assessment is  
15 indicated that provides an appropriate degree of assessment for most  
16 situations, which can be expanded for complex situations;

17       (iii) Identification of triggers in the screening that indicate  
18 the need to begin an assessment;

19       (iv) Identification of triggers after or outside the screening  
20 that indicate a need to begin or resume an assessment;

21       (v) The components of an assessment process and a protocol for  
22 determining whether part or all of the assessment is necessary, and  
23 at what point; and

24       (vi) Emphasis that the process adopted under this section is to  
25 replace and not to duplicate existing intake, screening, and  
26 assessment tools and processes.

27       (b) The department shall consider existing models, including  
28 those already adopted by other states, and to the extent possible,  
29 adopt an established, proven model.

30       (c) The integrated, comprehensive screening and assessment  
31 process shall be implemented statewide by all (~~chemical dependency~~)  
32 substance use disorder and mental health treatment providers as well  
33 as all designated mental health professionals, designated chemical  
34 dependency specialists, and designated crisis responders (~~not later~~  
35 ~~than January 1, 2007~~)).

36       (2) The department shall provide adequate training to effect  
37 statewide implementation by the dates designated in this section and  
38 shall report the rates of co-occurring disorders and the stage of  
39 screening or assessment at which the co-occurring disorder was  
40 identified to the appropriate committees of the legislature.

1 (3) The department shall establish contractual penalties to  
2 contracted treatment providers, the behavioral health organizations,  
3 and their contracted providers for failure to implement the  
4 integrated screening and assessment process (~~by July 1, 2007~~).

5 **Sec. 513.** RCW 70.96A.037 and 2011 c 89 s 9 are each amended to  
6 read as follows:

7 (1) The department of social and health services shall contract  
8 for chemical dependency specialist services at division of children  
9 and family services offices to enhance the timeliness and quality of  
10 child protective services assessments and to better connect families  
11 to needed treatment services.

12 (2) The chemical dependency specialist's duties may include, but  
13 are not limited to: Conducting on-site (~~chemical dependency~~)  
14 substance use disorder screening and assessment, facilitating  
15 progress reports to department employees, in-service training of  
16 department employees and staff on substance (~~abuse~~) use disorder  
17 issues, referring clients from the department to treatment providers,  
18 and providing consultation on cases to department employees.

19 (3) The department of social and health services shall provide  
20 training in and ensure that each case-carrying employee is trained in  
21 uniform screening for mental health and (~~chemical dependency~~)  
22 substance use disorder.

23 **Sec. 514.** RCW 70.96A.047 and 1989 c 270 s 11 are each amended to  
24 read as follows:

25 Except as provided in this chapter, the secretary shall not  
26 approve any substance use disorder facility, plan, or program for  
27 financial assistance under RCW 70.96A.040 (as recodified by this act)  
28 unless at least ten percent of the amount spent for the facility,  
29 plan, or program is provided from local public or private sources.  
30 When deemed necessary to maintain public standards of care in the  
31 substance use disorder facility, plan, or program, the secretary may  
32 require the substance use disorder facility, plan, or program to  
33 provide up to fifty percent of the total spent for the program  
34 through fees, gifts, contributions, or volunteer services. The  
35 secretary shall determine the value of the gifts, contributions, and  
36 volunteer services.

1       **Sec. 515.** RCW 70.96A.055 and 1999 c 197 s 10 are each amended to  
2 read as follows:

3       The department shall contract with counties operating drug courts  
4 and counties in the process of implementing new drug courts for the  
5 provision of (~~drug and alcohol~~) substance use disorder treatment  
6 services.

7       **Sec. 516.** RCW 70.96A.087 and 1989 c 270 s 13 are each amended to  
8 read as follows:

9       To be eligible to receive its share of liquor taxes and profits,  
10 each city and county shall devote no less than two percent of its  
11 share of liquor taxes and profits to the support of a substance use  
12 disorder program (~~of alcoholism and other drug addiction~~) approved  
13 by the (~~alcoholism and other drug addiction board authorized by RCW~~  
14 ~~70.96A.300~~) behavioral health organization and the secretary.

15       **Sec. 517.** RCW 70.96A.170 and 1989 c 270 s 30 are each amended to  
16 read as follows:

17       (1) The state and counties, cities, and other municipalities may  
18 establish or contract for emergency service patrols which are to be  
19 under the administration of the appropriate jurisdiction. A patrol  
20 consists of persons trained to give assistance in the streets and in  
21 other public places to persons who are intoxicated. Members of an  
22 emergency service patrol shall be capable of providing first aid in  
23 emergency situations and may transport intoxicated persons to their  
24 homes and to and from substance use disorder treatment programs.

25       (2) The secretary shall adopt rules pursuant to chapter 34.05 RCW  
26 for the establishment, training, and conduct of emergency service  
27 patrols.

28       **Sec. 518.** RCW 70.96A.400 and 2001 c 242 s 1 are each amended to  
29 read as follows:

30       The state of Washington declares that there is no fundamental  
31 right to opiate substitution treatment. The state of Washington  
32 further declares that while opiate substitution drugs used in the  
33 treatment of opiate dependency are addictive substances, that they  
34 nevertheless have several legal, important, and justified uses and  
35 that one of their appropriate and legal uses is, in conjunction with  
36 other required therapeutic procedures, in the treatment of persons  
37 addicted to or habituated to opioids. Opiate substitution treatment

1 should only be used for participants who are deemed appropriate to  
2 need this level of intervention and should not be the first treatment  
3 intervention for all opiate addicts.

4 Because opiate substitution drugs, used in the treatment of  
5 opiate dependency are addictive and are listed as a schedule II  
6 controlled substance in chapter 69.50 RCW, the state of Washington  
7 has the legal obligation and right to regulate the use of opiate  
8 substitution treatment. The state of Washington declares its  
9 authority to control and regulate carefully, in consultation with  
10 counties and cities, all clinical uses of opiate substitution drugs  
11 used in the treatment of opiate addiction.

12 Further, the state declares that the primary goal of opiate  
13 substitution treatment is total abstinence from ~~((chemical  
14 dependency))~~ substance use for the individuals who participate in the  
15 treatment program. The state recognizes that a small percentage of  
16 persons who participate in opiate substitution treatment programs  
17 require treatment for an extended period of time. Opiate substitution  
18 treatment programs shall provide a comprehensive transition program  
19 to eliminate ~~((chemical-dependency))~~ substance use, including opiate  
20 and opiate substitute addiction of program participants.

21 **Sec. 519.** RCW 70.96A.800 and 2014 c 225 s 33 are each amended to  
22 read as follows:

23 (1) Subject to funds appropriated for this specific purpose, the  
24 secretary shall select and contract with ~~((counties))~~ behavioral  
25 health organizations to provide intensive case management for  
26 ~~((chemically-dependent))~~ persons with substance use disorders and  
27 histories of high utilization of crisis services at two sites. In  
28 selecting the two sites, the secretary shall endeavor to site one in  
29 an urban county, and one in a rural county; and to site them in  
30 counties other than those selected pursuant to RCW 70.96B.020, to the  
31 extent necessary to facilitate evaluation of pilot project results.  
32 Subject to funds appropriated for this specific purpose, the  
33 secretary may contract with additional counties to provide intensive  
34 case management.

35 (2) The contracted sites shall implement the pilot programs by  
36 providing intensive case management to persons with a primary  
37 ~~((chemical-dependency))~~ substance use disorder diagnosis or dual  
38 primary ~~((chemical-dependency))~~ substance use disorder and mental  
39 health diagnoses, through the employment of ~~((chemical-dependency))~~

1 substance use disorder case managers. The ((~~chemical dependency~~))  
2 substance use disorder case managers shall:

3 (a) Be trained in and use the integrated, comprehensive screening  
4 and assessment process adopted under RCW 70.96C.010 (as recodified by  
5 this act);

6 (b) Reduce the use of crisis medical, ((~~chemical dependency~~))  
7 substance use disorder treatment and mental health services,  
8 including but not limited to, emergency room admissions,  
9 hospitalizations, withdrawal management programs, inpatient  
10 psychiatric admissions, involuntary treatment petitions, emergency  
11 medical services, and ambulance services;

12 (c) Reduce the use of emergency first responder services  
13 including police, fire, emergency medical, and ambulance services;

14 (d) Reduce the number of criminal justice interventions including  
15 arrests, violations of conditions of supervision, bookings, jail  
16 days, prison sanction day for violations, court appearances, and  
17 prosecutor and defense costs;

18 (e) Where appropriate and available, work with therapeutic courts  
19 including drug courts and mental health courts to maximize the  
20 outcomes for the individual and reduce the likelihood of reoffense;

21 (f) Coordinate with local offices of the economic services  
22 administration to assist the person in accessing and remaining  
23 enrolled in those programs to which the person may be entitled;

24 (g) Where appropriate and available, coordinate with primary care  
25 and other programs operated through the federal government including  
26 federally qualified health centers, Indian health programs, and  
27 veterans' health programs for which the person is eligible to reduce  
28 duplication of services and conflicts in case approach;

29 (h) Where appropriate, advocate for the client's needs to assist  
30 the person in achieving and maintaining stability and progress toward  
31 recovery;

32 (i) Document the numbers of persons with co-occurring mental and  
33 substance ((~~abuse~~)) use disorders and the point of determination of  
34 the co-occurring disorder by quadrant of intensity of need; and

35 (j) Where a program participant is under supervision by the  
36 department of corrections, collaborate with the department of  
37 corrections to maximize treatment outcomes and reduce the likelihood  
38 of reoffense.

39 (3) The pilot programs established by this section shall begin  
40 providing services by March 1, 2006.

1       **Sec. 520.** RCW 70.96A.905 and 1992 c 205 s 306 are each amended  
2 to read as follows:

3       The department shall ensure that the provisions of this chapter  
4 are applied by the ~~((counties))~~ behavioral health organizations in a  
5 consistent and uniform manner. The department shall also ensure that,  
6 to the extent possible within available funds, the ~~((county-~~  
7 ~~designated))~~ behavioral health organization-designated chemical  
8 dependency specialists are specifically trained in adolescent  
9 chemical dependency issues, the chemical dependency commitment laws,  
10 and the criteria for commitment, as specified in this chapter and  
11 chapter 70.96A RCW.

12       **Sec. 521.** RCW 71.24.300 and 2015 c 269 s 10 are each amended to  
13 read as follows:

14       (1) Upon the request of a tribal authority or authorities within  
15 a behavioral health organization the joint operating agreement or the  
16 county authority shall allow for the inclusion of the tribal  
17 authority to be represented as a party to the behavioral health  
18 organization.

19       (2) The roles and responsibilities of the county and tribal  
20 authorities shall be determined by the terms of that agreement  
21 including a determination of membership on the governing board and  
22 advisory committees, the number of tribal representatives to be party  
23 to the agreement, and the provisions of law and shall assure the  
24 provision of culturally competent services to the tribes served.

25       (3) The state ~~((mental))~~ behavioral health authority may not  
26 determine the roles and responsibilities of county authorities as to  
27 each other under behavioral health organizations by rule, except to  
28 assure that all duties required of behavioral health organizations  
29 are assigned and that counties and the behavioral health organization  
30 do not duplicate functions and that a single authority has final  
31 responsibility for all available resources and performance under the  
32 behavioral health organization's contract with the secretary.

33       (4) If a behavioral health organization is a private entity, the  
34 department shall allow for the inclusion of the tribal authority to  
35 be represented as a party to the behavioral health organization.

36       (5) The roles and responsibilities of the private entity and the  
37 tribal authorities shall be determined by the department, through  
38 negotiation with the tribal authority.

1 (6) Behavioral health organizations shall submit an overall six-  
2 year operating and capital plan, timeline, and budget and submit  
3 progress reports and an updated two-year plan biennially thereafter,  
4 to assume within available resources all of the following duties:

5 (a) Administer and provide for the availability of all resource  
6 management services, residential services, and community support  
7 services.

8 (b) Administer and provide for the availability of an adequate  
9 network of evaluation and treatment services to ensure access to  
10 treatment, all investigation, transportation, court-related, and  
11 other services provided by the state or counties pursuant to chapter  
12 71.05 RCW.

13 (c) Provide within the boundaries of each behavioral health  
14 organization evaluation and treatment services for at least ninety  
15 percent of persons detained or committed for periods up to seventeen  
16 days according to chapter 71.05 RCW. Behavioral health organizations  
17 may contract to purchase evaluation and treatment services from other  
18 organizations if they are unable to provide for appropriate resources  
19 within their boundaries. Insofar as the original intent of serving  
20 persons in the community is maintained, the secretary is authorized  
21 to approve exceptions on a case-by-case basis to the requirement to  
22 provide evaluation and treatment services within the boundaries of  
23 each behavioral health organization. Such exceptions are limited to:

24 (i) Contracts with neighboring or contiguous regions; or

25 (ii) Individuals detained or committed for periods up to  
26 seventeen days at the state hospitals at the discretion of the  
27 secretary.

28 (d) Administer and provide for the availability of all other  
29 mental health services, which shall include patient counseling, day  
30 treatment, consultation, education services, employment services as  
31 described in RCW 71.24.035, and mental health services to children.

32 (e) Establish standards and procedures for reviewing individual  
33 service plans and determining when that person may be discharged from  
34 resource management services.

35 (7) A behavioral health organization may request that any state-  
36 owned land, building, facility, or other capital asset which was ever  
37 purchased, deeded, given, or placed in trust for the care of the  
38 persons with mental illness and which is within the boundaries of a  
39 behavioral health organization be made available to support the  
40 operations of the behavioral health organization. State agencies

1 managing such capital assets shall give first priority to requests  
2 for their use pursuant to this chapter.

3 (8) Each behavioral health organization shall appoint a  
4 (~~mental~~) behavioral health advisory board which shall review and  
5 provide comments on plans and policies developed under this chapter,  
6 provide local oversight regarding the activities of the behavioral  
7 health organization, and work with the behavioral health organization  
8 to resolve significant concerns regarding service delivery and  
9 outcomes. The department shall establish statewide procedures for the  
10 operation of regional advisory committees including mechanisms for  
11 advisory board feedback to the department regarding behavioral health  
12 organization performance. The composition of the board shall be  
13 broadly representative of the demographic character of the region and  
14 shall include, but not be limited to, representatives of consumers of  
15 substance use disorder and mental health services and their families,  
16 law enforcement, and, where the county is not the behavioral health  
17 organization, county elected officials. Composition and length of  
18 terms of board members may differ between behavioral health  
19 organizations but shall be included in each behavioral health  
20 organization's contract and approved by the secretary.

21 (9) Behavioral health organizations shall assume all duties  
22 specified in their plans and joint operating agreements through  
23 biennial contractual agreements with the secretary.

24 (10) Behavioral health organizations may receive technical  
25 assistance from the housing trust fund and may identify and submit  
26 projects for housing and housing support services to the housing  
27 trust fund established under chapter 43.185 RCW. Projects identified  
28 or submitted under this subsection must be fully integrated with the  
29 behavioral health organization six-year operating and capital plan,  
30 timeline, and budget required by subsection (6) of this section.

31 **Sec. 522.** RCW 71.24.350 and 2014 c 225 s 41 are each amended to  
32 read as follows:

33 The department shall require each behavioral health organization  
34 to provide for a separately funded (~~mental~~) behavioral health  
35 ombuds office in each behavioral health organization that is  
36 independent of the behavioral health organization. The ombuds office  
37 shall maximize the use of consumer advocates.

1       **Sec. 523.** RCW 9.94A.660 and 2009 c 389 s 3 are each amended to  
2 read as follows:

3       (1) An offender is eligible for the special drug offender  
4 sentencing alternative if:

5       (a) The offender is convicted of a felony that is not a violent  
6 offense or sex offense and the violation does not involve a sentence  
7 enhancement under RCW 9.94A.533 (3) or (4);

8       (b) The offender is convicted of a felony that is not a felony  
9 driving while under the influence of intoxicating liquor or any drug  
10 under RCW 46.61.502(6) or felony physical control of a vehicle while  
11 under the influence of intoxicating liquor or any drug under RCW  
12 46.61.504(6);

13       (c) The offender has no current or prior convictions for a sex  
14 offense at any time or violent offense within ten years before  
15 conviction of the current offense, in this state, another state, or  
16 the United States;

17       (d) For a violation of the Uniform Controlled Substances Act  
18 under chapter 69.50 RCW or a criminal solicitation to commit such a  
19 violation under chapter 9A.28 RCW, the offense involved only a small  
20 quantity of the particular controlled substance as determined by the  
21 judge upon consideration of such factors as the weight, purity,  
22 packaging, sale price, and street value of the controlled substance;

23       (e) The offender has not been found by the United States attorney  
24 general to be subject to a deportation detainer or order and does not  
25 become subject to a deportation order during the period of the  
26 sentence;

27       (f) The end of the standard sentence range for the current  
28 offense is greater than one year; and

29       (g) The offender has not received a drug offender sentencing  
30 alternative more than once in the prior ten years before the current  
31 offense.

32       (2) A motion for a special drug offender sentencing alternative  
33 may be made by the court, the offender, or the state.

34       (3) If the sentencing court determines that the offender is  
35 eligible for an alternative sentence under this section and that the  
36 alternative sentence is appropriate, the court shall waive imposition  
37 of a sentence within the standard sentence range and impose a  
38 sentence consisting of either a prison-based alternative under RCW  
39 9.94A.662 or a residential chemical dependency treatment-based  
40 alternative under RCW 9.94A.664. The residential chemical dependency

1 treatment-based alternative is only available if the midpoint of the  
2 standard range is twenty-four months or less.

3 (4) To assist the court in making its determination, the court  
4 may order the department to complete either or both a risk assessment  
5 report and a chemical dependency screening report as provided in RCW  
6 9.94A.500.

7 (5)(a) If the court is considering imposing a sentence under the  
8 residential chemical dependency treatment-based alternative, the  
9 court may order an examination of the offender by the department. The  
10 examination shall, at a minimum, address the following issues:

11 (i) Whether the offender suffers from drug addiction;

12 (ii) Whether the addiction is such that there is a probability  
13 that criminal behavior will occur in the future;

14 (iii) Whether effective treatment for the offender's addiction is  
15 available from a provider that has been licensed or certified by the  
16 (~~division of alcohol and substance abuse of the~~) department of  
17 social and health services; and

18 (iv) Whether the offender and the community will benefit from the  
19 use of the alternative.

20 (b) The examination report must contain:

21 (i) A proposed monitoring plan, including any requirements  
22 regarding living conditions, lifestyle requirements, and monitoring  
23 by family members and others; and

24 (ii) Recommended crime-related prohibitions and affirmative  
25 conditions.

26 (6) When a court imposes a sentence of community custody under  
27 this section:

28 (a) The court may impose conditions as provided in RCW 9.94A.703  
29 and may impose other affirmative conditions as the court considers  
30 appropriate. In addition, an offender may be required to pay thirty  
31 dollars per month while on community custody to offset the cost of  
32 monitoring for alcohol or controlled substances.

33 (b) The department may impose conditions and sanctions as  
34 authorized in RCW 9.94A.704 and 9.94A.737.

35 (7)(a) The court may bring any offender sentenced under this  
36 section back into court at any time on its own initiative to evaluate  
37 the offender's progress in treatment or to determine if any  
38 violations of the conditions of the sentence have occurred.

1 (b) If the offender is brought back to court, the court may  
2 modify the conditions of the community custody or impose sanctions  
3 under (c) of this subsection.

4 (c) The court may order the offender to serve a term of total  
5 confinement within the standard range of the offender's current  
6 offense at any time during the period of community custody if the  
7 offender violates the conditions or requirements of the sentence or  
8 if the offender is failing to make satisfactory progress in  
9 treatment.

10 (d) An offender ordered to serve a term of total confinement  
11 under (c) of this subsection shall receive credit for any time  
12 previously served under this section.

13 (8) In serving a term of community custody imposed upon failure  
14 to complete, or administrative termination from, the special drug  
15 offender sentencing alternative program, the offender shall receive  
16 no credit for time served in community custody prior to termination  
17 of the offender's participation in the program.

18 (9) An offender sentenced under this section shall be subject to  
19 all rules relating to earned release time with respect to any period  
20 served in total confinement.

21 (10) Costs of examinations and preparing treatment plans under a  
22 special drug offender sentencing alternative may be paid, at the  
23 option of the county, from funds provided to the county from the  
24 criminal justice treatment account under RCW 70.96A.350 (as  
25 recodified by this act).

26 **Sec. 524.** RCW 10.05.020 and 2010 c 269 s 9 are each amended to  
27 read as follows:

28 (1) Except as provided in subsection (2) of this section, the  
29 petitioner shall allege under oath in the petition that the wrongful  
30 conduct charged is the result of or caused by ~~((alcoholism, drug~~  
31 ~~addiction,))~~ substance use disorders or mental problems for which the  
32 person is in need of treatment and unless treated the probability of  
33 future recurrence is great, along with a statement that the person  
34 agrees to pay the cost of a diagnosis and treatment of the alleged  
35 problem or problems if financially able to do so. The petition shall  
36 also contain a case history and written assessment prepared by an  
37 approved ~~((alcoholism))~~ substance use disorder treatment program as  
38 designated in chapter ~~((70.96A))~~ 71.24 RCW if the petition alleges  
39 ~~((alcoholism, an approved drug program as designated in chapter 71.24~~

1 ~~RCW if the petition alleges drug addiction,~~) a substance use  
2 disorder or by an approved mental health center if the petition  
3 alleges a mental problem.

4 (2) In the case of a petitioner charged with a misdemeanor or  
5 gross misdemeanor under chapter 9A.42 RCW, the petitioner shall  
6 allege under oath in the petition that the petitioner is the natural  
7 or adoptive parent of the alleged victim; that the wrongful conduct  
8 charged is the result of parenting problems for which the petitioner  
9 is in need of services; that the petitioner is in need of child  
10 welfare services under chapter 74.13 RCW to improve his or her  
11 parenting skills in order to better provide his or her child or  
12 children with the basic necessities of life; that the petitioner  
13 wants to correct his or her conduct to reduce the likelihood of harm  
14 to his or her minor children; that in the absence of child welfare  
15 services the petitioner may be unable to reduce the likelihood of  
16 harm to his or her minor children; and that the petitioner has  
17 cooperated with the department of social and health services to  
18 develop a plan to receive appropriate child welfare services; along  
19 with a statement that the person agrees to pay the cost of the  
20 services if he or she is financially able to do so. The petition  
21 shall also contain a case history and a written service plan from the  
22 department of social and health services.

23 (3) Before entry of an order deferring prosecution, a petitioner  
24 shall be advised of his or her rights as an accused and execute, as a  
25 condition of receiving treatment, a statement that contains: (a) An  
26 acknowledgment of his or her rights; (b) an acknowledgment and waiver  
27 of the right to testify, the right to a speedy trial, the right to  
28 call witnesses to testify, the right to present evidence in his or  
29 her defense, and the right to a jury trial; (c) a stipulation to the  
30 admissibility and sufficiency of the facts contained in the written  
31 police report; and (d) an acknowledgment that the statement will be  
32 entered and used to support a finding of guilty if the court finds  
33 cause to revoke the order granting deferred prosecution. The  
34 petitioner shall also be advised that he or she may, if he or she  
35 proceeds to trial and is found guilty, be allowed to seek suspension  
36 of some or all of the fines and incarceration that may be ordered  
37 upon the condition that he or she seek treatment and, further, that  
38 he or she may seek treatment from public and private agencies at any  
39 time without regard to whether or not he or she is found guilty of  
40 the offense charged. He or she shall also be advised that the court

1 will not accept a petition for deferred prosecution from a person  
2 who: (i) Sincerely believes that he or she is innocent of the  
3 charges; (ii) sincerely believes that he or she does not, in fact,  
4 suffer from alcoholism, drug addiction, or mental problems; or (iii)  
5 in the case of a petitioner charged under chapter 9A.42 RCW,  
6 sincerely believes that he or she does not need child welfare  
7 services.

8 (4) Before entering an order deferring prosecution, the court  
9 shall make specific findings that: (a) The petitioner has stipulated  
10 to the admissibility and sufficiency of the facts as contained in the  
11 written police report; (b) the petitioner has acknowledged the  
12 admissibility of the stipulated facts in any criminal hearing on the  
13 underlying offense or offenses held subsequent to revocation of the  
14 order granting deferred prosecution; (c) the petitioner has  
15 acknowledged and waived the right to testify, the right to a speedy  
16 trial, the right to call witnesses to testify, the right to present  
17 evidence in his or her defense, and the right to a jury trial; and  
18 (d) the petitioner's statements were made knowingly and voluntarily.  
19 Such findings shall be included in the order granting deferred  
20 prosecution.

21 **Sec. 525.** RCW 10.05.030 and 2002 c 219 s 8 are each amended to  
22 read as follows:

23 The arraignment judge upon consideration of the petition and with  
24 the concurrence of the prosecuting attorney may continue the  
25 arraignment and refer such person for a diagnostic investigation and  
26 evaluation to an approved ((alcoholism)) substance use disorder  
27 treatment program as designated in chapter ((70.96A)) 71.24 RCW, if  
28 the petition alleges ((an alcohol problem, an approved drug treatment  
29 center as designated in chapter 71.24 RCW, if the petition alleges a  
30 drug problem)) a substance use disorder, to an approved mental health  
31 center, if the petition alleges a mental problem, or the department  
32 of social and health services if the petition is brought under RCW  
33 10.05.020(2).

34 **Sec. 526.** RCW 10.05.150 and 1999 c 143 s 43 are each amended to  
35 read as follows:

36 A deferred prosecution program for alcoholism shall be for a two-  
37 year period and shall include, but not be limited to, the following  
38 requirements:

1 (1) Total abstinence from alcohol and all other nonprescribed  
2 mind-altering drugs;

3 (2) Participation in an intensive inpatient or intensive  
4 outpatient program in a state-approved (~~alcoholism~~) substance use  
5 disorder treatment program;

6 (3) Participation in a minimum of two meetings per week of an  
7 alcoholism self-help recovery support group, as determined by the  
8 assessing agency, for the duration of the treatment program;

9 (4) Participation in an alcoholism self-help recovery support  
10 group, as determined by the assessing agency, from the date of court  
11 approval of the plan to entry into intensive treatment;

12 (5) Not less than weekly approved outpatient counseling, group or  
13 individual, for a minimum of six months following the intensive phase  
14 of treatment;

15 (6) Not less than monthly outpatient contact, group or  
16 individual, for the remainder of the two-year deferred prosecution  
17 period;

18 (7) The decision to include the use of prescribed drugs,  
19 including disulfiram, as a condition of treatment shall be reserved  
20 to the treating facility and the petitioner's physician;

21 (8) All treatment within the purview of this section shall occur  
22 within or be approved by a state-approved (~~alcoholism~~) substance  
23 use disorder treatment program as described in chapter 70.96A RCW;

24 (9) Signature of the petitioner agreeing to the terms and  
25 conditions of the treatment program.

26 **Sec. 527.** RCW 70.96C.020 and 2005 c 504 s 602 are each amended  
27 to read as follows:

28 The department of corrections shall, to the extent that resources  
29 are available for this purpose, utilize the integrated, comprehensive  
30 screening and assessment process for chemical dependency and mental  
31 disorders developed under RCW 70.96C.010 (as recodified by this act).

32 NEW SECTION. **Sec. 528.** RCW 43.135.03901 is decodified.

33 **Sec. 529.** RCW 46.61.5055 and 2015 2nd sp.s. c 3 s 9 are each  
34 amended to read as follows:

35 (1) **No prior offenses in seven years.** Except as provided in RCW  
36 46.61.502(6) or 46.61.504(6), a person who is convicted of a

1 violation of RCW 46.61.502 or 46.61.504 and who has no prior offense  
2 within seven years shall be punished as follows:

3 (a) **Penalty for alcohol concentration less than 0.15.** In the case  
4 of a person whose alcohol concentration was less than 0.15, or for  
5 whom for reasons other than the person's refusal to take a test  
6 offered pursuant to RCW 46.20.308 there is no test result indicating  
7 the person's alcohol concentration:

8 (i) By imprisonment for not less than one day nor more than three  
9 hundred sixty-four days. Twenty-four consecutive hours of the  
10 imprisonment may not be suspended unless the court finds that the  
11 imposition of this mandatory minimum sentence would impose a  
12 substantial risk to the offender's physical or mental well-being.  
13 Whenever the mandatory minimum sentence is suspended, the court shall  
14 state in writing the reason for granting the suspension and the facts  
15 upon which the suspension is based. In lieu of the mandatory minimum  
16 term of imprisonment required under this subsection (1)(a)(i), the  
17 court may order not less than fifteen days of electronic home  
18 monitoring. The offender shall pay the cost of electronic home  
19 monitoring. The county or municipality in which the penalty is being  
20 imposed shall determine the cost. The court may also require the  
21 offender's electronic home monitoring device or other separate  
22 alcohol monitoring device to include an alcohol detection  
23 breathalyzer, and the court may restrict the amount of alcohol the  
24 offender may consume during the time the offender is on electronic  
25 home monitoring; and

26 (ii) By a fine of not less than three hundred fifty dollars nor  
27 more than five thousand dollars. Three hundred fifty dollars of the  
28 fine may not be suspended unless the court finds the offender to be  
29 indigent; or

30 (b) **Penalty for alcohol concentration at least 0.15.** In the case  
31 of a person whose alcohol concentration was at least 0.15, or for  
32 whom by reason of the person's refusal to take a test offered  
33 pursuant to RCW 46.20.308 there is no test result indicating the  
34 person's alcohol concentration:

35 (i) By imprisonment for not less than two days nor more than  
36 three hundred sixty-four days. Forty-eight consecutive hours of the  
37 imprisonment may not be suspended unless the court finds that the  
38 imposition of this mandatory minimum sentence would impose a  
39 substantial risk to the offender's physical or mental well-being.  
40 Whenever the mandatory minimum sentence is suspended, the court shall

1 state in writing the reason for granting the suspension and the facts  
2 upon which the suspension is based. In lieu of the mandatory minimum  
3 term of imprisonment required under this subsection (1)(b)(i), the  
4 court may order not less than thirty days of electronic home  
5 monitoring. The offender shall pay the cost of electronic home  
6 monitoring. The county or municipality in which the penalty is being  
7 imposed shall determine the cost. The court may also require the  
8 offender's electronic home monitoring device to include an alcohol  
9 detection breathalyzer or other separate alcohol monitoring device,  
10 and the court may restrict the amount of alcohol the offender may  
11 consume during the time the offender is on electronic home  
12 monitoring; and

13 (ii) By a fine of not less than five hundred dollars nor more  
14 than five thousand dollars. Five hundred dollars of the fine may not  
15 be suspended unless the court finds the offender to be indigent.

16 (2) **One prior offense in seven years.** Except as provided in RCW  
17 46.61.502(6) or 46.61.504(6), a person who is convicted of a  
18 violation of RCW 46.61.502 or 46.61.504 and who has one prior offense  
19 within seven years shall be punished as follows:

20 (a) **Penalty for alcohol concentration less than 0.15.** In the case  
21 of a person whose alcohol concentration was less than 0.15, or for  
22 whom for reasons other than the person's refusal to take a test  
23 offered pursuant to RCW 46.20.308 there is no test result indicating  
24 the person's alcohol concentration:

25 (i) By imprisonment for not less than thirty days nor more than  
26 three hundred sixty-four days and sixty days of electronic home  
27 monitoring. In lieu of the mandatory minimum term of sixty days  
28 electronic home monitoring, the court may order at least an  
29 additional four days in jail or, if available in that county or city,  
30 a six-month period of 24/7 sobriety program monitoring pursuant to  
31 RCW 36.28A.300 through 36.28A.390, and the court shall order an  
32 expanded alcohol assessment and treatment, if deemed appropriate by  
33 the assessment. The offender shall pay for the cost of the electronic  
34 monitoring. The county or municipality where the penalty is being  
35 imposed shall determine the cost. The court may also require the  
36 offender's electronic home monitoring device include an alcohol  
37 detection breathalyzer or other separate alcohol monitoring device,  
38 and may restrict the amount of alcohol the offender may consume  
39 during the time the offender is on electronic home monitoring. Thirty  
40 days of imprisonment and sixty days of electronic home monitoring may

1 not be suspended unless the court finds that the imposition of this  
2 mandatory minimum sentence would impose a substantial risk to the  
3 offender's physical or mental well-being. Whenever the mandatory  
4 minimum sentence is suspended, the court shall state in writing the  
5 reason for granting the suspension and the facts upon which the  
6 suspension is based; and

7 (ii) By a fine of not less than five hundred dollars nor more  
8 than five thousand dollars. Five hundred dollars of the fine may not  
9 be suspended unless the court finds the offender to be indigent; or

10 (b) **Penalty for alcohol concentration at least 0.15.** In the case  
11 of a person whose alcohol concentration was at least 0.15, or for  
12 whom by reason of the person's refusal to take a test offered  
13 pursuant to RCW 46.20.308 there is no test result indicating the  
14 person's alcohol concentration:

15 (i) By imprisonment for not less than forty-five days nor more  
16 than three hundred sixty-four days and ninety days of electronic home  
17 monitoring. In lieu of the mandatory minimum term of ninety days  
18 electronic home monitoring, the court may order at least an  
19 additional six days in jail or, if available in that county or city,  
20 a six-month period of 24/7 sobriety program monitoring pursuant to  
21 RCW 36.28A.300 through 36.28A.390, and the court shall order an  
22 expanded alcohol assessment and treatment, if deemed appropriate by  
23 the assessment. The offender shall pay for the cost of the electronic  
24 monitoring. The county or municipality where the penalty is being  
25 imposed shall determine the cost. The court may also require the  
26 offender's electronic home monitoring device include an alcohol  
27 detection breathalyzer or other separate alcohol monitoring device,  
28 and may restrict the amount of alcohol the offender may consume  
29 during the time the offender is on electronic home monitoring. Forty-  
30 five days of imprisonment and ninety days of electronic home  
31 monitoring may not be suspended unless the court finds that the  
32 imposition of this mandatory minimum sentence would impose a  
33 substantial risk to the offender's physical or mental well-being.  
34 Whenever the mandatory minimum sentence is suspended, the court shall  
35 state in writing the reason for granting the suspension and the facts  
36 upon which the suspension is based; and

37 (ii) By a fine of not less than seven hundred fifty dollars nor  
38 more than five thousand dollars. Seven hundred fifty dollars of the  
39 fine may not be suspended unless the court finds the offender to be  
40 indigent.

1           (3) **Two or three prior offenses in seven years.** Except as  
2 provided in RCW 46.61.502(6) or 46.61.504(6), a person who is  
3 convicted of a violation of RCW 46.61.502 or 46.61.504 and who has  
4 two or three prior offenses within seven years shall be punished as  
5 follows:

6           (a) **Penalty for alcohol concentration less than 0.15.** In the case  
7 of a person whose alcohol concentration was less than 0.15, or for  
8 whom for reasons other than the person's refusal to take a test  
9 offered pursuant to RCW 46.20.308 there is no test result indicating  
10 the person's alcohol concentration:

11           (i) By imprisonment for not less than ninety days nor more than  
12 three hundred sixty-four days, if available in that county or city, a  
13 six-month period of 24/7 sobriety program monitoring pursuant to RCW  
14 36.28A.300 through 36.28A.390, and one hundred twenty days of  
15 electronic home monitoring. In lieu of the mandatory minimum term of  
16 one hundred twenty days of electronic home monitoring, the court may  
17 order at least an additional eight days in jail. The court shall  
18 order an expanded alcohol assessment and treatment, if deemed  
19 appropriate by the assessment. The offender shall pay for the cost of  
20 the electronic monitoring. The county or municipality where the  
21 penalty is being imposed shall determine the cost. The court may also  
22 require the offender's electronic home monitoring device include an  
23 alcohol detection breathalyzer or other separate alcohol monitoring  
24 device, and may restrict the amount of alcohol the offender may  
25 consume during the time the offender is on electronic home  
26 monitoring. Ninety days of imprisonment and one hundred twenty days  
27 of electronic home monitoring may not be suspended unless the court  
28 finds that the imposition of this mandatory minimum sentence would  
29 impose a substantial risk to the offender's physical or mental well-  
30 being. Whenever the mandatory minimum sentence is suspended, the  
31 court shall state in writing the reason for granting the suspension  
32 and the facts upon which the suspension is based; and

33           (ii) By a fine of not less than one thousand dollars nor more  
34 than five thousand dollars. One thousand dollars of the fine may not  
35 be suspended unless the court finds the offender to be indigent; or

36           (b) **Penalty for alcohol concentration at least 0.15.** In the case  
37 of a person whose alcohol concentration was at least 0.15, or for  
38 whom by reason of the person's refusal to take a test offered  
39 pursuant to RCW 46.20.308 there is no test result indicating the  
40 person's alcohol concentration:

1 (i) By imprisonment for not less than one hundred twenty days nor  
2 more than three hundred sixty-four days, if available in that county  
3 or city, a six-month period of 24/7 sobriety program monitoring  
4 pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred fifty  
5 days of electronic home monitoring. In lieu of the mandatory minimum  
6 term of one hundred fifty days of electronic home monitoring, the  
7 court may order at least an additional ten days in jail. The offender  
8 shall pay for the cost of the electronic monitoring. The court shall  
9 order an expanded alcohol assessment and treatment, if deemed  
10 appropriate by the assessment. The county or municipality where the  
11 penalty is being imposed shall determine the cost. The court may also  
12 require the offender's electronic home monitoring device include an  
13 alcohol detection breathalyzer or other separate alcohol monitoring  
14 device, and may restrict the amount of alcohol the offender may  
15 consume during the time the offender is on electronic home  
16 monitoring. One hundred twenty days of imprisonment and one hundred  
17 fifty days of electronic home monitoring may not be suspended unless  
18 the court finds that the imposition of this mandatory minimum  
19 sentence would impose a substantial risk to the offender's physical  
20 or mental well-being. Whenever the mandatory minimum sentence is  
21 suspended, the court shall state in writing the reason for granting  
22 the suspension and the facts upon which the suspension is based; and

23 (ii) By a fine of not less than one thousand five hundred dollars  
24 nor more than five thousand dollars. One thousand five hundred  
25 dollars of the fine may not be suspended unless the court finds the  
26 offender to be indigent.

27 (4) **Four or more prior offenses in ten years.** A person who is  
28 convicted of a violation of RCW 46.61.502 or 46.61.504 shall be  
29 punished under chapter 9.94A RCW if:

30 (a) The person has four or more prior offenses within ten years;  
31 or

32 (b) The person has ever previously been convicted of:

33 (i) A violation of RCW 46.61.520 committed while under the  
34 influence of intoxicating liquor or any drug;

35 (ii) A violation of RCW 46.61.522 committed while under the  
36 influence of intoxicating liquor or any drug;

37 (iii) An out-of-state offense comparable to the offense specified  
38 in (b)(i) or (ii) of this subsection; or

39 (iv) A violation of RCW 46.61.502(6) or 46.61.504(6).

40 (5) **Monitoring.**

1 (a) **Ignition interlock device.** The court shall require any person  
2 convicted of a violation of RCW 46.61.502 or 46.61.504 or an  
3 equivalent local ordinance to comply with the rules and requirements  
4 of the department regarding the installation and use of a functioning  
5 ignition interlock device installed on all motor vehicles operated by  
6 the person.

7 (b) **Monitoring devices.** If the court orders that a person refrain  
8 from consuming any alcohol, the court may order the person to submit  
9 to alcohol monitoring through an alcohol detection breathalyzer  
10 device, transdermal sensor device, or other technology designed to  
11 detect alcohol in a person's system. The person shall pay for the  
12 cost of the monitoring, unless the court specifies that the cost of  
13 monitoring will be paid with funds that are available from an  
14 alternative source identified by the court. The county or  
15 municipality where the penalty is being imposed shall determine the  
16 cost.

17 (c) **Ignition interlock device substituted for 24/7 sobriety**  
18 **program monitoring.** In any county or city where a 24/7 sobriety  
19 program is available and verified by the Washington association of  
20 sheriffs and police chiefs, the court shall:

21 (i) Order the person to install and use a functioning ignition  
22 interlock or other device in lieu of such period of 24/7 sobriety  
23 program monitoring;

24 (ii) Order the person to a period of 24/7 sobriety program  
25 monitoring pursuant to subsections (1) through (3) of this section;  
26 or

27 (iii) Order the person to install and use a functioning ignition  
28 interlock or other device in addition to a period of 24/7 sobriety  
29 program monitoring pursuant to subsections (1) through (3) of this  
30 section.

31 (6) **Penalty for having a minor passenger in vehicle.** If a person  
32 who is convicted of a violation of RCW 46.61.502 or 46.61.504  
33 committed the offense while a passenger under the age of sixteen was  
34 in the vehicle, the court shall:

35 (a) Order the use of an ignition interlock or other device for an  
36 additional six months;

37 (b) In any case in which the person has no prior offenses within  
38 seven years, and except as provided in RCW 46.61.502(6) or  
39 46.61.504(6), order an additional twenty-four hours of imprisonment  
40 and a fine of not less than one thousand dollars and not more than

1 five thousand dollars. One thousand dollars of the fine may not be  
2 suspended unless the court finds the offender to be indigent;

3 (c) In any case in which the person has one prior offense within  
4 seven years, and except as provided in RCW 46.61.502(6) or  
5 46.61.504(6), order an additional five days of imprisonment and a  
6 fine of not less than two thousand dollars and not more than five  
7 thousand dollars. One thousand dollars of the fine may not be  
8 suspended unless the court finds the offender to be indigent;

9 (d) In any case in which the person has two or three prior  
10 offenses within seven years, and except as provided in RCW  
11 46.61.502(6) or 46.61.504(6), order an additional ten days of  
12 imprisonment and a fine of not less than three thousand dollars and  
13 not more than ten thousand dollars. One thousand dollars of the fine  
14 may not be suspended unless the court finds the offender to be  
15 indigent.

16 (7) **Other items courts must consider while setting penalties.** In  
17 exercising its discretion in setting penalties within the limits  
18 allowed by this section, the court shall particularly consider the  
19 following:

20 (a) Whether the person's driving at the time of the offense was  
21 responsible for injury or damage to another or another's property;

22 (b) Whether at the time of the offense the person was driving or  
23 in physical control of a vehicle with one or more passengers;

24 (c) Whether the driver was driving in the opposite direction of  
25 the normal flow of traffic on a multiple lane highway, as defined by  
26 RCW 46.04.350, with a posted speed limit of forty-five miles per hour  
27 or greater; and

28 (d) Whether a child passenger under the age of sixteen was an  
29 occupant in the driver's vehicle.

30 (8) **Treatment and information school.** An offender punishable  
31 under this section is subject to the alcohol assessment and treatment  
32 provisions of RCW 46.61.5056.

33 (9) **Driver's license privileges of the defendant.** The license,  
34 permit, or nonresident privilege of a person convicted of driving or  
35 being in physical control of a motor vehicle while under the  
36 influence of intoxicating liquor or drugs must:

37 (a) **Penalty for alcohol concentration less than 0.15.** If the  
38 person's alcohol concentration was less than 0.15, or if for reasons  
39 other than the person's refusal to take a test offered under RCW

1 46.20.308 there is no test result indicating the person's alcohol  
2 concentration:

3 (i) Where there has been no prior offense within seven years, be  
4 suspended or denied by the department for ninety days;

5 (ii) Where there has been one prior offense within seven years,  
6 be revoked or denied by the department for two years; or

7 (iii) Where there have been two or more prior offenses within  
8 seven years, be revoked or denied by the department for three years;

9 (b) **Penalty for alcohol concentration at least 0.15.** If the  
10 person's alcohol concentration was at least 0.15:

11 (i) Where there has been no prior offense within seven years, be  
12 revoked or denied by the department for one year;

13 (ii) Where there has been one prior offense within seven years,  
14 be revoked or denied by the department for nine hundred days; or

15 (iii) Where there have been two or more prior offenses within  
16 seven years, be revoked or denied by the department for four years;  
17 or

18 (c) **Penalty for refusing to take test.** If by reason of the  
19 person's refusal to take a test offered under RCW 46.20.308, there is  
20 no test result indicating the person's alcohol concentration:

21 (i) Where there have been no prior offenses within seven years,  
22 be revoked or denied by the department for two years;

23 (ii) Where there has been one prior offense within seven years,  
24 be revoked or denied by the department for three years; or

25 (iii) Where there have been two or more previous offenses within  
26 seven years, be revoked or denied by the department for four years.

27 The department shall grant credit on a day-for-day basis for any  
28 portion of a suspension, revocation, or denial already served under  
29 this subsection for a suspension, revocation, or denial imposed under  
30 RCW 46.20.3101 arising out of the same incident.

31 Upon its own motion or upon motion by a person, a court may find,  
32 on the record, that notice to the department under RCW 46.20.270 has  
33 been delayed for three years or more as a result of a clerical or  
34 court error. If so, the court may order that the person's license,  
35 permit, or nonresident privilege shall not be revoked, suspended, or  
36 denied for that offense. The court shall send notice of the finding  
37 and order to the department and to the person. Upon receipt of the  
38 notice from the court, the department shall not revoke, suspend, or  
39 deny the license, permit, or nonresident privilege of the person for  
40 that offense.

1 For purposes of this subsection (9), the department shall refer  
2 to the driver's record maintained under RCW 46.52.120 when  
3 determining the existence of prior offenses.

4 (10) **Probation of driving privilege.** After expiration of any  
5 period of suspension, revocation, or denial of the offender's  
6 license, permit, or privilege to drive required by this section, the  
7 department shall place the offender's driving privilege in  
8 probationary status pursuant to RCW 46.20.355.

9 (11) **Conditions of probation.** (a) In addition to any  
10 nonsuspendable and nondeferrable jail sentence required by this  
11 section, whenever the court imposes up to three hundred sixty-four  
12 days in jail, the court shall also suspend but shall not defer a  
13 period of confinement for a period not exceeding five years. The  
14 court shall impose conditions of probation that include: (i) Not  
15 driving a motor vehicle within this state without a valid license to  
16 drive; (ii) not driving a motor vehicle within this state without  
17 proof of liability insurance or other financial responsibility for  
18 the future pursuant to RCW 46.30.020; (iii) not driving or being in  
19 physical control of a motor vehicle within this state while having an  
20 alcohol concentration of 0.08 or more or a THC concentration of 5.00  
21 nanograms per milliliter of whole blood or higher, within two hours  
22 after driving; (iv) not refusing to submit to a test of his or her  
23 breath or blood to determine alcohol or drug concentration upon  
24 request of a law enforcement officer who has reasonable grounds to  
25 believe the person was driving or was in actual physical control of a  
26 motor vehicle within this state while under the influence of  
27 intoxicating liquor or drug; and (v) not driving a motor vehicle in  
28 this state without a functioning ignition interlock device as  
29 required by the department under RCW 46.20.720(3). The court may  
30 impose conditions of probation that include nonrepetition,  
31 installation of an ignition interlock device on the probationer's  
32 motor vehicle, alcohol or drug treatment, supervised probation, or  
33 other conditions that may be appropriate. The sentence may be imposed  
34 in whole or in part upon violation of a condition of probation during  
35 the suspension period.

36 (b) For each violation of mandatory conditions of probation under  
37 (a)(i), (ii), (iii), (iv), or (v) of this subsection, the court shall  
38 order the convicted person to be confined for thirty days, which  
39 shall not be suspended or deferred.

1 (c) For each incident involving a violation of a mandatory  
2 condition of probation imposed under this subsection, the license,  
3 permit, or privilege to drive of the person shall be suspended by the  
4 court for thirty days or, if such license, permit, or privilege to  
5 drive already is suspended, revoked, or denied at the time the  
6 finding of probation violation is made, the suspension, revocation,  
7 or denial then in effect shall be extended by thirty days. The court  
8 shall notify the department of any suspension, revocation, or denial  
9 or any extension of a suspension, revocation, or denial imposed under  
10 this subsection.

11 (12) **Waiver of electronic home monitoring.** A court may waive the  
12 electronic home monitoring requirements of this chapter when:

13 (a) The offender does not have a dwelling, telephone service, or  
14 any other necessity to operate an electronic home monitoring system.  
15 However, if a court determines that an alcohol monitoring device  
16 utilizing wireless reporting technology is reasonably available, the  
17 court may require the person to obtain such a device during the  
18 period of required electronic home monitoring;

19 (b) The offender does not reside in the state of Washington; or

20 (c) The court determines that there is reason to believe that the  
21 offender would violate the conditions of the electronic home  
22 monitoring penalty.

23 Whenever the mandatory minimum term of electronic home monitoring  
24 is waived, the court shall state in writing the reason for granting  
25 the waiver and the facts upon which the waiver is based, and shall  
26 impose an alternative sentence with similar punitive consequences.  
27 The alternative sentence may include, but is not limited to, use of  
28 an ignition interlock device, the 24/7 sobriety program monitoring,  
29 additional jail time, work crew, or work camp.

30 Whenever the combination of jail time and electronic home  
31 monitoring or alternative sentence would exceed three hundred sixty-  
32 four days, the offender shall serve the jail portion of the sentence  
33 first, and the electronic home monitoring or alternative portion of  
34 the sentence shall be reduced so that the combination does not exceed  
35 three hundred sixty-four days.

36 (13) **Extraordinary medical placement.** An offender serving a  
37 sentence under this section, whether or not a mandatory minimum term  
38 has expired, may be granted an extraordinary medical placement by the  
39 jail administrator subject to the standards and limitations set forth  
40 in RCW 9.94A.728(1)(c).

1 (14) **Definitions.** For purposes of this section and RCW 46.61.502  
2 and 46.61.504:

3 (a) A "prior offense" means any of the following:

4 (i) A conviction for a violation of RCW 46.61.502 or an  
5 equivalent local ordinance;

6 (ii) A conviction for a violation of RCW 46.61.504 or an  
7 equivalent local ordinance;

8 (iii) A conviction for a violation of RCW 46.25.110 or an  
9 equivalent local ordinance;

10 (iv) A conviction for a violation of RCW 79A.60.040(2) or an  
11 equivalent local ordinance;

12 (v) A conviction for a violation of RCW 79A.60.040(1) or an  
13 equivalent local ordinance committed in a reckless manner if the  
14 conviction is the result of a charge that was originally filed as a  
15 violation of RCW 79A.60.040(2) or an equivalent local ordinance;

16 (vi) A conviction for a violation of RCW 47.68.220 or an  
17 equivalent local ordinance committed while under the influence of  
18 intoxicating liquor or any drug;

19 (vii) A conviction for a violation of RCW 47.68.220 or an  
20 equivalent local ordinance committed in a careless or reckless manner  
21 if the conviction is the result of a charge that was originally filed  
22 as a violation of RCW 47.68.220 or an equivalent local ordinance  
23 while under the influence of intoxicating liquor or any drug;

24 (viii) A conviction for a violation of RCW 46.09.470(2) or an  
25 equivalent local ordinance;

26 (ix) A conviction for a violation of RCW 46.10.490(2) or an  
27 equivalent local ordinance;

28 (x) A conviction for a violation of RCW 46.61.520 committed while  
29 under the influence of intoxicating liquor or any drug, or a  
30 conviction for a violation of RCW 46.61.520 committed in a reckless  
31 manner or with the disregard for the safety of others if the  
32 conviction is the result of a charge that was originally filed as a  
33 violation of RCW 46.61.520 committed while under the influence of  
34 intoxicating liquor or any drug;

35 (xi) A conviction for a violation of RCW 46.61.522 committed  
36 while under the influence of intoxicating liquor or any drug, or a  
37 conviction for a violation of RCW 46.61.522 committed in a reckless  
38 manner or with the disregard for the safety of others if the  
39 conviction is the result of a charge that was originally filed as a

1 violation of RCW 46.61.522 committed while under the influence of  
2 intoxicating liquor or any drug;

3 (xii) A conviction for a violation of RCW 46.61.5249, 46.61.500,  
4 or 9A.36.050 or an equivalent local ordinance, if the conviction is  
5 the result of a charge that was originally filed as a violation of  
6 RCW 46.61.502 or 46.61.504, or an equivalent local ordinance, or of  
7 RCW 46.61.520 or 46.61.522;

8 (xiii) An out-of-state conviction for a violation that would have  
9 been a violation of (a)(i), (ii), (x), (xi), or (xii) of this  
10 subsection if committed in this state;

11 (xiv) A deferred prosecution under chapter 10.05 RCW granted in a  
12 prosecution for a violation of RCW 46.61.502, 46.61.504, or an  
13 equivalent local ordinance;

14 (xv) A deferred prosecution under chapter 10.05 RCW granted in a  
15 prosecution for a violation of RCW 46.61.5249, or an equivalent local  
16 ordinance, if the charge under which the deferred prosecution was  
17 granted was originally filed as a violation of RCW 46.61.502 or  
18 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or  
19 46.61.522;

20 (xvi) A deferred prosecution granted in another state for a  
21 violation of driving or having physical control of a vehicle while  
22 under the influence of intoxicating liquor or any drug if the out-of-  
23 state deferred prosecution is equivalent to the deferred prosecution  
24 under chapter 10.05 RCW, including a requirement that the defendant  
25 participate in a chemical dependency treatment program; or

26 (xvii) A deferred sentence imposed in a prosecution for a  
27 violation of RCW 46.61.5249, 46.61.500, or 9A.36.050, or an  
28 equivalent local ordinance, if the charge under which the deferred  
29 sentence was imposed was originally filed as a violation of RCW  
30 46.61.502 or 46.61.504, or an equivalent local ordinance, or a  
31 violation of RCW 46.61.520 or 46.61.522;

32 If a deferred prosecution is revoked based on a subsequent  
33 conviction for an offense listed in this subsection (14)(a), the  
34 subsequent conviction shall not be treated as a prior offense of the  
35 revoked deferred prosecution for the purposes of sentencing;

36 (b) "Treatment" means (~~(alcohol or drug)~~) substance use disorder  
37 treatment approved by the department of social and health services;

38 (c) "Within seven years" means that the arrest for a prior  
39 offense occurred within seven years before or after the arrest for  
40 the current offense; and

1 (d) "Within ten years" means that the arrest for a prior offense  
2 occurred within ten years before or after the arrest for the current  
3 offense.

4 (15) All fines imposed by this section apply to adult offenders  
5 only.

6 **Sec. 530.** RCW 46.61.5056 and 2011 c 293 s 13 are each amended to  
7 read as follows:

8 (1) A person subject to alcohol assessment and treatment under  
9 RCW 46.61.5055 shall be required by the court to complete a course in  
10 an alcohol information school approved by the department of social  
11 and health services or to complete more intensive treatment in a  
12 substance use disorder treatment program approved by the department  
13 of social and health services, as determined by the court. The court  
14 shall notify the department of licensing whenever it orders a person  
15 to complete a course or treatment program under this section.

16 (2) A diagnostic evaluation and treatment recommendation shall be  
17 prepared under the direction of the court by an alcoholism agency  
18 approved by the department of social and health services or a  
19 qualified probation department approved by the department of social  
20 and health services. A copy of the report shall be forwarded to the  
21 court and the department of licensing. Based on the diagnostic  
22 evaluation, the court shall determine whether the person shall be  
23 required to complete a course in an alcohol information school  
24 approved by the department of social and health services or more  
25 intensive treatment in a substance use disorder treatment program  
26 approved by the department of social and health services.

27 (3) Standards for approval for alcohol treatment programs shall  
28 be prescribed by the department of social and health services. The  
29 department of social and health services shall periodically review  
30 the costs of alcohol information schools and treatment programs.

31 (4) Any agency that provides treatment ordered under RCW  
32 46.61.5055, shall immediately report to the appropriate probation  
33 department where applicable, otherwise to the court, and to the  
34 department of licensing any noncompliance by a person with the  
35 conditions of his or her ordered treatment. The court shall notify  
36 the department of licensing and the department of social and health  
37 services of any failure by an agency to so report noncompliance. Any  
38 agency with knowledge of noncompliance that fails to so report shall  
39 be fined two hundred fifty dollars by the department of social and

1 health services. Upon three such failures by an agency within one  
2 year, the department of social and health services shall revoke the  
3 agency's approval under this section.

4 (5) The department of licensing and the department of social and  
5 health services may adopt such rules as are necessary to carry out  
6 this section.

7 **PART VI**

8 **TAXATION OF FUNDS PROVIDED FOR INTEGRATED TREATMENT SYSTEMS**

9 NEW SECTION. **Sec. 601.** (1) This section is the tax preference  
10 performance statement for the tax preference contained in section 602  
11 of this act. This performance statement is only intended to be used  
12 for subsequent evaluation of the tax preference. It is not intended  
13 to create a private right of action by any party or be used to  
14 determine eligibility for preferential tax treatment.

15 (2) The legislature categorizes this tax preference as one  
16 intended to reduce structural inefficiencies in the tax structure as  
17 indicated in RCW 82.32.808(2)(d).

18 (3) It is the legislature's specific public policy objective to  
19 increase the funds available for community treatment of mental health  
20 and chemical dependency disorders under a government-funded program.  
21 It is the legislature's intent to provide tax relief to behavioral  
22 health organizations and health or social welfare organizations in  
23 order to increase the funds available for community treatment.

24 (4) It is not intended for this tax preference to extend beyond  
25 January 1, 2020, because on that date the community behavioral health  
26 program must be fully integrated in a managed care health system  
27 under RCW 71.24.850(2).

28 **Sec. 602.** RCW 82.04.4277 and 2014 c 225 s 104 are each amended  
29 to read as follows:

30 (1) A health or social welfare organization may deduct from the  
31 measure of tax amounts received as compensation for providing mental  
32 health services or chemical dependency services under a government-  
33 funded program.

34 (2) A behavioral health organization may deduct from the measure  
35 of tax amounts received from the state of Washington for distribution  
36 to a health or social welfare organization that is eligible to deduct  
37 the distribution under subsection (1) of this section.

1 (3) A person claiming a deduction under this section must file a  
2 complete annual report with the department under RCW 82.32.534.

3 (4) The definitions in this subsection apply ~~((to this section))~~  
4 throughout this section unless the context clearly requires  
5 otherwise.

6 (a) "Chemical dependency" has the same meaning as provided in RCW  
7 70.96A.020.

8 (b) "Health or social welfare organization" has the meaning  
9 provided in RCW 82.04.431.

10 ~~((b))~~ (c) "Mental health services" and "behavioral health  
11 organization" have the meanings provided in RCW 71.24.025.

12 (5) This section expires ~~((August 1, 2016))~~ January 1, 2020.

## 13 PART VII

### 14 REPEALERS FOR ADMINISTRATIVE PROVISIONS

15 NEW SECTION. Sec. 701. The following acts or parts of acts, as  
16 now existing or hereafter amended, are each repealed, effective April  
17 1, 2016:

18 (1) RCW 70.96A.010 (Declaration of policy) and 2014 c 225 s 18,  
19 1989 c 271 s 304, & 1972 ex.s. c 122 s 1;

20 (2) RCW 70.96A.030 (Substance use disorder program) and 2014 c  
21 225 s 21, 1989 c 270 s 4, & 1972 ex.s. c 122 s 3;

22 (3) RCW 70.96A.045 (Funding prerequisites, facilities, plans, or  
23 programs receiving financial assistance) and 1989 c 270 s 10;

24 (4) RCW 70.96A.060 (Interdepartmental coordinating committee) and  
25 2014 c 225 s 24, 1989 c 270 s 8, 1979 c 158 s 220, & 1972 ex.s. c 122  
26 s 6;

27 (5) RCW 70.96A.150 (Records of persons treated for alcoholism and  
28 drug addiction) and 1990 c 151 s 1, 1989 c 162 s 1, & 1972 ex.s. c  
29 122 s 15;

30 (6) RCW 70.96A.300 (Counties may create alcoholism and other drug  
31 addiction board—Generally) and 2014 c 225 s 31 & 1989 c 270 s 15;

32 (7) RCW 70.96A.310 (County alcoholism and other drug addiction  
33 program—Chief executive officer of program to be program coordinator)  
34 and 1989 c 270 s 16;

35 (8) RCW 70.96A.320 (Alcoholism and other drug addiction program—  
36 Generally) and 2014 c 225 s 32, 2013 c 320 s 8, 1990 c 151 s 9, &  
37 1989 c 270 s 17; and

1 (9) RCW 70.96A.325 (Methamphetamine addiction programs—Counties  
2 authorized to seek state funding) and 2006 c 339 s 101.

3 **PART VIII**  
4 **RECODIFICATION**

5 NEW SECTION. **Sec. 801.** (1) RCW 70.96A.035, 70.96A.037,  
6 70.96A.040, 70.96A.043, 70.96A.047, 70.96A.050, 70.96A.055,  
7 70.96A.080, 70.96A.085, 70.96A.087, 70.96A.090, 70.96A.100,  
8 70.96A.170, 70.96A.190, 70.96A.350, 70.96A.400, 70.96A.410,  
9 70.96A.420, 70.96A.430, 70.96A.500, 70.96A.510, 70.96A.520,  
10 70.96A.800, 70.96A.905, and 70.96C.010 are each recodified as  
11 sections in chapter 71.24 RCW.

12 (2) RCW 70.96C.020 is recodified as a section in chapter 72.09  
13 RCW.

14 **PART IX**  
15 **MISCELLANEOUS**

16 NEW SECTION. **Sec. 901.** This act may be known and cited as Ricky  
17 Garcia's act.

18 NEW SECTION. **Sec. 902.** Sections 501 through 530, 601, 602, and  
19 801 of this act are necessary for the immediate preservation of the  
20 public peace, health, or safety, or support of the state government  
21 and its existing public institutions, and take effect April 1, 2016.

22 NEW SECTION. **Sec. 903.** Sections 201 through 249 of this act  
23 constitute a new chapter in Title 71 RCW to be codified directly  
24 after chapter 71.05 RCW.

25 NEW SECTION. **Sec. 904.** Sections 250 through 271 of this act  
26 constitute a new chapter in Title 71 RCW to be codified directly  
27 after chapter 71.34 RCW.

28 NEW SECTION. **Sec. 905.** If specific funding for the purposes of  
29 this act, referencing this act by bill or chapter number, is not  
30 provided by June 30, 2016, in the omnibus appropriations act, this  
31 act is null and void."

**3SHB 1713** - S COMM AMD

By Committee on Human Services, Mental Health & Housing

1 On page 1, line 2 of the title, after "dependency;" strike the  
2 remainder of the title and insert "amending RCW 70.96A.140,  
3 70.96A.145, 9.41.098, 71.05.230, 71.05.290, 71.05.360, 71.34.020,  
4 71.34.720, 71.34.750, 70.96A.097, 70.96A.230, 70.96A.235, 70.96A.240,  
5 70.96A.245, 70.96A.250, 70.96A.255, 4.24.558, 5.60.060, 9.41.280,  
6 9.95.143, 10.77.010, 10.77.025, 10.77.027, 10.77.060, 10.77.065,  
7 10.77.084, 10.77.088, 11.92.190, 43.185C.255, 18.83.110, 43.20A.025,  
8 70.48.475, 70.97.010, 71.05.660, 71.24.330, 71.32.080, 71.32.140,  
9 71.32.150, 72.09.315, 72.09.370, 43.185C.305, 74.50.070, 71.24.035,  
10 70.96A.050, 71.24.037, 70.96A.090, 71.24.385, 70.96A.035, 70.96C.010,  
11 70.96A.037, 70.96A.047, 70.96A.055, 70.96A.087, 70.96A.170,  
12 70.96A.400, 70.96A.800, 70.96A.905, 71.24.300, 71.24.350, 9.94A.660,  
13 10.05.020, 10.05.030, 10.05.150, 70.96C.020, 46.61.5055, 46.61.5056,  
14 and 82.04.4277; reenacting and amending RCW 70.96A.020, 71.05.020,  
15 70.02.010, 70.02.230, 71.24.025, and 70.96A.350; adding new sections  
16 to chapter 71.24 RCW; adding a new section to chapter 72.09 RCW;  
17 adding new chapters to Title 71 RCW; creating new sections;  
18 recodifying RCW 70.96A.035, 70.96A.037, 70.96A.040, 70.96A.043,  
19 70.96A.047, 70.96A.050, 70.96A.055, 70.96A.080, 70.96A.085,  
20 70.96A.087, 70.96A.090, 70.96A.100, 70.96A.170, 70.96A.190,  
21 70.96A.350, 70.96A.400, 70.96A.410, 70.96A.420, 70.96A.430,  
22 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905,  
23 70.96C.010, and 70.96C.020; decodifying RCW 43.135.03901; repealing  
24 RCW 70.96B.010, 70.96B.020, 70.96B.030, 70.96B.040, 70.96B.045,  
25 70.96B.050, 70.96B.060, 70.96B.070, 70.96B.080, 70.96B.090,  
26 70.96B.100, 70.96B.110, 70.96B.120, 70.96B.130, 70.96B.140,  
27 70.96B.150, 70.96B.800, 71.05.032, 70.96A.010, 70.96A.030,  
28 70.96A.045, 70.96A.060, 70.96A.150, 70.96A.300, 70.96A.310,  
29 70.96A.320, and 70.96A.325; providing effective dates; providing  
30 expiration dates; and declaring an emergency."

EFFECT: The Department of Social and Health Services (DSHS) must establish a phased implementation plan for the statewide implementation of integrated crisis response (ICR) in collaboration with behavioral health organizations (BHOs) and full integration regions. The plan must be submitted to the Legislature by October 1,

2016. Before ICR may be implemented in a region, the region must update its contract with DSHS or the Health Care Authority (HCA) and demonstrate that it has the capacity to provide ICR services to the residents of its region. ICR requirements must only be in force in regions which have implemented ICR. The first regions in the state to implement ICR must do so by April 1, 2018. The last regions in the state to implement ICR must do so by July 1, 2026.

Chemical dependency professionals may provide a second signature for a chemical dependency involuntary treatment (CD ITA) or ICR commitment petition. The cost of mandatory representation of the petitioner by a county prosecutor in a CD ITA proceeding must be reimbursed by the BHO or full integration region.

DSHS and HCA must convene a task force to align regulations between behavioral health and primary care settings and simplify regulations for behavioral health providers. DSHS must collaborate to reduce the costs and burdens associated with excess provider audits and review its policies related to deeming accreditation by a recognized behavioral health accrediting body as equivalent to meeting licensure requirements. These provisions in this paragraph are identical to 2SSB 6544 (2016).

A guardian of a minor, in addition to a parent, may consent to parent-initiated substance use disorder treatment on behalf of the minor and participate in associated decision-making. A treatment provider that provides outpatient substance use disorder treatment to a minor 13 years of age or older at the request of the minor must notify the parents or guardian of the minor. A minor may not file a superior court petition asking to be released from a course of inpatient parent or guardian-initiated substance use disorder treatment sooner than fourteen days after the minor's admission to the facility.

--- END ---