
SUBSTITUTE SENATE BILL 5720

State of Washington

66th Legislature

2019 Regular Session

By Senate Behavioral Health Subcommittee to Health & Long Term Care (originally sponsored by Senators Dhingra, Wagoner, Kuderer, and Nguyen)

READ FIRST TIME 02/18/19.

1 AN ACT Relating to the involuntary treatment act; amending RCW
2 71.05.010, 71.05.012, 71.05.025, 71.05.026, 71.05.027, 71.05.030,
3 71.05.040, 71.05.050, 71.05.100, 71.05.132, 71.05.150, 71.05.150,
4 71.05.153, 71.05.153, 71.05.160, 71.05.170, 71.05.180, 71.05.190,
5 71.05.195, 71.05.201, 71.05.210, 71.05.210, 71.05.212, 71.05.214,
6 71.05.215, 71.05.217, 71.05.230, 71.05.235, 71.05.280, 71.05.290,
7 71.05.300, 71.05.310, 71.05.320, 71.05.320, 71.05.380, 71.05.445,
8 71.05.455, 71.05.457, 71.05.458, 71.05.525, 71.05.530, 71.05.585,
9 71.05.720, 71.05.740, 71.05.745, 71.05.750, 71.05.760, 71.34.010,
10 71.34.020, 71.34.305, 71.34.310, 71.34.355, 71.34.365, 71.34.410,
11 71.34.420, 71.34.500, 71.34.600, 71.34.650, 71.34.700, 71.34.700,
12 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.740, 71.34.740,
13 71.34.750, 71.34.780, 71.34.780, and 2.30.010; reenacting and
14 amending RCW 71.05.020, 71.05.120, 71.05.240, 71.05.240, 71.05.590,
15 71.05.590, 71.34.730, and 71.34.750; adding new sections to chapter
16 71.05 RCW; adding new sections to chapter 71.34 RCW; recodifying RCW
17 71.05.525; repealing RCW 71.05.360 and 71.34.370; providing effective
18 dates; and providing expiration dates.

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

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

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

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

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

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

14 (d) To safeguard individual rights;

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

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

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

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

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

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

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

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

12 **Sec. 3.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and
13 2018 c 201 s 3001 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,
17 physician assistant, or psychiatric advanced registered nurse
18 practitioner that a person should be examined or treated as a patient
19 in a hospital;

20 (2) "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 (3) "Antipsychotic medications" means that class of drugs
27 primarily used to treat serious manifestations of mental illness
28 associated with thought disorders, which includes, but is not limited
29 to atypical antipsychotic medications;

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

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

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

38 (7) (~~"Chemical dependency"~~) "Substance use disorder" means:

39 (a) Alcoholism;

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

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

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

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

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

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

1 (24) "Hearing" means any proceeding conducted in open court(~~-~~
2 ~~For purposes of this chapter, at any hearing the petitioner, the~~
3 ~~respondent, the witnesses, and the presiding judicial officer may be~~
4 ~~present and participate either in person or by video, as determined~~
5 ~~by the court. The term "video" as used herein shall include any~~
6 ~~functional equivalent. At any hearing conducted by video, the~~
7 ~~technology used must permit the judicial officer, counsel, all~~
8 ~~parties, and the witnesses to be able to see, hear, and speak, when~~
9 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~
10 ~~other materials during the hearing; and to allow respondent's counsel~~
11 ~~to be in the same location as the respondent unless otherwise~~
12 ~~requested by the respondent or the respondent's counsel. Witnesses in~~
13 ~~a proceeding may also appear in court through other means, including~~
14 ~~telephonically, pursuant to the requirements of superior court civil~~
15 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~
16 ~~motion or upon a motion for good cause by any party, may require all~~
17 ~~parties and witnesses to participate in the hearing in person rather~~
18 ~~than by video. In ruling on any such motion, the court may allow in-~~
19 ~~person or video testimony; and the court may consider, among other~~
20 ~~things, whether the respondent's alleged mental illness affects the~~
21 ~~respondent's ability to perceive or participate in the proceeding by~~
22 ~~video)) that conforms to the requirements of section 89 of this act;~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (a) Provides for intoxicated persons:

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

20 (ii) Acute or subacute detoxification services; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (b) The petition for initial detention, signed under penalty of
39 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the
2 order.

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

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

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

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

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

3 **Sec. 14.** RCW 71.05.150 and 2018 c 291 s 5 are each amended to
4 read as follows:

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

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

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

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

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

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

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

36 **Sec. 15.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each
37 amended to read as follows:

38 (1) When a designated crisis responder receives information
39 alleging that a person, as the result of a (~~mental~~) behavioral

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

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

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

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

37 (b) A peace officer's delivery of a person, (~~(based on a~~
38 ~~substance use disorder,~~) to a secure detoxification facility or
39 approved substance use disorder treatment program is subject to the
40 availability of a secure detoxification facility or approved

1 substance use disorder treatment program with adequate space for the
2 person.

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

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

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

32 **Sec. 16.** RCW 71.05.153 and 2016 sp.s. c 29 s 213 are each
33 amended to read as follows:

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

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

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

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

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

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

30 (~~(4))~~ (3) Persons delivered to a crisis stabilization unit,
31 evaluation and treatment facility, emergency department of a local
32 hospital, triage facility that has elected to operate as an
33 involuntary facility, secure detoxification facility, or approved
34 substance use disorder treatment program by peace officers pursuant
35 to subsection (~~(3)~~) (2) of this section may be held by the facility
36 for a period of up to twelve hours, not counting time periods prior
37 to medical clearance.

38 (~~(5))~~ (4) Within three hours after arrival, not counting time
39 periods prior to medical clearance, the person must be examined by a
40 mental health professional or chemical dependency professional,

1 whichever is more appropriate to the person's presentation. Within
2 twelve hours of notice of the need for evaluation, not counting time
3 periods prior to medical clearance, the designated crisis responder
4 must determine whether the individual meets detention criteria. If
5 the individual is detained, the designated crisis responder shall
6 file a petition for detention or a supplemental petition as
7 appropriate and commence service on the designated attorney for the
8 detained person. If the individual is released to the community, the
9 (~~mental~~) behavioral health service provider shall inform the peace
10 officer of the release within a reasonable period of time after the
11 release if the peace officer has specifically requested notification
12 and provided contact information to the provider.

13 (~~(+6)~~) (5) Dismissal of a commitment petition is not the
14 appropriate remedy for a violation of the timeliness requirements of
15 this section based on the intent of this chapter under RCW 71.05.010
16 except in the few cases where the facility staff or designated
17 (~~mental—health—professional~~) crisis responder has totally
18 disregarded the requirements of this section.

19 **Sec. 17.** RCW 71.05.160 and 2016 sp.s. c 29 s 217 are each
20 amended to read as follows:

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

32 (2)(a) If a person is involuntarily placed in an evaluation and
33 treatment facility, secure detoxification facility, or approved
34 substance use disorder treatment program pursuant to RCW 71.05.150 or
35 71.05.153, on the next judicial day following the initial detention,
36 the designated crisis responder shall file with the court and serve
37 the designated attorney of the detained person the petition or
38 supplemental petition for initial detention, proof of service of
39 notice, and a copy of a notice of emergency detention.

1 (b) If the person is involuntarily detained at an evaluation and
2 treatment facility, secure detoxification facility, or approved
3 substance use disorder treatment program in a different county from
4 where the person was initially detained, the facility or program may
5 file with the court and serve the designated attorney of the detained
6 person the petition or supplemental petition for initial detention,
7 proof of service of notice, and a copy of a notice of emergency
8 detention at the request of the evaluating designated crisis
9 responder.

10 **Sec. 18.** RCW 71.05.170 and 2016 sp.s. c 29 s 218 are each
11 amended to read as follows:

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

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

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

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

35 **Sec. 20.** RCW 71.05.190 and 2016 sp.s. c 29 s 220 are each
36 amended to read as follows:

1 If the person is not approved for admission by a facility
2 providing (~~seventy-two hour~~) five-day evaluation and treatment, and
3 the individual has not been arrested, the facility shall furnish
4 transportation, if not otherwise available, for the person to his or
5 her place of residence or other appropriate place. If the individual
6 has been arrested, the evaluation and treatment facility, secure
7 detoxification facility, or approved substance use disorder treatment
8 program shall detain the individual for not more than eight hours at
9 the request of the peace officer. The facility shall make reasonable
10 attempts to contact the requesting peace officer during this time to
11 inform the peace officer that the person is not approved for
12 admission in order to enable a peace officer to return to the
13 facility and take the individual back into custody.

14 **Sec. 21.** RCW 71.05.195 and 2016 sp.s. c 29 s 221 are each
15 amended to read as follows:

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

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

32 (b) A warrant issued by a magistrate in the state in which the
33 person was found not guilty by reason of insanity indicating that the
34 person has fled from detention, commitment, or conditional release in
35 that state and authorizing the detention of the person within the
36 state in which the person was found not guilty by reason of insanity;

37 (c) A statement from the executive authority of the state in
38 which the person was found not guilty by reason of insanity
39 requesting that the person be returned to the requesting state and

1 agreeing to facilitate the transfer of the person to the requesting
2 state.

3 (2) The person shall be entitled to a probable cause hearing
4 within the time limits applicable to other detentions under this
5 chapter and shall be afforded the rights described in this chapter
6 including the right to counsel. At the probable cause hearing, the
7 court shall determine the identity of the person and whether the
8 other requirements of this section are met. If the court so finds,
9 the court may order continued detention in a treatment facility for
10 up to thirty days for the purpose of the transfer of the person to
11 the custody or care of the requesting state. The court may order a
12 less restrictive alternative to detention only under conditions which
13 ensure the person's safe transfer to the custody or care of the
14 requesting state within thirty days without undue risk to the safety
15 of the person or others.

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

21 **Sec. 22.** RCW 71.05.201 and 2018 c 291 s 11 are each amended to
22 read as follows:

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

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

36 (3) (a) The petition must be filed in the county in which the
37 designated crisis responder investigation occurred or was requested
38 to occur and must be submitted on forms developed by the
39 administrative office of the courts for this purpose. The petition

1 must be accompanied by a sworn declaration from the petitioner, and
2 other witnesses if desired, describing why the person should be
3 detained for evaluation and treatment. The description of why the
4 person should be detained may contain, but is not limited to, the
5 information identified in RCW 71.05.212.

6 (b) The petition must contain:

7 (i) A description of the relationship between the petitioner and
8 the person; and

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

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

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

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

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

37 (8) If the court enters an order for initial detention, it shall
38 provide the order to the designated crisis responder agency and issue
39 a written order for apprehension (~~of the person by a peace officer~~
40 ~~for delivery of the person to a facility or emergency room determined~~

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

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

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

19 **Sec. 23.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 15 are each
20 amended to read as follows:

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

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

27 (i) One physician, physician assistant, or advanced registered
28 nurse practitioner; and

29 (ii) One mental health professional. If the person is detained
30 for substance use disorder evaluation and treatment, the person may
31 be examined by a chemical dependency professional instead of a mental
32 health professional; and

33 (b) Shall receive such treatment and care as his or her condition
34 requires including treatment on an outpatient basis for the period
35 that he or she is detained, except that, beginning twenty-four hours
36 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
37 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may
38 refuse psychiatric medications, but may not refuse: (i) Any other
39 medication previously prescribed by a person licensed under Title 18

1 RCW; or (ii) emergency lifesaving treatment, and the individual shall
2 be informed at an appropriate time of his or her right of such
3 refusal. The person shall be detained up to (~~seventy-two hours~~)
4 five days, if, in the opinion of the professional person in charge of
5 the facility, or his or her professional designee, the person
6 presents a likelihood of serious harm, or is gravely disabled. A
7 person who has been detained for (~~seventy-two hours~~) five days
8 shall no later than the end of such period be released, unless
9 referred for further care on a voluntary basis, or detained pursuant
10 to court order for further treatment as provided in this chapter.

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

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

35 **Sec. 24.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 16 are each
36 amended to read as follows:

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

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

4 (i) One physician, physician assistant, or advanced registered
5 nurse practitioner; and

6 (ii) One mental health professional. If the person is detained
7 for substance use disorder evaluation and treatment, the person may
8 be examined by a chemical dependency professional instead of a mental
9 health professional; and

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

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

37 (3) An evaluation and treatment center, secure detoxification
38 facility, or approved substance use disorder treatment program
39 admitting or accepting any person pursuant to this chapter whose
40 physical condition reveals the need for hospitalization shall assure

1 that such person is transferred to an appropriate hospital for
2 evaluation or admission for treatment. Notice of such fact shall be
3 given to the court, the designated attorney, and the designated
4 crisis responder and the court shall order such continuance in
5 proceedings under this chapter as may be necessary, but in no event
6 may this continuance be more than fourteen days.

7 **Sec. 25.** RCW 71.05.212 and 2018 c 291 s 13 are each amended to
8 read as follows:

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

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

16 (b) Historical behavior, including history of one or more violent
17 acts;

18 (c) Prior determinations of incompetency or insanity under
19 chapter 10.77 RCW; and

20 (d) Prior commitments under this chapter.

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

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

35 (a) Such symptoms or behavior are closely associated with
36 symptoms or behavior which preceded and led to a past incident of
37 involuntary hospitalization, severe deterioration from safe behavior,
38 or one or more violent acts;

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

3 (c) Without treatment, the continued deterioration of the
4 respondent is probable.

5 (4) When conducting an evaluation for offenders identified under
6 RCW 72.09.370, the designated crisis responder or professional person
7 shall consider an offender's history of judicially required or
8 administratively ordered antipsychotic medication while in
9 confinement.

10 **Sec. 26.** RCW 71.05.214 and 2018 c 201 s 3007 are each amended to
11 read as follows:

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

20 The initial protocols shall be developed not later than September
21 1, 1999. The authority shall develop and update the protocols in
22 consultation with representatives of designated crisis responders,
23 the department of social and health services, local government, law
24 enforcement, county and city prosecutors, public defenders, and
25 groups concerned with (~~mental illness and substance use~~) behavioral
26 health disorders. The protocols shall be submitted to the governor
27 and legislature upon adoption by the authority.

28 **Sec. 27.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to
29 read as follows:

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

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

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

5 (b) For short-term treatment up to thirty days, the right to
6 refuse antipsychotic medications unless there is an additional
7 concurring medical opinion approving medication by a psychiatrist,
8 physician assistant working with a supervising psychiatrist,
9 psychiatric advanced registered nurse practitioner, or physician or
10 physician assistant in consultation with a mental health professional
11 with prescriptive authority.

12 (c) For continued treatment beyond thirty days through the
13 hearing on any petition filed under (~~RCW 71.05.217~~) section 29 of
14 this act, the right to periodic review of the decision to medicate by
15 the medical director or designee.

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

25 (e) Documentation in the medical record of the attempt by the
26 physician, physician assistant, or psychiatric advanced registered
27 nurse practitioner to obtain informed consent and the reasons why
28 antipsychotic medication is being administered over the person's
29 objection or lack of consent.

30 **Sec. 28.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to
31 read as follows:

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

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

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

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

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

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

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

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

16 (h) To discuss treatment plans and decisions with professional
17 persons;

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

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

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

36 ~~(b) The court shall make specific findings of fact concerning:~~

37 ~~(i) The existence of one or more compelling state interests; (ii) the~~
38 ~~necessity and effectiveness of the treatment; and (iii) the person's~~
39 ~~desires regarding the proposed treatment. If the patient is unable to~~
40 ~~make a rational and informed decision about consenting to or refusing~~

1 the proposed treatment, the court shall make a substituted judgment
2 for the patient as if he or she were competent to make such a
3 determination.

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

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

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

31 (f) Antipsychotic medication may be administered to a
32 nonconsenting person detained or committed pursuant to this chapter
33 without a court order pursuant to RCW 71.05.215(2) or under the
34 following circumstances:

- 35 (i) A person presents an imminent likelihood of serious harm;
- 36 (ii) Medically acceptable alternatives to administration of
37 antipsychotic medications are not available, have not been
38 successful, or are not likely to be effective; and
- 39 (iii) In the opinion of the physician, physician assistant, or
40 psychiatric advanced registered nurse practitioner with

1 responsibility for treatment of the person, or his or her designee,
2 the person's condition constitutes an emergency requiring the
3 treatment be instituted before a judicial hearing as authorized
4 pursuant to this section can be held.

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

13 ~~(8))~~ under section 29 of this act;

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

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

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

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

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

32 (5) Whenever any person is detained under this chapter, the
33 person must be advised that unless the person is released or
34 voluntarily admits himself or herself for treatment within five days
35 of the initial detention, a judicial hearing must be held in a
36 superior court within five days to determine whether there is
37 probable cause to detain the person for up to an additional fourteen
38 days based on an allegation that because of a behavioral health
39 disorder the person presents a likelihood of serious harm or is

1 gravely disabled, and that at the probable cause hearing the person
2 has the following rights:

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

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

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

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

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

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

14 (g) To view and copy all petitions and reports in the court file;
15 and

16 (h) To refuse psychiatric medications, including antipsychotic
17 medication beginning twenty-four hours prior to the probable cause
18 hearing.

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

22 (7)(a) Privileges between patients and physicians, physician
23 assistants, psychologists, or psychiatric advanced registered nurse
24 practitioners are deemed waived in proceedings under this chapter
25 relating to the administration of antipsychotic medications. As to
26 other proceedings under this chapter, the privileges are waived when
27 a court of competent jurisdiction in its discretion determines that
28 such waiver is necessary to protect either the detained person or the
29 public.

30 (b) The waiver of a privilege under this section is limited to
31 records or testimony relevant to evaluation of the detained person
32 for purposes of a proceeding under this chapter. Upon motion by the
33 detained person or on its own motion, the court shall examine a
34 record or testimony sought by a petitioner to determine whether it is
35 within the scope of the waiver.

36 (c) The record maker may not be required to testify in order to
37 introduce medical or psychological records of the detained person so
38 long as the requirements of RCW 5.45.020 are met except that portions
39 of the record which contain opinions as to the detained person's

1 mental state must be deleted from such records unless the person
2 making such conclusions is available for cross-examination.

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

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

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

11 NEW SECTION. Sec. 29. A new section is added to chapter 71.05
12 RCW to read as follows:

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

22 (2) The court shall make specific findings of fact concerning:
23 (a) The existence of one or more compelling state interests; (b) the
24 necessity and effectiveness of the treatment; and (c) the person's
25 desires regarding the proposed treatment. If the patient is unable to
26 make a rational and informed decision about consenting to or refusing
27 the proposed treatment, the court shall make a substituted judgment
28 for the patient as if he or she were competent to make such a
29 determination.

30 (3) The person shall be present at any hearing on a request to
31 administer antipsychotic medication or electroconvulsant therapy
32 filed pursuant to this subsection. The person has the right: (a) To
33 be represented by an attorney; (b) to present evidence; (c) to cross-
34 examine witnesses; (d) to have the rules of evidence enforced; (e) to
35 remain silent; (f) to view and copy all petitions and reports in the
36 court file; and (g) to be given reasonable notice and an opportunity
37 to prepare for the hearing. The court may appoint a psychiatrist,
38 physician assistant working with a supervising psychiatrist,
39 psychiatric advanced registered nurse practitioner, psychologist

1 within their scope of practice, physician assistant, or physician to
2 examine and testify on behalf of such person. The court shall appoint
3 a psychiatrist, physician assistant working with a supervising
4 psychiatrist, psychiatric advanced registered nurse practitioner,
5 psychologist within their scope of practice, physician assistant, or
6 physician designated by such person or the person's counsel to
7 testify on behalf of the person in cases where an order for
8 electroconvulsant therapy is sought.

9 (4) An order for the administration of antipsychotic medications
10 entered following a hearing conducted pursuant to this section shall
11 be effective for the period of the current involuntary treatment
12 order, and any interim period during which the person is awaiting
13 trial or hearing on a new petition for involuntary treatment or
14 involuntary medication.

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

18 (6) Antipsychotic medication may be administered to a
19 nonconsenting person detained or committed pursuant to this chapter
20 without a court order pursuant to RCW 71.05.215(2) or under the
21 following circumstances:

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

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

26 (c) In the opinion of the physician, physician assistant, or
27 psychiatric advanced registered nurse practitioner with
28 responsibility for treatment of the person, or his or her designee,
29 the person's condition constitutes an emergency requiring the
30 treatment be instituted before a judicial hearing as authorized
31 pursuant to this section can be held. If antipsychotic medications
32 are administered over a person's lack of consent pursuant to this
33 subsection, a petition for an order authorizing the administration of
34 antipsychotic medications must be filed on the next judicial day. The
35 hearing must be held within two judicial days. If deemed necessary by
36 the physician, physician assistant, or psychiatric advanced
37 registered nurse practitioner with responsibility for the treatment
38 of the person, administration of antipsychotic medications may
39 continue until the hearing is held.

1 **Sec. 30.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to
2 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 NEW SECTION. **Sec. 32.** A new section is added to chapter 71.05
34 RCW to read as follows:

35 (1) In any proceeding for involuntary commitment under this
36 chapter, the court may continue or postpone such proceeding for a
37 reasonable time on motion of the respondent for good cause, or on
38 motion of the prosecuting attorney or the attorney general if:

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

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

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

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

13 **Sec. 33.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009
14 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

13 **Sec. 34.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010
14 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

31 ~~((4))~~ (5) An order for less restrictive alternative treatment
32 must name the ~~((mental))~~ behavioral health service provider
33 responsible for identifying the services the person will receive in
34 accordance with RCW 71.05.585, and must include a requirement that
35 the person cooperate with the ~~((services planned by))~~ treatment
36 recommendations of the ~~((mental))~~ behavioral health service provider.

37 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~
38 ~~and give such person notice))~~ notify the person orally and in writing
39 that if involuntary treatment is sought beyond the fourteen-day
40 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less

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

9 **Sec. 35.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to
10 read as follows:

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

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

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

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

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

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

39 (4) Such person is gravely disabled; or

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

3 **Sec. 36.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each
4 amended to read as follows:

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

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

15 (A) One physician, physician assistant, or psychiatric advanced
16 registered nurse practitioner; and

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

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

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

32 (3) If a person has been determined to be incompetent pursuant to
33 RCW 10.77.086(4), then the professional person in charge of the
34 treatment facility or his or her professional designee or the
35 designated crisis responder may directly file a petition for one
36 hundred eighty-day treatment under RCW 71.05.280(3), or for ninety-
37 day treatment under RCW 71.05.280 (1), (2), (4), or (5). No petition
38 for initial detention or fourteen day detention is required before
39 such a petition may be filed.

1 **Sec. 37.** RCW 71.05.300 and 2017 3rd sp.s. c 14 s 19 are each
2 amended to read as follows:

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

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

33 (3) The court may, if requested, also appoint a professional
34 person as defined in RCW 71.05.020 to seek less restrictive
35 alternative courses of treatment and to testify on behalf of the
36 detained person. In the case of a person with a developmental
37 disability who has been determined to be incompetent pursuant to RCW
38 10.77.086(4), (~~then~~) the appointed professional person under this
39 section shall be a developmental disabilities professional.

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

3 **Sec. 38.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to
4 read as follows:

5 The court shall ~~((conduct))~~ set a hearing on the petition for
6 ninety-day or one hundred eighty-day treatment within five judicial
7 days of the ~~((first court appearance after the probable cause~~
8 ~~hearing))~~ trial setting hearing, or within ten judicial days for a
9 petition filed under RCW 71.05.280(3). The court may continue the
10 hearing ~~((for good cause upon the written request of the person named~~
11 ~~in the petition or the person's attorney. The court may continue for~~
12 ~~good cause the hearing on a petition filed under RCW 71.05.280(3)~~
13 ~~upon written request by the person named in the petition, the~~
14 ~~person's attorney, or the petitioner))~~ in accordance with section 32
15 of this act. If the person named in the petition requests a jury
16 trial, the trial ~~((shall commence))~~ must be set within ten judicial
17 days of the ~~((first court appearance after the probable cause~~
18 ~~hearing))~~ next judicial day after the date of filing the petition.
19 The burden of proof shall be by clear, cogent, and convincing
20 evidence and shall be upon the petitioner. The person ~~((shall))~~ has
21 the right to be present at such proceeding, which shall in all
22 respects accord with the constitutional guarantees of due process of
23 law and the rules of evidence ~~((pursuant to RCW 71.05.360 (8) and~~
24 ~~(9))~~) under RCW 71.05.217.

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

33 **Sec. 39.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to
34 read as follows:

35 (1)(a) Subject to (b) of this subsection, if the court or jury
36 finds that grounds set forth in RCW 71.05.280 have been proven and
37 that the best interests of the person or others will not be served by
38 a less restrictive treatment which is an alternative to detention,

1 the court shall remand him or her to the custody of the department of
2 social and health services or to a facility certified for ninety day
3 treatment by the department for a further period of intensive
4 treatment not to exceed ninety days from the date of judgment.

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

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

17 (2) If the court or jury finds that grounds set forth in RCW
18 71.05.280 have been proven, but finds that treatment less restrictive
19 than detention will be in the best interest of the person or others,
20 then the court shall remand him or her to the custody of the
21 department of social and health services or to a facility certified
22 for ninety day treatment by the department or to a less restrictive
23 alternative for a further period of less restrictive treatment not to
24 exceed ninety days from the date of judgment. (~~If the order for less~~
25 ~~restrictive treatment is based on a substance use disorder, treatment~~
26 ~~must be provided by an approved substance use disorder treatment~~
27 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis
28 of commitment, then the period of treatment may be up to but not
29 exceed one hundred eighty days from the date of judgment. If the
30 court or jury finds that the grounds set forth in RCW 71.05.280(5)
31 have been proven, and provide the only basis for commitment, the
32 court must enter an order for less restrictive alternative treatment
33 for up to ninety days from the date of judgment and may not order
34 inpatient treatment.

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

1 services planned by the ((~~mental~~)) behavioral health service
2 provider.

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

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

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

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

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

1 (d) Continues to be gravely disabled; or

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

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

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

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

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

33 (b) At the end of the one hundred eighty-day period of
34 commitment, or one-year period of commitment if subsection (7) of
35 this section applies, the committed person shall be released unless a
36 petition for an additional one hundred eighty-day period of continued
37 treatment is filed and heard in the same manner as provided in this
38 section. Successive one hundred eighty-day commitments are
39 permissible on the same grounds and pursuant to the same procedures
40 as the original one hundred eighty-day commitment.

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

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

9 **Sec. 40.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to
10 read as follows:

11 (1) If the court or jury finds that grounds set forth in RCW
12 71.05.280 have been proven and that the best interests of the person
13 or others will not be served by a less restrictive treatment which is
14 an alternative to detention, the court shall remand him or her to the
15 custody of the department of social and health services or to a
16 facility certified for ninety day treatment by the department for a
17 further period of intensive treatment not to exceed ninety days from
18 the date of judgment.

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

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

1 court or jury finds that the grounds set forth in RCW 71.05.280(5)
2 have been proven, and provide the only basis for commitment, the
3 court must enter an order for less restrictive alternative treatment
4 for up to ninety days from the date of judgment and may not order
5 inpatient treatment.

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

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))~~ behavioral health
24 disorder~~((r))~~ or developmental disability presents a likelihood of
25 serious harm; or

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

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

36 (ii) In cases under this subsection where the court has made an
37 affirmative special finding under RCW 71.05.280(3)(b), the commitment
38 shall continue for up to an additional one hundred eighty-day period
39 whenever the petition presents prima facie evidence that the person
40 continues to suffer from a ~~((mental))~~ behavioral health disorder or

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

11 (d) Continues to be gravely disabled; or

12 (e) Is in need of assisted outpatient ((~~mental~~)) behavioral
13 health treatment.

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

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

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

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

1 the person cooperate with the services planned by the (~~mental~~)
2 behavioral health service provider.

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

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

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

19 **Sec. 41.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each
20 amended to read as follows:

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

26 **Sec. 42.** RCW 71.05.445 and 2018 c 201 s 3021 are each amended to
27 read as follows:

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

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

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

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

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

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

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

36 (4) The information received by the department of corrections
37 under this section shall remain confidential and subject to the
38 limitations on disclosure outlined in this chapter, except as
39 provided in RCW 72.09.585.

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

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

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

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

22 **Sec. 43.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to
23 read as follows:

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

32 **Sec. 44.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to
33 read as follows:

34 By July 1, 2017, all general authority Washington law enforcement
35 agencies must adopt a policy establishing criteria and procedures for
36 a law enforcement officer to refer a person to a (~~mental~~)
37 behavioral health agency after receiving a report of threatened or
38 attempted suicide.

1 **Sec. 45.** RCW 71.05.458 and 2016 c 158 s 5 are each amended to
2 read as follows:

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

15 **Sec. 46.** RCW 71.05.525 and 2018 c 201 s 3024 are each amended to
16 read as follows:

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

35 **Sec. 47.** RCW 71.05.530 and 2016 sp.s. c 29 s 247 are each
36 amended to read as follows:

37 Evaluation and treatment facilities and secure detoxification
38 facilities authorized pursuant to this chapter may be part of the

1 comprehensive community (~~mental~~) behavioral health services program
2 conducted in counties pursuant to chapter 71.24 RCW, and may receive
3 funding pursuant to the provisions thereof.

4 **Sec. 48.** RCW 71.05.585 and 2018 c 291 s 2 are each amended to
5 read as follows:

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

8 (a) Assignment of a care coordinator;

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

11 (c) A psychiatric evaluation;

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

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

17 (f) An individual crisis plan; and

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

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

23 (a) Medication management;

24 (b) Psychotherapy;

25 (c) Nursing;

26 (d) Substance abuse counseling;

27 (e) Residential treatment; and

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

29 (3) If the person was provided with involuntary medication under
30 RCW 71.05.215 or pursuant to a judicial order during the involuntary
31 commitment period, the less restrictive alternative treatment order
32 may authorize the less restrictive alternative treatment provider or
33 its designee to administer involuntary antipsychotic medication to
34 the person if the provider has attempted and failed to obtain the
35 informed consent of the person and there is a concurring medical
36 opinion approving the medication by a psychiatrist, physician
37 assistant working with a supervising psychiatrist, psychiatric
38 advanced registered nurse practitioner, or physician or physician

1 assistant in consultation with an independent mental health
2 professional with prescribing authority.

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

7 ((4)) (5) The care coordinator assigned to a person ordered to
8 less restrictive alternative treatment must submit an individualized
9 plan for the person's treatment services to the court that entered
10 the order. An initial plan must be submitted as soon as possible
11 following the intake evaluation and a revised plan must be submitted
12 upon any subsequent modification in which a type of service is
13 removed from or added to the treatment plan.

14 ((5)) (6) For the purpose of this section, "care coordinator"
15 means a clinical practitioner who coordinates the activities of less
16 restrictive alternative treatment. The care coordinator coordinates
17 activities with the designated crisis responders that are necessary
18 for enforcement and continuation of less restrictive alternative
19 orders and is responsible for coordinating service activities with
20 other agencies and establishing and maintaining a therapeutic
21 relationship with the individual on a continuing basis.

22 **Sec. 49.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026
23 are each reenacted and amended to read as follows:

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

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

32 (b) Substantial deterioration in the person's functioning has
33 occurred;

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

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

38 (2) Actions taken under this section must include a flexible
39 range of responses of varying levels of intensity appropriate to the

1 circumstances and consistent with the interests of the individual and
2 the public in personal autonomy, safety, recovery, and compliance.
3 Available actions may include, but are not limited to, any of the
4 following:

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

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

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

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

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

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

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

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

33 (b) Except as provided in subsection (6) of this section, a
34 person detained under this subsection (4) must be held until such
35 time, not exceeding five days, as a hearing can be scheduled to
36 determine whether or not the person should be returned to the
37 hospital or facility from which he or she had been released. If the
38 person is not detained, the hearing must be scheduled within five
39 days of service on the person. The designated crisis responder or the
40 secretary of the department of social and health services may modify

1 or rescind the order at any time prior to commencement of the court
2 hearing.

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

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

1 a secure detoxification facility or approved substance use disorder
2 treatment program available and with adequate space for the person.

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

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

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

36 (c) The issues for the court to determine are whether to continue
37 the detention of the person for inpatient treatment or whether the
38 court should reinstate or modify the person's less restrictive
39 alternative order or order the person's detention for inpatient
40 treatment. To continue detention after the (~~((seventy-two hour))~~) five-

1 day period, the court must find that the person, as a result of a
2 (~~mental disorder or substance use~~) behavioral health disorder,
3 presents a likelihood of serious harm or is gravely disabled and,
4 after considering less restrictive alternatives to involuntary
5 detention and treatment, that no such alternatives are in the best
6 interest of the person or others.

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

12 **Sec. 50.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027
13 are each reenacted and amended to read as follows:

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

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

22 (b) Substantial deterioration in the person's functioning has
23 occurred;

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

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

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

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

37 (b) To increase the intensity of outpatient services provided to
38 the person by increasing the frequency of contacts with the provider,

1 referring the person for an assessment for assertive community
2 services, or by other means;

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

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

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

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

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

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

32 (c) The designated crisis responder or secretary of the
33 department of social and health services shall file a revocation
34 petition and order of apprehension and detention with the court of
35 the county where the person is currently located or being detained.
36 The designated crisis responder shall serve the person and their
37 attorney, guardian, and conservator, if any. The person has the same
38 rights with respect to notice, hearing, and counsel as in any
39 involuntary treatment proceeding, except as specifically set forth in
40 this section. There is no right to jury trial. The venue for

1 proceedings is the county where the petition is filed. Notice of the
2 filing must be provided to the court that originally ordered
3 commitment, if different from the court where the petition for
4 revocation is filed, within two judicial days of the person's
5 detention.

6 (d) Except as provided in subsection (6) of this section, the
7 issues for the court to determine are whether: (i) The person adhered
8 to the terms and conditions of the court order; (ii) substantial
9 deterioration in the person's functioning has occurred; (iii) there
10 is evidence of substantial decompensation with a reasonable
11 probability that the decompensation can be reversed by further
12 inpatient treatment; or (iv) there is a likelihood of serious harm;
13 and, if any of the above conditions apply, whether the court should
14 reinstate or modify the person's less restrictive alternative or
15 conditional release order or order the person's detention for
16 inpatient treatment. The person may waive the court hearing and allow
17 the court to enter a stipulated order upon the agreement of all
18 parties. If the court orders detention for inpatient treatment, the
19 treatment period (~~may be for no longer than the period~~) must be for
20 fourteen days from the revocation hearing if the outpatient order was
21 based on a petition under RCW 71.05.160 or 71.05.230. If the court
22 orders detention for inpatient treatment and the outpatient order was
23 based on a petition under RCW 71.05.290 or 71.05.320, the number of
24 days remaining until the outpatient order must be converted to days
25 of inpatient treatment authorized in the original court order.

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

32 (6) (a) If the current commitment is solely based on the person
33 being in need of assisted outpatient behavioral health treatment as
34 defined in RCW 71.05.020, a designated crisis responder may initiate
35 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when
36 appropriate. A designated crisis responder or the secretary may, upon
37 their own motion or notification by the facility or agency designated
38 to provide outpatient care to a person subject to a less restrictive
39 alternative treatment order under RCW 71.05.320 subsequent to an
40 order for assisted outpatient behavioral health treatment entered

1 under RCW 71.05.148, order the person to be apprehended and taken
2 into custody and temporary detention for inpatient evaluation in an
3 evaluation and treatment facility (~~(in or near the county in which he~~
4 ~~or she is receiving outpatient treatment if the person is committed~~
5 ~~for mental health treatment, or, if the person is committed for~~
6 ~~substance use disorder treatment)), in a secure detoxification
7 facility, or in an approved substance use disorder treatment program
8 (~~(if either is available)~~), in or near the county in which he or she
9 is receiving outpatient treatment. Proceedings under this subsection
10 may be initiated without ordering the apprehension and detention of
11 the person.~~

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

17 (c) The issues for the court to determine are whether to continue
18 the detention of the person for inpatient treatment or whether the
19 court should reinstate or modify the person's less restrictive
20 alternative order or order the person's detention for inpatient
21 treatment. To continue detention after the (~~(seventy-two hour))~~ five-
22 day period, the court must find that the person, as a result of a
23 (~~(mental disorder or substance use))~~ behavioral health disorder,
24 presents a likelihood of serious harm or is gravely disabled and,
25 after considering less restrictive alternatives to involuntary
26 detention and treatment, that no such alternatives are in the best
27 interest of the person or others.

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

33 **Sec. 51.** RCW 71.05.720 and 2018 c 201 s 3029 are each amended to
34 read as follows:

35 Annually, all community mental health employees who work directly
36 with clients shall be provided with training on safety and violence
37 prevention topics described in RCW 49.19.030. The curriculum for the
38 training shall be developed collaboratively among the authority, the
39 department, contracted (~~(mental))~~ behavioral health service

1 providers, and employee organizations that represent community mental
2 health workers.

3 **Sec. 52.** RCW 71.05.740 and 2018 c 201 s 3031 are each amended to
4 read as follows:

5 All behavioral health organizations in the state of Washington
6 must forward historical (~~mental~~) behavioral health involuntary
7 commitment information retained by the organization including
8 identifying information and dates of commitment to the authority. As
9 soon as feasible, the behavioral health organizations must arrange to
10 report new commitment data to the authority within twenty-four hours.
11 Commitment information under this section does not need to be resent
12 if it is already in the possession of the authority. Behavioral
13 health organizations and the authority shall be immune from liability
14 related to the sharing of commitment information under this section.

15 **Sec. 53.** RCW 71.05.745 and 2018 c 201 s 3032 are each amended to
16 read as follows:

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

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

28 (3) A designated crisis responder who submits an application for
29 a single bed certification for treatment at a facility that is
30 willing and able to provide timely and appropriate (~~mental~~)
31 behavioral health treatment in good faith belief that the single bed
32 certification is appropriate may presume that the single bed
33 certification will be approved for the purpose of completing the
34 detention process and responding to other emergency calls.

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

1 **Sec. 54.** RCW 71.05.750 and 2018 c 201 s 3033 are each amended to
2 read as follows:

3 (1) A designated crisis responder shall make a report to the
4 authority when he or she determines a person meets detention criteria
5 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
6 not any beds available at an evaluation and treatment facility, the
7 person has not been provisionally accepted for admission by a
8 facility, and the person cannot be served on a single bed
9 certification or less restrictive alternative. Starting at the time
10 when the designated crisis responder determines a person meets
11 detention criteria and the investigation has been completed, the
12 designated crisis responder has twenty-four hours to submit a
13 completed report to the authority.

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

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

17 (b) The identity of the responsible behavioral health
18 organization;

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

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

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

23 (3) The authority shall develop a standardized reporting form or
24 modify the current form used for single bed certifications for the
25 report required under subsection (2) of this section and may require
26 additional reporting elements as it determines are necessary or
27 supportive. The authority shall also determine the method for the
28 transmission of the completed report from the designated crisis
29 responder to the authority.

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

37 (5) The reports provided according to this section may not
38 display "protected health information" as that term is used in the
39 federal health insurance portability and accountability act of 1996,
40 nor information contained in "mental health treatment records" or

1 "behavioral health treatment records" as (~~that term is~~) these terms
2 are used in chapter 70.02 RCW or elsewhere in state law, and must
3 otherwise be compliant with state and federal privacy laws.

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

9 (a) Not licensed or certified as an inpatient evaluation and
10 treatment facility; or

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

13 **Sec. 55.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to
14 read as follows:

15 (1) (a) By April 1, 2018, the authority, by rule, must combine the
16 functions of a designated mental health professional and designated
17 chemical dependency specialist by establishing a designated crisis
18 responder who is authorized to conduct investigations, detain persons
19 up to (~~seventy-two hours~~) five days to the proper facility, and
20 carry out the other functions identified in this chapter and chapter
21 71.34 RCW. The behavioral health organizations shall provide training
22 to the designated crisis responders as required by the authority.

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

26 (A) Psychiatrist, psychologist, physician assistant working with
27 a supervising psychiatrist, psychiatric advanced registered nurse
28 practitioner, or social worker;

29 (B) Person who is licensed by the department as a mental health
30 counselor or mental health counselor associate, or marriage and
31 family therapist or marriage and family therapist associate;

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

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

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

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

8 (ii) Training must include chemical dependency training specific
9 to the duties of a designated crisis responder, including diagnosis
10 of substance abuse and dependence and assessment of risk associated
11 with substance use.

12 (c) The authority must develop a transition process for any
13 person who has been designated as a designated mental health
14 professional or a designated chemical dependency specialist before
15 April 1, 2018, to be converted to a designated crisis responder. The
16 behavioral health organizations shall provide training, as required
17 by the authority, to persons converting to designated crisis
18 responders, which must include both mental health and chemical
19 dependency training applicable to the designated crisis responder
20 role.

21 (2)(a) The authority must ensure that at least one sixteen-bed
22 secure detoxification facility is operational by April 1, 2018, and
23 that at least two sixteen-bed secure detoxification facilities are
24 operational by April 1, 2019.

25 (b) If, at any time during the implementation of secure
26 detoxification facility capacity, federal funding becomes unavailable
27 for federal match for services provided in secure detoxification
28 facilities, then the authority must cease any expansion of secure
29 detoxification facilities until further direction is provided by the
30 legislature.

31 **Sec. 56.** RCW 71.34.010 and 2018 c 201 s 5001 are each amended to
32 read as follows:

33 (1) It is the purpose of this chapter to assure that minors in
34 need of (~~mental~~) behavioral health care and treatment receive an
35 appropriate continuum of culturally relevant care and treatment,
36 including prevention and early intervention, self-directed care,
37 parent-directed care, and involuntary treatment. To facilitate the
38 continuum of care and treatment to minors in out-of-home placements,
39 all divisions of the authority and the department that provide

1 (~~mental~~) behavioral health services to minors shall jointly plan
2 and deliver those services.

3 (2) It is also the purpose of this chapter to protect the rights
4 of minors against needless hospitalization and deprivations of
5 liberty and to enable treatment decisions to be made in response to
6 clinical needs in accordance with sound professional judgment. The
7 (~~mental~~) behavioral health care and treatment providers shall
8 encourage the use of voluntary services and, whenever clinically
9 appropriate, the providers shall offer less restrictive alternatives
10 to inpatient treatment. Additionally, all (~~mental~~) behavioral
11 health care and treatment providers shall assure that minors' parents
12 are given an opportunity to participate in the treatment decisions
13 for their minor children. The (~~mental~~) behavioral health care and
14 treatment providers shall, to the extent possible, offer services
15 that involve minors' parents or family.

16 (3) (a) It is the intent of the legislature to enhance continuity
17 of care for minors with serious behavioral health disorders that can
18 be controlled or stabilized in a less restrictive alternative
19 commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d
20 196 (1986), the legislature intends to encourage appropriate
21 interventions at a point when there is the best opportunity to
22 restore the minor to or maintain satisfactory functioning.

23 (b) For minors with a prior history or pattern of repeated
24 hospitalizations or law enforcement interventions due to
25 decompensation, the consideration of prior behavioral health history
26 is particularly relevant in determining whether the minor would
27 receive, if released, such care as is essential for his or her health
28 or safety.

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

34 (4) It is also the purpose of this chapter to protect the health
35 and safety of minors suffering from behavioral health disorders and
36 to protect public safety through use of the *parens patriae* and police
37 powers of the state. Accordingly, when construing the requirements of
38 this chapter the court must focus on the merits of the petition,
39 except where requirements have been totally disregarded, as provided
40 in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of

1 deciding petitions on their merits furthers both public and private
2 interests because the mental and physical well-being of minors as
3 well as public safety may be implicated by the decision to release a
4 minor and discontinue his or her treatment.

5 (5) It is also the purpose of this chapter to assure the ability
6 of parents to exercise reasonable, compassionate care and control of
7 their minor children when there is a medical necessity for treatment
8 and without the requirement of filing a petition under this chapter.

9 **Sec. 57.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to
10 read as follows:

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

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

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

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

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

25 (a) Alcoholism;

26 (b) Drug addiction; or

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

29 (5) "Chemical dependency professional" means a person certified
30 as a chemical dependency professional by the department of health
31 under chapter 18.205 RCW.

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

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

38 (a) A mental health professional who has completed a minimum of
39 one hundred actual hours, not quarter or semester hours, of

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

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

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

10 (9) "Department" means the department of social and health
11 services.

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

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

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

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

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

37 (15) "Gravely disabled minor" means a minor who, as a result of a
38 (~~mental~~) behavioral health disorder (~~(, or as a result of the use of~~
39 ~~alcohol or other psychoactive chemicals)~~), (a) is in danger of
40 serious physical harm resulting from a failure to provide for his or

1 her essential human needs of health or safety, or (b) manifests
2 severe deterioration (~~(in routine functioning)~~) from safe behavior
3 evidenced by repeated and escalating loss of cognitive or volitional
4 control over his or her actions and is not receiving such care as is
5 essential for his or her health or safety.

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

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

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

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

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

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

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

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

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

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

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

17 (25) "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 (26) "Private agency" means any person, partnership, corporation,
24 or association that is not a public agency, whether or not financed
25 in whole or in part by public funds, that constitutes an evaluation
26 and treatment facility or private institution, or hospital, or
27 approved substance use disorder treatment program, that is conducted
28 for, or includes a distinct unit, floor, or ward conducted for, the
29 care and treatment of persons with mental illness, substance use
30 disorders, or both mental illness and substance use disorders.

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

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

39 (29) "Psychiatric nurse" means a registered nurse who has
40 experience in the direct treatment of persons who have a mental

1 illness or who are emotionally disturbed, such experience gained
2 under the supervision of a mental health professional.

3 (30) "Psychiatrist" means a person having a license as a
4 physician in this state who has completed residency training in
5 psychiatry in a program approved by the American Medical Association
6 or the American Osteopathic Association, and is board eligible or
7 board certified in psychiatry.

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

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

18 (33) "Responsible other" means the minor, the minor's parent or
19 estate, or any other person legally responsible for support of the
20 minor.

21 (34) "Secretary" means the secretary of the department or
22 secretary's designee.

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

26 (a) Provides for intoxicated minors:

27 (i) Evaluation and assessment, provided by certified chemical
28 dependency professionals;

29 (ii) Acute or subacute detoxification services; and

30 (iii) Discharge assistance provided by certified chemical
31 dependency professionals, including facilitating transitions to
32 appropriate voluntary or involuntary inpatient services or to less
33 restrictive alternatives as appropriate for the minor;

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

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

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

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

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

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

19 (40) "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 (41) "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 minor patient.

26 (42) "Behavioral health disorder" means either a mental disorder
27 as defined in this section, a substance use disorder as defined in
28 this section, or a co-occurring mental disorder and substance use
29 disorder.

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

32 (44) "Crisis stabilization unit" means a short-term facility or a
33 portion of a facility licensed or certified by the department of
34 health under RCW 71.24.035, such as a residential treatment facility
35 or a 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 (45) "Custody" means involuntary detention under the provisions
39 of 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 (46) "Detention" or "detain" means the lawful confinement of a
4 person, under the provisions of this chapter.

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

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

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

18 (50) "Habilitative services" means those services provided by
19 program personnel to assist minors in acquiring and maintaining life
20 skills and in raising their levels of physical, behavioral, social,
21 and vocational functioning. Habilitative services include education,
22 training for employment, and therapy.

23 (51) "Hearing" means any proceeding conducted in open court that
24 conforms to the requirements of section 88 of this act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (62) "Severe deterioration from safe behavior" means that a
38 person will, if not treated, suffer or continue to suffer severe and
39 abnormal mental, emotional, or physical distress, and this distress

1 is associated with significant impairment of judgment, reason, or
2 behavior.

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

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

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

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

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

36 **Sec. 58.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each
37 amended to read as follows:

38 School district personnel who contact a (~~mental health or~~
39 ~~substance use~~) behavioral health disorder inpatient treatment

1 program or provider for the purpose of referring a student to
2 inpatient treatment shall provide the parents with notice of the
3 contact within forty-eight hours.

4 **Sec. 59.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to
5 read as follows:

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

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

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

19 NEW SECTION. **Sec. 60.** A new section is added to chapter 71.34
20 RCW to read as follows:

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

34 **Sec. 61.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to
35 read as follows:

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

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

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

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

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

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

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

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

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

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

23 (j) Not to consent to the administration of antipsychotic
24 medications beyond the hearing conducted pursuant to RCW 71.34.750 or
25 the performance of electroconvulsive treatment or surgery, except
26 emergency lifesaving surgery, upon him or her, ~~((and not to have~~
27 electro-convulsive treatment or nonemergency surgery in such
28 circumstance)) unless ordered by a court ~~((pursuant to a judicial~~
29 hearing in which the minor is present and represented by counsel, and
30 the court shall appoint a psychiatrist, physician assistant,
31 psychologist, psychiatric advanced registered nurse practitioner, or
32 physician designated by the minor or the minor's counsel to testify
33 on behalf of the minor)) under procedures described in section 29 of
34 this act. The minor's parent may exercise this right on the minor's
35 behalf, and must be informed of any impending treatment;

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

38 (2) (a) Privileges between minors and physicians, physician
39 assistants, psychologists, or psychiatric advanced registered nurse
40 practitioners are deemed waived in proceedings under this chapter

1 relating to the administration of antipsychotic medications. As to
2 other proceedings under this chapter, the privileges are waived when
3 a court of competent jurisdiction in its discretion determines that
4 such waiver is necessary to protect either the detained minor or the
5 public.

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

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

18 (3) No minor may be presumed incompetent as a consequence of
19 receiving an evaluation or voluntary or involuntary treatment for a
20 mental disorder or substance use disorder, under this chapter or any
21 prior laws of this state dealing with mental illness or substance use
22 disorders.

23 NEW SECTION. Sec. 62. A new section is added to chapter 71.34
24 RCW to read as follows:

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

1 **Sec. 63.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to
2 read as follows:

3 (1) If a minor is not accepted for admission or is released by an
4 inpatient evaluation and treatment facility, the facility shall
5 release the minor to the custody of the minor's parent or other
6 responsible person. If not otherwise available, the facility shall
7 furnish transportation for the minor to the minor's residence or
8 other appropriate place. If the minor has been arrested, the
9 evaluation and treatment facility, secure detoxification facility, or
10 approved substance use disorder treatment program shall detain the
11 minor for not more than eight hours at the request of the peace
12 officer. The facility shall make reasonable attempts to contact the
13 requesting peace officer during this time to inform the peace officer
14 that the minor is not approved for admission or is being released in
15 order to enable a peace officer to return to the facility and take
16 the minor back into custody.

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

20 (3) No indigent minor may be released to less restrictive
21 alternative treatment or setting or discharged from inpatient
22 treatment without suitable clothing, and the authority shall furnish
23 this clothing. As funds are available, the director may provide
24 necessary funds for the immediate welfare of indigent minors upon
25 discharge or release to less restrictive alternative treatment.

26 **Sec. 64.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each
27 amended to read as follows:

28 (1) No public or private agency or governmental entity, nor
29 officer of a public or private agency, nor the superintendent, or
30 professional person in charge, his or her professional designee or
31 attending staff of any such agency, nor any public official
32 performing functions necessary to the administration of this chapter,
33 nor peace officer responsible for detaining a (~~person~~) minor under
34 this chapter, nor any designated crisis responder, nor professional
35 person, nor evaluation and treatment facility, nor secure
36 detoxification facility, nor approved substance use disorder
37 treatment program shall be civilly or criminally liable for
38 performing actions authorized in this chapter with regard to the
39 decision of whether to admit, release, administer antipsychotic

1 medications, or detain a (~~person~~) minor for evaluation and
2 treatment: PROVIDED, That such duties were performed in good faith
3 and without gross negligence.

4 (2) This section does not relieve a person from giving the
5 required duty to warn or to take reasonable precautions to provide
6 protection from violent behavior where the minor has communicated an
7 actual threat of physical violence against a reasonably identifiable
8 victim or victims. The duty to warn or to take reasonable precautions
9 to provide protection from violent behavior is discharged if
10 reasonable efforts are made to communicate the threat to the victim
11 or victims and to law enforcement personnel.

12 **Sec. 65.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to
13 read as follows:

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

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

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

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

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

37 Nothing in this chapter shall prohibit the professional person in
38 charge of a treatment facility, or his or her professional designee,

1 from permitting a minor detained for intensive treatment to leave the
2 facility for prescribed periods during the term of the minor's
3 detention, under such conditions as may be appropriate.

4 **Sec. 67.** RCW 71.34.500 and 2016 sp.s. c 29 s 261 are each
5 amended to read as follows:

6 (1) A minor thirteen years or older may admit himself or herself
7 to an evaluation and treatment facility for inpatient mental health
8 treatment or an approved substance use disorder treatment program for
9 inpatient substance use disorder treatment without parental consent.
10 The admission shall occur only if the professional person in charge
11 of the facility concurs with the need for inpatient treatment.
12 Parental authorization, or authorization from a person who may
13 consent on behalf of the minor pursuant to RCW 7.70.065, is required
14 for inpatient treatment of a minor under the age of thirteen.

15 (2) When, in the judgment of the professional person in charge of
16 an evaluation and treatment facility or approved substance use
17 disorder treatment program, there is reason to believe that a minor
18 is in need of inpatient treatment because of a (~~mental disorder or~~
19 ~~substance use~~) behavioral health disorder, and the facility provides
20 the type of evaluation and treatment needed by the minor, and it is
21 not feasible to treat the minor in any less restrictive setting or
22 the minor's home, the minor may be admitted to the facility.

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

27 **Sec. 68.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to
28 read as follows:

29 (1) A parent may bring, or authorize the bringing of, his or her
30 minor child to:

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

35 (b) A secure detoxification facility or approved substance use
36 disorder treatment program and request that a substance use disorder
37 assessment be conducted by a professional person to determine whether

1 the minor has a substance use disorder and is in need of inpatient
2 treatment.

3 (2) The consent of the minor is not required for admission,
4 evaluation, and treatment if the parent brings the minor or
5 authorizes the minor to be brought to the facility.

6 (3) An appropriately trained professional person may evaluate
7 whether the minor has a (~~mental disorder or has a substance use~~)
8 behavioral health disorder. The evaluation shall be completed within
9 twenty-four hours of the time the minor was brought to the facility,
10 unless the professional person determines that the condition of the
11 minor necessitates additional time for evaluation. In no event shall
12 a minor be held longer than (~~seventy-two hours~~) five days for
13 evaluation. If, in the judgment of the professional person, it is
14 determined it is a medical necessity for the minor to receive
15 inpatient treatment, the minor may be held for treatment. The
16 facility shall limit treatment to that which the professional person
17 determines is medically necessary to stabilize the minor's condition
18 until the evaluation has been completed. Within twenty-four hours of
19 completion of the evaluation, the professional person shall notify
20 the authority if the child is held for treatment and of the date of
21 admission.

22 (4) No provider is obligated to provide treatment to a minor
23 under the provisions of this section except that no provider may
24 refuse to treat a minor under the provisions of this section solely
25 on the basis that the minor has not consented to the treatment. No
26 provider may admit a minor to treatment under this section unless it
27 is medically necessary.

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

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

33 (~~(7) For the purposes of this section "professional person"~~
34 ~~means "professional person" as defined in RCW 71.05.020.~~)

35 **Sec. 69.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each
36 amended to read as follows:

37 (1) A parent may bring, or authorize the bringing of, his or her
38 minor child to(÷

1 ~~(a))~~ a provider of outpatient ~~((mental))~~ behavioral health
2 treatment and request that an appropriately trained professional
3 person examine the minor to determine whether the minor has a
4 ~~((mental))~~ behavioral health disorder and is in need of outpatient
5 treatment(~~;-or~~

6 ~~(b) A provider of outpatient substance use disorder treatment and~~
7 ~~request that an appropriately trained professional person examine the~~
8 ~~minor to determine whether the minor has a substance use disorder and~~
9 ~~is in need of outpatient treatment)).~~

10 (2) The consent of the minor is not required for evaluation if
11 the parent brings the minor, or authorizes bringing the minor, to the
12 provider.

13 (3) The professional person may evaluate whether the minor has a
14 ~~((mental disorder or substance use))~~ behavioral health disorder and
15 is in need of outpatient treatment.

16 (4) Any minor admitted to inpatient treatment under RCW 71.34.500
17 or 71.34.600 shall be discharged immediately from inpatient treatment
18 upon written request of the parent.

19 **Sec. 70.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each
20 amended to read as follows:

21 (1) If a minor, thirteen years or older, is brought to an
22 evaluation and treatment facility, secure detoxification facility
23 with available space, approved substance use disorder treatment
24 program with available space, or hospital emergency room for
25 immediate ~~((mental))~~ behavioral health services, the professional
26 person in charge of the facility shall evaluate the minor's
27 ~~((mental))~~ condition, determine whether the minor suffers from a
28 ~~((mental))~~ behavioral health disorder, and whether the minor is in
29 need of immediate inpatient treatment.

30 ~~(2) ((If a minor, thirteen years or older, is brought to a secure~~
31 ~~detoxification facility with available space, or a hospital emergency~~
32 ~~room for immediate substance use disorder treatment, the professional~~
33 ~~person in charge of the facility shall evaluate the minor's~~
34 ~~condition, determine whether the minor suffers from substance use~~
35 ~~disorder, and whether the minor is in need of immediate inpatient~~
36 ~~treatment.~~

37 ~~(3))~~ If it is determined under subsection (1) ~~((or (2))~~ of this
38 section that the minor suffers from a ~~((mental disorder or substance~~
39 ~~use))~~ behavioral health disorder, inpatient treatment is required,

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

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

14 **Sec. 71.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each
15 amended to read as follows:

16 (1) If a minor, thirteen years or older, is brought to an
17 evaluation and treatment facility, secure detoxification facility,
18 approved substance use disorder treatment program, or hospital
19 emergency room for immediate (~~(mental)~~) behavioral health services,
20 the professional person in charge of the facility shall evaluate the
21 minor's (~~(mental)~~) condition, determine whether the minor suffers
22 from a (~~(mental)~~) behavioral health disorder, and whether the minor
23 is in need of immediate inpatient treatment.

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

30 ~~(3))~~ If it is determined under subsection (1) (~~(or (2))~~) of this
31 section that the minor suffers from a (~~(mental disorder or substance~~
32 ~~use)) behavioral health disorder, inpatient treatment is required,
33 the minor is unwilling to consent to voluntary admission, and the
34 professional person believes that the minor meets the criteria for
35 initial detention (~~(set forth herein)~~), the facility may detain or
36 arrange for the detention of the minor for up to twelve hours, not
37 including time periods prior to medical clearance, in order to enable
38 a designated crisis responder to evaluate the minor and commence
39 initial detention proceedings under the provisions of this chapter.~~

1 (3) Dismissal of a commitment petition is not the appropriate
2 remedy for a violation of the timeliness requirements of this
3 section, based on the purpose of this chapter under RCW 71.34.010,
4 except in the few cases where the facility staff or the designated
5 crisis responder have totally disregarded the requirements of this
6 section.

7 NEW SECTION. **Sec. 72.** A new section is added to chapter 71.34
8 RCW to read as follows:

9 (1) Whenever a designated crisis responder or professional person
10 is conducting an evaluation under this chapter, the designated crisis
11 responder or professional person must consider all reasonably
12 available information from credible witnesses and records regarding:

13 (a) Historical behavior, including history of one or more violent
14 acts; and

15 (b) Prior commitments under this chapter.

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

24 (3) Symptoms and behavior of the minor which standing alone would
25 not justify civil commitment may support a finding of grave
26 disability or likelihood of serious harm, when:

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

31 (b) These symptoms or behavior represent a marked and concerning
32 change in the baseline behavior of the minor; and

33 (c) Without treatment, the continued deterioration of the minor
34 is probable.

35 **Sec. 73.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each
36 amended to read as follows:

37 (1) (a) ~~((i))~~ When a designated crisis responder receives
38 information that a minor, thirteen years or older, as a result of a

1 (~~mental~~) behavioral health disorder presents a likelihood of
2 serious harm or is gravely disabled, has investigated the specific
3 facts alleged and of the credibility of the person or persons
4 providing the information, and has determined that voluntary
5 admission for inpatient treatment is not possible, the designated
6 crisis responder may take the minor, or cause the minor to be taken,
7 into custody and transported to an evaluation and treatment facility,
8 secure detoxification facility, or approved substance use disorder
9 treatment program providing inpatient treatment.

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

22 (b) If ~~((the minor is not taken into custody for evaluation and~~
23 ~~treatment, the parent who has custody of the minor may seek review of~~
24 ~~that decision made by the designated crisis responder in court. The~~
25 ~~parent shall file notice with the court and provide a copy of the~~
26 ~~designated crisis responder's report or notes)) a designated crisis~~
27 ~~responder decides not to detain a minor for evaluation and treatment~~
28 ~~under RCW 71.34.700(2), or forty-eight hours have elapsed since a~~
29 ~~designated crisis responder received a request for investigation and~~
30 ~~the designated crisis responder has not taken action to have the~~
31 ~~minor detained, an immediate family member or guardian or conservator~~
32 ~~of the minor may petition the superior court for the minor's~~
33 ~~detention using the procedures under RCW 71.05.201 and 71.05.203;~~
34 ~~however, when the court enters an order of initial detention, except~~
35 ~~as otherwise expressly stated in this chapter, all procedures must be~~
36 ~~followed as if the order has been entered under RCW 71.34.710(1)(a).~~

37 (2)(a) Within twelve hours of the minor's arrival at the
38 evaluation and treatment facility, secure detoxification facility, or
39 approved substance use disorder treatment program, the designated
40 crisis responder shall serve on the minor a copy of the petition for

1 initial detention, notice of initial detention, and statement of
2 rights. The designated crisis responder shall file with the court on
3 the next judicial day following the initial detention the original
4 petition for initial detention, notice of initial detention, and
5 statement of rights along with an affidavit of service. The
6 designated crisis responder shall commence service of the petition
7 for initial detention and notice of the initial detention on the
8 minor's parent and the minor's attorney as soon as possible following
9 the initial detention.

10 (b) If the minor is involuntarily detained at an evaluation and
11 treatment facility, secure detoxification facility, or approved
12 substance use disorder treatment program in a different county from
13 where the minor was initially detained, the facility or program may
14 serve the minor, notify the minor's parents and the minor's attorney,
15 and file with the court on the next judicial day following the
16 initial detention the original petition for initial detention, notice
17 of initial detention, and statement of rights along with an affidavit
18 of service when filing with the court at the request of the
19 designated crisis responder.

20 (3) (a) At the time of initial detention, the designated crisis
21 responder shall advise the minor both orally and in writing that if
22 admitted to the evaluation and treatment facility, secure
23 detoxification facility, or approved substance use disorder treatment
24 program for inpatient treatment, a commitment hearing shall be held
25 within (~~seventy-two hours~~) five days of the minor's provisional
26 acceptance to determine whether probable cause exists to commit the
27 minor for further treatment.

28 (b) The minor shall be advised that he or she has a right to
29 communicate immediately with an attorney and that he or she has a
30 right to have an attorney appointed to represent him or her before
31 and at the hearing if the minor is indigent.

32 (4) Subject to subsection (5) of this section, whenever the
33 designated crisis responder petitions for detention of a minor under
34 this chapter, an evaluation and treatment facility, secure
35 detoxification facility, or approved substance use disorder treatment
36 program providing (~~seventy-two hour~~) five-day evaluation and
37 treatment must immediately accept on a provisional basis the petition
38 and the person. Within twenty-four hours of the minor's arrival, the
39 facility must evaluate the minor's condition and either admit or
40 release the minor in accordance with this chapter.

1 (5) A designated crisis responder may not petition for detention
2 of a minor to a secure detoxification facility or approved substance
3 use disorder treatment program unless there is a secure
4 detoxification facility or approved substance use disorder treatment
5 program available and that has adequate space for the minor.

6 (6) If a minor is not approved for admission by the inpatient
7 evaluation and treatment facility, secure detoxification facility, or
8 approved substance use disorder treatment program, the facility shall
9 make such recommendations and referrals for further care and
10 treatment of the minor as necessary.

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

17 **Sec. 74.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each
18 amended to read as follows:

19 (1)(a) ~~((i))~~ When a designated crisis responder receives
20 information that a minor, thirteen years or older, as a result of a
21 ~~((mental))~~ behavioral health disorder presents a likelihood of
22 serious harm or is gravely disabled, has investigated the specific
23 facts alleged and of the credibility of the person or persons
24 providing the information, and has determined that voluntary
25 admission for inpatient treatment is not possible, the designated
26 crisis responder may take the minor, or cause the minor to be taken,
27 into custody and transported to an evaluation and treatment facility,
28 secure detoxification facility, or approved substance use disorder
29 treatment program providing inpatient treatment.

30 ~~((ii) When a designated crisis responder receives information~~
31 ~~that a minor, thirteen years or older, as a result of substance use~~
32 ~~disorder presents a likelihood of serious harm or is gravely~~
33 ~~disabled, has investigated the specific facts alleged and of the~~
34 ~~credibility of the person or persons providing the information, and~~
35 ~~has determined that voluntary admission for inpatient treatment is~~
36 ~~not possible, the designated crisis responder may take the minor, or~~
37 ~~cause the minor to be taken, into custody and transported to a secure~~
38 ~~detoxification facility or approved substance use disorder treatment~~
39 ~~program.))~~

1 (b) ~~If ((the minor is not taken into custody for evaluation and~~
2 ~~treatment, the parent who has custody of the minor may seek review of~~
3 ~~that decision made by the designated crisis responder in court. The~~
4 ~~parent shall file notice with the court and provide a copy of the~~
5 ~~designated crisis responder's report or notes)) a designated crisis~~
6 responder decides not to detain a minor for evaluation and treatment
7 under RCW 71.34.700(2), or forty-eight hours have elapsed since a
8 designated crisis responder received a request for investigation and
9 the designated crisis responder has not taken action to have the
10 minor detained, an immediate family member or guardian or conservator
11 of the minor may petition the superior court for the minor's
12 detention using the procedures under RCW 71.05.201 and 71.05.203;
13 however, when the court enters an order of initial detention, except
14 as otherwise expressly stated in this chapter, all procedures must be
15 followed as if the order has been entered under RCW 71.34.710(1)(a).

16 (2)(a) Within twelve hours of the minor's arrival at the
17 evaluation and treatment facility, secure detoxification facility, or
18 approved substance use disorder treatment program, the designated
19 crisis responder shall serve on the minor a copy of the petition for
20 initial detention, notice of initial detention, and statement of
21 rights. The designated crisis responder shall file with the court on
22 the next judicial day following the initial detention the original
23 petition for initial detention, notice of initial detention, and
24 statement of rights along with an affidavit of service. The
25 designated crisis responder shall commence service of the petition
26 for initial detention and notice of the initial detention on the
27 minor's parent and the minor's attorney as soon as possible following
28 the initial detention.

29 (b) If the minor is involuntarily detained at an evaluation and
30 treatment facility, secure detoxification facility, or approved
31 substance use disorder treatment program in a different county from
32 where the minor was initially detained, the facility or program may
33 serve the minor, notify the minor's parents and the minor's attorney,
34 and file with the court on the next judicial day following the
35 initial detention the original petition for initial detention, notice
36 of initial detention, and statement of rights along with an affidavit
37 of service when filing with the court at the request of the
38 designated crisis responder.

39 (3)(a) At the time of initial detention, the designated crisis
40 responder shall advise the minor both orally and in writing that if

1 admitted to the evaluation and treatment facility, secure
2 detoxification facility, or approved substance use disorder treatment
3 program for inpatient treatment, a commitment hearing shall be held
4 within (~~seventy-two hours~~) five days of the minor's provisional
5 acceptance to determine whether probable cause exists to commit the
6 minor for further treatment.

7 (b) The minor shall be advised that he or she has a right to
8 communicate immediately with an attorney and that he or she has a
9 right to have an attorney appointed to represent him or her before
10 and at the hearing if the minor is indigent.

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

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

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

30 **Sec. 75.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to
31 read as follows:

32 (1) Each minor approved by the facility for inpatient admission
33 shall be examined and evaluated by a children's mental health
34 specialist, for minors admitted as a result of a mental disorder, or
35 by a chemical dependency professional, for minors admitted as a
36 result of a substance use disorder, as to the child's mental
37 condition and by a physician, physician assistant, or psychiatric
38 advanced registered nurse practitioner as to the child's physical
39 condition within twenty-four hours of admission. Reasonable measures

1 shall be taken to ensure medical treatment is provided for any
2 condition requiring immediate medical attention.

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

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

19 (4) During the initial (~~(seventy-two hour)~~) five-day treatment
20 period, the minor has a right to associate or receive communications
21 from parents or others unless the professional person in charge
22 determines that such communication would be seriously detrimental to
23 the minor's condition or treatment and so indicates in the minor's
24 clinical record, and notifies the minor's parents of this
25 determination. (~~(In no event may the minor)~~) A minor must not be
26 denied the opportunity to consult an attorney unless there is an
27 immediate risk of harm to the minor or others.

28 (5) If the evaluation and treatment facility, secure
29 detoxification facility, or approved substance use disorder treatment
30 program admits the minor, it may detain the minor for evaluation and
31 treatment for a period not to exceed (~~(seventy-two hours)~~) five days
32 from the time of provisional acceptance. The computation of such
33 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,
34 Sundays, and holidays. This initial treatment period shall not exceed
35 (~~(seventy-two hours)~~) five days except when an application for
36 voluntary inpatient treatment is received or a petition for fourteen-
37 day commitment is filed.

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

1 **Sec. 76.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to
2 read as follows:

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

13 (2) If, after examination and evaluation, the children's mental
14 health specialist or substance use disorder specialist and the
15 physician, physician assistant, or psychiatric advanced registered
16 nurse practitioner determine that the initial needs of the minor, if
17 detained to an evaluation and treatment facility, would be better
18 served by placement in a substance use disorder treatment program or,
19 if detained to a secure detoxification facility or approved substance
20 use disorder treatment program, would be better served in an
21 evaluation and treatment facility, then the minor shall be referred
22 to the more appropriate placement.

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

25 (4) During the initial (~~(seventy-two hour)~~) five-day treatment
26 period, the minor has a right to associate or receive communications
27 from parents or others unless the professional person in charge
28 determines that such communication would be seriously detrimental to
29 the minor's condition or treatment and so indicates in the minor's
30 clinical record, and notifies the minor's parents of this
31 determination. (~~(In no event may the minor)~~) A minor must not be
32 denied the opportunity to consult an attorney unless there is an
33 immediate risk of harm to the minor or others.

34 (5) If the evaluation and treatment facility, secure
35 detoxification facility, or approved substance use disorder treatment
36 program admits the minor, it may detain the minor for evaluation and
37 treatment for a period not to exceed (~~(seventy-two hours)~~) five days
38 from the time of provisional acceptance. The computation of such
39 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,
40 Sundays, and holidays. This initial treatment period shall not exceed

1 ((~~seventy-two hours~~)) five days except when an application for
2 voluntary inpatient treatment is received or a petition for fourteen-
3 day commitment is filed.

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

6 **Sec. 77.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155
7 s 20 are each reenacted and amended to read as follows:

8 (1) The professional person in charge of an evaluation and
9 treatment facility, secure detoxification facility, or approved
10 substance use disorder treatment program where a minor has been
11 admitted involuntarily for the initial ((~~seventy-two hour~~)) five-day
12 treatment period under this chapter may petition to have a minor
13 committed to an evaluation and treatment facility ((~~or, in the case~~
14 ~~of a minor with a substance use disorder, to~~)), a secure
15 detoxification facility, or an approved substance use disorder
16 treatment program for fourteen-day diagnosis, evaluation, and
17 treatment.

18 If the professional person in charge of the facility does not
19 petition to have the minor committed, the parent who has custody of
20 the minor may seek review of that decision in court. The parent shall
21 file notice with the court and provide a copy of the treatment and
22 evaluation facility's report.

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

26 (a) A petition for a fourteen-day commitment shall be signed by:
27 (i) Two physicians; (ii) one physician and a mental health
28 professional; (iii) one physician assistant and a mental health
29 professional; or (iv) one psychiatric advanced registered nurse
30 practitioner and a mental health professional. The person signing the
31 petition must have examined the minor, and the petition must contain
32 the following:

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

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

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

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

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

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

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

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

14 (b) A copy of the petition shall be personally (~~delivered to~~)
15 served on the minor by the petitioner or petitioner's designee. A
16 copy of the petition shall be (~~sent~~) provided to the minor's
17 attorney and the minor's parent.

18 NEW SECTION. **Sec. 78.** A new section is added to chapter 71.34
19 RCW to read as follows:

20 (1) In any proceeding for involuntary commitment under this
21 chapter, the court may continue or postpone such proceeding for a
22 reasonable time on motion of the respondent for good cause, or on
23 motion of the prosecuting attorney or the attorney general if:

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

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

29 (2) The court may on its own motion continue the case when
30 required in due administration of justice and when the respondent
31 will not be substantially prejudiced in the presentation of the
32 respondent's case.

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

36 **Sec. 79.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each
37 amended to read as follows:

1 (1) A commitment hearing shall be held within (~~seventy-two~~
2 ~~hours~~) five days of the minor's admission, excluding Saturday,
3 Sunday, and holidays, unless a continuance is (~~requested by the~~
4 ~~minor or the minor's attorney~~) ordered under section 78 of this act.

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

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

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

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

16 (6) At the commitment hearing, the minor shall have the following
17 rights:

18 (a) To be represented by an attorney;

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

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

21 (7) If the hearing is for commitment for mental health treatment,
22 the court at the time of the commitment hearing and before an order
23 of commitment is entered shall inform the minor both orally and in
24 writing that the failure to make a good faith effort to seek
25 voluntary treatment as provided in RCW 71.34.730 will result in the
26 loss of his or her firearm rights if the minor is subsequently
27 detained for involuntary treatment under this section.

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

31 (~~Rules of evidence shall not apply in fourteen-day~~
32 ~~commitment hearings.~~

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

35 (a) The minor has a (~~mental disorder or substance use~~)
36 behavioral health disorder and presents a likelihood of serious harm
37 or is gravely disabled;

38 (b) The minor is in need of evaluation and treatment of the type
39 provided by the inpatient evaluation and treatment facility, secure
40 detoxification facility, or approved substance use disorder treatment

1 program to which continued inpatient care is sought or is in need of
2 less restrictive alternative treatment found to be in the best
3 interests of the minor or others;

4 (c) The minor is unwilling or unable in good faith to consent to
5 voluntary treatment; and

6 (d) If commitment is for a substance use disorder, there is an
7 available secure detoxification facility or approved substance use
8 disorder treatment program with adequate space for the minor.

9 ~~((11))~~ (10) If the court finds that the minor meets the
10 criteria for a fourteen-day commitment, the court shall either
11 authorize commitment of the minor for inpatient treatment or for less
12 restrictive alternative treatment upon such conditions as are
13 necessary. If the court determines that the minor does not meet the
14 criteria for a fourteen-day commitment, the minor shall be released.

15 ~~((12))~~ (11)(a) Nothing in this section prohibits the
16 professional person in charge of the facility from releasing the
17 minor at any time, when, in the opinion of the professional person in
18 charge of the facility, further inpatient treatment is no longer
19 necessary. The release may be subject to reasonable conditions if
20 appropriate.

21 (b) Whenever a minor is released under this section, the
22 professional person in charge shall within three days, notify the
23 court in writing of the release.

24 ~~((13))~~ (12) A minor who has been committed for fourteen days
25 shall be released at the end of that period unless a petition for one
26 hundred eighty-day commitment is pending before the court.

27 **Sec. 80.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each
28 amended to read as follows:

29 (1) A commitment hearing shall be held within ~~((seventy-two
30 hours))~~ five days of the minor's admission, excluding Saturday,
31 Sunday, and holidays, unless a continuance is ~~((requested by the
32 minor or the minor's attorney))~~ ordered under section 78 of this act.

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

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

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

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

7 (6) At the commitment hearing, the minor shall have the following
8 rights:

9 (a) To be represented by an attorney;

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

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

12 (7) If the hearing is for commitment for mental health treatment,
13 the court at the time of the commitment hearing and before an order
14 of commitment is entered shall inform the minor both orally and in
15 writing that the failure to make a good faith effort to seek
16 voluntary treatment as provided in RCW 71.34.730 will result in the
17 loss of his or her firearm rights if the minor is subsequently
18 detained for involuntary treatment under this section.

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

22 (9) ~~((Rules of evidence shall not apply in fourteen-day
23 commitment hearings.~~

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

26 (a) The minor has a ~~((mental disorder or substance use))~~
27 behavioral health disorder and presents a likelihood of serious harm
28 or is gravely disabled;

29 (b) The minor is in need of evaluation and treatment of the type
30 provided by the inpatient evaluation and treatment facility, secure
31 detoxification facility, or approved substance use disorder treatment
32 program to which continued inpatient care is sought or is in need of
33 less restrictive alternative treatment found to be in the best
34 interests of the minor or others; and

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

37 ~~((11))~~ (10) If the court finds that the minor meets the
38 criteria for a fourteen-day commitment, the court shall either
39 authorize commitment of the minor for inpatient treatment or for less
40 restrictive alternative treatment upon such conditions as are

1 necessary. If the court determines that the minor does not meet the
2 criteria for a fourteen-day commitment, the minor shall be released.

3 ~~((12))~~ (11)(a) Nothing in this section prohibits the
4 professional person in charge of the facility from releasing the
5 minor at any time, when, in the opinion of the professional person in
6 charge of the facility, further inpatient treatment is no longer
7 necessary. The release may be subject to reasonable conditions if
8 appropriate.

9 (b) Whenever a minor is released under this section, the
10 professional person in charge shall within three days, notify the
11 court in writing of the release.

12 ~~((13))~~ (12) A minor who has been committed for fourteen days
13 shall be released at the end of that period unless a petition for one
14 hundred eighty-day commitment is pending before the court.

15 **Sec. 81.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155
16 s 21 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

36 (3) The petition shall be supported by accompanying affidavits
37 signed by: (a) Two examining physicians, one of whom shall be a child
38 psychiatrist, or two psychiatric advanced registered nurse
39 practitioners, one of whom shall be a child and adolescent or family

1 psychiatric advanced registered nurse practitioner, or two physician
2 assistants, one of whom must be supervised by a child psychiatrist;
3 (b) one children's mental health specialist and either an examining
4 physician, physician assistant, or a psychiatric advanced registered
5 nurse practitioner; or (c) two among an examining physician,
6 physician assistant, and a psychiatric advanced registered nurse
7 practitioner, one of which needs to be a child psychiatrist(~~(+)~~),
8 a physician assistant supervised by a child psychiatrist, or a child
9 and adolescent psychiatric nurse practitioner. The affidavits shall
10 describe in detail the behavior of the detained minor which supports
11 the petition and shall state whether a less restrictive alternative
12 to inpatient treatment is in the best interests of the minor.

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

21 (5) At the time of filing, the court shall set a date within
22 seven days for the hearing on the petition. (~~The court may continue~~
23 ~~the hearing upon the written request of the minor or the minor's~~
24 ~~attorney for not more than ten days.)) If the hearing is not
25 commenced within thirty days after the filing of the petition,
26 including extensions of time requested by the detained person or his
27 or her attorney or the court in the administration of justice under
28 section 78 of this act, the minor must be released. The minor or the
29 parents shall be afforded the same rights as in a fourteen-day
30 commitment hearing. Treatment of the minor shall continue pending the
31 proceeding.~~

32 (6) For one hundred eighty-day commitment:

33 (a) The court must find by clear, cogent, and convincing evidence
34 that the minor:

35 (i) Is suffering from a mental disorder or substance use
36 disorder;

37 (ii) Presents a likelihood of serious harm or is gravely
38 disabled; and

39 (iii) Is in need of further treatment that only can be provided
40 in a one hundred eighty-day commitment.

1 (b) If commitment is for a substance use disorder, the court must
2 find that there is an available approved substance use disorder
3 treatment program that has adequate space for the minor.

4 (7) In determining whether an inpatient or less restrictive
5 alternative commitment is appropriate, great weight must be given to
6 evidence of a prior history or pattern of decompensation and
7 discontinuation of treatment resulting in: (a) Repeated
8 hospitalizations; or (b) repeated peace officer interventions
9 resulting in juvenile charges. Such evidence may be used to provide a
10 factual basis for concluding that the minor would not receive, if
11 released, such care as is essential for his or her health or safety.

12 (8)(a) If the court finds that the criteria for commitment are
13 met and that less restrictive treatment in a community setting is not
14 appropriate or available, the court shall order the minor committed
15 to the custody of the secretary for further inpatient mental health
16 treatment, to an approved substance use disorder treatment program
17 for further substance use disorder treatment, or to a private
18 treatment and evaluation facility for inpatient mental health or
19 substance use disorder treatment if the minor's parents have assumed
20 responsibility for payment for the treatment. If the court finds that
21 a less restrictive alternative is in the best interest of the minor,
22 the court shall order less restrictive alternative treatment upon
23 such conditions as necessary.

24 (b) If the court determines that the minor does not meet the
25 criteria for one hundred eighty-day commitment, the minor shall be
26 released.

27 (~~((8))~~) (9) Successive one hundred eighty-day commitments are
28 permissible on the same grounds and under the same procedures as the
29 original one hundred eighty-day commitment. Such petitions shall be
30 filed at least (~~(five)~~) three days prior to the expiration of the
31 previous one hundred eighty-day commitment order.

32 **Sec. 82.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each
33 amended to read as follows:

34 (1) At any time during the minor's period of fourteen-day
35 commitment, the professional person in charge may petition the court
36 for an order requiring the minor to undergo an additional one hundred
37 eighty-day period of treatment. The evidence in support of the
38 petition shall be presented by the county prosecutor unless the
39 petition is filed by the professional person in charge of a state-

1 operated facility in which case the evidence shall be presented by
2 the attorney general.

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

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

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

8 (c) A statement that the petitioner is the professional person in
9 charge of the evaluation and treatment facility, secure
10 detoxification facility, or approved substance use disorder treatment
11 program responsible for the treatment of the minor;

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

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

14 (3) The petition shall be supported by accompanying affidavits
15 signed by: (a) Two examining physicians, one of whom shall be a child
16 psychiatrist, or two psychiatric advanced registered nurse
17 practitioners, one of whom shall be a child and adolescent or family
18 psychiatric advanced registered nurse practitioner, or two physician
19 assistants, one of whom must be supervised by a child psychiatrist;
20 (b) one children's mental health specialist and either an examining
21 physician, physician assistant, or a psychiatric advanced registered
22 nurse practitioner; or (c) two among an examining physician,
23 physician assistant, and a psychiatric advanced registered nurse
24 practitioner, one of which needs to be a child psychiatrist((+,+)) a
25 physician assistant supervised by a child psychiatrist, or a child
26 and adolescent psychiatric nurse practitioner. The affidavits shall
27 describe in detail the behavior of the detained minor which supports
28 the petition and shall state whether a less restrictive alternative
29 to inpatient treatment is in the best interests of the minor.

30 (4) The petition for one hundred eighty-day commitment shall be
31 filed with the clerk of the court at least three days before the
32 expiration of the fourteen-day commitment period. The petitioner or
33 the petitioner's designee shall within twenty-four hours of filing
34 serve a copy of the petition on the minor and notify the minor's
35 attorney and the minor's parent. A copy of the petition shall be
36 provided to such persons at least twenty-four hours prior to the
37 hearing.

38 (5) At the time of filing, the court shall set a date within
39 seven days for the hearing on the petition. ~~((The court may continue
40 the hearing upon the written request of the minor or the minor's~~

1 ~~attorney for not more than ten days.)~~ If the hearing is not
2 commenced within thirty days after the filing of the petition,
3 including extensions of time requested by the detained person or his
4 or her attorney or the court in the administration of justice under
5 section 78 of this act, the minor must be released. The minor or the
6 parents shall be afforded the same rights as in a fourteen-day
7 commitment hearing. Treatment of the minor shall continue pending the
8 proceeding.

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

11 (a) Is suffering from a mental disorder or substance use
12 disorder;

13 (b) Presents a likelihood of serious harm or is gravely disabled;
14 and

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

17 (7) In determining whether an inpatient or less restrictive
18 alternative commitment is appropriate, great weight must be given to
19 evidence of a prior history or pattern of decompensation and
20 discontinuation of treatment resulting in: (a) Repeated
21 hospitalizations; or (b) repeated peace officer interventions
22 resulting in juvenile charges. Such evidence may be used to provide a
23 factual basis for concluding that the minor would not receive, if
24 released, such care as is essential for his or her health or safety.

25 (8)(a) If the court finds that the criteria for commitment are
26 met and that less restrictive treatment in a community setting is not
27 appropriate or available, the court shall order the minor committed
28 to the custody of the secretary for further inpatient mental health
29 treatment, to an approved substance use disorder treatment program
30 for further substance use disorder treatment, or to a private
31 treatment and evaluation facility for inpatient mental health or
32 substance use disorder treatment if the minor's parents have assumed
33 responsibility for payment for the treatment. If the court finds that
34 a less restrictive alternative is in the best interest of the minor,
35 the court shall order less restrictive alternative treatment upon
36 such conditions as necessary.

37 (b) If the court determines that the minor does not meet the
38 criteria for one hundred eighty-day commitment, the minor shall be
39 released.

1 (~~(8)~~) (9) Successive one hundred eighty-day commitments are
2 permissible on the same grounds and under the same procedures as the
3 original one hundred eighty-day commitment. Such petitions shall be
4 filed at least (~~(five)~~) three days prior to the expiration of the
5 previous one hundred eighty-day commitment order.

6 NEW SECTION. **Sec. 83.** A new section is added to chapter 71.34
7 RCW to read as follows:

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

10 (a) Assignment of a care coordinator;

11 (b) An intake evaluation with the provider of the less
12 restrictive alternative treatment;

13 (c) A psychiatric evaluation;

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

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

19 (f) An individual crisis plan; and

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

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

25 (a) Medication management;

26 (b) Psychotherapy;

27 (c) Nursing;

28 (d) Substance abuse counseling;

29 (e) Residential treatment; and

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

31 (3) If the minor was provided with involuntary medication during
32 the involuntary commitment period, the less restrictive alternative
33 treatment order may authorize the less restrictive alternative
34 treatment provider or its designee to administer involuntary
35 antipsychotic medication to the person if the provider has attempted
36 and failed to obtain the informed consent of the person and there is
37 a concurring medical opinion approving the medication by a
38 psychiatrist, physician assistant working with a supervising
39 psychiatrist, psychiatric advanced registered nurse practitioner, or

1 physician or physician assistant in consultation with an independent
2 mental health professional with prescribing authority.

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

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

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

22 **Sec. 84.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to
23 read as follows:

24 (1) If the professional person in charge of an outpatient
25 treatment program, a designated crisis responder, or the director or
26 secretary, as appropriate, determines that a minor is failing to
27 adhere to the conditions of the court order for less restrictive
28 alternative treatment or the conditions for the conditional release,
29 or that substantial deterioration in the minor's functioning has
30 occurred, the designated crisis responder, or the director or
31 secretary, as appropriate, may order that the minor(~~(, if committed~~
32 ~~for mental health treatment,)~~) be taken into custody and transported
33 to an inpatient evaluation and treatment facility (~~(or, if committed~~
34 ~~for substance use disorder treatment, be taken into custody and~~
35 ~~transported to)~~), a secure detoxification facility, or an approved
36 substance use disorder treatment program (~~(if there is an~~
37 ~~available)~~). A secure detoxification facility or approved substance
38 use disorder treatment program that has adequate space for the minor
39 must be available.

1 (2) (a) The designated crisis responder (~~(or the)~~), director, or
2 secretary, as appropriate, shall file the order of apprehension and
3 detention and serve it upon the minor and notify the minor's parent
4 and the minor's attorney, if any, of the detention within two days of
5 return. At the time of service the minor shall be informed of the
6 right to a hearing and to representation by an attorney. The
7 designated crisis responder or the director or secretary, as
8 appropriate, may modify or rescind the order of apprehension and
9 detention at any time prior to the hearing.

10 (b) If the minor is involuntarily detained for revocation at an
11 evaluation and treatment facility, secure detoxification facility, or
12 approved substance use disorder treatment program in a different
13 county from where the minor was initially detained, the facility or
14 program may file the order of apprehension, serve it on the minor and
15 notify the minor's parents and the minor's attorney at the request of
16 the designated crisis responder.

17 (3) A petition for revocation of less restrictive alternative
18 treatment shall be filed by the designated crisis responder or the
19 director (~~(or)~~), secretary, or treatment facility, as appropriate,
20 with the court in the county (~~(ordering the less restrictive~~
21 ~~alternative treatment)) where the minor is detained. The court shall
22 conduct the hearing in that county. A petition for revocation of
23 conditional release (~~(may be filed with the court in the county~~
24 ~~ordering inpatient treatment or the county where the minor on~~
25 ~~conditional release is residing)) must be filed in the county where
26 the minor is detained. A petition shall describe the behavior of the
27 minor indicating violation of the conditions or deterioration of
28 routine functioning and a dispositional recommendation. (~~Upon motion~~
29 ~~for good cause, the hearing may be transferred to the county of the~~
30 ~~minor's residence or to the county in which the alleged violations~~
31 ~~occurred.)) The hearing shall be held within seven days of the
32 minor's return. The issues to be determined are whether the minor did
33 or did not adhere to the conditions of the less restrictive
34 alternative treatment or conditional release, or whether the minor's
35 routine functioning has substantially deteriorated, and, if so,
36 whether the conditions of less restrictive alternative treatment or
37 conditional release should be modified or, subject to subsection (4)
38 of this section, whether the minor should be returned to inpatient
39 treatment. Pursuant to the determination of the court, the minor
40 shall be returned to less restrictive alternative treatment or~~~~~~

1 conditional release on the same or modified conditions or shall be
2 returned to inpatient treatment. If the minor is returned to
3 inpatient treatment, RCW 71.34.760 regarding the director's placement
4 responsibility shall apply. The hearing may be waived by the minor
5 and the minor returned to inpatient treatment or to less restrictive
6 alternative treatment or conditional release on the same or modified
7 conditions.

8 (4) A court may not order the return of a minor to inpatient
9 treatment in a secure detoxification facility or approved substance
10 use disorder treatment program unless there is a secure
11 detoxification facility or approved substance use disorder treatment
12 program available with adequate space for the minor.

13 **Sec. 85.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to
14 read as follows:

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

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

37 (b) If the minor is involuntarily detained for revocation at an
38 evaluation and treatment facility, secure detoxification facility, or
39 approved substance use disorder treatment program in a different

1 county from where the minor was initially detained, the facility or
2 program may file the order of apprehension, serve it on the minor and
3 notify the minor's parents and the minor's attorney at the request of
4 the designated crisis responder.

5 (3) A petition for revocation of less restrictive alternative
6 treatment shall be filed by the designated crisis responder or the
7 director ~~((or))~~, secretary, or treatment facility, as appropriate,
8 with the court in the county ~~((ordering the less restrictive~~
9 ~~alternative treatment))~~ where the minor is detained. The court shall
10 conduct the hearing in that county. A petition for revocation of
11 conditional release ~~((may be filed with the court in the county~~
12 ~~ordering inpatient treatment or the county where the minor on~~
13 ~~conditional release is residing))~~ must be filed in the county where
14 the minor is detained. A petition shall describe the behavior of the
15 minor indicating violation of the conditions or deterioration of
16 routine functioning and a dispositional recommendation. ~~((Upon motion~~
17 ~~for good cause, the hearing may be transferred to the county of the~~
18 ~~minor's residence or to the county in which the alleged violations~~
19 ~~occurred.))~~ The hearing shall be held within seven days of the
20 minor's return. The issues to be determined are whether the minor did
21 or did not adhere to the conditions of the less restrictive
22 alternative treatment or conditional release, or whether the minor's
23 routine functioning has substantially deteriorated, and, if so,
24 whether the conditions of less restrictive alternative treatment or
25 conditional release should be modified or whether the minor should be
26 returned to inpatient treatment. Pursuant to the determination of the
27 court, the minor shall be returned to less restrictive alternative
28 treatment or conditional release on the same or modified conditions
29 or shall be returned to inpatient treatment. If the minor is returned
30 to inpatient treatment, RCW 71.34.760 regarding the director's
31 placement responsibility shall apply. The hearing may be waived by
32 the minor and the minor returned to inpatient treatment or to less
33 restrictive alternative treatment or conditional release on the same
34 or modified conditions.

35 **Sec. 86.** RCW 2.30.010 and 2015 c 291 s 1 are each amended to
36 read as follows:

37 (1) The legislature finds that judges in the trial courts
38 throughout the state effectively utilize what are known as
39 therapeutic courts to remove a defendant's or respondent's case from

1 the criminal and civil court traditional trial track and allow those
2 defendants or respondents the opportunity to obtain treatment
3 services to address particular issues that may have contributed to
4 the conduct that led to their arrest or other issues before the
5 court. Trial courts have proved adept at creative approaches in
6 fashioning a wide variety of therapeutic courts addressing the
7 spectrum of social issues that can contribute to criminal activity
8 and engagement with the child welfare system.

9 (2) The legislature further finds that by focusing on the
10 specific individual's needs, providing treatment for the issues
11 presented, and ensuring rapid and appropriate accountability for
12 program violations, therapeutic courts may decrease recidivism,
13 improve the safety of the community, and improve the life of the
14 program participant and the lives of the participant's family members
15 by decreasing the severity and frequency of the specific behavior
16 addressed by the therapeutic court.

17 (3) The legislature recognizes the inherent authority of the
18 judiciary under Article IV, section 1 of the state Constitution to
19 establish therapeutic courts, and the outstanding contribution to the
20 state and local communities made by the establishment of therapeutic
21 courts and desires to provide a general provision in statute
22 acknowledging and encouraging the judiciary to provide for
23 therapeutic court programs to address the particular needs within a
24 given judicial jurisdiction.

25 (4) Therapeutic court programs may include, but are not limited
26 to:

- 27 (a) Adult drug court;
- 28 (b) Juvenile drug court;
- 29 (c) Family dependency treatment court or family drug court;
- 30 (d) Mental health court, which may include participants with
31 developmental disabilities;
- 32 (e) DUI court;
- 33 (f) Veterans treatment court;
- 34 (g) Truancy court;
- 35 (h) Domestic violence court;
- 36 (i) Gambling court;
- 37 (j) Community court;
- 38 (k) Homeless court;
- 39 (l) Treatment, responsibility, and accountability on campus (Back
40 on TRAC) court; and

1 (m) Involuntary treatment court.

2 NEW SECTION. **Sec. 87.** A new section is added to chapter 71.34
3 RCW to read as follows:

4 (1) The files and records of court proceedings under this chapter
5 and chapter 71.05 RCW shall be closed but shall be accessible to:

6 (a) The department;

7 (b) The department of health;

8 (c) The authority;

9 (d) The state hospitals as defined in RCW 72.23.010;

10 (e) Any person who is the subject of a petition;

11 (f) The attorney or guardian of the person;

12 (g) Resource management services for that person; and

13 (h) Service providers authorized to receive such information by
14 resource management services.

15 (2) The authority shall adopt rules to implement this section.

16 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34
17 RCW to read as follows:

18 For purposes of this chapter, at any hearing the petitioner, the
19 respondent, the witnesses, the interpreters, and the presiding
20 judicial officer may be present and participate either in person or
21 by video, as determined by the court. The term "video" as used in
22 this section includes any functional equivalent. At any hearing
23 conducted by video, the technology used must permit the judicial
24 officer, counsel, all parties, and the witnesses to be able to see,
25 hear, and speak, when authorized, during the hearing; to allow
26 attorneys to use exhibits or other materials during the hearing; and
27 to allow the respondent's counsel to be in the same location as the
28 respondent unless otherwise requested by the respondent or the
29 respondent's counsel. Witnesses in a proceeding may also appear in
30 court through other means, including telephonically, pursuant to the
31 requirements of superior court civil rule 43. Notwithstanding the
32 foregoing, the court, upon its own motion or upon a motion for good
33 cause by any party, may require all parties and witnesses to
34 participate in the hearing in person rather than by video. In ruling
35 on any such motion, the court may allow in-person or video testimony;
36 and the court may consider, among other things, whether the
37 respondent's alleged behavioral health disorder affects the

1 respondent's ability to perceive or participate in the proceeding by
2 video.

3 NEW SECTION. **Sec. 89.** A new section is added to chapter 71.05
4 RCW to read as follows:

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

27 NEW SECTION. **Sec. 90.** A new section is added to chapter 71.34
28 RCW to read as follows:

29 In addition to the responsibility provided for by RCW 43.20B.330,
30 the parents of a minor person who is involuntarily detained pursuant
31 to this chapter for the purpose of treatment and evaluation outside
32 of a facility maintained and operated by the department shall be
33 responsible for the cost of such care and treatment. In the event
34 that an individual is unable to pay for such treatment or in the
35 event payment would result in a substantial hardship upon the
36 individual or his or her family, then the county of residence of such
37 person shall be responsible for such costs. If it is not possible to
38 determine the county of residence of the person, the cost shall be

1 borne by the county where the person was originally detained. The
2 department, or the authority, as appropriate, shall, pursuant to
3 chapter 34.05 RCW, adopt standards as to (1) inability to pay in
4 whole or in part, (2) a definition of substantial hardship, and (3)
5 appropriate payment schedules. Financial responsibility with respect
6 to services and facilities of the department shall continue to be as
7 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

8 NEW SECTION. **Sec. 91.** A new section is added to chapter 71.05
9 RCW to read as follows:

10 (1) An involuntary treatment act work group is established to
11 evaluate the effect of changes to chapters 71.05 and 71.34 RCW and to
12 evaluate vulnerabilities in the crisis system.

13 (2) The work group shall:

14 (a) Meet at least three times to evaluate: (i) The implementation
15 of five-day initial detention, and the effects, if any, on
16 involuntary behavioral health treatment capacity statewide, including
17 the frequency of detentions, commitments, revocations of less
18 restrictive alternative treatment, conditional release orders, single
19 bed certifications, and no-bed reports under RCW 71.05.750; (ii)
20 other issues related to implementation of this act; and (iii) other
21 vulnerabilities in the involuntary treatment system.

22 (b) Develop recommendations and report those recommendations to
23 the appropriate committees of the legislature by January 1, 2020.

24 (3) The work group shall be convened by the authority and shall
25 receive technical and data gathering support from the authority, the
26 department, and the department of social and health services as
27 needed. The membership must consist of not more than eighteen members
28 appointed by the governor, reflecting statewide representation,
29 diverse viewpoints, and experience with involuntary treatment cases.
30 Appointed members must include but not be limited to:

31 (a) Representatives of the authority, the department, and the
32 department of social and health services;

33 (b) Certified short-term civil commitment providers;

34 (c) Certified long-term inpatient care providers for involuntary
35 patients or providers with experience providing community long-term
36 inpatient care for involuntary patients;

37 (d) Prosecuting attorneys;

38 (e) Defense attorneys;

1 (f) Family members and persons with lived experience of
2 behavioral health disorders;

3 (g) Advocates for persons with behavioral health disorders;

4 (h) Designated crisis responders;

5 (i) Behavioral health administrative services organizations;

6 (j) Managed care organizations;

7 (k) Law enforcement; and

8 (l) Judicial officers in involuntary treatment cases.

9 (4) Interested legislators and legislative staff may participate
10 in the work group. The governor must request participation in the
11 work group by a representative of tribal governments.

12 (5) The work group shall choose cochairs from among its members
13 and receive staff support from the authority.

14 (6) This section expires June 30, 2021.

15 NEW SECTION. **Sec. 92.** The following acts or parts of acts are
16 each repealed:

17 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and
18 2017 3rd sp.s. c 14 s 20; and

19 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)
20 and 1989 c 120 s 9.

21 NEW SECTION. **Sec. 93.** RCW 71.05.525 is recodified as a section
22 in chapter 71.34 RCW.

23 NEW SECTION. **Sec. 94.** Sections 14, 16, 24, 34, 40, 50, 71, 74,
24 76, 80, 82, and 85 of this act take effect July 1, 2026.

25 NEW SECTION. **Sec. 95.** Sections 13, 15, 23, 33, 39, 49, 70, 73,
26 75, 79, 81, and 84 of this act expire July 1, 2026.

27 NEW SECTION. **Sec. 96.** Sections 53 and 65 of this act take
28 effect July 1, 2026.

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