

RCW 71.05.210 Evaluation—Treatment and care—Release or other disposition. (Effective until July 1, 2026.)

(1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:

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

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

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

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

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review; however, a person may only be referred to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is an available secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the person.

(3) An evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice

of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days. [2021 c 264 s 6; 2020 c 302 s 26; (2020 c 302 s 25 expired January 1, 2021); 2019 c 446 s 8; 2017 3rd sp.s. c 14 s 15. Prior: 2016 sp.s. c 29 s 224; 2016 c 155 s 2; prior: 2015 c 269 s 7; 2015 c 250 s 20; 2009 c 217 s 1; 2000 c 94 s 6; 1998 c 297 s 12; 1997 c 112 s 15; 1994 sp.s. c 9 s 747; prior: 1991 c 364 s 11; 1991 c 105 s 4; 1989 c 120 s 6; 1987 c 439 s 2; 1975 1st ex.s. c 199 s 4; 1974 ex.s. c 145 s 14; 1973 1st ex.s. c 142 s 26.]

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Expiration date—2017 3rd sp.s. c 14 ss 9 and 15: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Findings—1991 c 364: "The legislature finds that the use of alcohol and illicit drugs continues to be a primarycrippler of our youth. This translates into incredible costs to individuals, families, and society in terms of traffic fatalities, suicides, criminal activity including homicides, sexual promiscuity, familial incorrigibility, and conduct disorders, and educational fallout. Among children of all socioeconomic groups lower expectations for the

future, low motivation and self-esteem, alienation, and depression are associated with alcohol and drug abuse.

Studies reveal that deaths from alcohol and other drug-related injuries rise sharply through adolescence, peaking in the early twenties. But second peak occurs in later life, where it accounts for three times as many deaths from chronic diseases. A young victim's life expectancy is likely to be reduced by an average of twenty-six years.

Yet the cost of treating alcohol and drug addicts can be recouped in the first three years of abstinence in health care savings alone. Public money spent on treatment saves not only the life of the chemical abuser, it makes us safer as individuals, and in the long-run costs less.

The legislature further finds that many children who abuse alcohol and other drugs may not require involuntary treatment, but still are not adequately served. These children remain at risk for future chemical dependency, and may become mentally ill or a juvenile offender or need out-of-home placement. Children placed at risk because of chemical abuse may be better served by the creation of a comprehensive integrated system for children in crisis.

The legislature declares that an emphasis on the treatment of youth will pay the largest dividend in terms of preventable costs to individuals themselves, their families, and to society. The provision of augmented involuntary alcohol treatment services to youths, as well as involuntary treatment for youths addicted by other drugs, is in the interest of the public health and safety." [1991 c 364 s 7.]

Construction—1991 c 364 ss 7-12: "The purpose of sections 7 through 12 of this act is solely to provide authority for the involuntary commitment of minors addicted by drugs within available funds and current programs and facilities. Nothing in sections 7 through 12 of this act shall be construed to require the addition of new facilities nor affect the department's authority for the uses of existing programs and facilities authorized by law. Nothing in sections 7 through 12 of this act shall prevent a parent or guardian from requesting the involuntary commitment of a minor through a county designated chemical dependency specialist on an ability to pay basis." [1991 c 364 s 13.]

Conflict with federal requirements—1991 c 364: "If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. The rules under this act shall meet federal requirements that are a necessary condition to the receipt of federal funds by the state." [1991 c 364 s 15.]

Severability—1991 c 105: See note following RCW 71.05.215.

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***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

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Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

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