

2E2SSB 5720 - H COMM AMD

By Committee on Appropriations

ADOPTED AS AMENDED 03/05/2020

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

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

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

7 (a) To protect the health and safety of persons suffering from
8 (~~mental disorders and substance use~~) behavioral health disorders
9 and to protect public safety through use of the parens patriae and
10 police powers of the state;

11 (b) To prevent inappropriate, indefinite commitment of (~~mentally~~
12 ~~disordered persons and persons with substance use disorders~~) persons
13 living with behavioral health disorders and to eliminate legal
14 disabilities that arise from such commitment;

15 (c) To provide prompt evaluation and timely and appropriate
16 treatment of persons with serious (~~mental disorders and substance~~
17 ~~use~~) behavioral health disorders;

18 (d) To safeguard individual rights;

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

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

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

26 (2) When construing the requirements of this chapter the court
27 must focus on the merits of the petition, except where requirements
28 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d
29 259, 281 (2002). A presumption in favor of deciding petitions on
30 their merits furthers both public and private interests because the
31 mental and physical well-being of individuals as well as public

1 safety may be implicated by the decision to release an individual and
2 discontinue his or her treatment.

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

5 It is the intent of the legislature to enhance continuity of care
6 for persons with serious (~~mental~~) behavioral health disorders that
7 can be controlled or stabilized in a less restrictive alternative
8 commitment. Within the guidelines stated in *In re LaBelle* 107 Wn. 2d
9 196 (1986), the legislature intends to encourage appropriate
10 interventions at a point when there is the best opportunity to
11 restore the person to or maintain satisfactory functioning.

12 For persons with a prior history or pattern of repeated
13 hospitalizations or law enforcement interventions due to
14 decompensation, the consideration of prior (~~mental~~) history is
15 particularly relevant in determining whether the person would
16 receive, if released, such care as is essential for his or her health
17 or safety.

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

23 **Sec. 3.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and
24 2019 c 325 s 3001 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

11 (7) "Co-occurring disorder specialist" means an individual
12 possessing an enhancement granted by the department of health under
13 chapter 18.205 RCW that certifies the individual to provide substance
14 use disorder counseling subject to the practice limitations under RCW
15 18.205.105;

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

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

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

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

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

31 (13) "Designated crisis responder" means a mental health
32 professional appointed by the county or an entity appointed by the
33 county, to perform the duties specified in this chapter;

34 (14) "Detention" or "detain" means the lawful confinement of a
35 person, under the provisions of this chapter;

36 (15) "Developmental disabilities professional" means a person who
37 has specialized training and three years of experience in directly
38 treating or working with persons with developmental disabilities and
39 is a psychiatrist, physician assistant working with a supervising
40 psychiatrist, psychologist, psychiatric advanced registered nurse

1 practitioner, or social worker, and such other developmental
2 disabilities professionals as may be defined by rules adopted by the
3 secretary of the department of social and health services;

4 (16) "Developmental disability" means that condition defined in
5 RCW 71A.10.020(5);

6 (17) "Director" means the director of the authority;

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

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

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

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

38 (22) "Habilitative services" means those services provided by
39 program personnel to assist persons in acquiring and maintaining life
40 skills and in raising their levels of physical, mental, social, and

1 vocational functioning. Habilitative services include education,
2 training for employment, and therapy. The habilitative process shall
3 be undertaken with recognition of the risk to the public safety
4 presented by the person being assisted as manifested by prior charged
5 criminal conduct;

6 (23) "Hearing" means any proceeding conducted in open court (~~For purposes of this chapter, at any hearing the petitioner, the~~
7 ~~respondent, the witnesses, and the presiding judicial officer may be~~
8 ~~present and participate either in person or by video, as determined~~
9 ~~by the court. The term "video" as used herein shall include any~~
10 ~~functional equivalent. At any hearing conducted by video, the~~
11 ~~technology used must permit the judicial officer, counsel, all~~
12 ~~parties, and the witnesses to be able to see, hear, and speak, when~~
13 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~
14 ~~other materials during the hearing; and to allow respondent's counsel~~
15 ~~to be in the same location as the respondent unless otherwise~~
16 ~~requested by the respondent or the respondent's counsel. Witnesses in~~
17 ~~a proceeding may also appear in court through other means, including~~
18 ~~telephonically, pursuant to the requirements of superior court civil~~
19 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~
20 ~~motion or upon a motion for good cause by any party, may require all~~
21 ~~parties and witnesses to participate in the hearing in person rather~~
22 ~~than by video. In ruling on any such motion, the court may allow in-~~
23 ~~person or video testimony; and the court may consider, among other~~
24 ~~things, whether the respondent's alleged mental illness affects the~~
25 ~~respondent's ability to perceive or participate in the proceeding by~~
26 ~~video)) that conforms to the requirements of section 101 of this act;~~

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

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

36 (26) "In need of assisted outpatient behavioral health treatment"
37 means that a person, as a result of a ((~~mental disorder or substance~~
38 ~~use~~)) behavioral health disorder: (a) Has been committed by a court
39 to detention for involuntary behavioral health treatment during the
40 preceding thirty-six months; (b) is unlikely to voluntarily

1 participate in outpatient treatment without an order for less
2 restrictive alternative treatment, based on a history of nonadherence
3 with treatment or in view of the person's current behavior; (c) is
4 likely to benefit from less restrictive alternative treatment; and
5 (d) requires less restrictive alternative treatment to prevent a
6 relapse, decompensation, or deterioration that is likely to result in
7 the person presenting a likelihood of serious harm or the person
8 becoming gravely disabled within a reasonably short period of time;

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

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

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

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

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

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

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

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

29 ~~((("Information related to mental health services" means all
30 information and records compiled, obtained, or maintained in the
31 course of providing services to either voluntary or involuntary
32 recipients of services by a mental health service provider. This may
33 include documents of legal proceedings under this chapter or chapter
34 71.34 or 10.77 RCW, or somatic health care information;~~

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

38 ~~((30))~~ (29) "Judicial commitment" means a commitment by a court
39 pursuant to the provisions of this chapter;

1 (~~(31)~~) (30) "Legal counsel" means attorneys and staff employed
2 by county prosecutor offices or the state attorney general acting in
3 their capacity as legal representatives of public (~~(mental)~~)
4 behavioral health (~~(and substance use disorder)~~) service providers
5 under RCW 71.05.130;

6 (~~(32)~~) (31) "Less restrictive alternative treatment" means a
7 program of individualized treatment in a less restrictive setting
8 than inpatient treatment that includes the services described in RCW
9 71.05.585;

10 (~~(33)~~) (32) "Licensed physician" means a person licensed to
11 practice medicine or osteopathic medicine and surgery in the state of
12 Washington;

13 (~~(34)~~) (33) "Likelihood of serious harm" means:

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

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

25 (~~(35)~~) (34) "Medical clearance" means a physician or other
26 health care provider has determined that a person is medically stable
27 and ready for referral to the designated crisis responder;

28 (~~(36)~~) (35) "Mental disorder" means any organic, mental, or
29 emotional impairment which has substantial adverse effects on a
30 person's cognitive or volitional functions;

31 (~~(37)~~) (36) "Mental health professional" means a psychiatrist,
32 psychologist, physician assistant working with a supervising
33 psychiatrist, psychiatric advanced registered nurse practitioner,
34 psychiatric nurse, or social worker, and such other mental health
35 professionals as may be defined by rules adopted by the secretary
36 pursuant to the provisions of this chapter;

37 (~~(38)~~) (37) "~~(Mental)~~ Behavioral health service provider"
38 means a public or private agency that provides mental health,
39 substance use disorder, or co-occurring disorder services to persons
40 with (~~(mental disorders or substance use)~~) behavioral health

1 disorders as defined under this section and receives funding from
2 public sources. This includes, but is not limited to, hospitals
3 licensed under chapter 70.41 RCW, evaluation and treatment facilities
4 as defined in this section, community mental health service delivery
5 systems or community behavioral health programs as defined in RCW
6 71.24.025, facilities conducting competency evaluations and
7 restoration under chapter 10.77 RCW, approved substance use disorder
8 treatment programs as defined in this section, secure withdrawal
9 management and stabilization facilities as defined in this section,
10 and correctional facilities operated by state and local governments;

11 ~~((39))~~ (38) "Peace officer" means a law enforcement official of
12 a public agency or governmental unit, and includes persons
13 specifically given peace officer powers by any state law, local
14 ordinance, or judicial order of appointment;

15 ~~((40))~~ (39) "Physician assistant" means a person licensed as a
16 physician assistant under chapter 18.57A or 18.71A RCW;

17 ~~((41))~~ (40) "Private agency" means any person, partnership,
18 corporation, or association that is not a public agency, whether or
19 not financed in whole or in part by public funds, which constitutes
20 an evaluation and treatment facility or private institution, or
21 hospital, or approved substance use disorder treatment program, which
22 is conducted for, or includes a department or ward conducted for, the
23 care and treatment of persons with ~~((mental illness, substance use
24 disorders, or both mental illness and substance use))~~ behavioral
25 health disorders;

26 ~~((42))~~ (41) "Professional person" means a mental health
27 professional, substance use disorder professional, or designated
28 crisis responder and shall also mean a physician, physician
29 assistant, psychiatric advanced registered nurse practitioner,
30 registered nurse, and such others as may be defined by rules adopted
31 by the secretary pursuant to the provisions of this chapter;

32 ~~((43))~~ (42) "Psychiatric advanced registered nurse
33 practitioner" means a person who is licensed as an advanced
34 registered nurse practitioner pursuant to chapter 18.79 RCW; and who
35 is board certified in advanced practice psychiatric and mental health
36 nursing;

37 ~~((44))~~ (43) "Psychiatrist" means a person having a license as a
38 physician and surgeon in this state who has in addition completed
39 three years of graduate training in psychiatry in a program approved
40 by the American medical association or the American osteopathic

1 association and is certified or eligible to be certified by the
2 American board of psychiatry and neurology;

3 ~~((45))~~ (44) "Psychologist" means a person who has been licensed
4 as a psychologist pursuant to chapter 18.83 RCW;

5 ~~((46))~~ (45) "Public agency" means any evaluation and treatment
6 facility or institution, secure withdrawal management and
7 stabilization facility, approved substance use disorder treatment
8 program, or hospital which is conducted for, or includes a department
9 or ward conducted for, the care and treatment of persons with
10 ~~((mental illness, substance use disorders, or both mental illness and
11 substance use))~~ behavioral health disorders, if the agency is
12 operated directly by federal, state, county, or municipal government,
13 or a combination of such governments;

14 ~~((47))~~ (46) "Release" means legal termination of the commitment
15 under the provisions of this chapter;

16 ~~((48))~~ (47) "Resource management services" has the meaning
17 given in chapter 71.24 RCW;

18 ~~((49))~~ (48) "Secretary" means the secretary of the department
19 of health, or his or her designee;

20 ~~((50))~~ (49) "Secure withdrawal management and stabilization
21 facility" means a facility operated by either a public or private
22 agency or by the program of an agency which provides care to
23 voluntary individuals and individuals involuntarily detained and
24 committed under this chapter for whom there is a likelihood of
25 serious harm or who are gravely disabled due to the presence of a
26 substance use disorder. Secure withdrawal management and
27 stabilization facilities must:

28 (a) Provide the following services:

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

31 (ii) Clinical stabilization services;

32 (iii) Acute or subacute detoxification services for intoxicated
33 individuals; and

34 (iv) Discharge assistance provided by certified substance use
35 disorder professionals or co-occurring disorder specialists,
36 including facilitating transitions to appropriate voluntary or
37 involuntary inpatient services or to less restrictive alternatives as
38 appropriate for the individual;

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

1 (c) Be licensed or certified as such by the department of health;
2 ((~~51~~) "Serious violent offense" has the same meaning as provided
3 in RCW 9.94A.030;
4 (~~52~~)) (50) "Social worker" means a person with a master's or
5 further advanced degree from a social work educational program
6 accredited and approved as provided in RCW 18.320.010;
7 ((~~53~~)) (51) "Substance use disorder" means a cluster of
8 cognitive, behavioral, and physiological symptoms indicating that an
9 individual continues using the substance despite significant
10 substance-related problems. The diagnosis of a substance use disorder
11 is based on a pathological pattern of behaviors related to the use of
12 the substances;
13 ((~~54~~)) (52) "Substance use disorder professional" means a
14 person certified as a substance use disorder professional by the
15 department of health under chapter 18.205 RCW;
16 ((~~55~~)) (53) "Therapeutic court personnel" means the staff of a
17 mental health court or other therapeutic court which has jurisdiction
18 over defendants who are dually diagnosed with mental disorders,
19 including court personnel, probation officers, a court monitor,
20 prosecuting attorney, or defense counsel acting within the scope of
21 therapeutic court duties;
22 ((~~56~~)) (54) "Treatment records" include registration and all
23 other records concerning persons who are receiving or who at any time
24 have received services for ((~~mental illness~~)) behavioral health
25 disorders, which are maintained by the department of social and
26 health services, the department, the authority, behavioral health
27 administrative services organizations and their staffs, managed care
28 organizations and their staffs, and by treatment facilities.
29 Treatment records include mental health information contained in a
30 medical bill including but not limited to mental health drugs, a
31 mental health diagnosis, provider name, and dates of service stemming
32 from a medical service. Treatment records do not include notes or
33 records maintained for personal use by a person providing treatment
34 services for the department of social and health services, the
35 department, the authority, behavioral health administrative services
36 organizations, managed care organizations, or a treatment facility if
37 the notes or records are not available to others;
38 ((~~57~~)) (55) "Triage facility" means a short-term facility or a
39 portion of a facility licensed or certified by the department, which
40 is designed as a facility to assess and stabilize an individual or

1 determine the need for involuntary commitment of an individual, and
2 must meet department residential treatment facility standards. A
3 triage facility may be structured as a voluntary or involuntary
4 placement facility;

5 ~~((58))~~ (56) "Violent act" means behavior that resulted in
6 homicide, attempted suicide, ~~((nonfatal—injuries))~~ injury, or
7 substantial loss or damage to property;

8 (57) "Behavioral health disorder" means either a mental disorder
9 as defined in this section, a substance use disorder as defined in
10 this section, or a co-occurring mental disorder and substance use
11 disorder;

12 (58) "Written order of apprehension" means an order of the court
13 for a peace officer to deliver the named person in the order to a
14 facility or emergency room as determined by the designated crisis
15 responder. Such orders shall be entered into the Washington crime
16 information center database;

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

27 **Sec. 4.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and
28 2019 c 325 s 3001 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 (13) "Designated crisis responder" means a mental health
36 professional appointed by the county or an entity appointed by the
37 county, to perform the duties specified in this chapter;

38 (14) "Detention" or "detain" means the lawful confinement of a
39 person, under the provisions of this chapter;

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

9 (16) "Developmental disability" means that condition defined in
10 RCW 71A.10.020(5);

11 (17) "Director" means the director of the authority;

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

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

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

34 (21) "Gravely disabled" means a condition in which a person, as a
35 result of a (~~mental~~) behavioral health disorder(~~(, or as a result~~
36 ~~of the use of alcohol or other psychoactive chemicals)~~): (a) Is in
37 danger of serious physical harm resulting from a failure to provide
38 for his or her essential human needs of health or safety; or (b)
39 manifests severe deterioration (~~(in routine functioning)~~) from safe
40 behavior evidenced by repeated and escalating loss of cognitive or

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

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

11 (23) "Hearing" means any proceeding conducted in open court(
12 ~~For purposes of this chapter, at any hearing the petitioner, the~~
13 ~~respondent, the witnesses, and the presiding judicial officer may be~~
14 ~~present and participate either in person or by video, as determined~~
15 ~~by the court. The term "video" as used herein shall include any~~
16 ~~functional equivalent. At any hearing conducted by video, the~~
17 ~~technology used must permit the judicial officer, counsel, all~~
18 ~~parties, and the witnesses to be able to see, hear, and speak, when~~
19 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~
20 ~~other materials during the hearing; and to allow respondent's counsel~~
21 ~~to be in the same location as the respondent unless otherwise~~
22 ~~requested by the respondent or the respondent's counsel. Witnesses in~~
23 ~~a proceeding may also appear in court through other means, including~~
24 ~~telephonically, pursuant to the requirements of superior court civil~~
25 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~
26 ~~motion or upon a motion for good cause by any party, may require all~~
27 ~~parties and witnesses to participate in the hearing in person rather~~
28 ~~than by video. In ruling on any such motion, the court may allow in-~~
29 ~~person or video testimony; and the court may consider, among other~~
30 ~~things, whether the respondent's alleged mental illness affects the~~
31 ~~respondent's ability to perceive or participate in the proceeding by~~
32 ~~video)) that conforms to the requirements of section 101 of this act;~~

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

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

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

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

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

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

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

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

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

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

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

34 (28) (~~"Information related to mental health services" means all~~
35 ~~information and records compiled, obtained, or maintained in the~~
36 ~~course of providing services to either voluntary or involuntary~~
37 ~~recipients of services by a mental health service provider. This may~~
38 ~~include documents of legal proceedings under this chapter or chapter~~
39 ~~71.34 or 10.77 RCW, or somatic health care information;~~

1 ~~(29)~~) "Intoxicated person" means a person whose mental or
2 physical functioning is substantially impaired as a result of the use
3 of alcohol or other psychoactive chemicals;

4 ~~((30))~~ (29) "Judicial commitment" means a commitment by a court
5 pursuant to the provisions of this chapter;

6 ~~((31))~~ (30) "Legal counsel" means attorneys and staff employed
7 by county prosecutor offices or the state attorney general acting in
8 their capacity as legal representatives of public ~~((mental))~~
9 behavioral health ~~((and substance use disorder))~~ service providers
10 under RCW 71.05.130;

11 ~~((32))~~ (31) "Less restrictive alternative treatment" means a
12 program of individualized treatment in a less restrictive setting
13 than inpatient treatment that includes the services described in RCW
14 71.05.585;

15 ~~((33))~~ (32) "Licensed physician" means a person licensed to
16 practice medicine or osteopathic medicine and surgery in the state of
17 Washington;

18 ~~((34))~~ (33) "Likelihood of serious harm" means:

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

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

31 ~~((35))~~ (34) "Medical clearance" means a physician or other
32 health care provider has determined that a person is medically stable
33 and ready for referral to the designated crisis responder;

34 ~~((36))~~ (35) "Mental disorder" means any organic, mental, or
35 emotional impairment which has substantial adverse effects on a
36 person's cognitive or volitional functions;

37 ~~((37))~~ (36) "Mental health professional" means a psychiatrist,
38 psychologist, physician assistant working with a supervising
39 psychiatrist, psychiatric advanced registered nurse practitioner,
40 psychiatric nurse, or social worker, and such other mental health

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

3 ~~((38))~~ (37) "~~(Mental)~~ Behavioral health service provider"
4 means a public or private agency that provides mental health,
5 substance use disorder, or co-occurring disorder services to persons
6 with ~~((mental disorders or substance use))~~ behavioral health
7 disorders as defined under this section and receives funding from
8 public sources. This includes, but is not limited to, hospitals
9 licensed under chapter 70.41 RCW, evaluation and treatment facilities
10 as defined in this section, community mental health service delivery
11 systems or community behavioral health programs as defined in RCW
12 71.24.025, facilities conducting competency evaluations and
13 restoration under chapter 10.77 RCW, approved substance use disorder
14 treatment programs as defined in this section, secure withdrawal
15 management and stabilization facilities as defined in this section,
16 and correctional facilities operated by state and local governments;

17 ~~((39))~~ (38) "Peace officer" means a law enforcement official of
18 a public agency or governmental unit, and includes persons
19 specifically given peace officer powers by any state law, local
20 ordinance, or judicial order of appointment;

21 ~~((40))~~ (39) "Physician assistant" means a person licensed as a
22 physician assistant under chapter 18.57A or 18.71A RCW;

23 ~~((41))~~ (40) "Private agency" means any person, partnership,
24 corporation, or association that is not a public agency, whether or
25 not financed in whole or in part by public funds, which constitutes
26 an evaluation and treatment facility or private institution, or
27 hospital, or approved substance use disorder treatment program, which
28 is conducted for, or includes a department 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))~~ behavioral
31 health disorders;

32 ~~((42))~~ (41) "Professional person" means a mental health
33 professional, substance use disorder professional, or designated
34 crisis responder and shall also mean a physician, physician
35 assistant, psychiatric advanced registered nurse practitioner,
36 registered nurse, and such others as may be defined by rules adopted
37 by the secretary pursuant to the provisions of this chapter;

38 ~~((43))~~ (42) "Psychiatric advanced registered nurse
39 practitioner" means a person who is licensed as an advanced
40 registered nurse practitioner pursuant to chapter 18.79 RCW; and who

1 is board certified in advanced practice psychiatric and mental health
2 nursing;

3 ~~((44))~~ (43) "Psychiatrist" means a person having a license as a
4 physician and surgeon in this state who has in addition completed
5 three years of graduate training in psychiatry in a program approved
6 by the American medical association or the American osteopathic
7 association and is certified or eligible to be certified by the
8 American board of psychiatry and neurology;

9 ~~((45))~~ (44) "Psychologist" means a person who has been licensed
10 as a psychologist pursuant to chapter 18.83 RCW;

11 ~~((46))~~ (45) "Public agency" means any evaluation and treatment
12 facility or institution, secure withdrawal management and
13 stabilization facility, approved substance use disorder treatment
14 program, or hospital which is conducted for, or includes a department
15 or ward conducted for, the care and treatment of persons with
16 ~~((mental illness, substance use disorders, or both mental illness and
17 substance use))~~ behavioral health disorders, if the agency is
18 operated directly by federal, state, county, or municipal government,
19 or a combination of such governments;

20 ~~((47))~~ (46) "Release" means legal termination of the commitment
21 under the provisions of this chapter;

22 ~~((48))~~ (47) "Resource management services" has the meaning
23 given in chapter 71.24 RCW;

24 ~~((49))~~ (48) "Secretary" means the secretary of the department
25 of health, or his or her designee;

26 ~~((50))~~ (49) "Secure withdrawal management and stabilization
27 facility" means a facility operated by either a public or private
28 agency or by the program of an agency which provides care to
29 voluntary individuals and individuals involuntarily detained and
30 committed under this chapter for whom there is a likelihood of
31 serious harm or who are gravely disabled due to the presence of a
32 substance use disorder. Secure withdrawal management and
33 stabilization facilities must:

34 (a) Provide the following services:

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

37 (ii) Clinical stabilization services;

38 (iii) Acute or subacute detoxification services for intoxicated
39 individuals; and

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

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

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

9 ~~((51) "Serious violent offense" has the same meaning as provided
10 in RCW 9.94A.030;~~

11 ~~(52))~~ (50) "Social worker" means a person with a master's or
12 further advanced degree from a social work educational program
13 accredited and approved as provided in RCW 18.320.010;

14 ~~((53))~~ (51) "Substance use disorder" means a cluster of
15 cognitive, behavioral, and physiological symptoms indicating that an
16 individual continues using the substance despite significant
17 substance-related problems. The diagnosis of a substance use disorder
18 is based on a pathological pattern of behaviors related to the use of
19 the substances;

20 ~~((54))~~ (52) "Substance use disorder professional" means a
21 person certified as a substance use disorder professional by the
22 department of health under chapter 18.205 RCW;

23 ~~((55))~~ (53) "Therapeutic court personnel" means the staff of a
24 mental health court or other therapeutic court which has jurisdiction
25 over defendants who are dually diagnosed with mental disorders,
26 including court personnel, probation officers, a court monitor,
27 prosecuting attorney, or defense counsel acting within the scope of
28 therapeutic court duties;

29 ~~((56))~~ (54) "Treatment records" include registration and all
30 other records concerning persons who are receiving or who at any time
31 have received services for ~~((mental illness))~~ behavioral health
32 disorders, which are maintained by the department of social and
33 health services, the department, the authority, behavioral health
34 administrative services organizations and their staffs, managed care
35 organizations and their staffs, and by treatment facilities.
36 Treatment records include mental health information contained in a
37 medical bill including but not limited to mental health drugs, a
38 mental health diagnosis, provider name, and dates of service stemming
39 from a medical service. Treatment records do not include notes or
40 records maintained for personal use by a person providing treatment

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

5 ~~((57))~~ (55) "Triage facility" means a short-term facility or a
6 portion of a facility licensed or certified by the department, which
7 is designed as a facility to assess and stabilize an individual or
8 determine the need for involuntary commitment of an individual, and
9 must meet department residential treatment facility standards. A
10 triage facility may be structured as a voluntary or involuntary
11 placement facility;

12 ~~((58))~~ (56) "Violent act" means behavior that resulted in
13 homicide, attempted suicide, ~~((nonfatal—injuries))~~ injury, or
14 substantial loss or damage to property;

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

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

24 (59) "Written order of apprehension" means an order of the court
25 for a peace officer to deliver the named person in the order to a
26 facility or emergency room as determined by the designated crisis
27 responder. Such orders shall be entered into the Washington crime
28 information center database;

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

1 **Sec. 5.** RCW 71.05.025 and 2019 c 325 s 3002 are each amended to
2 read as follows:

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

21 **Sec. 6.** RCW 71.05.026 and 2019 c 325 s 3003 are each amended to
22 read as follows:

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

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

38 (3) This section applies to counties, behavioral health
39 administrative services organizations, managed care organizations,

1 and entities which contract to provide behavioral health services and
2 their subcontractors, agents, or employees.

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

5 Persons suffering from a (~~mental~~) behavioral health disorder
6 may not be involuntarily committed for treatment of such disorder
7 except pursuant to provisions of this chapter, chapter 10.77 RCW,
8 chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW
9 72.68.031 through 72.68.037, or pursuant to court ordered evaluation
10 and treatment not to exceed ninety days pending a criminal trial or
11 sentencing.

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

14 Persons with developmental disabilities, impaired by substance
15 use disorder, or suffering from dementia shall not be detained for
16 evaluation and treatment or judicially committed solely by reason of
17 that condition unless such condition causes a person to be gravely
18 disabled or (~~as a result of a mental disorder such condition exists~~
19 ~~that constitutes~~) to present a likelihood of serious harm. However,
20 persons with developmental disabilities, impaired by substance use
21 disorder, or suffering from dementia and who otherwise meet the
22 criteria for detention or judicial commitment are not ineligible for
23 detention or commitment based on this condition alone.

24 **Sec. 9.** RCW 71.05.050 and 2019 c 446 s 3 are each amended to
25 read as follows:

26 (1) Nothing in this chapter shall be construed to limit the right
27 of any person to apply voluntarily to any public or private agency or
28 practitioner for treatment of a (~~mental disorder or substance use~~)
29 behavioral health disorder, either by direct application or by
30 referral. Any person voluntarily admitted for inpatient treatment to
31 any public or private agency shall be released immediately upon his
32 or her request. Any person voluntarily admitted for inpatient
33 treatment to any public or private agency shall orally be advised of
34 the right to immediate discharge, and further advised of such rights
35 in writing as are secured to them pursuant to this chapter and their
36 rights of access to attorneys, courts, and other legal redress. Their
37 condition and status shall be reviewed at least once each one hundred

1 eighty days for evaluation as to the need for further treatment or
2 possible discharge, at which time they shall again be advised of
3 their right to discharge upon request.

4 (2) If the professional staff of any public or private agency or
5 hospital regards a person voluntarily admitted who requests discharge
6 as presenting, as a result of a (~~mental disorder or substance use~~)
7 behavioral health disorder, an imminent likelihood of serious harm,
8 or is gravely disabled, they may detain such person for sufficient
9 time to notify the designated crisis responder of such person's
10 condition to enable the designated crisis responder to authorize such
11 person being further held in custody or transported to an evaluation
12 and treatment center, secure withdrawal management and stabilization
13 facility, or approved substance use disorder treatment program
14 pursuant to the provisions of this chapter, which shall in ordinary
15 circumstances be no later than the next judicial day.

16 (3) If a person is brought to the emergency room of a public or
17 private agency or hospital for observation or treatment, the person
18 refuses voluntary admission, and the professional staff of the public
19 or private agency or hospital regard such person as presenting as a
20 result of a (~~mental disorder or substance use~~) behavioral health
21 disorder an imminent likelihood of serious harm, or as presenting an
22 imminent danger because of grave disability, they may detain such
23 person for sufficient time to notify the designated crisis responder
24 of such person's condition to enable the designated crisis responder
25 to authorize such person being further held in custody or transported
26 to an evaluation treatment center, secure withdrawal management and
27 stabilization facility, or approved substance use disorder treatment
28 program pursuant to the conditions in this chapter, but which time
29 shall be no more than six hours from the time the professional staff
30 notify the designated crisis responder of the need for evaluation,
31 not counting time periods prior to medical clearance.

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

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

1 In addition to the responsibility provided for by RCW 43.20B.330,
2 any person, or his or her estate, or his or her spouse, (~~or the~~
3 ~~parents of a minor person~~) who is involuntarily detained pursuant to
4 this chapter for the purpose of treatment and evaluation outside of a
5 facility maintained and operated by the department of social and
6 health services shall be responsible for the cost of such care and
7 treatment. In the event that an individual is unable to pay for such
8 treatment or in the event payment would result in a substantial
9 hardship upon the individual or his or her family, then the county of
10 residence of such person shall be responsible for such costs. If it
11 is not possible to determine the county of residence of the person,
12 the cost shall be borne by the county where the person was originally
13 detained. The department of social and health services, or the
14 authority, as appropriate, shall, pursuant to chapter 34.05 RCW,
15 adopt standards as to (1) inability to pay in whole or in part, (2) a
16 definition of substantial hardship, and (3) appropriate payment
17 schedules. Financial responsibility with respect to services and
18 facilities of the department of social and health services shall
19 continue to be as provided in RCW 43.20B.320 through 43.20B.360 and
20 43.20B.370.

21 **Sec. 11.** RCW 71.05.120 and 2019 c 446 s 22 are each amended to
22 read as follows:

23 (1) No officer of a public or private agency, nor the
24 superintendent, professional person in charge, his or her
25 professional designee, or attending staff of any such agency, nor any
26 public official performing functions necessary to the administration
27 of this chapter, nor peace officer responsible for detaining a person
28 pursuant to this chapter, nor any designated crisis responder, nor
29 the state, a unit of local government, an evaluation and treatment
30 facility, a secure withdrawal management and stabilization facility,
31 or an approved substance use disorder treatment program shall be
32 civilly or criminally liable for performing duties pursuant to this
33 chapter with regard to the decision of whether to admit, discharge,
34 release, administer antipsychotic medications, or detain a person for
35 evaluation and treatment: PROVIDED, That such duties were performed
36 in good faith and without gross negligence.

37 (2) Peace officers and their employing agencies are not liable
38 for the referral of a person, or the failure to refer a person, to a
39 (~~mental~~) behavioral health agency pursuant to a policy adopted

1 pursuant to RCW 71.05.457 if such action or inaction is taken in good
2 faith and without gross negligence.

3 (3) This section does not relieve a person from giving the
4 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the
5 duty to warn or to take reasonable precautions to provide protection
6 from violent behavior where the patient has communicated an actual
7 threat of physical violence against a reasonably identifiable victim
8 or victims. The duty to warn or to take reasonable precautions to
9 provide protection from violent behavior is discharged if reasonable
10 efforts are made to communicate the threat to the victim or victims
11 and to law enforcement personnel.

12 **Sec. 12.** RCW 71.05.150 and 2019 c 446 s 4 are each amended to
13 read as follows:

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

37 (2) (a) (~~An~~) A written order of apprehension to detain a person
38 with a (~~mental~~) behavioral health disorder to a designated
39 evaluation and treatment facility, (~~or to detain a person with a~~

1 ~~substance use disorder to~~) a secure withdrawal management and
2 stabilization facility, or an approved substance use disorder
3 treatment program, for not more than a seventy-two-hour evaluation
4 and treatment period may be issued by a judge of the superior court
5 upon request of a designated crisis responder, subject to (d) of this
6 subsection, whenever it appears to the satisfaction of a judge of the
7 superior court:

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

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

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

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

19 (d) A court may not issue an order to detain a person to a secure
20 withdrawal management and stabilization facility or approved
21 substance use disorder treatment program unless there is an available
22 secure withdrawal management and stabilization facility or approved
23 substance use disorder treatment program that has adequate space for
24 the person.

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

28 (3) The designated crisis responder shall then serve or cause to
29 be served on such person, his or her guardian, and conservator, if
30 any, a copy of the order together with a notice of rights, and a
31 petition for initial detention. After service on such person the
32 designated crisis responder shall file the return of service in court
33 and provide copies of all papers in the court file to the evaluation
34 and treatment facility, secure withdrawal management and
35 stabilization facility, or approved substance use disorder treatment
36 program, and the designated attorney. The designated crisis responder
37 shall notify the court and the prosecuting attorney that a probable
38 cause hearing will be held within seventy-two hours of the date and
39 time of outpatient evaluation or admission to the evaluation and
40 treatment facility, secure withdrawal management and stabilization

1 facility, or approved substance use disorder treatment program. The
2 person shall be permitted to be accompanied by one or more of his or
3 her relatives, friends, an attorney, a personal physician, or other
4 professional or religious advisor to the place of evaluation. An
5 attorney accompanying the person to the place of evaluation shall be
6 permitted to be present during the admission evaluation. Any other
7 individual accompanying the person may be present during the
8 admission evaluation. The facility may exclude the individual if his
9 or her presence would present a safety risk, delay the proceedings,
10 or otherwise interfere with the evaluation.

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

20 **Sec. 13.** RCW 71.05.150 and 2019 c 446 s 4 are each amended to
21 read as follows:

22 (1) When a designated crisis responder receives information
23 alleging that a person, as a result of a (~~mental~~) behavioral health
24 disorder, (~~substance use disorder, or both~~) presents a likelihood
25 of serious harm or is gravely disabled, or that a person is in need
26 of assisted outpatient behavioral health treatment; the designated
27 crisis responder may, after investigation and evaluation of the
28 specific facts alleged and of the reliability and credibility of any
29 person providing information to initiate detention or involuntary
30 outpatient treatment, if satisfied that the allegations are true and
31 that the person will not voluntarily seek appropriate treatment, file
32 a petition for initial detention under this section or a petition for
33 involuntary outpatient behavioral health treatment under RCW
34 71.05.148. Before filing the petition, the designated crisis
35 responder must personally interview the person, unless the person
36 refuses an interview, and determine whether the person will
37 voluntarily receive appropriate evaluation and treatment at an
38 evaluation and treatment facility, crisis stabilization unit, triage
39 facility, or approved substance use disorder treatment program. The

1 interview performed by the designated crisis responder may be
2 conducted by video provided that a licensed health care professional
3 or professional person who can adequately and accurately assist with
4 obtaining any necessary information is present with the person at the
5 time of the interview.

6 (2) (a) (~~(An)~~) A written order of apprehension to detain a person
7 with a (~~(mental)~~) behavioral health disorder to a designated
8 evaluation and treatment facility, (~~(or to detain a person with a~~
9 ~~substance use disorder to)~~) a secure withdrawal management and
10 stabilization facility, or an approved substance use disorder
11 treatment program, for a period of not more than (~~(a seventy-two-~~
12 ~~hour)~~) one hundred twenty hours for evaluation and treatment
13 (~~(period)~~), may be issued by a judge of the superior court upon
14 request of a designated crisis responder, subject to (d) of this
15 subsection, whenever it appears to the satisfaction of a judge of the
16 superior court:

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

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

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

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

28 (d) A court may not issue an order to detain a person to a secure
29 withdrawal management and stabilization facility or approved
30 substance use disorder treatment program unless there is an available
31 secure withdrawal management and stabilization facility or approved
32 substance use disorder treatment program that has adequate space for
33 the person.

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

37 (3) The designated crisis responder shall then serve or cause to
38 be served on such person, his or her guardian, and conservator, if
39 any, a copy of the order together with a notice of rights, and a
40 petition for initial detention. After service on such person the

1 designated crisis responder shall file the return of service in court
2 and provide copies of all papers in the court file to the evaluation
3 and treatment facility, secure withdrawal management and
4 stabilization facility, or approved substance use disorder treatment
5 program, and the designated attorney. The designated crisis responder
6 shall notify the court and the prosecuting attorney that a probable
7 cause hearing will be held within (~~seventy-two~~) one hundred twenty
8 hours of the date and time of outpatient evaluation or admission to
9 the evaluation and treatment facility, secure withdrawal management
10 and stabilization facility, or approved substance use disorder
11 treatment program. The person shall be permitted to be accompanied by
12 one or more of his or her relatives, friends, an attorney, a personal
13 physician, or other professional or religious advisor to the place of
14 evaluation. An attorney accompanying the person to the place of
15 evaluation shall be permitted to be present during the admission
16 evaluation. Any other individual accompanying the person may be
17 present during the admission evaluation. The facility may exclude the
18 individual if his or her presence would present a safety risk, delay
19 the proceedings, or otherwise interfere with the evaluation.

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

29 **Sec. 14.** RCW 71.05.150 and 2019 c 446 s 5 are each amended to
30 read as follows:

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

1 that the person will not voluntarily seek appropriate treatment, file
2 a petition for initial detention under this section or a petition for
3 involuntary outpatient behavioral health treatment under RCW
4 71.05.148. Before filing the petition, the designated crisis
5 responder must personally interview the person, unless the person
6 refuses an interview, and determine whether the person will
7 voluntarily receive appropriate evaluation and treatment at an
8 evaluation and treatment facility, crisis stabilization unit, triage
9 facility, or approved substance use disorder treatment program. The
10 interview performed by the designated crisis responder may be
11 conducted by video provided that a licensed health care professional
12 or professional person who can adequately and accurately assist with
13 obtaining any necessary information is present with the person at the
14 time of the interview.

15 (2) (a) (~~An~~) A written order of apprehension to detain a person
16 with a (~~mental~~) behavioral health disorder to a designated
17 evaluation and treatment facility, (~~or to detain a person with a~~
18 ~~substance use disorder to~~) a secure withdrawal management and
19 stabilization facility, or an approved substance use disorder
20 treatment program, for a period of not more than (~~a seventy-two~~
21 ~~hour~~) one hundred twenty hours for evaluation and treatment
22 (~~period~~), may be issued by a judge of the superior court upon
23 request of a designated crisis responder whenever it appears to the
24 satisfaction of a judge of the superior court:

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

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

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

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

39 (3) The designated crisis responder shall then serve or cause to
40 be served on such person, his or her guardian, and conservator, if

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

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

31 **Sec. 15.** RCW 71.05.153 and 2019 c 446 s 6 are each amended to
32 read as follows:

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

1 person, or cause by oral or written order such person to be taken
2 into emergency custody in an evaluation and treatment facility,
3 secure withdrawal management and stabilization facility if available
4 with adequate space for the person, or approved substance use
5 disorder treatment program if available with adequate space for the
6 person, for not more than seventy-two hours as described in RCW
7 71.05.180.

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

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

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

35 (b) A peace officer's delivery of a person, (~~(based on a~~
36 ~~substance use disorder,~~) to a secure withdrawal management and
37 stabilization facility or approved substance use disorder treatment
38 program is subject to the availability of a secure withdrawal
39 management and stabilization facility or approved substance use
40 disorder treatment program with adequate space for the person.

1 (~~(4)~~) (3) Persons delivered to a crisis stabilization unit,
2 evaluation and treatment facility, emergency department of a local
3 hospital, triage facility that has elected to operate as an
4 involuntary facility, secure withdrawal management and stabilization
5 facility, or approved substance use disorder treatment program by
6 peace officers pursuant to subsection (~~(3)~~) (2) of this section may
7 be held by the facility for a period of up to twelve hours, not
8 counting time periods prior to medical clearance.

9 (~~(5)~~) (4) Within three hours after arrival, not counting time
10 periods prior to medical clearance, the person must be examined by a
11 mental health professional or substance use disorder professional.
12 Within twelve hours of notice of the need for evaluation, not
13 counting time periods prior to medical clearance, the designated
14 crisis responder must determine whether the individual meets
15 detention criteria. The interview performed by the designated crisis
16 responder may be conducted by video provided that a licensed health
17 care professional or professional person who can adequately and
18 accurately assist with obtaining any necessary information is present
19 with the person at the time of the interview. If the individual is
20 detained, the designated crisis responder shall file a petition for
21 detention or a supplemental petition as appropriate and commence
22 service on the designated attorney for the detained person. If the
23 individual is released to the community, the (~~mental~~) behavioral
24 health service provider shall inform the peace officer of the release
25 within a reasonable period of time after the release if the peace
26 officer has specifically requested notification and provided contact
27 information to the provider.

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

34 **Sec. 16.** RCW 71.05.153 and 2019 c 446 s 6 are each amended to
35 read as follows:

36 (1) When a designated crisis responder receives information
37 alleging that a person, as the result of a (~~mental~~) behavioral
38 health disorder, presents an imminent likelihood of serious harm, or
39 is in imminent danger because of being gravely disabled, after

1 investigation and evaluation of the specific facts alleged and of the
2 reliability and credibility of the person or persons providing the
3 information if any, the designated crisis responder may take such
4 person, or cause by oral or written order such person to be taken
5 into emergency custody in an evaluation and treatment facility,
6 secure withdrawal management and stabilization facility if available
7 with adequate space for the person, or approved substance use
8 disorder treatment program if available with adequate space for the
9 person, for not more than ((seventy-two)) one hundred twenty hours as
10 described in RCW 71.05.180.

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

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

38 (b) A peace officer's delivery of a person, ~~((based on a~~
39 ~~substance use disorder,))~~ to a secure withdrawal management and
40 stabilization facility or approved substance use disorder treatment

1 program is subject to the availability of a secure withdrawal
2 management and stabilization facility or approved substance use
3 disorder treatment program with adequate space for the person.

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

12 ~~((5))~~ (4) Within three hours after arrival, not counting time
13 periods prior to medical clearance, the person must be examined by a
14 mental health professional or substance use disorder professional.
15 Within twelve hours of notice of the need for evaluation, not
16 counting time periods prior to medical clearance, the designated
17 crisis responder must determine whether the individual meets
18 detention criteria. The interview performed by the designated crisis
19 responder may be conducted by video provided that a licensed health
20 care professional or professional person who can adequately and
21 accurately assist with obtaining any necessary information is present
22 with the person at the time of the interview. If the individual is
23 detained, the designated crisis responder shall file a petition for
24 detention or a supplemental petition as appropriate and commence
25 service on the designated attorney for the detained person. If the
26 individual is released to the community, the ~~((mental))~~ behavioral
27 health service provider shall inform the peace officer of the release
28 within a reasonable period of time after the release if the peace
29 officer has specifically requested notification and provided contact
30 information to the provider.

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

37 **Sec. 17.** RCW 71.05.153 and 2019 c 446 s 7 are each amended to
38 read as follows:

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

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

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

- 31 (a) Pursuant to subsection (1) ~~((or (2)))~~ of this section; or
32 (b) 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 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,
38 evaluation and treatment facility, emergency department of a local
39 hospital, triage facility that has elected to operate as an
40 involuntary facility, secure withdrawal management and stabilization

1 facility, or approved substance use disorder treatment program by
2 peace officers pursuant to subsection ~~((3))~~ (2) of this section may
3 be held by the facility for a period of up to twelve hours, not
4 counting time periods prior to medical clearance.

5 ~~((5))~~ (4) Within three hours after arrival, not counting time
6 periods prior to medical clearance, the person must be examined by a
7 mental health professional or substance use disorder professional.
8 Within twelve hours of notice of the need for evaluation, not
9 counting time periods prior to medical clearance, the designated
10 crisis responder must determine whether the individual meets
11 detention criteria. The interview performed by the designated crisis
12 responder may be conducted by video provided that a licensed health
13 care professional or professional person who can adequately and
14 accurately assist with obtaining any necessary information is present
15 with the person at the time of the interview. If the individual is
16 detained, the designated crisis responder shall file a petition for
17 detention or a supplemental petition as appropriate and commence
18 service on the designated attorney for the detained person. If the
19 individual is released to the community, the ~~((mental))~~ behavioral
20 health service provider shall inform the peace officer of the release
21 within a reasonable period of time after the release if the peace
22 officer has specifically requested notification and provided contact
23 information to the provider.

24 ~~((6))~~ (5) Dismissal of a commitment petition is not the
25 appropriate remedy for a violation of the timeliness requirements of
26 this section based on the intent of this chapter under RCW 71.05.010
27 except in the few cases where the facility staff or designated
28 ~~((mental—health—professional))~~ crisis responder has totally
29 disregarded the requirements of this section.

30 **Sec. 18.** RCW 71.05.160 and 2019 c 446 s 19 are each amended to
31 read as follows:

32 (1) Any facility receiving a person pursuant to RCW 71.05.150 or
33 71.05.153 shall require the designated crisis responder to prepare a
34 petition for initial detention stating the circumstances under which
35 the person's condition was made known and stating that there is
36 evidence, as a result of his or her personal observation or
37 investigation, that the actions of the person for which application
38 is made constitute a likelihood of serious harm, or that he or she is
39 gravely disabled, and stating the specific facts known to him or her

1 as a result of his or her personal observation or investigation, upon
2 which he or she bases the belief that such person should be detained
3 for the purposes and under the authority of this chapter.

4 (2)(a) If a person is involuntarily placed in an evaluation and
5 treatment facility, secure withdrawal management and stabilization
6 facility, or approved substance use disorder treatment program
7 pursuant to RCW 71.05.150 or 71.05.153, on the next judicial day
8 following the initial detention, the designated crisis responder
9 shall file with the court and serve the designated attorney of the
10 detained person the petition or supplemental petition for initial
11 detention, proof of service of notice, and a copy of a notice of
12 emergency detention.

13 (b) If the person is involuntarily detained at an evaluation and
14 treatment facility, secure withdrawal management and stabilization
15 facility, or approved substance use disorder treatment program in a
16 different county from where the person was initially detained, the
17 facility or program may file with the court and serve the designated
18 attorney of the detained person the petition or supplemental petition
19 for initial detention, proof of service of notice, and a copy of a
20 notice of emergency detention at the request of the designated crisis
21 responder.

22 **Sec. 19.** RCW 71.05.170 and 2016 sp.s. c 29 s 218 are each
23 amended to read as follows:

24 Whenever the designated crisis responder petitions for detention
25 of a person whose actions constitute a likelihood of serious harm, or
26 who is gravely disabled, the facility providing (~~(seventy-two)~~) one
27 hundred twenty hour evaluation and treatment must immediately accept
28 on a provisional basis the petition and the person. The facility
29 shall then evaluate the person's condition and admit, detain,
30 transfer, or discharge such person in accordance with RCW 71.05.210.
31 The facility shall notify in writing the court and the designated
32 crisis responder of the date and time of the initial detention of
33 each person involuntarily detained in order that a probable cause
34 hearing shall be held no later than (~~(seventy-two)~~) one hundred
35 twenty hours after detention.

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

1 **Sec. 20.** RCW 71.05.180 and 2019 c 446 s 18 are each amended to
2 read as follows:

3 If the evaluation and treatment facility, secure withdrawal
4 management and stabilization facility, or approved substance use
5 disorder treatment program admits the person, it may detain him or
6 her for evaluation and treatment for a period not to exceed
7 (~~seventy-two~~) one hundred twenty hours from the time of acceptance
8 as set forth in RCW 71.05.170. The computation of such (~~seventy-~~
9 ~~two~~) one hundred twenty hour period shall exclude Saturdays, Sundays
10 and holidays.

11 **Sec. 21.** RCW 71.05.182 and 2019 c 247 s 1 are each amended to
12 read as follows:

13 (1) A person who under RCW 71.05.150 or 71.05.153 has been
14 detained at a facility for (~~seventy-two-hour~~) a period of not more
15 than one hundred twenty hours for the purpose of evaluation and
16 treatment on the grounds that the person presents a likelihood of
17 serious harm, but who has not been subsequently committed for
18 involuntary treatment under RCW 71.05.240, may not have in his or her
19 possession or control any firearm for a period of six months after
20 the date that the person is detained.

21 (2) Before the discharge of a person who has been initially
22 detained under RCW 71.05.150 or 71.05.153 on the grounds that the
23 person presents a likelihood of serious harm, but has not been
24 subsequently committed for involuntary treatment under RCW 71.05.240,
25 the designated crisis responder shall inform the person orally and in
26 writing that:

27 (a) He or she is prohibited from possessing or controlling any
28 firearm for a period of six months;

29 (b) He or she must immediately surrender, for the six-month
30 period, any concealed pistol license and any firearms that the person
31 possesses or controls to the sheriff of the county or the chief of
32 police of the municipality in which the person is domiciled;

33 (c) After the six-month suspension, the person's right to control
34 or possess any firearm or concealed pistol license shall be
35 automatically restored, absent further restrictions imposed by other
36 law; and

37 (d) Upon discharge, the person may petition the superior court to
38 have his or her right to possess a firearm restored before the six-

1 month suspension period has elapsed by following the procedures
2 provided in RCW 9.41.047(3).

3 (3) ~~((a))~~ The designated crisis responder shall notify the
4 sheriff of the county or the chief of police of the municipality in
5 which the person is domiciled of the six-month suspension.

6 (4) A law enforcement agency holding any firearm that has been
7 surrendered pursuant to this section shall, upon the request of the
8 person from whom it was obtained, return the firearm at the
9 expiration of the six-month suspension period, or prior to the
10 expiration of the six-month period if the person's right to possess
11 firearms has been restored by the court under RCW 9.41.047. The law
12 enforcement agency, prior to returning the firearm, shall verify with
13 the prosecuting attorney's office or designated crisis responders
14 that the person has not been previously or subsequently committed for
15 involuntary treatment under RCW 71.05.240. The law enforcement agency
16 must comply with the provisions of RCW 9.41.345 when returning a
17 firearm pursuant to this section.

18 ~~((b))~~ (5) Any firearm surrendered pursuant to this section that
19 remains unclaimed by the lawful owner shall be disposed of in
20 accordance with the law enforcement agency's policies and procedures
21 for the disposal of firearms in police custody.

22 **Sec. 22.** RCW 71.05.190 and 2019 c 446 s 17 are each amended to
23 read as follows:

24 If the person is not approved for admission by a facility
25 providing ~~((seventy-two))~~ one hundred twenty hour evaluation and
26 treatment, and the individual has not been arrested, the facility
27 shall furnish transportation, if not otherwise available, for the
28 person to his or her place of residence or other appropriate place.
29 If the individual has been arrested, the evaluation and treatment
30 facility, secure withdrawal management and stabilization facility, or
31 approved substance use disorder treatment program shall detain the
32 individual for not more than eight hours at the request of the peace
33 officer. The facility shall make reasonable attempts to contact the
34 requesting peace officer during this time to inform the peace officer
35 that the person is not approved for admission in order to enable a
36 peace officer to return to the facility and take the individual back
37 into custody.

1 **Sec. 23.** RCW 71.05.195 and 2016 sp.s. c 29 s 221 are each
2 amended to read as follows:

3 (1) A civil commitment may be initiated under the procedures
4 described in RCW 71.05.150 or 71.05.153 for a person who has been
5 found not guilty by reason of insanity in a state other than
6 Washington and who has fled from detention, commitment, or
7 conditional release in that state, on the basis of a request by the
8 state in which the person was found not guilty by reason of insanity
9 for the person to be detained and transferred back to the custody or
10 care of the requesting state. A finding of likelihood of serious harm
11 or grave disability is not required for a commitment under this
12 section. The detention may occur at either an evaluation and
13 treatment facility or a state hospital. The petition for (~~seventy-~~
14 ~~two~~) one hundred twenty hour detention filed by the designated
15 crisis responder must be accompanied by the following documents:

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

19 (b) A warrant issued by a magistrate in the state in which the
20 person was found not guilty by reason of insanity indicating that the
21 person has fled from detention, commitment, or conditional release in
22 that state and authorizing the detention of the person within the
23 state in which the person was found not guilty by reason of insanity;

24 (c) A statement from the executive authority of the state in
25 which the person was found not guilty by reason of insanity
26 requesting that the person be returned to the requesting state and
27 agreeing to facilitate the transfer of the person to the requesting
28 state.

29 (2) The person shall be entitled to a probable cause hearing
30 within the time limits applicable to other detentions under this
31 chapter and shall be afforded the rights described in this chapter
32 including the right to counsel. At the probable cause hearing, the
33 court shall determine the identity of the person and whether the
34 other requirements of this section are met. If the court so finds,
35 the court may order continued detention in a treatment facility for
36 up to thirty days for the purpose of the transfer of the person to
37 the custody or care of the requesting state. The court may order a
38 less restrictive alternative to detention only under conditions which
39 ensure the person's safe transfer to the custody or care of the

1 requesting state within thirty days without undue risk to the safety
2 of the person or others.

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

8 **Sec. 24.** RCW 71.05.201 and 2018 c 291 s 11 are each amended to
9 read as follows:

10 (1) If a designated crisis responder decides not to detain a
11 person for evaluation and treatment under RCW 71.05.150 or 71.05.153
12 or forty-eight hours have elapsed since a designated crisis responder
13 received a request for investigation and the designated crisis
14 responder has not taken action to have the person detained, an
15 immediate family member or guardian or conservator of the person may
16 petition the superior court for the person's initial detention.

17 (2) A petition under this section must be filed within ten
18 calendar days following the designated crisis responder investigation
19 or the request for a designated crisis responder investigation. If
20 more than ten days have elapsed, the immediate family member,
21 guardian, or conservator may request a new designated crisis
22 responder investigation.

23 (3)(a) The petition must be filed in the county in which the
24 designated crisis responder investigation occurred or was requested
25 to occur and must be submitted on forms developed by the
26 administrative office of the courts for this purpose. The petition
27 must be accompanied by a sworn declaration from the petitioner, and
28 other witnesses if desired, describing why the person should be
29 detained for evaluation and treatment. The description of why the
30 person should be detained may contain, but is not limited to, the
31 information identified in RCW 71.05.212.

32 (b) The petition must contain:

33 (i) A description of the relationship between the petitioner and
34 the person; and

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

37 (4) The court shall, within one judicial day, review the petition
38 to determine whether the petition raises sufficient evidence to
39 support the allegation. If the court so finds, it shall provide a

1 copy of the petition to the designated crisis responder agency with
2 an order for the agency to provide the court, within one judicial
3 day, with a written sworn statement describing the basis for the
4 decision not to seek initial detention and a copy of all information
5 material to the designated crisis responder's current decision.

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

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

14 (7) The court must issue a final ruling on the petition within
15 five judicial days after it is filed. After reviewing all of the
16 information provided to the court, the court may enter an order for
17 initial detention or an order instructing the designated crisis
18 responder to file a petition for assisted outpatient behavioral
19 health treatment if the court finds that: (a) There is probable cause
20 to support a petition for detention or assisted outpatient behavioral
21 health treatment; and (b) the person has refused or failed to accept
22 appropriate evaluation and treatment voluntarily. The court shall
23 transmit its final decision to the petitioner.

24 (8) If the court enters an order for initial detention, it shall
25 provide the order to the designated crisis responder agency and issue
26 a written order for apprehension (~~(of the person by a peace officer~~
27 ~~for delivery of the person to a facility or emergency room determined~~
28 ~~by the designated crisis responder)). The designated crisis responder~~
29 agency serving the jurisdiction of the court must collaborate and
30 coordinate with law enforcement regarding apprehensions and
31 detentions under this subsection, including sharing of information
32 relating to risk and which would assist in locating the person. A
33 person may not be detained to jail pursuant to a written order issued
34 under this subsection. An order for detention under this section
35 should contain the advisement of rights which the person would
36 receive if the person were detained by a designated crisis responder.
37 An order for initial detention under this section expires one hundred
38 eighty days from issuance.

39 (9) Except as otherwise expressly stated in this chapter, all
40 procedures must be followed as if the order had been entered under

1 RCW 71.05.150. RCW 71.05.160 does not apply if detention was
2 initiated under the process set forth in this section.

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

6 **Sec. 25.** RCW 71.05.210 and 2019 c 446 s 8 are each amended to
7 read as follows:

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

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

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

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

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

38 (2) If, after examination and evaluation, the mental health
39 professional or (~~chemical dependency~~) substance use disorder

1 professional and licensed physician, physician assistant, or
2 psychiatric advanced registered nurse practitioner determine that the
3 initial needs of the person, if detained to an evaluation and
4 treatment facility, would be better served by placement in a
5 substance use disorder treatment program, or, if detained to a secure
6 withdrawal management and stabilization facility or approved
7 substance use disorder treatment program, would be better served in
8 an evaluation and treatment facility then the person shall be
9 referred to the more appropriate placement; however, a person may
10 only be referred to a secure withdrawal management and stabilization
11 facility or approved substance use disorder treatment program if
12 there is an available secure withdrawal management and stabilization
13 facility or approved substance use disorder treatment program with
14 adequate space for the person.

15 (3) An evaluation and treatment center, secure withdrawal
16 management and stabilization facility, or approved substance use
17 disorder treatment program admitting or accepting any person pursuant
18 to this chapter whose physical condition reveals the need for
19 hospitalization shall assure that such person is transferred to an
20 appropriate hospital for evaluation or admission for treatment.
21 Notice of such fact shall be given to the court, the designated
22 attorney, and the designated crisis responder and the court shall
23 order such continuance in proceedings under this chapter as may be
24 necessary, but in no event may this continuance be more than fourteen
25 days.

26 **Sec. 26.** RCW 71.05.210 and 2019 c 446 s 8 are each amended to
27 read as follows:

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

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

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

37 (ii) One mental health professional. If the person is detained
38 for substance use disorder evaluation and treatment, the person may

1 be examined by a (~~chemical dependency~~) substance use disorder
2 professional instead of a mental health professional; and

3 (b) Shall receive such treatment and care as his or her condition
4 requires including treatment on an outpatient basis for the period
5 that he or she is detained, except that, beginning twenty-four hours
6 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
7 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may
8 refuse psychiatric medications, but may not refuse: (i) Any other
9 medication previously prescribed by a person licensed under Title 18
10 RCW; or (ii) emergency lifesaving treatment, and the individual shall
11 be informed at an appropriate time of his or her right of such
12 refusal. The person shall be detained up to (~~seventy-two~~) one
13 hundred twenty hours, if, in the opinion of the professional person
14 in charge of the facility, or his or her professional designee, the
15 person presents a likelihood of serious harm, or is gravely disabled.
16 A person who has been detained for (~~seventy-two~~) one hundred twenty
17 hours shall no later than the end of such period be released, unless
18 referred for further care on a voluntary basis, or detained pursuant
19 to court order for further treatment as provided in this chapter.

20 (2) If, after examination and evaluation, the mental health
21 professional or (~~chemical dependency~~) substance use disorder
22 professional and licensed physician, physician assistant, or
23 psychiatric advanced registered nurse practitioner determine that the
24 initial needs of the person, if detained to an evaluation and
25 treatment facility, would be better served by placement in a
26 substance use disorder treatment program, or, if detained to a secure
27 withdrawal management and stabilization facility or approved
28 substance use disorder treatment program, would be better served in
29 an evaluation and treatment facility then the person shall be
30 referred to the more appropriate placement; however, a person may
31 only be referred to a secure withdrawal management and stabilization
32 facility or approved substance use disorder treatment program if
33 there is an available secure withdrawal management and stabilization
34 facility or approved substance use disorder treatment program with
35 adequate space for the person.

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

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

7 **Sec. 27.** RCW 71.05.210 and 2019 c 446 s 9 are each amended to
8 read as follows:

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

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

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

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

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

1 (2) If, after examination and evaluation, the mental health
2 professional or (~~chemical dependency~~) substance use disorder
3 professional and licensed physician, physician assistant, or
4 psychiatric advanced registered nurse practitioner determine that the
5 initial needs of the person, if detained to an evaluation and
6 treatment facility, would be better served by placement in a
7 substance use disorder treatment program, or, if detained to a secure
8 withdrawal management and stabilization facility or approved
9 substance use disorder treatment program, would be better served in
10 an evaluation and treatment facility then the person shall be
11 referred to the more appropriate placement.

12 (3) An evaluation and treatment center, secure withdrawal
13 management and stabilization facility, or approved substance use
14 disorder treatment program admitting or accepting any person pursuant
15 to this chapter whose physical condition reveals the need for
16 hospitalization shall assure that such person is transferred to an
17 appropriate hospital for evaluation or admission for treatment.
18 Notice of such fact shall be given to the court, the designated
19 attorney, and the designated crisis responder and the court shall
20 order such continuance in proceedings under this chapter as may be
21 necessary, but in no event may this continuance be more than fourteen
22 days.

23 **Sec. 28.** RCW 71.05.212 and 2018 c 291 s 13 are each amended to
24 read as follows:

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

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

32 (b) Historical behavior, including history of one or more violent
33 acts;

34 (c) Prior determinations of incompetency or insanity under
35 chapter 10.77 RCW; and

36 (d) Prior commitments under this chapter.

37 (2) Credible witnesses may include family members, landlords,
38 neighbors, or others with significant contact and history of
39 involvement with the person. If the designated crisis responder

1 relies upon information from a credible witness in reaching his or
2 her decision to detain the individual, then he or she must provide
3 contact information for any such witness to the prosecutor. The
4 designated crisis responder or prosecutor shall provide notice of the
5 date, time, and location of the probable cause hearing to such a
6 witness.

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

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

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

18 (c) Without treatment, the continued deterioration of the
19 respondent is probable.

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

25 **Sec. 29.** RCW 71.05.214 and 2018 c 201 s 3007 are each amended to
26 read as follows:

27 The authority shall develop statewide protocols to be utilized by
28 professional persons and designated crisis responders in
29 administration of this chapter and chapters 10.77 and 71.34 RCW. The
30 protocols shall be updated at least every three years. The protocols
31 shall provide uniform development and application of criteria in
32 evaluation and commitment recommendations, of persons who have, or
33 are alleged to have, (~~mental disorders or substance use~~) behavioral
34 health disorders and are subject to this chapter.

35 The initial protocols shall be developed not later than September
36 1, 1999. The authority shall develop and update the protocols in
37 consultation with representatives of designated crisis responders,
38 the department of social and health services, local government, law
39 enforcement, county and city prosecutors, public defenders, and

1 groups concerned with (~~mental illness and substance use~~) behavioral
2 health disorders. The protocols shall be submitted to the governor
3 and legislature upon adoption by the authority.

4 **Sec. 30.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to
5 read as follows:

6 (1) A person found to be gravely disabled or (~~presents~~) to
7 present a likelihood of serious harm as a result of a (~~mental~~
8 ~~disorder or substance use~~) behavioral health disorder has a right to
9 refuse antipsychotic medication unless it is determined that the
10 failure to medicate may result in a likelihood of serious harm or
11 substantial deterioration or substantially prolong the length of
12 involuntary commitment and there is no less intrusive course of
13 treatment than medication in the best interest of that person.

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

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

18 (b) For short-term treatment up to thirty days, the right to
19 refuse antipsychotic medications unless there is an additional
20 concurring medical opinion approving medication by a psychiatrist,
21 physician assistant working with a supervising psychiatrist,
22 psychiatric advanced registered nurse practitioner, or physician or
23 physician assistant in consultation with a mental health professional
24 with prescriptive authority.

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

29 (d) Administration of antipsychotic medication in an emergency
30 and review of this decision within twenty-four hours. An emergency
31 exists if the person presents an imminent likelihood of serious harm,
32 and medically acceptable alternatives to administration of
33 antipsychotic medications are not available or are unlikely to be
34 successful; and in the opinion of the physician, physician assistant,
35 or psychiatric advanced registered nurse practitioner, the person's
36 condition constitutes an emergency requiring the treatment be
37 instituted prior to obtaining a second medical opinion.

38 (e) Documentation in the medical record of the attempt by the
39 physician, physician assistant, or psychiatric advanced registered

1 nurse practitioner to obtain informed consent and the reasons why
2 antipsychotic medication is being administered over the person's
3 objection or lack of consent.

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

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

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

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

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

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

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

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

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

28 (h) To discuss treatment plans and decisions with professional
29 persons;

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

34 (j) Not to consent to the administration of antipsychotic
35 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
36 or the performance of electroconvulsant therapy or surgery, except
37 emergency lifesaving surgery, unless ordered by a court of competent
38 jurisdiction pursuant to the following standards and procedures:

1 ~~((a))~~ (i) The administration of antipsychotic medication or
2 electroconvulsant therapy shall not be ordered unless the petitioning
3 party proves by clear, cogent, and convincing evidence that there
4 exists a compelling state interest that justifies overriding the
5 patient's lack of consent to the administration of antipsychotic
6 medications or electroconvulsant therapy, that the proposed treatment
7 is necessary and effective, and that medically acceptable alternative
8 forms of treatment are not available, have not been successful, or
9 are not likely to be effective.

10 ~~((b))~~ (ii) The court shall make specific findings of fact
11 concerning: ~~((i))~~ (A) The existence of one or more compelling state
12 interests; ~~((ii))~~ (B) the necessity and effectiveness of the
13 treatment; and ~~((iii))~~ (C) the person's desires regarding the
14 proposed treatment. If the patient is unable to make a rational and
15 informed decision about consenting to or refusing the proposed
16 treatment, the court shall make a substituted judgment for the
17 patient as if he or she were competent to make such a determination.

18 ~~((c))~~ (iii) The person shall be present at any hearing on a
19 request to administer antipsychotic medication or electroconvulsant
20 therapy filed pursuant to this subsection. The person has the right:
21 ~~((i))~~ (A) To be represented by an attorney; ~~((ii))~~ (B) to present
22 evidence; ~~((iii))~~ (C) to cross-examine witnesses; ~~((iv))~~ (D) to
23 have the rules of evidence enforced; ~~((v))~~ (E) to remain silent;
24 ~~((vi))~~ (F) to view and copy all petitions and reports in the court
25 file; and ~~((vii))~~ (G) to be given reasonable notice and an
26 opportunity to prepare for the hearing. The court may appoint a
27 psychiatrist, physician assistant working with a supervising
28 psychiatrist, psychiatric advanced registered nurse practitioner,
29 psychologist within their scope of practice, physician assistant, or
30 physician to examine and testify on behalf of such person. The court
31 shall appoint a psychiatrist, physician assistant working with a
32 supervising psychiatrist, psychiatric advanced registered nurse
33 practitioner, psychologist within their scope of practice, physician
34 assistant, or physician designated by such person or the person's
35 counsel to testify on behalf of the person in cases where an order
36 for electroconvulsant therapy is sought.

37 ~~((d))~~ (iv) An order for the administration of antipsychotic
38 medications entered following a hearing conducted pursuant to this
39 section shall be effective for the period of the current involuntary
40 treatment order, and any interim period during which the person is

1 awaiting trial or hearing on a new petition for involuntary treatment
2 or involuntary medication.

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

6 ~~((f))~~ (vi) Antipsychotic medication may be administered to a
7 nonconsenting person detained or committed pursuant to this chapter
8 without a court order pursuant to RCW 71.05.215(2) or under the
9 following circumstances:

10 ~~((i))~~ (A) A person presents an imminent likelihood of serious
11 harm;

12 ~~((ii))~~ (B) Medically acceptable alternatives to administration
13 of antipsychotic medications are not available, have not been
14 successful, or are not likely to be effective; and

15 ~~((iii))~~ (C) In the opinion of the physician, physician
16 assistant, or psychiatric advanced registered nurse practitioner with
17 responsibility for treatment of the person, or his or her designee,
18 the person's condition constitutes an emergency requiring the
19 treatment be instituted before a judicial hearing as authorized
20 pursuant to this section can be held.

21 If antipsychotic medications are administered over a person's
22 lack of consent pursuant to this subsection, a petition for an order
23 authorizing the administration of antipsychotic medications shall be
24 filed on the next judicial day. The hearing shall be held within two
25 judicial days. If deemed necessary by the physician, physician
26 assistant, or psychiatric advanced registered nurse practitioner with
27 responsibility for the treatment of the person, administration of
28 antipsychotic medications may continue until the hearing is held;

29 ~~((8))~~ (k) To dispose of property and sign contracts unless such
30 person has been adjudicated an incompetent in a court proceeding
31 directed to that particular issue;

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

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

38 (3) No person may be presumed incompetent as a consequence of
39 receiving evaluation or treatment for a behavioral health disorder.

1 Competency may not be determined or withdrawn except under the
2 provisions of chapter 10.77 or 11.88 RCW.

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

8 (5) Whenever any person is detained under this chapter, the
9 person must be advised that unless the person is released or
10 voluntarily admits himself or herself for treatment within seventy-
11 two hours of the initial detention, a judicial hearing must be held
12 in a superior court within seventy-two hours to determine whether
13 there is probable cause to detain the person for up to an additional
14 fourteen days based on an allegation that because of a behavioral
15 health disorder the person presents a likelihood of serious harm or
16 is gravely disabled, and that at the probable cause hearing the
17 person has the following rights:

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

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

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

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

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

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

29 (g) To view and copy all petitions and reports in the court file;
30 and

31 (h) To refuse psychiatric medications, including antipsychotic
32 medication beginning twenty-four hours prior to the probable cause
33 hearing.

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

37 (7)(a) Privileges between patients and physicians, physician
38 assistants, psychologists, or psychiatric advanced registered nurse
39 practitioners are deemed waived in proceedings under this chapter
40 relating to the administration of antipsychotic medications. As to

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

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

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

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

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

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

25 **Sec. 32.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to
26 read as follows:

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

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

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

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

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

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

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

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

11 (h) To discuss treatment plans and decisions with professional
12 persons;

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

17 (j) Not to consent to the administration of antipsychotic
18 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
19 or the performance of electroconvulsant therapy or surgery, except
20 emergency lifesaving surgery, unless ordered by a court of competent
21 jurisdiction pursuant to the following standards and procedures:

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

31 ~~((b))~~ (ii) The court shall make specific findings of fact
32 concerning: ~~((i))~~ (A) The existence of one or more compelling state
33 interests; ~~((ii))~~ (B) the necessity and effectiveness of the
34 treatment; and ~~((iii))~~ (C) the person's desires regarding the
35 proposed treatment. If the patient is unable to make a rational and
36 informed decision about consenting to or refusing the proposed
37 treatment, the court shall make a substituted judgment for the
38 patient as if he or she were competent to make such a determination.

39 ~~((c))~~ (iii) The person shall be present at any hearing on a
40 request to administer antipsychotic medication or electroconvulsant

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

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

24 ~~((e))~~ (v) Any person detained pursuant to RCW 71.05.320(4), who
25 subsequently refuses antipsychotic medication, shall be entitled to
26 the procedures set forth in this subsection.

27 ~~((f))~~ (vi) Antipsychotic medication may be administered to a
28 nonconsenting person detained or committed pursuant to this chapter
29 without a court order pursuant to RCW 71.05.215(2) or under the
30 following circumstances:

31 ~~((i))~~ (A) A person presents an imminent likelihood of serious
32 harm;

33 ~~((ii))~~ (B) Medically acceptable alternatives to administration
34 of antipsychotic medications are not available, have not been
35 successful, or are not likely to be effective; and

36 ~~((iii))~~ (C) In the opinion of the physician, physician
37 assistant, or psychiatric advanced registered nurse practitioner with
38 responsibility for treatment of the person, or his or her designee,
39 the person's condition constitutes an emergency requiring the

1 treatment be instituted before a judicial hearing as authorized
2 pursuant to this section can be held.

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

11 ~~((8))~~ (k) To dispose of property and sign contracts unless such
12 person has been adjudicated an incompetent in a court proceeding
13 directed to that particular issue;

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

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

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

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

29 (5) Whenever any person is detained under this chapter, the
30 person must be advised that unless the person is released or
31 voluntarily admits himself or herself for treatment within one
32 hundred twenty hours of the initial detention, a judicial hearing
33 must be held in a superior court within one hundred twenty hours to
34 determine whether there is probable cause to detain the person for up
35 to an additional fourteen days based on an allegation that because of
36 a behavioral health disorder the person presents a likelihood of
37 serious harm or is gravely disabled, and that at the probable cause
38 hearing the person has the following rights:

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

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

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

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

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

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

12 (g) To view and copy all petitions and reports in the court file;
13 and

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

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

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

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

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

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

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

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

9 **Sec. 33.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to
10 read as follows:

11 A person detained for seventy-two hour evaluation and treatment
12 may be committed for not more than fourteen additional days of
13 involuntary intensive treatment or ninety additional days of a less
14 restrictive alternative treatment. A petition may only be filed if
15 the following conditions are met:

16 (1) The professional staff of the facility providing evaluation
17 services has analyzed the person's condition and finds that the
18 condition is caused by ~~((mental disorder or substance use))~~ a
19 behavioral health disorder and results in: (a) A likelihood of
20 serious harm~~((results in))~~; (b) the person being gravely
21 disabled~~((τ))~~; or ~~((results in))~~ (c) the person being in need of
22 assisted outpatient behavioral health treatment~~((τ))~~; and are
23 prepared to testify those conditions are met; and

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

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

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

33 (A) One physician, physician assistant, or psychiatric advanced
34 registered nurse practitioner; and

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

37 (ii) If the petition is for substance use disorder treatment, the
38 petition may be signed by a ~~((chemical dependency))~~ substance use
39 disorder professional instead of a mental health professional and by

1 an advanced registered nurse practitioner instead of a psychiatric
2 advanced registered nurse practitioner. The persons signing the
3 petition must have examined the person.

4 (b) If involuntary detention is sought the petition shall state
5 facts that support the finding that such person, as a result of a
6 (~~mental disorder or substance use~~) behavioral health disorder,
7 presents a likelihood of serious harm, or is gravely disabled and
8 that there are no less restrictive alternatives to detention in the
9 best interest of such person or others. The petition shall state
10 specifically that less restrictive alternative treatment was
11 considered and specify why treatment less restrictive than detention
12 is not appropriate. If an involuntary less restrictive alternative is
13 sought, the petition shall state facts that support the finding that
14 such person, as a result of a (~~mental disorder or as a result of a~~
15 ~~substance use~~) behavioral health disorder, presents a likelihood of
16 serious harm, is gravely disabled, or is in need of assisted
17 outpatient behavioral health treatment, and shall set forth any
18 recommendations for less restrictive alternative treatment services;
19 and

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

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

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

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

34 (9) If the hospital or facility designated to provide less
35 restrictive alternative treatment is other than the facility
36 providing involuntary treatment, the outpatient facility so
37 designated to provide less restrictive alternative treatment has
38 agreed to assume such responsibility.

1 **Sec. 34.** 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~~) one hundred twenty hour
4 evaluation and treatment may be committed for not more than fourteen
5 additional days of involuntary intensive treatment or ninety
6 additional days of a less restrictive alternative treatment. A
7 petition may only be 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~~) substance use
31 disorder professional instead of a mental health professional and by
32 an advanced registered nurse practitioner instead of a psychiatric
33 advanced registered nurse practitioner. The persons signing the
34 petition must have examined the 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. 35.** 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)(e)(i)~~) (2)(d)(i), the designated crisis
34 responder shall examine the individual within forty-eight hours. If
35 the designated crisis responder determines it is not appropriate to
36 detain the individual or petition for a ninety-day less restrictive
37 alternative under RCW 71.05.230(4), that decision shall be
38 immediately presented to the superior court for hearing. The court
39 shall hold a hearing to consider the decision of the designated

1 crisis responder not later than the next judicial day. At the hearing
2 the superior court shall review the determination of the designated
3 crisis responder and determine whether an order should be entered
4 requiring the person to be evaluated at an evaluation and treatment
5 facility. No person referred to an evaluation and treatment facility
6 may be held at the facility longer than seventy-two hours.

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

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

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

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

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

33 **Sec. 36.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each
34 amended to read as follows:

35 (1) If an individual is referred to a designated crisis responder
36 under RCW 10.77.088(~~((1)(e)(i))~~) (2)(d)(i), the designated crisis
37 responder shall examine the individual within forty-eight hours. If
38 the designated crisis responder determines it is not appropriate to
39 detain the individual or petition for a ninety-day less restrictive

1 alternative under RCW 71.05.230(4), that decision shall be
2 immediately presented to the superior court for hearing. The court
3 shall hold a hearing to consider the decision of the designated
4 crisis responder not later than the next judicial day. At the hearing
5 the superior court shall review the determination of the designated
6 crisis responder and determine whether an order should be entered
7 requiring the person to be evaluated at an evaluation and treatment
8 facility. No person referred to an evaluation and treatment facility
9 may be held at the facility longer than ~~((seventy-two))~~ one hundred
10 twenty hours.

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

1 ~~treatment facility to be brought before the court the next judicial~~
2 ~~day after detention)). If the evaluation and treatment facility files~~
3 ~~a ninety-day petition within the one hundred twenty hour period, the~~
4 ~~clerk shall set a hearing after the day of filing consistent with RCW~~
5 ~~71.05.300.~~ Upon the individual's first appearance in court after a
6 petition has been filed, proceedings under RCW 71.05.310 and
7 71.05.320 shall commence. For an individual subject to this
8 subsection, the ~~((prosecutor or))~~ professional person may directly
9 file a petition for ninety-day inpatient or outpatient treatment and
10 no petition for initial detention or fourteen-day detention is
11 required before such a petition may be filed.

12 ~~((The court shall conduct the hearing on the petition filed under~~
13 ~~this subsection within five judicial days of the date the petition is~~
14 ~~filed. The court may continue the hearing upon the written request of~~
15 ~~the person named in the petition or the person's attorney, for good~~
16 ~~cause shown, which continuance shall not exceed five additional~~
17 ~~judicial days. If the person named in the petition requests a jury~~
18 ~~trial, the trial shall commence within ten judicial days of the date~~
19 ~~of the filing of the petition. The burden of proof shall be by clear,~~
20 ~~eogent, and convincing evidence and shall be upon the petitioner. The~~
21 ~~person shall 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 (9).~~

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

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

36 ~~((4) The individual shall have the rights specified in RCW~~
37 ~~71.05.360 (8) and (9).))~~

38 NEW SECTION. **Sec. 37.** A new section is added to chapter 71.05
39 RCW to read as follows:

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

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

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

10 (2) The court may continue a hearing on a petition filed under
11 RCW 71.05.280(3) for good cause upon written request by the
12 petitioner, respondent, or respondent's attorney.

13 (3) The court may on its own motion continue the case when
14 required in due administration of justice and when the respondent
15 will not be substantially prejudiced in the presentation of the
16 respondent's case.

17 (4) The court shall state in any order of continuance or
18 postponement the grounds for the continuance or postponement and
19 whether detention will be extended.

20 **Sec. 38.** RCW 71.05.240 and 2019 c 446 s 11 are each amended to
21 read as follows:

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

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

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

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

19 (b) (~~Commitment for up to fourteen days based on a substance use~~
20 ~~disorder must be to either a secure withdrawal management and~~
21 ~~stabilization facility or an approved substance use disorder~~
22 ~~treatment program.)) A court may only (~~enter a commitment~~) order
23 (~~based on a substance use disorder if there is an available~~)
24 commitment to a secure withdrawal management and stabilization
25 facility or approved substance use disorder treatment program if
26 there is an available facility with adequate space for the person.~~

27 (c) At the conclusion of the probable cause hearing, if the court
28 finds by a preponderance of the evidence that such person, as the
29 result of a (~~mental disorder or substance use~~) behavioral health
30 disorder, presents a likelihood of serious harm(~~(r)~~) or is gravely
31 disabled, but that treatment in a less restrictive setting than
32 detention is in the best interest of such person or others, the court
33 shall order an appropriate less restrictive alternative course of
34 treatment for (~~not to exceed~~) up to ninety days.

35 (d) If the court finds by a preponderance of the evidence that
36 such person, as the result of a (~~mental disorder or substance use~~)
37 behavioral health disorder, is in need of assisted outpatient
38 behavioral health treatment, and that the person does not present a
39 likelihood of serious harm (~~or grave disability~~) and is not gravely
40 disabled, the court shall order an appropriate less restrictive

1 alternative course of treatment (~~((not to exceed))~~) for up to ninety
2 days.

3 (~~((4))~~) (5) An order for less restrictive alternative treatment
4 must name the (~~(mental)~~) behavioral health service provider
5 responsible for identifying the services the person will receive in
6 accordance with RCW 71.05.585, and must include a requirement that
7 the person cooperate with the (~~(services planned by))~~) treatment
8 recommendations of the (~~(mental)~~) behavioral health service provider.

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

21 (7) If the court does not issue an order to detain a person under
22 this section, the court shall issue an order to dismiss the petition.

23 **Sec. 39.** RCW 71.05.240 and 2019 c 446 s 11 are each amended to
24 read as follows:

25 (1) If a petition is filed for fourteen day involuntary treatment
26 or ninety days of less restrictive alternative treatment, the court
27 shall hold a probable cause hearing within (~~(seventy-two))~~) one
28 hundred twenty hours of the initial detention of such person as
29 determined in RCW 71.05.180, or at a time determined under RCW
30 71.05.148. (~~(If requested by the person or his or her attorney, the~~
31 ~~hearing may be postponed for a period not to exceed forty-eight~~
32 ~~hours. The hearing may also be continued subject to the conditions~~
33 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~
34 ~~good cause for a period not to exceed twenty-four hours.))~~)

35 (2) If the petition is for mental health treatment, the court or
36 the prosecutor at the time of the probable cause hearing and before
37 an order of commitment is entered shall inform the person (~~(both))~~)
38 orally (~~(and))~~) or in writing that the failure to make a good faith
39 effort to seek voluntary treatment as provided in RCW 71.05.230 will

1 result in the loss of his or her firearm rights if the person is
2 subsequently detained for involuntary treatment under this section.

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

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

21 (b) ((~~Commitment for up to fourteen days based on a substance use~~
22 ~~disorder must be to either a secure withdrawal management and~~
23 ~~stabilization facility or an approved substance use disorder~~
24 ~~treatment program.)) A court may only ((~~enter a commitment~~)) order~~
25 ((~~based on a substance use disorder if there is an available~~))
26 commitment to a secure withdrawal management and stabilization
27 facility or approved substance use disorder treatment program if
28 there is an available facility with adequate space for the person.

29 (c) At the conclusion of the probable cause hearing, if the court
30 finds by a preponderance of the evidence that such person, as the
31 result of a ((~~mental disorder or substance use~~)) behavioral health
32 disorder, presents a likelihood of serious harm((~~r~~)) or is gravely
33 disabled, but that treatment in a less restrictive setting than
34 detention is in the best interest of such person or others, the court
35 shall order an appropriate less restrictive alternative course of
36 treatment for ((~~not to exceed~~)) up to ninety days.

37 (d) If the court finds by a preponderance of the evidence that
38 such person, as the result of a ((~~mental disorder or substance use~~))
39 behavioral health disorder, is in need of assisted outpatient
40 behavioral health treatment, and that the person does not present a

1 likelihood of serious harm (~~(or grave disability)~~) and is not gravely
2 disabled, the court shall order an appropriate less restrictive
3 alternative course of treatment (~~(not to exceed)~~) for up to ninety
4 days.

5 (~~(4)~~) (5) An order for less restrictive alternative treatment
6 must name the (~~(mental)~~) behavioral health service provider
7 responsible for identifying the services the person will receive in
8 accordance with RCW 71.05.585, and must include a requirement that
9 the person cooperate with the (~~(services planned by)~~) treatment
10 recommendations of the (~~(mental)~~) behavioral health service provider.

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

23 (7) If the court does not issue an order to detain a person under
24 this section, the court shall issue an order to dismiss the petition.

25 **Sec. 40.** RCW 71.05.240 and 2019 c 446 s 12 are each amended to
26 read as follows:

27 (1) If a petition is filed for fourteen day involuntary treatment
28 or ninety days of less restrictive alternative treatment, the court
29 shall hold a probable cause hearing within (~~(seventy-two)~~) one
30 hundred twenty hours of the initial detention of such person as
31 determined in RCW 71.05.180, or at a time determined under RCW
32 71.05.148. (~~(If requested by the person or his or her attorney, the~~
33 ~~hearing may be postponed for a period not to exceed forty-eight~~
34 ~~hours. The hearing may also be continued subject to the conditions~~
35 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~
36 ~~good cause for a period not to exceed twenty-four hours.))~~)

37 (2) If the petition is for mental health treatment, the court or
38 the prosecutor at the time of the probable cause hearing and before
39 an order of commitment is entered shall inform the person (~~(both)~~)

1 orally (~~and~~) or in writing that the failure to make a good faith
2 effort to seek voluntary treatment as provided in RCW 71.05.230 will
3 result in the loss of his or her firearm rights if the person is
4 subsequently detained for involuntary treatment under this section.

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

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

23 (b) (~~(Commitment for up to fourteen days based on a substance use~~
24 ~~disorder must be to either a secure withdrawal management and~~
25 ~~stabilization facility or an approved substance use disorder~~
26 ~~treatment program.~~

27 (~~(e)~~) At the conclusion of the probable cause hearing, if the
28 court finds by a preponderance of the evidence that such person, as
29 the result of a (~~mental disorder or substance use~~) behavioral
30 health disorder, presents a likelihood of serious harm(~~(7)~~) or is
31 gravely disabled, but that treatment in a less restrictive setting
32 than detention is in the best interest of such person or others, the
33 court shall order an appropriate less restrictive alternative course
34 of treatment for (~~(not to exceed)~~) up to ninety days.

35 (~~(d)~~) (c) If the court finds by a preponderance of the evidence
36 that such person, as the result of a (~~mental disorder or substance~~
37 ~~use~~) behavioral health disorder, is in need of assisted outpatient
38 behavioral health treatment, and that the person does not present a
39 likelihood of serious harm (~~(or grave disability)~~) and is not gravely
40 disabled, the court shall order an appropriate less restrictive

1 alternative course of treatment (~~((not to exceed))~~) for up to ninety
2 days.

3 (~~((4))~~) (5) An order for less restrictive alternative treatment
4 must name the (~~((mental))~~) behavioral health service provider
5 responsible for identifying the services the person will receive in
6 accordance with RCW 71.05.585, and must include a requirement that
7 the person cooperate with the (~~((services planned by))~~) treatment
8 recommendations of the (~~((mental))~~) behavioral health service provider.

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

21 (7) If the court does not issue an order to detain a person under
22 this section, the court shall issue an order to dismiss the petition.

23 **Sec. 41.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to
24 read as follows:

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

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

34 (2) Such person was taken into custody as a result of conduct in
35 which he or she attempted or inflicted physical harm upon the person
36 of another or himself or herself, or substantial damage upon the
37 property of others, and continues to present, as a result of (~~((mental~~
38 ~~disorder or substance use))~~) a behavioral health disorder, a
39 likelihood of serious harm; or

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

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

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

14 (4) Such person is gravely disabled; or

15 (5) Such person is in need of assisted outpatient behavioral
16 health treatment.

17 **Sec. 42.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each
18 amended to read as follows:

19 (1) At any time during a person's fourteen day intensive
20 treatment period, the professional person in charge of a treatment
21 facility or his or her professional designee or the designated crisis
22 responder may petition the superior court for an order requiring such
23 person to undergo an additional period of treatment. Such petition
24 must be based on one or more of the grounds set forth in RCW
25 71.05.280.

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

29 (A) One physician, physician assistant, or psychiatric advanced
30 registered nurse practitioner; and

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

33 (ii) If the petition is for substance use disorder treatment, the
34 petition may be signed by a (~~chemical dependency~~) substance use
35 disorder professional instead of a mental health professional and by
36 an advanced registered nurse practitioner instead of a psychiatric
37 advanced registered nurse practitioner.

38 (b) The affidavits shall describe in detail the behavior of the
39 detained person which supports the petition and shall explain what,

1 if any, less restrictive treatments which are alternatives to
2 detention are available to such person, and shall state the
3 willingness of the affiant to testify to such facts in subsequent
4 judicial proceedings under this chapter. If less restrictive
5 alternative treatment is sought, the petition shall set forth any
6 recommendations for less restrictive alternative treatment services.

7 (3) If a person has been determined to be incompetent pursuant to
8 RCW 10.77.086(4), then the professional person in charge of the
9 treatment facility or his or her professional designee or the
10 designated crisis responder may directly file a petition for one
11 hundred eighty-day treatment under RCW 71.05.280(3), or for ninety-
12 day treatment under RCW 71.05.280 (1), (2), (4), or (5). No petition
13 for initial detention or fourteen day detention is required before
14 such a petition may be filed.

15 **Sec. 43.** RCW 71.05.300 and 2019 c 325 s 3007 are each amended to
16 read as follows:

17 (1) The petition for ninety day treatment shall be filed with the
18 clerk of the superior court at least three days before expiration of
19 the fourteen-day period of intensive treatment. (~~At the time of~~
20 ~~filing such petition,~~) The clerk shall set a ((time for the person
21 ~~to come before the court on the next judicial day after the day of~~
22 ~~filing unless such appearance is waived by the person's attorney, and~~
23 ~~the clerk shall)) trial setting date as provided in RCW 71.05.310 on~~
24 ~~the next judicial day after the date of filing the petition and~~
25 notify the designated crisis responder. The designated crisis
26 responder shall immediately notify the person detained, his or her
27 attorney, if any, and his or her guardian or conservator, if any, the
28 prosecuting attorney, and the behavioral health administrative
29 services organization administrator, and provide a copy of the
30 petition to such persons as soon as possible. The behavioral health
31 administrative services organization administrator or designee may
32 review the petition and may appear and testify at the full hearing on
33 the petition.

34 (2) (~~At the time set for appearance~~) The attorney for the
35 ~~detained person ((shall be brought before the court, unless such~~
36 ~~appearance has been waived and the court)) shall advise him or her of~~
37 his or her right to be represented by an attorney, his or her right
38 to a jury trial, and, if the petition is for commitment for mental
39 health treatment, his or her loss of firearm rights if involuntarily

1 committed. If the detained person is not represented by an attorney,
2 or is indigent or is unwilling to retain an attorney, the court shall
3 immediately appoint an attorney to represent him or her. The court
4 shall, if requested, appoint a reasonably available licensed
5 physician, physician assistant, psychiatric advanced registered nurse
6 practitioner, psychologist, psychiatrist, or other professional
7 person, designated by the detained person to examine and testify on
8 behalf of the detained person.

9 (3) The court may, if requested, also appoint a professional
10 person as defined in RCW 71.05.020 to seek less restrictive
11 alternative courses of treatment and to testify on behalf of the
12 detained person. In the case of a person with a developmental
13 disability who has been determined to be incompetent pursuant to RCW
14 10.77.086(4), ~~((then))~~ the appointed professional person under this
15 section shall be a developmental disabilities professional.

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

18 **Sec. 44.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to
19 read as follows:

20 The court shall ~~((conduct))~~ set a hearing on the petition for
21 ninety-day or one hundred eighty-day treatment within five judicial
22 days of the ~~((first court appearance after the probable cause
23 hearing))~~ trial setting hearing, or within ten judicial days for a
24 petition filed under RCW 71.05.280(3). The court may continue the
25 hearing ~~((for good cause upon the written request of the person named
26 in the petition or the person's attorney. The court may continue for
27 good cause the hearing on a petition filed under RCW 71.05.280(3)
28 upon written request by the person named in the petition, the
29 person's attorney, or the petitioner))~~ in accordance with section 37
30 of this act. If the person named in the petition requests a jury
31 trial, the trial ~~((shall commence))~~ must be set within ten judicial
32 days of the ~~((first court appearance after the probable cause
33 hearing))~~ next judicial day after the date of filing the petition.
34 The burden of proof shall be by clear, cogent, and convincing
35 evidence and shall be upon the petitioner. The person ~~((shall))~~ has
36 the right to be present at such proceeding, which shall in all
37 respects accord with the constitutional guarantees of due process of
38 law and the rules of evidence ~~((pursuant to RCW 71.05.360 (8) and
39 (9))~~) under RCW 71.05.217.

1 During the proceeding, the person named in the petition shall
2 continue to be treated until released by order of the superior court
3 or discharged by the behavioral health service provider. If (~~no~~
4 ~~order has been made~~) the hearing has not commenced within thirty
5 days after the filing of the petition, not including extensions of
6 time (~~requested by the detained person or his or her attorney, or~~
7 ~~the petitioner in the case of a petition filed under RCW~~
8 ~~71.05.280(3)~~) ordered under section 37 of this act, the detained
9 person shall be released.

10 **Sec. 45.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to
11 read as follows:

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

20 (b) If the order for inpatient treatment is based on a substance
21 use disorder, treatment must take place at an approved substance use
22 disorder treatment program. The court may only enter an order for
23 commitment based on a substance use disorder if there is an available
24 approved substance use disorder treatment program with adequate space
25 for the person.

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

32 (2) If the court or jury finds that grounds set forth in RCW
33 71.05.280 have been proven, but finds that treatment less restrictive
34 than detention will be in the best interest of the person or others,
35 then the court shall remand him or her to the custody of the
36 department of social and health services or to a facility certified
37 for ninety day treatment by the department or to a less restrictive
38 alternative for a further period of less restrictive treatment not to
39 exceed ninety days from the date of judgment. (~~If the order for less~~

1 ~~restrictive treatment is based on a substance use disorder, treatment~~
2 ~~must be provided by an approved substance use disorder treatment~~
3 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis
4 of commitment, then the period of treatment may be up to but not
5 exceed one hundred eighty days from the date of judgment. If the
6 court or jury finds that the grounds set forth in RCW 71.05.280(5)
7 have been proven, and provide the only basis for commitment, the
8 court must enter an order for less restrictive alternative treatment
9 for up to ninety days from the date of judgment and may not order
10 inpatient treatment.

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

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

25 (a) During the current period of court ordered treatment: (i) Has
26 threatened, attempted, or inflicted physical harm upon the person of
27 another, or substantial damage upon the property of another, and (ii)
28 as a result of a (~~mental disorder, substance use~~) behavioral health
29 disorder(~~(7)~~) or developmental disability presents a likelihood of
30 serious harm; or

31 (b) Was taken into custody as a result of conduct in which he or
32 she attempted or inflicted serious physical harm upon the person of
33 another, and continues to present, as a result of (~~mental disorder,~~
34 ~~substance use~~) a behavioral health disorder(~~(7)~~) or developmental
35 disability, a likelihood of serious harm; or

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

1 (ii) In cases under this subsection where the court has made an
2 affirmative special finding under RCW 71.05.280(3)(b), the commitment
3 shall continue for up to an additional one hundred eighty-day period
4 whenever the petition presents prima facie evidence that the person
5 continues to suffer from a (~~mental~~) behavioral health disorder or
6 developmental disability that results in a substantial likelihood of
7 committing acts similar to the charged criminal behavior, unless the
8 person presents proof through an admissible expert opinion that the
9 person's condition has so changed such that the (~~mental~~) behavioral
10 health disorder or developmental disability no longer presents a
11 substantial likelihood of the person committing acts similar to the
12 charged criminal behavior. The initial or additional commitment
13 period may include transfer to a specialized program of intensive
14 support and treatment, which may be initiated prior to or after
15 discharge from the state hospital; or

16 (d) Continues to be gravely disabled; or

17 (e) Is in need of assisted outpatient (~~mental~~) behavioral
18 health treatment.

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

22 If less restrictive alternative treatment is sought, the petition
23 shall set forth any recommendations for less restrictive alternative
24 treatment services.

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

31 (6)(a) The hearing shall be held as provided in RCW 71.05.310,
32 and if the court or jury finds that the grounds for additional
33 confinement as set forth in this section are present, subject to
34 subsection (1)(b) of this section, the court may order the committed
35 person returned for an additional period of treatment not to exceed
36 one hundred eighty days from the date of judgment, except as provided
37 in subsection (7) of this section. If the court's order is based
38 solely on the grounds identified in subsection (4)(e) of this
39 section, the court may enter an order for less restrictive
40 alternative treatment not to exceed one hundred eighty days from the

1 date of judgment, and may not enter an order for inpatient treatment.
2 An order for less restrictive alternative treatment must name the
3 (~~mental~~) behavioral health service provider responsible for
4 identifying the services the person will receive in accordance with
5 RCW 71.05.585, and must include a requirement that the person
6 cooperate with the services planned by the (~~mental~~) behavioral
7 health service provider.

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

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

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

24 **Sec. 46.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to
25 read as follows:

26 (1) If the court or jury finds that grounds set forth in RCW
27 71.05.280 have been proven and that the best interests of the person
28 or others will not be served by a less restrictive treatment which is
29 an alternative to detention, the court shall remand him or her to the
30 custody of the department of social and health services or to a
31 facility certified for ninety day treatment by the department for a
32 further period of intensive treatment not to exceed ninety days from
33 the date of judgment.

34 If the order for inpatient treatment is based on a substance use
35 disorder, treatment must take place at an approved substance use
36 disorder treatment program. If the grounds set forth in RCW
37 71.05.280(3) are the basis of commitment, then the period of
38 treatment may be up to but not exceed one hundred eighty days from
39 the date of judgment to the custody of the department of social and

1 health services or to a facility certified for one hundred eighty-day
2 treatment by the department or under RCW 71.05.745.

3 (2) If the court or jury finds that grounds set forth in RCW
4 71.05.280 have been proven, but finds that treatment less restrictive
5 than detention will be in the best interest of the person or others,
6 then the court shall remand him or her to the custody of the
7 department of social and health services or to a facility certified
8 for ninety day treatment by the department or to a less restrictive
9 alternative for a further period of less restrictive treatment not to
10 exceed ninety days from the date of judgment. (~~If the order for less~~
11 ~~restrictive treatment is based on a substance use disorder, treatment~~
12 ~~must be provided by an approved substance use disorder treatment~~
13 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis
14 of commitment, then the period of treatment may be up to but not
15 exceed one hundred eighty days from the date of judgment. If the
16 court or jury finds that the grounds set forth in RCW 71.05.280(5)
17 have been proven, and provide the only basis for commitment, the
18 court must enter an order for less restrictive alternative treatment
19 for up to ninety days from the date of judgment and may not order
20 inpatient treatment.

21 (3) An order for less restrictive alternative treatment entered
22 under subsection (2) of this section must name the (~~mental~~)
23 behavioral health service provider responsible for identifying the
24 services the person will receive in accordance with RCW 71.05.585,
25 and must include a requirement that the person cooperate with the
26 services planned by the (~~mental~~) behavioral health service
27 provider.

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

35 (a) During the current period of court ordered treatment: (i) Has
36 threatened, attempted, or inflicted physical harm upon the person of
37 another, or substantial damage upon the property of another, and (ii)
38 as a result of a (~~mental disorder, substance use~~) behavioral health
39 disorder(~~r~~) or developmental disability presents a likelihood of
40 serious harm; or

1 (b) Was taken into custody as a result of conduct in which he or
2 she attempted or inflicted serious physical harm upon the person of
3 another, and continues to present, as a result of (~~mental disorder,~~
4 ~~substance use~~) a behavioral health disorder((~~7~~)) or developmental
5 disability, a likelihood of serious harm; or

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

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

26 (d) Continues to be gravely disabled; or

27 (e) Is in need of assisted outpatient (~~mental~~) behavioral
28 health treatment.

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

32 If less restrictive alternative treatment is sought, the petition
33 shall set forth any recommendations for less restrictive alternative
34 treatment services.

35 (5) A new petition for involuntary treatment filed under
36 subsection (4) of this section shall be filed and heard in the
37 superior court of the county of the facility which is filing the new
38 petition for involuntary treatment unless good cause is shown for a
39 change of venue. The cost of the proceedings shall be borne by the
40 state.

1 (6) (a) The hearing shall be held as provided in RCW 71.05.310,
2 and if the court or jury finds that the grounds for additional
3 confinement as set forth in this section are present, the court may
4 order the committed person returned for an additional period of
5 treatment not to exceed one hundred eighty days from the date of
6 judgment, except as provided in subsection (7) of this section. If
7 the court's order is based solely on the grounds identified in
8 subsection (4) (e) of this section, the court may enter an order for
9 less restrictive alternative treatment not to exceed one hundred
10 eighty days from the date of judgment, and may not enter an order for
11 inpatient treatment. An order for less restrictive alternative
12 treatment must name the (~~mental~~) behavioral health service provider
13 responsible for identifying the services the person will receive in
14 accordance with RCW 71.05.585, and must include a requirement that
15 the person cooperate with the services planned by the (~~mental~~)
16 behavioral health service provider.

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

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

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

33 **Sec. 47.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each
34 amended to read as follows:

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

1 **Sec. 48.** RCW 71.05.445 and 2019 c 325 s 3009 are each amended to
2 read as follows:

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

8 (b) When a person receiving court-ordered treatment or treatment
9 ordered by the department of corrections discloses to his or her
10 (~~mental~~) behavioral health service provider that he or she is
11 subject to supervision by the department of corrections, the
12 (~~mental~~) behavioral health service provider shall notify the
13 department of corrections that he or she is treating the offender and
14 shall notify the offender that his or her community corrections
15 officer will be notified of the treatment, provided that if the
16 offender has received relief from disclosure pursuant to RCW
17 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)
18 behavioral health service provider with a copy of the order granting
19 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the
20 (~~mental~~) behavioral health service provider is not required to
21 notify the department of corrections that the (~~mental~~) behavioral
22 health service provider is treating the offender. The notification
23 may be written or oral and shall not require the consent of the
24 offender. If an oral notification is made, it must be confirmed by a
25 written notification. For purposes of this section, a written
26 notification includes notification by email or facsimile, so long as
27 the notifying (~~mental~~) behavioral health service provider is
28 clearly identified.

29 (2) The information to be released to the department of
30 corrections shall include all relevant records and reports, as
31 defined by rule, necessary for the department of corrections to carry
32 out its duties.

33 (3) The authority and the department of corrections, in
34 consultation with behavioral health administrative services
35 organizations, managed care organizations, (~~mental~~) behavioral
36 health service providers as defined in RCW 71.05.020, (~~mental~~)
37 behavioral health consumers, and advocates for persons with (~~mental~~
38 illness) behavioral health disorders, shall adopt rules to implement
39 the provisions of this section related to the type and scope of
40 information to be released. These rules shall:

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

7 (b) Establish requirements for the notification of persons under
8 the supervision of the department of corrections regarding the
9 provisions of this section.

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

14 (5) No (~~mental~~) behavioral health service provider or
15 individual employed by a (~~mental~~) behavioral health service
16 provider shall be held responsible for information released to or
17 used by the department of corrections under the provisions of this
18 section or rules adopted under this section.

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

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

27 (8) The authority shall, subject to available resources,
28 electronically, or by the most cost-effective means available,
29 provide the department of corrections with the names, last dates of
30 services, and addresses of specific behavioral health administrative
31 services organizations, managed care organizations, and (~~mental~~)
32 behavioral health service providers that delivered (~~mental~~)
33 behavioral health services to a person subject to chapter 9.94A or
34 9.95 RCW pursuant to an agreement between the authority and the
35 department of corrections.

36 **Sec. 49.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to
37 read as follows:

38 When funded, the Washington association of sheriffs and police
39 chiefs, in consultation with the criminal justice training

1 commission, must develop and adopt a model policy for use by law
2 enforcement agencies relating to a law enforcement officer's referral
3 of a person to a (~~mental~~) behavioral health agency after receiving
4 a report of threatened or attempted suicide. The model policy must
5 complement the criminal justice training commission's crisis
6 intervention training curriculum.

7 **Sec. 50.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to
8 read as follows:

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

14 **Sec. 51.** RCW 71.05.525 and 2018 c 201 s 3024 are each amended to
15 read as follows:

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

34 **Sec. 52.** RCW 71.05.530 and 2016 sp.s. c 29 s 247 are each
35 amended to read as follows:

36 Evaluation and treatment facilities and secure (~~detoxification~~)
37 withdrawal management and stabilization facilities authorized

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

5 **Sec. 53.** RCW 71.05.585 and 2018 c 291 s 2 are each amended to
6 read as follows:

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

9 (a) Assignment of a care coordinator;

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

12 (c) A psychiatric evaluation;

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

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

18 (f) An individual crisis plan; and

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

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

24 (a) Medication management;

25 (b) Psychotherapy;

26 (c) Nursing;

27 (d) Substance abuse counseling;

28 (e) Residential treatment; and

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

30 (3) If the person was provided with involuntary medication under
31 RCW 71.05.215 or pursuant to a judicial order during the involuntary
32 commitment period, the less restrictive alternative treatment order
33 may authorize the less restrictive alternative treatment provider or
34 its designee to administer involuntary antipsychotic medication to
35 the person if the provider has attempted and failed to obtain the
36 informed consent of the person and there is a concurring medical
37 opinion approving the medication by a psychiatrist, physician
38 assistant working with a supervising psychiatrist, psychiatric
39 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. 54.** RCW 71.05.590 and 2019 c 446 s 14 are each amended to
23 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 withdrawal management and stabilization facility with available
30 space, or an approved substance use disorder treatment program with
31 available space ~~((if the person is committed for substance use~~
32 ~~disorder treatment))~~. The person may be detained at the facility for
33 up to twelve hours for the purpose of an evaluation to determine
34 whether modification, revocation, or commitment proceedings are
35 necessary and appropriate to stabilize the person and prevent
36 decompensation, deterioration, or physical harm. Temporary detention
37 for evaluation under this subsection is intended to occur only
38 following a pattern of noncompliance or the failure of reasonable
39 attempts at outreach and engagement, and may occur only when in the
40 clinical judgment of a designated crisis responder or the

1 professional person in charge of an agency or facility designated to
2 monitor less restrictive alternative services temporary detention is
3 appropriate. This subsection does not limit the ability or obligation
4 to pursue revocation procedures under subsection (4) of this section
5 in 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 withdrawal management and stabilization facility with adequate space,
28 or an available approved substance use disorder treatment program
29 (~~if either is available~~) with adequate space, in or near the county
30 in which he or she is receiving outpatient treatment (~~and has~~
31 ~~adequate space~~). Proceedings under this subsection (4) may be
32 initiated without ordering the apprehension and detention of the
33 person.~~

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

1 secretary of the department of social and health services may modify
2 or rescind the order at any time prior to commencement of the court
3 hearing.

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

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

1 there is a secure withdrawal management and stabilization facility or
2 approved substance use disorder treatment program available and with
3 adequate space for the person.

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

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

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

37 (c) The issues for the court to determine are whether to continue
38 the detention of the person for inpatient treatment or whether the
39 court should reinstate or modify the person's less restrictive
40 alternative order or order the person's detention for inpatient

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

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

14 **Sec. 55.** RCW 71.05.590 and 2019 c 446 s 14 are each amended to
15 read as follows:

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

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

24 (b) Substantial deterioration in the person's functioning has
25 occurred;

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

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

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

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

1 (b) To increase the intensity of outpatient services provided to
2 the person by increasing the frequency of contacts with the provider,
3 referring the person for an assessment for assertive community
4 services, or by other means;

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

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

39 (e) To initiate revocation procedures under subsection (4) of
40 this section or, if the current commitment is solely based on the

1 person being in need of assisted outpatient behavioral health
2 treatment as defined in RCW 71.05.020, initiate initial inpatient
3 detention procedures under subsection (6) of this section.

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

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

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

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

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

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

37 (5) In determining whether or not to take action under this
38 section the designated crisis responder, agency, or facility must
39 consider the factors specified under RCW 71.05.212 and the court must
40 consider the factors specified under RCW 71.05.245 as they apply to

1 the question of whether to enforce, modify, or revoke a court order
2 for involuntary treatment.

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

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

31 (c) The issues for the court to determine are whether to continue
32 the detention of the person for inpatient treatment or whether the
33 court should reinstate or modify the person's less restrictive
34 alternative order or order the person's detention for inpatient
35 treatment. To continue detention after the (~~((seventy-two))~~) one
36 hundred twenty hour period, the court must find that the person, as a
37 result of a (~~((mental disorder or substance use))~~) behavioral health
38 disorder, presents a likelihood of serious harm or is gravely
39 disabled and, after considering less restrictive alternatives to

1 involuntary detention and treatment, that no such alternatives are in
2 the best interest of the person or others.

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

9 **Sec. 56.** RCW 71.05.590 and 2019 c 446 s 15 are each amended to
10 read as follows:

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

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

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

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

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

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

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

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

38 (c) To request a court hearing for review and modification of the
39 court order. The request must be made to or by the court with

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

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

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

37 (3) The facility or agency designated to provide outpatient
38 treatment shall notify the secretary of the department of social and
39 health services or designated crisis responder when a person fails to
40 adhere to terms and conditions of court ordered treatment or

1 experiences substantial deterioration in his or her condition and, as
2 a result, presents an increased likelihood of serious harm.

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

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

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

1 revocation is filed, within two judicial days of the person's
2 detention.

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

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

29 (6) (a) If the current commitment is solely based on the person
30 being in need of assisted outpatient behavioral health treatment as
31 defined in RCW 71.05.020, a designated crisis responder may initiate
32 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when
33 appropriate. A designated crisis responder or the secretary may, upon
34 their own motion or notification by the facility or agency designated
35 to provide outpatient care to a person subject to a less restrictive
36 alternative treatment order under RCW 71.05.320 subsequent to an
37 order for assisted outpatient behavioral health treatment entered
38 under RCW 71.05.148, order the person to be apprehended and taken
39 into custody and temporary detention for inpatient evaluation in an
40 evaluation and treatment facility (~~(in or near the county in which he~~

1 ~~or she is receiving outpatient treatment if the person is committed~~
2 ~~for mental health treatment, or, if the person is committed for~~
3 ~~substance use disorder treatment)),~~ in a secure withdrawal management
4 and stabilization facility, or in an approved substance use disorder
5 treatment program ~~((if either is available)),~~ in or near the county
6 in which he or she is receiving outpatient treatment. Proceedings
7 under this subsection may be initiated without ordering the
8 apprehension and detention of the person.

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

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

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

31 **Sec. 57.** RCW 71.05.720 and 2018 c 201 s 3029 are each amended to
32 read as follows:

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

1 **Sec. 58.** RCW 71.05.740 and 2019 c 325 s 3012 are each amended to
2 read as follows:

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

15 **Sec. 59.** RCW 71.05.750 and 2019 c 325 s 3013 are each amended to
16 read as follows:

17 (1) A designated crisis responder shall make a report to the
18 authority when he or she determines a person meets detention criteria
19 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
20 not any beds available at an evaluation and treatment facility, the
21 person has not been provisionally accepted for admission by a
22 facility, and the person cannot be served on a single bed
23 certification or less restrictive alternative. Starting at the time
24 when the designated crisis responder determines a person meets
25 detention criteria and the investigation has been completed, the
26 designated crisis responder has twenty-four hours to submit a
27 completed report to the authority.

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

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

31 (b) The identity of the responsible behavioral health
32 administrative services organization and managed care organization,
33 if applicable;

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

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

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

38 (3) The authority shall develop a standardized reporting form or
39 modify the current form used for single bed certifications for the

1 report required under subsection (2) of this section and may require
2 additional reporting elements as it determines are necessary or
3 supportive. The authority shall also determine the method for the
4 transmission of the completed report from the designated crisis
5 responder to the authority.

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

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

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

24 (a) Not licensed or certified as an inpatient evaluation and
25 treatment facility; or

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

28 **Sec. 60.** RCW 9.41.047 and 2019 c 248 s 3 and 2019 c 247 s 3 are
29 each reenacted and amended to read as follows:

30 (1)(a) At the time a person is convicted or found not guilty by
31 reason of insanity of an offense making the person ineligible to
32 possess a firearm, or at the time a person is committed by court
33 order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or
34 chapter 10.77 RCW for mental health treatment, or at the time that
35 charges are dismissed based on incompetency to stand trial under RCW
36 10.77.088 and the court makes a finding that the person has a history
37 of one or more violent acts, the convicting or committing court, or
38 court that dismisses charges, shall notify the person, orally and in
39 writing, that the person must immediately surrender any concealed

1 pistol license and that the person may not possess a firearm unless
2 his or her right to do so is restored by a court of record. For
3 purposes of this section a convicting court includes a court in which
4 a person has been found not guilty by reason of insanity.

5 (b) The court shall forward within three judicial days after
6 conviction, entry of the commitment order, or dismissal of charges, a
7 copy of the person's driver's license or identicard, or comparable
8 information such as their name, address, and date of birth, along
9 with the date of conviction or commitment, or date charges are
10 dismissed, to the department of licensing. When a person is committed
11 by court order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750,
12 or chapter 10.77 RCW, for mental health treatment, or when a person's
13 charges are dismissed based on incompetency to stand trial under RCW
14 10.77.088 and the court makes a finding that the person has a history
15 of one or more violent acts, the court also shall forward, within
16 three judicial days after entry of the commitment order, or dismissal
17 of charges, a copy of the person's driver's license, or comparable
18 information, along with the date of commitment or date charges are
19 dismissed, to the national instant criminal background check system
20 index, denied persons file, created by the federal Brady handgun
21 violence prevention act (P.L. 103-159). The petitioning party shall
22 provide the court with the information required. If more than one
23 commitment order is entered under one cause number, only one
24 notification to the department of licensing and the national instant
25 criminal background check system is required.

26 (2) Upon receipt of the information provided for by subsection
27 (1) of this section, the department of licensing shall determine if
28 the convicted or committed person, or the person whose charges are
29 dismissed based on incompetency to stand trial, has a concealed
30 pistol license. If the person does have a concealed pistol license,
31 the department of licensing shall immediately notify the license-
32 issuing authority which, upon receipt of such notification, shall
33 immediately revoke the license.

34 (3) (a) A person who is prohibited from possessing a firearm, by
35 reason of having been involuntarily committed for mental health
36 treatment under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750,
37 chapter 10.77 RCW, or equivalent statutes of another jurisdiction, or
38 by reason of having been detained under RCW 71.05.150 or 71.05.153,
39 or because the person's charges were dismissed based on incompetency
40 to stand trial under RCW 10.77.088 and the court made a finding that

1 the person has a history of one or more violent acts, may, upon
2 discharge, petition the superior court to have his or her right to
3 possess a firearm restored.

4 (b) The petition must be brought in the superior court that
5 ordered the involuntary commitment or dismissed the charges based on
6 incompetency to stand trial or the superior court of the county in
7 which the petitioner resides.

8 (c) Except as provided in (d) and (e) of this subsection, the
9 court shall restore the petitioner's right to possess a firearm if
10 the petitioner proves by a preponderance of the evidence that:

11 (i) The petitioner is no longer required to participate in court-
12 ordered inpatient or outpatient treatment;

13 (ii) The petitioner has successfully managed the condition
14 related to the commitment or detention or incompetency;

15 (iii) The petitioner no longer presents a substantial danger to
16 himself or herself, or the public; and

17 (iv) The symptoms related to the commitment or detention or
18 incompetency are not reasonably likely to recur.

19 (d) If a preponderance of the evidence in the record supports a
20 finding that the person petitioning the court has engaged in violence
21 and that it is more likely than not that the person will engage in
22 violence after his or her right to possess a firearm is restored, the
23 person shall bear the burden of proving by clear, cogent, and
24 convincing evidence that he or she does not present a substantial
25 danger to the safety of others.

26 (e) If the petitioner seeks restoration after having been
27 detained under RCW 71.05.150 or 71.05.153, the state shall bear the
28 burden of proof to show, by a preponderance of the evidence, that the
29 petitioner does not meet the restoration criteria in (c) of this
30 subsection.

31 (f) When a person's right to possess a firearm has been restored
32 under this subsection, the court shall forward, within three judicial
33 days after entry of the restoration order, notification that the
34 person's right to possess a firearm has been restored to the
35 department of licensing with a copy of the person's driver's license
36 or identicard, or comparable identification such as their name,
37 address, and date of birth, the health care authority, and the
38 national instant criminal background check system index, denied
39 persons file. In the case of a person whose right to possess a
40 firearm has been suspended for six months as provided in RCW

1 71.05.182, the department of licensing shall forward notification of
2 the restoration order to the licensing authority, which, upon receipt
3 of such notification, shall immediately lift the suspension,
4 restoring the license.

5 (4) No person who has been found not guilty by reason of insanity
6 may petition a court for restoration of the right to possess a
7 firearm unless the person meets the requirements for the restoration
8 of the right to possess a firearm under RCW 9.41.040(4).

9 **Sec. 61.** RCW 9.41.049 and 2019 c 247 s 2 are each amended to
10 read as follows:

11 (1) When a designated crisis responder files a petition for
12 initial detention under RCW 71.05.150 or 71.05.153 on the grounds
13 that the person presents a likelihood of serious harm, the petition
14 shall include a copy of the person's driver's license or identicard
15 or comparable information such as their name, address, and date of
16 birth. If the person is not subsequently committed for involuntary
17 treatment under RCW 71.05.240, the court shall forward within three
18 business days of the probable cause hearing a copy of the person's
19 driver's license or identicard, or comparable information, along with
20 the date of release from the facility, to the department of licensing
21 and to the state patrol, who shall forward the information to the
22 national instant criminal background check system index, denied
23 persons file, created by the federal Brady handgun violence
24 prevention act (P.L. 103-159). Upon expiration of the six-month
25 period during which the person's right to possess a firearm is
26 suspended as provided in RCW 71.05.182, the Washington state patrol
27 shall forward to the national instant criminal background check
28 system index, denied persons file, notice that the person's right to
29 possess a firearm has been restored.

30 (2) Upon receipt of the information provided for by subsection
31 (1) of this section, the department of licensing shall determine if
32 the detained person has a concealed pistol license. If the person
33 does have a concealed pistol license, the department of licensing
34 shall immediately notify the license-issuing authority, which, upon
35 receipt of such notification, shall immediately suspend the license
36 for a period of six months from the date of the person's release from
37 the facility.

38 (3) A person who is prohibited from possessing a firearm by
39 reason of having been detained under RCW 71.05.150 or 71.05.153 may,

1 upon discharge, petition the superior court to have his or her right
2 to possess a firearm restored before the six-month suspension period
3 has elapsed by following the procedures provided in RCW 9.41.047(3).

4 **Sec. 62.** RCW 71.34.010 and 2019 c 381 s 1 are each amended to
5 read as follows:

6 (1) It is the purpose of this chapter to assure that minors in
7 need of ~~((mental))~~ behavioral health care and treatment receive an
8 appropriate continuum of culturally relevant care and treatment,
9 including prevention and early intervention, self-directed care,
10 parent-directed care, and involuntary treatment. To facilitate the
11 continuum of care and treatment to minors in out-of-home placements,
12 all divisions of the authority and the department that provide
13 ~~((mental))~~ behavioral health services to minors shall jointly plan
14 and deliver those services.

15 (2) It is also the purpose of this chapter to protect the rights
16 of adolescents to confidentiality and to independently seek services
17 for ~~((mental health and substance use))~~ behavioral health disorders.
18 Mental health and ~~((chemical dependency))~~ substance use disorder
19 professionals shall guard against needless hospitalization and
20 deprivations of liberty, enable treatment decisions to be made in
21 response to clinical needs in accordance with sound professional
22 judgment, and encourage the use of voluntary services. Mental health
23 and ~~((chemical dependency))~~ substance use disorder professionals
24 shall, whenever clinically appropriate, offer less restrictive
25 alternatives to inpatient treatment. Additionally, all ~~((mental))~~
26 behavioral health care and treatment providers shall assure that
27 minors' parents are given an opportunity to participate in the
28 treatment decisions for their minor children. The ~~((mental))~~
29 behavioral health care and treatment providers shall, to the extent
30 possible, offer services that involve minors' parents or family.

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

38 (b) For minors with a prior history or pattern of repeated
39 hospitalizations or law enforcement interventions due to

1 decompensation, the consideration of prior behavioral health history
2 is particularly relevant in determining whether the minor would
3 receive, if released, such care as is essential for his or her health
4 or safety.

5 (c) Therefore, the legislature finds that for minors who are
6 currently under a commitment order, a prior history of decompensation
7 leading to repeated hospitalizations or law enforcement interventions
8 should be given great weight in determining whether a new less
9 restrictive alternative commitment should be ordered. The court must
10 also consider any school behavioral issues, the impact on the family,
11 the safety of other children in the household, and the developmental
12 age of the minor.

13 (4) It is also the purpose of this chapter to protect the health
14 and safety of minors suffering from behavioral health disorders and
15 to protect public safety through use of the parens patriae and police
16 powers of the state. Accordingly, when construing the requirements of
17 this chapter the court must focus on the merits of the petition,
18 except where requirements have been totally disregarded, as provided
19 in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of
20 deciding petitions on their merits furthers both public and private
21 interests because the mental and physical well-being of minors as
22 well as public safety may be implicated by the decision to release a
23 minor and discontinue his or her treatment.

24 (5) It is also the purpose of this chapter to assure the ability
25 of parents to exercise reasonable, compassionate care and control of
26 their minor children when there is a medical necessity for treatment
27 and without the requirement of filing a petition under this chapter,
28 including the ability to request and receive medically necessary
29 treatment for their adolescent children without the consent of the
30 adolescent.

31 **Sec. 63.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,
32 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended
33 to read as follows:

34 Unless the context clearly requires otherwise, the definitions in
35 this section apply throughout this chapter.

36 (1) "Adolescent" means a minor thirteen years of age or older.

37 (2) "Alcoholism" means a disease, characterized by a dependency
38 on alcoholic beverages, loss of control over the amount and
39 circumstances of use, symptoms of tolerance, physiological or

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

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

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

9 (5) "Behavioral health administrative services organization" has
10 the same meaning as provided in RCW 71.24.025.

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

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

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

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

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

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

33 (10) "Department" means the department of social and health
34 services.

35 (11) "Designated crisis responder" has the same meaning as
36 provided in RCW 71.05.020.

37 (12) "Director" means the director of the authority.

38 (13) "Evaluation and treatment facility" means a public or
39 private facility or unit that is licensed or certified by the
40 department of health to provide emergency, inpatient, residential, or

1 outpatient mental health evaluation and treatment services for
2 minors. A physically separate and separately operated portion of a
3 state hospital may be designated as an evaluation and treatment
4 facility for minors. A facility which is part of or operated by the
5 state or federal agency does not require licensure or certification.
6 No correctional institution or facility, juvenile court detention
7 facility, or jail may be an evaluation and treatment facility within
8 the meaning of this chapter.

9 (14) "Evaluation and treatment program" means the total system of
10 services and facilities coordinated and approved by a county or
11 combination of counties for the evaluation and treatment of minors
12 under this chapter.

13 (15) "Gravely disabled minor" means a minor who, as a result of a
14 (~~mental~~) behavioral health disorder (~~(, or as a result of the use of~~
15 ~~alcohol or other psychoactive chemicals)~~), (a) is in danger of
16 serious physical harm resulting from a failure to provide for his or
17 her essential human needs of health or safety, or (b) manifests
18 severe deterioration in routine functioning evidenced by repeated and
19 escalating loss of cognitive or volitional control over his or her
20 actions and is not receiving such care as is essential for his or her
21 health or safety.

22 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
23 health care provided within a general hospital, psychiatric hospital,
24 residential treatment facility licensed or certified by the
25 department of health as an evaluation and treatment facility for
26 minors, secure withdrawal management and stabilization facility for
27 minors, or approved substance use disorder treatment program for
28 minors.

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

32 (18) "Kinship caregiver" has the same meaning as in RCW
33 74.13.031(19) (a).

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

37 (20) "Likelihood of serious harm" means (~~(either)~~):

38 (a) A substantial risk that: (i) Physical harm will be inflicted
39 by (~~(an individual)~~) a minor upon his or her own person, as evidenced
40 by threats or attempts to commit suicide or inflict physical harm on

1 oneself; ~~((b) a substantial risk that))~~ (ii) physical harm will be
2 inflicted by ~~((an individual))~~ a minor upon another individual, as
3 evidenced by behavior which has caused such harm or which places
4 another person or persons in reasonable fear of sustaining such harm;
5 or ~~((c) a substantial risk that))~~ (iii) physical harm will be
6 inflicted by ~~((an individual))~~ a minor upon the property of others,
7 as evidenced by behavior which has caused substantial loss or damage
8 to the property of others; or

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

11 (21) "Managed care organization" has the same meaning as provided
12 in RCW 71.24.025.

13 (22) "Medical necessity" for inpatient care means a requested
14 service which is reasonably calculated to: (a) Diagnose, correct,
15 cure, or alleviate a mental disorder or substance use disorder; or
16 (b) prevent the progression of a mental disorder or substance use
17 disorder that endangers life or causes suffering and pain, or results
18 in illness or infirmity or threatens to cause or aggravate a
19 handicap, or causes physical deformity or malfunction, and there is
20 no adequate less restrictive alternative available.

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

27 (24) "Mental health professional" means a psychiatrist,
28 psychiatric advanced registered nurse practitioner, physician
29 assistant working with a supervising psychiatrist, psychologist,
30 psychiatric nurse, social worker, and such other mental health
31 professionals as defined by rules adopted by the secretary of the
32 department of health under this chapter.

33 (25) "Minor" means any person under the age of eighteen years.

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

37 (27)(a) "Parent" has the same meaning as defined in RCW
38 26.26A.010, including either parent if custody is shared under a
39 joint custody agreement, or a person or agency judicially appointed
40 as legal guardian or custodian of the child.

1 (b) For purposes of family-initiated treatment under RCW
2 71.34.600 through 71.34.670, "parent" also includes a person to whom
3 a parent defined in (a) of this subsection has given a signed
4 authorization to make health care decisions for the adolescent, a
5 stepparent who is involved in caring for the adolescent, a kinship
6 caregiver who is involved in caring for the adolescent, or another
7 relative who is responsible for the health care of the adolescent,
8 who may be required to provide a declaration under penalty of perjury
9 stating that he or she is a relative responsible for the health care
10 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If
11 a dispute arises between individuals authorized to act as a parent
12 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement
13 must be resolved according to the priority established under RCW
14 7.70.065(2) (a).

15 (28) "Physician assistant" means a person licensed as a physician
16 assistant under chapter 18.57A or 18.71A RCW.

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

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

31 (31) "Psychiatric nurse" means a registered nurse who has
32 experience in the direct treatment of persons who have a mental
33 illness or who are emotionally disturbed, such experience gained
34 under the supervision of a mental health professional.

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

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

3 (34) "Public agency" means any evaluation and treatment facility
4 or institution, or hospital, or approved substance use disorder
5 treatment program that is conducted for, or includes a distinct unit,
6 floor, or ward conducted for, the care and treatment of persons with
7 mental illness, substance use disorders, or both mental illness and
8 substance use disorders if the agency is operated directly by
9 federal, state, county, or municipal government, or a combination of
10 such governments.

11 (35) "Responsible other" means the minor, the minor's parent or
12 estate, or any other person legally responsible for support of the
13 minor.

14 (36) "Secretary" means the secretary of the department or
15 secretary's designee.

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

23 (a) Provide the following services:

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

26 (ii) Clinical stabilization services;

27 (iii) Acute or subacute detoxification services for intoxicated
28 individuals; and

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

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

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

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

9 (40) "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 (41) "Substance use disorder professional" means a person
16 certified as a substance use disorder professional by the department
17 of health under chapter 18.205 RCW(~~(, or a person certified as a~~
18 ~~chemical dependency professional trainee under RCW 18.205.095 working~~
19 ~~under the direct supervision of a certified chemical dependency~~
20 ~~professional)~~).

21 (42) "Admission" or "admit" means a decision by a physician,
22 physician assistant, or psychiatric advanced registered nurse
23 practitioner that a minor should be examined or treated as a patient
24 in a hospital.

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

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

32 (45) "Behavioral health disorder" means either a mental disorder
33 as defined in this section, a substance use disorder as defined in
34 this section, or a co-occurring mental disorder and substance use
35 disorder.

36 (46) "Conditional release" means a revocable modification of a
37 commitment, which may be revoked upon violation of any of its terms.

38 (47) "Crisis stabilization unit" means a short-term facility or a
39 portion of a facility licensed or certified by the department of
40 health under RCW 71.24.035, such as a residential treatment facility

1 or a hospital, which has been designed to assess, diagnose, and treat
2 individuals experiencing an acute crisis without the use of long-term
3 hospitalization.

4 (48) "Custody" means involuntary detention under the provisions
5 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
6 unconditional release from commitment from a facility providing
7 involuntary care and treatment.

8 (49) "Detention" or "detain" means the lawful confinement of a
9 person, under the provisions of this chapter.

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

18 (51) "Developmental disability" has the same meaning as defined
19 in RCW 71A.10.020.

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

23 (53) "Habilitative services" means those services provided by
24 program personnel to assist minors in acquiring and maintaining life
25 skills and in raising their levels of physical, behavioral, social,
26 and vocational functioning. Habilitative services include education,
27 training for employment, and therapy.

28 (54) "Hearing" means any proceeding conducted in open court that
29 conforms to the requirements of section 100 of this act.

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

36 (56) "Individualized service plan" means a plan prepared by a
37 developmental disabilities professional with other professionals as a
38 team, for a person with developmental disabilities, which states:

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

1 (b) The conditions and strategies necessary to achieve the
2 purposes of habilitation;

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

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

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

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

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

15 (57) "Judicial commitment" means a commitment by a court pursuant
16 to the provisions of this chapter.

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

21 (59) "Licensed physician" means a person licensed to practice
22 medicine or osteopathic medicine and surgery in the state of
23 Washington.

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

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

31 (62) "Release" means legal termination of the commitment under
32 the provisions of this chapter.

33 (63) "Resource management services" has the meaning given in
34 chapter 71.24 RCW.

35 (64) "Therapeutic court personnel" means the staff of a mental
36 health court or other therapeutic court which has jurisdiction over
37 defendants who are dually diagnosed with mental disorders, including
38 court personnel, probation officers, a court monitor, prosecuting
39 attorney, or defense counsel acting within the scope of therapeutic
40 court duties.

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

14 (66) "Triage facility" means a short-term facility or a portion
15 of a facility licensed or certified by the department of health under
16 RCW 71.24.035, which is designed as a facility to assess and
17 stabilize an individual or determine the need for involuntary
18 commitment of an individual, and must meet department of health
19 residential treatment facility standards. A triage facility may be
20 structured as a voluntary or involuntary placement facility.

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

23 (68) "Written order of apprehension" means an order of the court
24 for a peace officer to deliver the named minor in the order to a
25 facility or emergency room as determined by the designated crisis
26 responder. Such orders must be entered into the Washington crime
27 information center database.

28 **Sec. 64.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,
29 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended
30 to read as follows:

31 Unless the context clearly requires otherwise, the definitions in
32 this section apply throughout this chapter.

33 (1) "Adolescent" means a minor thirteen years of age or older.

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

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

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

6 (5) "Behavioral health administrative services organization" has
7 the same meaning as provided in RCW 71.24.025.

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

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

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

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

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

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

30 (10) "Department" means the department of social and health
31 services.

32 (11) "Designated crisis responder" has the same meaning as
33 provided in RCW 71.05.020.

34 (12) "Director" means the director of the authority.

35 (13) "Evaluation and treatment facility" means a public or
36 private facility or unit that is licensed or certified by the
37 department of health to provide emergency, inpatient, residential, or
38 outpatient mental health evaluation and treatment services for
39 minors. A physically separate and separately operated portion of a
40 state hospital may be designated as an evaluation and treatment

1 facility for minors. A facility which is part of or operated by the
2 state or federal agency does not require licensure or certification.
3 No correctional institution or facility, juvenile court detention
4 facility, or jail may be an evaluation and treatment facility within
5 the meaning of this chapter.

6 (14) "Evaluation and treatment program" means the total system of
7 services and facilities coordinated and approved by a county or
8 combination of counties for the evaluation and treatment of minors
9 under this chapter.

10 (15) "Gravely disabled minor" means a minor who, as a result of a
11 (~~mental~~) behavioral health disorder, (~~or as a result of the use of~~
12 ~~alcohol or other psychoactive chemicals,~~) (a) is in danger of
13 serious physical harm resulting from a failure to provide for his or
14 her essential human needs of health or safety, or (b) manifests
15 severe deterioration (~~in routine functioning~~) from safe behavior
16 evidenced by repeated and escalating loss of cognitive or volitional
17 control over his or her actions and is not receiving such care as is
18 essential for his or her health or safety.

19 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
20 health care provided within a general hospital, psychiatric hospital,
21 residential treatment facility licensed or certified by the
22 department of health as an evaluation and treatment facility for
23 minors, secure withdrawal management and stabilization facility for
24 minors, or approved substance use disorder treatment program for
25 minors.

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

29 (18) "Kinship caregiver" has the same meaning as in RCW
30 74.13.031(19)(a).

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

34 (20) "Likelihood of serious harm" means (~~either~~):

35 (a) A substantial risk that (~~physical~~): (i) Physical harm will
36 be inflicted by (~~an individual~~) a minor upon his or her own person,
37 as evidenced by threats or attempts to commit suicide or inflict
38 physical harm on oneself; (~~(b) a substantial risk that~~) (ii)
39 physical harm will be inflicted by (~~an individual~~) a minor upon
40 another individual, as evidenced by behavior which has caused

1 ((such)) harm, substantial pain, or which places another person or
2 persons in reasonable fear of ((~~sustaining such~~)) harm to themselves
3 or others; or ((~~(c) a substantial risk that~~)) (iii) physical harm
4 will be inflicted by ((~~an individual~~)) a minor upon the property of
5 others, as evidenced by behavior which has caused substantial loss or
6 damage to the property of others; or

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

9 (21) "Managed care organization" has the same meaning as provided
10 in RCW 71.24.025.

11 (22) "Medical necessity" for inpatient care means a requested
12 service which is reasonably calculated to: (a) Diagnose, correct,
13 cure, or alleviate a mental disorder or substance use disorder; or
14 (b) prevent the progression of a mental disorder or substance use
15 disorder that endangers life or causes suffering and pain, or results
16 in illness or infirmity or threatens to cause or aggravate a
17 handicap, or causes physical deformity or malfunction, and there is
18 no adequate less restrictive alternative available.

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

25 (24) "Mental health professional" means a psychiatrist,
26 psychiatric advanced registered nurse practitioner, physician
27 assistant working with a supervising psychiatrist, psychologist,
28 psychiatric nurse, social worker, and such other mental health
29 professionals as defined by rules adopted by the secretary of the
30 department of health under this chapter.

31 (25) "Minor" means any person under the age of eighteen years.

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

35 (27)(a) "Parent" has the same meaning as defined in RCW
36 26.26A.010, including either parent if custody is shared under a
37 joint custody agreement, or a person or agency judicially appointed
38 as legal guardian or custodian of the child.

39 (b) For purposes of family-initiated treatment under RCW
40 71.34.600 through 71.34.670, "parent" also includes a person to whom

1 a parent defined in (a) of this subsection has given a signed
2 authorization to make health care decisions for the adolescent, a
3 stepparent who is involved in caring for the adolescent, a kinship
4 caregiver who is involved in caring for the adolescent, or another
5 relative who is responsible for the health care of the adolescent,
6 who may be required to provide a declaration under penalty of perjury
7 stating that he or she is a relative responsible for the health care
8 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If
9 a dispute arises between individuals authorized to act as a parent
10 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement
11 must be resolved according to the priority established under RCW
12 7.70.065(2) (a).

13 (28) "Physician assistant" means a person licensed as a physician
14 assistant under chapter 18.57A or 18.71A RCW.

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

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

29 (31) "Psychiatric nurse" means a registered nurse who has
30 experience in the direct treatment of persons who have a mental
31 illness or who are emotionally disturbed, such experience gained
32 under the supervision of a mental health professional.

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

38 (33) "Psychologist" means a person licensed as a psychologist
39 under chapter 18.83 RCW.

1 (34) "Public agency" means any evaluation and treatment facility
2 or institution, or hospital, or approved substance use disorder
3 treatment program that is conducted for, or includes a distinct unit,
4 floor, or ward conducted for, the care and treatment of persons with
5 mental illness, substance use disorders, or both mental illness and
6 substance use disorders if the agency is operated directly by
7 federal, state, county, or municipal government, or a combination of
8 such governments.

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

12 (36) "Secretary" means the secretary of the department or
13 secretary's designee.

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

21 (a) Provide the following services:

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

24 (ii) Clinical stabilization services;

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

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

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

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

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

38 (39) "Start of initial detention" means the time of arrival of
39 the minor at the first evaluation and treatment facility, secure
40 withdrawal management and stabilization facility, or approved

1 substance use disorder treatment program offering inpatient treatment
2 if the minor is being involuntarily detained at the time. With regard
3 to voluntary patients, "start of initial detention" means the time at
4 which the minor gives notice of intent to leave under the provisions
5 of this chapter.

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

12 (41) "Substance use disorder professional" means a person
13 certified as a substance use disorder professional by the department
14 of health under chapter 18.205 RCW (~~, or a person certified as a~~
15 ~~chemical dependency professional trainee under RCW 18.205.095 working~~
16 ~~under the direct supervision of a certified chemical dependency~~
17 ~~professional~~).

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

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

26 (44) "Attending staff" means any person on the staff of a public
27 or private agency having responsibility for the care and treatment of
28 a minor patient.

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

33 (46) "Conditional release" means a revocable modification of a
34 commitment, which may be revoked upon violation of any of its terms.

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

1 (48) "Custody" means involuntary detention under the provisions
2 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
3 unconditional release from commitment from a facility providing
4 involuntary care and treatment.

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

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

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

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

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

25 (54) "Hearing" means any proceeding conducted in open court that
26 conforms to the requirements of section 100 of this act.

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

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

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

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

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

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

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

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

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

13 (57) "Judicial commitment" means a commitment by a court pursuant
14 to the provisions of this chapter.

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

19 (59) "Licensed physician" means a person licensed to practice
20 medicine or osteopathic medicine and surgery in the state of
21 Washington.

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

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

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

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

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

38 (65) "Therapeutic court personnel" means the staff of a mental
39 health court or other therapeutic court which has jurisdiction over
40 defendants who are dually diagnosed with mental disorders, including

1 court personnel, probation officers, a court monitor, prosecuting
2 attorney, or defense counsel acting within the scope of therapeutic
3 court duties.

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

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

24 (68) "Violent act" means behavior that resulted in homicide,
25 attempted suicide, injury, or substantial loss or damage to property.

26 (69) "Written order of apprehension" means an order of the court
27 for a peace officer to deliver the named minor in the order to a
28 facility or emergency room as determined by the designated crisis
29 responder. Such orders must be entered into the Washington crime
30 information center database.

31 **Sec. 65.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each
32 amended to read as follows:

33 School district personnel who contact a (~~mental health or~~
34 ~~substance use~~) behavioral health disorder inpatient treatment
35 program or provider for the purpose of referring a student to
36 inpatient treatment shall provide the parents with notice of the
37 contact within forty-eight hours.

1 **Sec. 66.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to
2 read as follows:

3 (1) The superior court has jurisdiction over proceedings under
4 this chapter.

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

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

16 NEW SECTION. **Sec. 67.** A new section is added to chapter 71.34
17 RCW to read as follows:

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

32 **Sec. 68.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to
33 read as follows:

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

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

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

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

4 ((+4)) (d) To have visitors at reasonable times;

5 ((+5)) (e) To have reasonable access to a telephone, both to
6 make and receive confidential calls;

7 ((+6)) (f) To have ready access to letter-writing materials,
8 including stamps, and to send and receive uncensored correspondence
9 through the mails;

10 ((+7)) (g) To discuss treatment plans and decisions with mental
11 health professionals;

12 ((+8)) (h) To have the right to adequate care and individualized
13 treatment;

14 ((+9)) (i) To not be denied access to treatment by spiritual
15 means through prayer in accordance with the tenets and practices of a
16 church or religious denomination in addition to the treatment
17 otherwise proposed;

18 (j) Not to consent to the administration of antipsychotic
19 medications beyond the hearing conducted pursuant to RCW 71.34.750 or
20 the performance of electroconvulsive treatment or surgery, except
21 emergency lifesaving surgery, upon him or her, ((and not to have
22 electro-convulsive treatment or nonemergency surgery in such
23 circumstance)) unless ordered by a court ((pursuant to a judicial
24 hearing in which the minor is present and represented by counsel, and
25 the court shall appoint a psychiatrist, physician assistant,
26 psychologist, psychiatric advanced registered nurse practitioner, or
27 physician designated by the minor or the minor's counsel to testify
28 on behalf of the minor)) under procedures described in RCW

29 71.05.217(1)(j). The minor's parent may exercise this right on the
30 minor's behalf, and must be informed of any impending treatment;

31 ((+10)) (k) Not to have psychosurgery performed on him or her
32 under any circumstances.

33 (2)(a) Privileges between minors and physicians, physician
34 assistants, psychologists, or psychiatric advanced registered nurse
35 practitioners are deemed waived in proceedings under this chapter
36 relating to the administration of antipsychotic medications. As to
37 other proceedings under this chapter, the privileges are waived when
38 a court of competent jurisdiction in its discretion determines that
39 such waiver is necessary to protect either the detained minor or the
40 public.

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

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

13 (3) No minor may be presumed incompetent as a consequence of
14 receiving an evaluation or voluntary or involuntary treatment for a
15 mental disorder or substance use disorder, under this chapter or any
16 prior laws of this state dealing with mental illness or substance use
17 disorders.

18 NEW SECTION. Sec. 69. A new section is added to chapter 71.34
19 RCW to read as follows:

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

34 **Sec. 70.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to
35 read as follows:

36 (1) If a minor is not accepted for admission or is released by an
37 inpatient evaluation and treatment facility, the facility shall
38 release the minor to the custody of the minor's parent or other

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

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

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

21 **Sec. 71.** RCW 71.34.410 and 2019 c 446 s 27 are each amended to
22 read as follows:

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

38 (2) This section does not relieve a person from giving the
39 required duty to warn or to take reasonable precautions to provide

1 protection from violent behavior where the minor has communicated an
2 actual threat of physical violence against a reasonably identifiable
3 victim or victims. The duty to warn or to take reasonable precautions
4 to provide protection from violent behavior is discharged if
5 reasonable efforts are made to communicate the threat to the victim
6 or victims and to law enforcement personnel.

7 **Sec. 72.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to
8 read as follows:

9 (1) The authority may use a single bed certification process as
10 outlined in rule to provide additional treatment capacity for a minor
11 suffering from a mental disorder for whom an evaluation and treatment
12 facility, secure withdrawal management and stabilization facility, or
13 approved substance use disorder treatment program bed is not
14 available. The facility that is the proposed site of the single bed
15 certification must be a facility that is willing and able to provide
16 the person with timely and appropriate treatment either directly or
17 by arrangement with other public or private agencies.

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

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

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

30 NEW SECTION. **Sec. 73.** A new section is added to chapter 71.34
31 RCW to read as follows:

32 Nothing in this chapter shall prohibit the professional person in
33 charge of a treatment facility, or his or her professional designee,
34 from permitting a minor detained for intensive treatment to leave the
35 facility for prescribed periods during the term of the minor's
36 detention, under such conditions as may be appropriate.

1 **Sec. 74.** RCW 71.34.500 and 2019 c 381 s 3 are each amended to
2 read as follows:

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

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

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

24 **Sec. 75.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7
25 are each reenacted and amended to read as follows:

26 (1) A parent may bring, or authorize the bringing of, his or her
27 adolescent child to:

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

33 (b) A secure withdrawal management and stabilization facility or
34 approved substance use disorder treatment program and request that a
35 substance use disorder assessment be conducted by a professional
36 person to determine whether the adolescent has a substance use
37 disorder and is in need of inpatient treatment.

38 (2) The consent of the adolescent is not required for admission,
39 evaluation, and treatment if a parent provides consent.

1 (3) An appropriately trained professional person may evaluate
2 whether the adolescent has a (~~mental disorder or has a substance~~
3 ~~use~~) behavioral health disorder. The evaluation shall be completed
4 within twenty-four hours of the time the adolescent was brought to
5 the facility, unless the professional person determines that the
6 condition of the adolescent necessitates additional time for
7 evaluation. In no event shall an adolescent be held longer than
8 seventy-two hours for evaluation. If, in the judgment of the
9 professional person, it is determined it is a medical necessity for
10 the adolescent to receive inpatient treatment, the adolescent may be
11 held for treatment. The facility shall limit treatment to that which
12 the professional person determines is medically necessary to
13 stabilize the adolescent's condition until the evaluation has been
14 completed. Within twenty-four hours of completion of the evaluation,
15 the professional person shall notify the authority if the adolescent
16 is held solely for mental health and not substance use disorder
17 treatment and of the date of admission. If the adolescent is held for
18 substance use disorder treatment only, the professional person shall
19 provide notice to the authority which redacts all patient identifying
20 information about the adolescent unless: (a) The adolescent provides
21 written consent to the disclosure of the fact of admission and such
22 other substance use disorder treatment information in the notice; or
23 (b) permitted by federal law.

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

30 (5) No adolescent receiving inpatient treatment under this
31 section may be discharged from the facility based solely on his or
32 her request.

33 (6) Prior to the review conducted under RCW 71.34.610, the
34 professional person shall notify the adolescent of his or her right
35 to petition superior court for release from the facility.

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

38 **Sec. 76.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7
39 are each reenacted and amended to read as follows:

1 (1) A parent may bring, or authorize the bringing of, his or her
2 adolescent child to:

3 (a) An evaluation and treatment facility or an inpatient facility
4 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that
5 the professional person examine the adolescent to determine whether
6 the adolescent has a mental disorder and is in need of inpatient
7 treatment; or

8 (b) A secure withdrawal management and stabilization facility or
9 approved substance use disorder treatment program and request that a
10 substance use disorder assessment be conducted by a professional
11 person to determine whether the adolescent has a substance use
12 disorder and is in need of inpatient treatment.

13 (2) The consent of the adolescent is not required for admission,
14 evaluation, and treatment if a parent provides consent.

15 (3) An appropriately trained professional person may evaluate
16 whether the adolescent has a (~~mental disorder or has a substance~~
17 ~~use~~) behavioral health disorder. The evaluation shall be completed
18 within twenty-four hours of the time the adolescent was brought to
19 the facility, unless the professional person determines that the
20 condition of the adolescent necessitates additional time for
21 evaluation. In no event shall an adolescent be held longer than
22 (~~seventy-two~~) one hundred twenty hours for evaluation. If, in the
23 judgment of the professional person, it is determined it is a medical
24 necessity for the adolescent to receive inpatient treatment, the
25 adolescent may be held for treatment. The facility shall limit
26 treatment to that which the professional person determines is
27 medically necessary to stabilize the adolescent's condition until the
28 evaluation has been completed. Within twenty-four hours of completion
29 of the evaluation, the professional person shall notify the authority
30 if the adolescent is held solely for mental health and not substance
31 use disorder treatment and of the date of admission. If the
32 adolescent is held for substance use disorder treatment only, the
33 professional person shall provide notice to the authority which
34 redacts all patient identifying information about the adolescent
35 unless: (a) The adolescent provides written consent to the disclosure
36 of the fact of admission and such other substance use disorder
37 treatment information in the notice; or (b) permitted by federal law.

38 (4) No provider is obligated to provide treatment to an
39 adolescent under the provisions of this section except that no
40 provider may refuse to treat an adolescent under the provisions of

1 this section solely on the basis that the adolescent has not
2 consented to the treatment. No provider may admit an adolescent to
3 treatment under this section unless it is medically necessary.

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

7 (6) Prior to the review conducted under RCW 71.34.610, the
8 professional person shall notify the adolescent of his or her right
9 to petition superior court for release from the facility.

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

12 **Sec. 77.** RCW 71.34.650 and 2019 c 381 s 12 are each amended to
13 read as follows:

14 (1) A parent may bring, or authorize the bringing of, his or her
15 adolescent child to(~~(÷~~

16 ~~(a))~~ a provider of outpatient (~~(mental)~~) behavioral health
17 treatment and request that an appropriately trained professional
18 person examine the adolescent to determine whether the adolescent has
19 a (~~(mental)~~) behavioral health disorder and is in need of outpatient
20 treatment(~~(÷~~or

21 ~~(b) A provider of outpatient substance use disorder treatment and~~
22 ~~request that an appropriately trained professional person examine the~~
23 ~~adolescent to determine whether the adolescent has a substance use~~
24 ~~disorder and is in need of outpatient treatment)).~~

25 (2) The consent of the adolescent is not required for evaluation
26 if a parent provides consent.

27 (3) The professional person may evaluate whether the adolescent
28 has a (~~(mental disorder or substance use)~~) behavioral health disorder
29 and is in need of outpatient treatment.

30 (4) If a determination is made by a professional person under
31 this section that an adolescent is in need of outpatient (~~(mental~~
32 ~~health or substance use)~~) behavioral health disorder treatment, a
33 parent of an adolescent may request and receive such outpatient
34 treatment for his or her adolescent without the consent of the
35 adolescent for up to twelve outpatient sessions occurring within a
36 three-month period.

37 (5) Following the treatment periods under subsection (4) of this
38 section, an adolescent must provide his or her consent for further
39 treatment with that specific professional person.

1 (6) If a determination is made by a professional person under
2 this section that an adolescent is in need of treatment in a less
3 restrictive setting, including partial hospitalization or intensive
4 outpatient treatment, a parent of an adolescent may request and
5 receive such treatment for his or her adolescent without the consent
6 of the adolescent.

7 (a) A professional person providing solely mental health
8 treatment to an adolescent under this subsection (6) must convene a
9 treatment review at least every thirty days after treatment begins
10 that includes the adolescent, parent, and other treatment team
11 members as appropriate to determine whether continued care under this
12 subsection is medically necessary.

13 (b) A professional person providing solely mental health
14 treatment to an adolescent under this subsection (6) shall provide
15 notification of the adolescent's treatment to an independent reviewer
16 at the authority within twenty-four hours of the adolescent's first
17 receipt of treatment under this subsection. At least every forty-five
18 days after the adolescent's first receipt of treatment under this
19 subsection, the authority shall conduct a review to determine whether
20 the current level of treatment is medically necessary.

21 (c) A professional person providing substance use disorder
22 treatment under this subsection (6) shall convene a treatment review
23 under (a) of this subsection and provide the notification of the
24 adolescent's receipt of treatment to an independent reviewer at the
25 authority as described in (b) of this subsection only if: (i) The
26 adolescent provides written consent to the disclosure of substance
27 use disorder treatment information including the fact of his or her
28 receipt of such treatment; or (ii) permitted by federal law.

29 (7) Any adolescent admitted to inpatient treatment under RCW
30 71.34.500 or 71.34.600 shall be discharged immediately from inpatient
31 treatment upon written request of the parent.

32 **Sec. 78.** RCW 71.34.700 and 2019 c 446 s 30 and 2019 c 381 s 14
33 are each reenacted and amended to read as follows:

34 (1) If an adolescent is brought to an evaluation and treatment
35 facility, secure withdrawal management and stabilization facility
36 with available space, approved substance use disorder treatment
37 program with available space, or hospital emergency room for
38 immediate (~~mental~~) behavioral health services, the professional
39 person in charge of the facility shall evaluate the adolescent's

1 ((mental)) condition, determine whether the adolescent suffers from a
2 ((mental)) behavioral health disorder, and whether the adolescent is
3 in need of immediate inpatient treatment.

4 (2) (~~If an adolescent is brought to a secure withdrawal~~
5 ~~management and stabilization facility with available space, or a~~
6 ~~hospital emergency room for immediate substance use disorder~~
7 ~~treatment, the professional person in charge of the facility shall~~
8 ~~evaluate the adolescent's condition, determine whether the adolescent~~
9 ~~suffers from a substance use disorder, and whether the adolescent is~~
10 ~~in need of immediate inpatient treatment.~~

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

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

28 **Sec. 79.** RCW 71.34.700 and 2019 c 446 s 31 and 2019 c 381 s 15
29 are each reenacted and amended to read as follows:

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

38 (2) (~~If an adolescent is brought to a secure withdrawal~~
39 ~~management and stabilization facility or a hospital emergency room~~

1 ~~for immediate substance use disorder treatment, the professional~~
2 ~~person in charge of the facility shall evaluate the adolescent's~~
3 ~~condition, determine whether the adolescent suffers from a substance~~
4 ~~use disorder, and whether the adolescent is in need of immediate~~
5 ~~inpatient treatment.~~

6 ~~(3))~~ If it is determined under subsection (1) (~~(or (2))~~) of this
7 section that the adolescent suffers from a (~~mental disorder or~~
8 ~~substance use~~) behavioral health disorder, inpatient treatment is
9 required, the adolescent is unwilling to consent to voluntary
10 admission, and the professional person believes that the adolescent
11 meets the criteria for initial detention (~~set forth herein~~), the
12 facility may detain or arrange for the detention of the adolescent
13 for up to twelve hours, not including time periods prior to medical
14 clearance, in order to enable a designated crisis responder to
15 evaluate the adolescent and commence initial detention proceedings
16 under the provisions of this chapter.

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

23 NEW SECTION. Sec. 80. A new section is added to chapter 71.34
24 RCW to read as follows:

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

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

31 (b) Prior commitments under this chapter.

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

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

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

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

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

12 (c) Without treatment, the continued deterioration of the minor
13 is probable.

14 NEW SECTION. **Sec. 81.** A new section is added to chapter 71.34
15 RCW to read as follows:

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

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

22 (b) Prior commitments under this chapter.

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

32 (3) Symptoms and behavior of the minor which standing alone would
33 not justify civil commitment may support a finding of grave
34 disability or likelihood of serious harm, 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 minor; and

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

5 **Sec. 82.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16
6 are each reenacted and amended to read as follows:

7 (1)(a) ~~((i))~~ When a designated crisis responder receives
8 information that an adolescent as a result of a ~~((mental))~~ behavioral
9 health disorder presents a likelihood of serious harm or is gravely
10 disabled, has investigated the specific facts alleged and of the
11 credibility of the person or persons providing the information, and
12 has determined that voluntary admission for inpatient treatment is
13 not possible, the designated crisis responder may take the
14 adolescent, or cause the adolescent to be taken, into custody and
15 transported to an evaluation and treatment facility, secure
16 withdrawal management and stabilization facility, or approved
17 substance use disorder treatment program providing inpatient
18 treatment.

19 ~~((ii) When a designated crisis responder receives information~~
20 ~~that an adolescent as a result of a substance use disorder presents a~~
21 ~~likelihood of serious harm or is gravely disabled, has investigated~~
22 ~~the specific facts alleged and of the credibility of the person or~~
23 ~~persons providing the information, and has determined that voluntary~~
24 ~~admission for inpatient treatment is not possible, the designated~~
25 ~~crisis responder may take the adolescent, or cause the adolescent to~~
26 ~~be taken, into custody and transported to a secure withdrawal~~
27 ~~management and stabilization facility or approved substance use~~
28 ~~disorder treatment program, if))~~ A secure withdrawal management and
29 stabilization facility or approved substance use disorder treatment
30 program ~~((is))~~ must be available and ~~((has))~~ have adequate space for
31 the adolescent.

32 (b) ~~If ((the adolescent is not taken into custody for evaluation~~
33 ~~and treatment, the parent who has custody of the adolescent may seek~~
34 ~~review of that decision made by the designated crisis responder in~~
35 ~~court. The parent shall file notice with the court and provide a copy~~
36 ~~of the designated crisis responder's report or notes))~~ a designated
37 crisis responder decides not to detain an adolescent for evaluation
38 and treatment under RCW 71.34.700(2), or forty-eight hours have
39 elapsed since a designated crisis responder received a request for

1 investigation and the designated crisis responder has not taken
2 action to have the adolescent detained, an immediate family member or
3 guardian or conservator of the adolescent may petition the superior
4 court for the adolescent's detention using the procedures under RCW
5 71.05.201 and 71.05.203; however, when the court enters an order of
6 initial detention, except as otherwise expressly stated in this
7 chapter, all procedures must be followed as if the order has been
8 entered under (a) of this subsection.

9 (2)(a) Within twelve hours of the adolescent's arrival at the
10 evaluation and treatment facility, secure withdrawal management and
11 stabilization facility, or approved substance use disorder treatment
12 program, the designated crisis responder shall serve on the
13 adolescent a copy of the petition for initial detention, notice of
14 initial detention, and statement of rights. The designated crisis
15 responder shall file with the court on the next judicial day
16 following the initial detention the original petition for initial
17 detention, notice of initial detention, and statement of rights along
18 with an affidavit of service. The designated crisis responder shall
19 commence service of the petition for initial detention and notice of
20 the initial detention on the adolescent's parent and the adolescent's
21 attorney as soon as possible following the initial detention.

22 (b) If the adolescent is involuntarily detained at an evaluation
23 and treatment facility, secure withdrawal management and
24 stabilization facility, or approved substance use disorder treatment
25 program in a different county from where the adolescent was initially
26 detained, the facility or program may serve the adolescent, notify
27 the adolescent's parents and the adolescent's attorney, and file with
28 the court on the next judicial day following the initial detention
29 the original petition for initial detention, notice of initial
30 detention, and statement of rights along with an affidavit of service
31 when filing with the court at the request of the designated crisis
32 responder.

33 (3)(a) At the time of initial detention, the designated crisis
34 responder shall advise the adolescent both orally and in writing that
35 if admitted to the evaluation and treatment facility, secure
36 withdrawal management and stabilization facility, or approved
37 substance use disorder treatment program for inpatient treatment, a
38 commitment hearing shall be held within seventy-two hours of the
39 adolescent's provisional acceptance to determine whether probable
40 cause exists to commit the adolescent for further treatment.

1 **(b)** The adolescent shall be advised that he or she has a right to
2 communicate immediately with an attorney and that he or she has a
3 right to have an attorney appointed to represent him or her before
4 and at the hearing if the adolescent is indigent.

5 (4) Subject to subsection (5) of this section, whenever the
6 designated crisis responder petitions for detention of an adolescent
7 under this chapter, an evaluation and treatment facility, secure
8 withdrawal management and stabilization facility, or approved
9 substance use disorder treatment program providing seventy-two hour
10 evaluation and treatment must immediately accept on a provisional
11 basis the petition and the person. Within twenty-four hours of the
12 adolescent's arrival, the facility must evaluate the adolescent's
13 condition and either admit or release the adolescent in accordance
14 with this chapter.

15 (5) A designated crisis responder may not petition for detention
16 of an adolescent to a secure withdrawal management and stabilization
17 facility or approved substance use disorder treatment program unless
18 there is a secure withdrawal management and stabilization facility or
19 approved substance use disorder treatment program available and that
20 has adequate space for the adolescent.

21 (6) If an adolescent is not approved for admission by the
22 inpatient evaluation and treatment facility, secure withdrawal
23 management and stabilization facility, or approved substance use
24 disorder treatment program, the facility shall make such
25 recommendations and referrals for further care and treatment of the
26 adolescent as necessary.

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

33 **Sec. 83.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16
34 are each reenacted and amended to read as follows:

35 (1) (a) (~~(i)~~) When a designated crisis responder receives
36 information that an adolescent as a result of a (~~mental~~) behavioral
37 health disorder presents a likelihood of serious harm or is gravely
38 disabled, has investigated the specific facts alleged and of the
39 credibility of the person or persons providing the information, and

1 has determined that voluntary admission for inpatient treatment is
2 not possible, the designated crisis responder may take the
3 adolescent, or cause the adolescent to be taken, into custody and
4 transported to an evaluation and treatment facility, secure
5 withdrawal management and stabilization facility, or approved
6 substance use disorder treatment program providing inpatient
7 treatment.

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

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

37 (2) (a) Within twelve hours of the adolescent's arrival at the
38 evaluation and treatment facility, secure withdrawal management and
39 stabilization facility, or approved substance use disorder treatment
40 program, the designated crisis responder shall serve on the

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

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

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

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

34 (4) Subject to subsection (5) of this section, whenever the
35 designated crisis responder petitions for detention of an adolescent
36 under this chapter, an evaluation and treatment facility, secure
37 withdrawal management and stabilization facility, or approved
38 substance use disorder treatment program providing (~~seventy-two~~)
39 one hundred twenty hour evaluation and treatment must immediately
40 accept on a provisional basis the petition and the person. Within

1 twenty-four hours of the adolescent's arrival, the facility must
2 evaluate the adolescent's condition and either admit or release the
3 adolescent in accordance with this chapter.

4 (5) A designated crisis responder may not petition for detention
5 of an adolescent to a secure withdrawal management and stabilization
6 facility or approved substance use disorder treatment program unless
7 there is a secure withdrawal management and stabilization facility or
8 approved substance use disorder treatment program available and that
9 has adequate space for the adolescent.

10 (6) If an adolescent is not approved for admission by the
11 inpatient evaluation and treatment facility, secure withdrawal
12 management and stabilization facility, or approved substance use
13 disorder treatment program, the facility shall make such
14 recommendations and referrals for further care and treatment of the
15 adolescent as necessary.

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

22 **Sec. 84.** RCW 71.34.710 and 2019 c 446 s 33 and 2019 c 381 s 17
23 are each reenacted and amended to read as follows:

24 (1) (a) ~~((i))~~ When a designated crisis responder receives
25 information that an adolescent as a result of a ~~((mental))~~ behavioral
26 health disorder presents a likelihood of serious harm or is gravely
27 disabled, has investigated the specific facts alleged and of the
28 credibility of the person or persons providing the information, and
29 has determined that voluntary admission for inpatient treatment is
30 not possible, the designated crisis responder may take the
31 adolescent, or cause the adolescent to be taken, into custody and
32 transported to an evaluation and treatment facility, secure
33 withdrawal management and stabilization facility, or approved
34 substance use disorder treatment program providing inpatient
35 treatment.

36 ~~((ii))~~ When a designated crisis responder receives information
37 that an adolescent as a result of a substance use disorder presents a
38 likelihood of serious harm or is gravely disabled, has investigated
39 the specific facts alleged and of the credibility of the person or

1 ~~persons providing the information, and has determined that voluntary~~
2 ~~admission for inpatient treatment is not possible, the designated~~
3 ~~crisis responder may take the adolescent, or cause the adolescent to~~
4 ~~be taken, into custody and transported to a secure withdrawal~~
5 ~~management and stabilization facility or approved substance use~~
6 ~~disorder treatment program.)~~)

7 (b) If ~~((the adolescent is not taken into custody for evaluation~~
8 ~~and treatment, the parent who has custody of the adolescent may seek~~
9 ~~review of that decision made by the designated crisis responder in~~
10 ~~court. The parent shall file notice with the court and provide a copy~~
11 ~~of the designated crisis responder's report or notes))~~ a designated
12 crisis responder decides not to detain an adolescent for evaluation
13 and treatment under RCW 71.34.700(2), or forty-eight hours have
14 elapsed since a designated crisis responder received a request for
15 investigation and the designated crisis responder has not taken
16 action to have the adolescent detained, an immediate family member or
17 guardian or conservator of the adolescent may petition the superior
18 court for the adolescent's detention using the procedures under RCW
19 71.05.201 and 71.05.203; however, when the court enters an order of
20 initial detention, except as otherwise expressly stated in this
21 chapter, all procedures must be followed as if the order has been
22 entered under (a) of this subsection.

23 (2)(a) Within twelve hours of the adolescent's arrival at the
24 evaluation and treatment facility, secure withdrawal management and
25 stabilization facility, or approved substance use disorder treatment
26 program, the designated crisis responder shall serve on the
27 adolescent a copy of the petition for initial detention, notice of
28 initial detention, and statement of rights. The designated crisis
29 responder shall file with the court on the next judicial day
30 following the initial detention the original petition for initial
31 detention, notice of initial detention, and statement of rights along
32 with an affidavit of service. The designated crisis responder shall
33 commence service of the petition for initial detention and notice of
34 the initial detention on the adolescent's parent and the adolescent's
35 attorney as soon as possible following the initial detention.

36 (b) If the adolescent is involuntarily detained at an evaluation
37 and treatment facility, secure withdrawal management and
38 stabilization facility, or approved substance use disorder treatment
39 program in a different county from where the adolescent was initially
40 detained, the facility or program may serve the adolescent, notify

1 the adolescent's parents and the adolescent's attorney, and file with
2 the court on the next judicial day following the initial detention
3 the original petition for initial detention, notice of initial
4 detention, and statement of rights along with an affidavit of service
5 when filing with the court at the request of the designated crisis
6 responder.

7 (3)(a) At the time of initial detention, the designated crisis
8 responder shall advise the adolescent both orally and in writing that
9 if admitted to the evaluation and treatment facility, secure
10 withdrawal management and stabilization facility, or approved
11 substance use disorder treatment program for inpatient treatment, a
12 commitment hearing shall be held within (~~seventy-two~~) one hundred
13 twenty hours of the adolescent's provisional acceptance to determine
14 whether probable cause exists to commit the adolescent for further
15 treatment.

16 (b) The adolescent shall be advised that he or she has a right to
17 communicate immediately with an attorney and that he or she has a
18 right to have an attorney appointed to represent him or her before
19 and at the hearing if the adolescent is indigent.

20 (4) Whenever the designated crisis responder petitions for
21 detention of an adolescent under this chapter, an evaluation and
22 treatment facility, secure withdrawal management and stabilization
23 facility, or approved substance use disorder treatment program
24 providing (~~seventy-two~~) one hundred twenty hour evaluation and
25 treatment must immediately accept on a provisional basis the petition
26 and the person. Within twenty-four hours of the adolescent's arrival,
27 the facility must evaluate the adolescent's condition and either
28 admit or release the adolescent in accordance with this chapter.

29 (5) If an adolescent is not approved for admission by the
30 inpatient evaluation and treatment facility, secure withdrawal
31 management and stabilization facility, or approved substance use
32 disorder treatment program, the facility shall make such
33 recommendations and referrals for further care and treatment of the
34 adolescent as necessary.

35 (6) Dismissal of a commitment petition is not the appropriate
36 remedy for a violation of the timeliness requirements of this
37 section, based on the purpose of this chapter under RCW 71.34.010,
38 except in the few cases where the facility staff or the designated
39 crisis responder have totally disregarded the requirements of this
40 section.

1 **Sec. 85.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18
2 are each reenacted and amended to 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 substance use disorder professional or co-occurring disorder
7 specialist, for minors admitted as a result of a substance use
8 disorder, as to the child's mental condition and by a physician,
9 physician assistant, or psychiatric advanced registered nurse
10 practitioner as to the child's physical condition within twenty-four
11 hours of admission. Reasonable measures shall be taken to ensure
12 medical treatment is provided for any condition requiring immediate
13 medical attention.

14 (2) If, after examination and evaluation, the children's mental
15 health specialist or substance use disorder specialist and the
16 physician, physician assistant, or psychiatric advanced registered
17 nurse practitioner determine that the initial needs of the minor, if
18 detained to an evaluation and treatment facility, would be better
19 served by placement in a substance use disorder treatment program or,
20 if detained to a secure withdrawal management and stabilization
21 facility or approved substance use disorder treatment program, would
22 be better served in an evaluation and treatment facility, then the
23 minor shall be referred to the more appropriate placement; however a
24 minor may only be referred to a secure withdrawal management and
25 stabilization facility or approved substance use disorder treatment
26 program if there is a secure withdrawal management and stabilization
27 facility or approved substance use disorder treatment program
28 available and that has adequate space for the minor.

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

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

1 (5) If the evaluation and treatment facility, secure withdrawal
2 management and stabilization facility, or approved substance use
3 disorder treatment program admits the minor, it may detain the minor
4 for evaluation and treatment for a period not to exceed seventy-two
5 hours from the time of provisional acceptance. The computation of
6 such seventy-two hour period shall exclude Saturdays, Sundays, and
7 holidays. This initial treatment period shall not exceed seventy-two
8 hours except when an application for voluntary inpatient treatment is
9 received or a petition for fourteen-day commitment is filed.

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

12 **Sec. 86.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18
13 are each reenacted and amended to read as follows:

14 (1) Each minor approved by the facility for inpatient admission
15 shall be examined and evaluated by a children's mental health
16 specialist, for minors admitted as a result of a mental disorder, or
17 by a substance use disorder professional or co-occurring disorder
18 specialist, for minors admitted as a result of a substance use
19 disorder, as to the child's mental condition and by a physician,
20 physician assistant, or psychiatric advanced registered nurse
21 practitioner as to the child's physical condition within twenty-four
22 hours of admission. Reasonable measures shall be taken to ensure
23 medical treatment is provided for any condition requiring immediate
24 medical attention.

25 (2) If, after examination and evaluation, the children's mental
26 health specialist or substance use disorder specialist and the
27 physician, physician assistant, or psychiatric advanced registered
28 nurse practitioner determine that the initial needs of the minor, if
29 detained to an evaluation and treatment facility, would be better
30 served by placement in a substance use disorder treatment program or,
31 if detained to a secure withdrawal management and stabilization
32 facility or approved substance use disorder treatment program, would
33 be better served in an evaluation and treatment facility, then the
34 minor shall be referred to the more appropriate placement; however a
35 minor may only be referred to a secure withdrawal management and
36 stabilization facility or approved substance use disorder treatment
37 program if there is a secure withdrawal management and stabilization
38 facility or approved substance use disorder treatment program
39 available and that has adequate space for the minor.

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

3 (4) During the initial (~~(seventy-two)~~) one hundred twenty hour
4 treatment period, the minor has a right to associate or receive
5 communications from parents or others unless the professional person
6 in charge determines that such communication would be seriously
7 detrimental to the minor's condition or treatment and so indicates in
8 the minor's clinical record, and notifies the minor's parents of this
9 determination. (~~(In no event may the minor)~~) A minor must not be
10 denied the opportunity to consult an attorney unless there is an
11 immediate risk of harm to the minor or others.

12 (5) If the evaluation and treatment facility, secure withdrawal
13 management and stabilization facility, or approved substance use
14 disorder treatment program admits the minor, it may detain the minor
15 for evaluation and treatment for a period not to exceed (~~(seventy-~~
16 ~~two)~~) one hundred twenty hours from the time of provisional
17 acceptance. The computation of such (~~(seventy-two)~~) one hundred
18 twenty hour period shall exclude Saturdays, Sundays, and holidays.
19 This initial treatment period shall not exceed (~~(seventy-two)~~) one
20 hundred twenty hours except when an application for voluntary
21 inpatient treatment is received or a petition for fourteen-day
22 commitment is filed.

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

25 **Sec. 87.** RCW 71.34.720 and 2019 c 446 s 35 and 2019 c 444 s 19
26 are each reenacted and amended to read as follows:

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

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

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

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

11 (4) During the initial (~~(seventy-two)~~) one hundred twenty hour
12 treatment period, the minor has a right to associate or receive
13 communications from parents or others unless the professional person
14 in charge determines that such communication would be seriously
15 detrimental to the minor's condition or treatment and so indicates in
16 the minor's clinical record, and notifies the minor's parents of this
17 determination. (~~(In no event may the minor)~~) A minor must not be
18 denied the opportunity to consult an attorney unless there is an
19 immediate risk of harm to the minor or others.

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

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

33 **Sec. 88.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to
34 read as follows:

35 (1) The professional person in charge of an evaluation and
36 treatment facility, secure withdrawal management and stabilization
37 facility, or approved substance use disorder treatment program where
38 a minor has been admitted involuntarily for the initial seventy-two
39 hour treatment period under this chapter may petition to have a minor

1 committed to an evaluation and treatment facility (~~or, in the case~~
2 ~~of a minor with a substance use disorder, to~~), a secure withdrawal
3 management and stabilization facility, or an approved substance use
4 disorder treatment program for fourteen-day diagnosis, evaluation,
5 and treatment.

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

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

14 (a) A petition for a fourteen-day commitment shall be signed by:

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

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

19 (b) If the petition is for substance use disorder treatment, the
20 petition may be signed by a (~~chemical dependency~~) substance use
21 disorder professional instead of a mental health professional and by
22 an advanced registered nurse practitioner instead of a psychiatric
23 advanced registered nurse practitioner. The person signing the
24 petition must have examined the minor, and the petition must contain
25 the following:

26 (i) The name and address of the petitioner;

27 (ii) The name of the minor alleged to meet the criteria for
28 fourteen-day commitment;

29 (iii) The name, telephone number, and address if known of every
30 person believed by the petitioner to be legally responsible for the
31 minor;

32 (iv) A statement that the petitioner has examined the minor and
33 finds that the minor's condition meets required criteria for
34 fourteen-day commitment and the supporting facts therefor;

35 (v) A statement that the minor has been advised of the need for
36 voluntary treatment but has been unwilling or unable to consent to
37 necessary treatment;

38 (vi) If the petition is for mental health treatment, a statement
39 that the minor has been advised of the loss of firearm rights if
40 involuntarily committed;

1 (vii) A statement recommending the appropriate facility or
2 facilities to provide the necessary treatment; and

3 (viii) A statement concerning whether a less restrictive
4 alternative to inpatient treatment is in the best interests of the
5 minor.

6 (c) A copy of the petition shall be personally ~~((delivered to))~~
7 served on the minor by the petitioner or petitioner's designee. A
8 copy of the petition shall be ~~((sent))~~ provided to the minor's
9 attorney and the minor's parent.

10 **Sec. 89.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to
11 read as follows:

12 (1) The professional person in charge of an evaluation and
13 treatment facility, secure withdrawal management and stabilization
14 facility, or approved substance use disorder treatment program where
15 a minor has been admitted involuntarily for the initial ~~((seventy-
16 two))~~ one hundred twenty hour treatment period under this chapter may
17 petition to have a minor committed to an evaluation and treatment
18 facility ~~((or, in the case of a minor with a substance use disorder,
19 to))~~, a secure withdrawal management and stabilization facility, or
20 an approved substance use disorder treatment program for fourteen-day
21 diagnosis, evaluation, and treatment.

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

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

30 (a) A petition for a fourteen-day commitment shall be signed by:

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

33 (ii) One physician, physician assistant, psychiatric advanced
34 registered nurse practitioner, or mental health professional.

35 (b) If the petition is for substance use disorder treatment, the
36 petition may be signed by a ~~((chemical dependency))~~ substance use
37 disorder professional instead of a mental health professional and by
38 an advanced registered nurse practitioner instead of a psychiatric
39 advanced registered nurse practitioner. The person signing the

1 petition must have examined the minor, and the petition must contain
2 the following:

3 (i) The name and address of the petitioner;

4 (ii) The name of the minor alleged to meet the criteria for
5 fourteen-day commitment;

6 (iii) The name, telephone number, and address if known of every
7 person believed by the petitioner to be legally responsible for the
8 minor;

9 (iv) A statement that the petitioner has examined the minor and
10 finds that the minor's condition meets required criteria for
11 fourteen-day commitment and the supporting facts therefor;

12 (v) A statement that the minor has been advised of the need for
13 voluntary treatment but has been unwilling or unable to consent to
14 necessary treatment;

15 (vi) If the petition is for mental health treatment, a statement
16 that the minor has been advised of the loss of firearm rights if
17 involuntarily committed;

18 (vii) A statement recommending the appropriate facility or
19 facilities to provide the necessary treatment; and

20 (viii) A statement concerning whether a less restrictive
21 alternative to inpatient treatment is in the best interests of the
22 minor.

23 (c) A copy of the petition shall be personally (~~delivered to~~)
24 served on the minor by the petitioner or petitioner's designee. A
25 copy of the petition shall be (~~sent~~) provided to the minor's
26 attorney and the minor's parent.

27 NEW SECTION. **Sec. 90.** A new section is added to chapter 71.34
28 RCW to read as follows:

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

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

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

38 (2) The court may on its own motion continue the case when
39 required in due administration of justice and when the respondent

1 will not be substantially prejudiced in the presentation of the
2 respondent's case.

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

6 **Sec. 91.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to
7 read as follows:

8 (1) A commitment hearing shall be held within seventy-two hours
9 of the minor's admission, excluding Saturday, Sunday, and holidays,
10 unless a continuance is (~~requested by the minor or the minor's~~
11 ~~attorney~~) ordered under section 90 of this act.

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

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

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

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

23 (6) At the commitment hearing, the minor shall have the following
24 rights:

25 (a) To be represented by an attorney;

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

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

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

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

38 (9) (~~Rules of evidence shall not apply in fourteen-day~~
39 ~~commitment hearings.~~

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

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

6 (b) The minor is in need of evaluation and treatment of the type
7 provided by the inpatient evaluation and treatment facility, secure
8 withdrawal management and stabilization facility, or approved
9 substance use disorder treatment program to which continued inpatient
10 care is sought or is in need of less restrictive alternative
11 treatment found to be in the best interests of the minor or others;

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

14 (d) If commitment is for a substance use disorder, there is an
15 available secure withdrawal management and stabilization facility or
16 approved substance use disorder treatment program with adequate space
17 for the minor.

18 (~~(11)~~) (10) If the court finds that the minor meets the
19 criteria for a fourteen-day commitment, the court shall either
20 authorize commitment of the minor for inpatient treatment or for less
21 restrictive alternative treatment upon such conditions as are
22 necessary. If the court determines that the minor does not meet the
23 criteria for a fourteen-day commitment, the minor shall be released.

24 (~~(12)~~) (11)(a) Nothing in this section prohibits the
25 professional person in charge of the facility from releasing the
26 minor at any time, when, in the opinion of the professional person in
27 charge of the facility, further inpatient treatment is no longer
28 necessary. The release may be subject to reasonable conditions if
29 appropriate.

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

33 (~~(13)~~) (12) A minor who has been committed for fourteen days
34 shall be released at the end of that period unless a petition for one
35 hundred eighty-day commitment is pending before the court.

36 **Sec. 92.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to
37 read as follows:

38 (1) A commitment hearing shall be held within (~~seventy-two~~) one
39 hundred twenty hours of the minor's admission, excluding Saturday,

1 Sunday, and holidays, unless a continuance is (~~requested by the~~
2 ~~minor or the minor's attorney~~) ordered under section 90 of this act.

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

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

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

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

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

16 (a) To be represented by an attorney;

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

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

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

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

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

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

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

36 (b) The minor is in need of evaluation and treatment of the type
37 provided by the inpatient evaluation and treatment facility, secure
38 withdrawal management and stabilization facility, or approved
39 substance use disorder treatment program to which continued inpatient

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

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

5 (d) If commitment is for a substance use disorder, there is an
6 available secure withdrawal management and stabilization facility or
7 approved substance use disorder treatment program with adequate space
8 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. 93.** RCW 71.34.740 and 2019 c 446 s 38 are each amended to
28 read as follows:

29 (1) A commitment hearing shall be held within ~~((seventy-two))~~ one
30 hundred twenty hours 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 90 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 withdrawal management and stabilization facility, or approved
32 substance use disorder treatment program to which continued inpatient
33 care is sought or is in need of less restrictive alternative
34 treatment found to be in the best interests of the minor or others;
35 and

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

38 ~~((11))~~ (10) If the court finds that the minor meets the
39 criteria for a fourteen-day commitment, the court shall either
40 authorize commitment of the minor for inpatient treatment or for less

1 restrictive alternative treatment upon such conditions as are
2 necessary. If the court determines that the minor does not meet the
3 criteria for a fourteen-day commitment, the minor shall be released.

4 ~~((12))~~ (11)(a) Nothing in this section prohibits the
5 professional person in charge of the facility from releasing the
6 minor at any time, when, in the opinion of the professional person in
7 charge of the facility, further inpatient treatment is no longer
8 necessary. The release may be subject to reasonable conditions if
9 appropriate.

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

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

16 **Sec. 94.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008
17 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

38 (3) The petition shall be supported by accompanying affidavits
39 signed by: (a) Two examining physicians, one of whom shall be a child

1 psychiatrist, or two psychiatric advanced registered nurse
2 practitioners, one of whom shall be a child and adolescent or family
3 psychiatric advanced registered nurse practitioner. If the petition
4 is for substance use disorder treatment, the petition may be signed
5 by a (~~chemical dependency~~) substance use disorder professional
6 instead of a mental health professional and by an advanced registered
7 nurse practitioner instead of a psychiatric advanced registered nurse
8 practitioner, or two physician assistants, one of whom must be
9 supervised by a child psychiatrist; (b) one children's mental health
10 specialist and either an examining physician, physician assistant, or
11 a psychiatric advanced registered nurse practitioner; or (c) two
12 among an examining physician, physician assistant, and a psychiatric
13 advanced registered nurse practitioner, one of which needs to be a
14 child psychiatrist, a physician assistant supervised by a child
15 psychiatrist, or a child and adolescent psychiatric nurse
16 practitioner. The affidavits shall describe in detail the behavior of
17 the detained minor which supports the petition and shall state
18 whether a less restrictive alternative to inpatient treatment is in
19 the best interests of the minor.

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

28 (5) At the time of filing, the court shall set a date within
29 seven days for the hearing on the petition. (~~The court may continue
30 the hearing upon the written request of the minor or the minor's
31 attorney for not more than ten days.~~) If the hearing is not
32 commenced within thirty days after the filing of the petition,
33 including extensions of time requested by the detained person or his
34 or her attorney or the court in the administration of justice under
35 section 90 of this act, the minor must be released. The minor or the
36 parents shall be afforded the same rights as in a fourteen-day
37 commitment hearing. Treatment of the minor shall continue pending the
38 proceeding.

39 (6) For one hundred eighty-day commitment:

1 (a) The court must find by clear, cogent, and convincing evidence
2 that the minor:

3 (i) Is suffering from a mental disorder or substance use
4 disorder;

5 (ii) Presents a likelihood of serious harm or is gravely
6 disabled; and

7 (iii) Is in need of further treatment that only can be provided
8 in a one hundred eighty-day commitment.

9 (b) If commitment is for a substance use disorder, the court must
10 find that there is an available approved substance use disorder
11 treatment program that has adequate space for the minor.

12 (7) In determining whether an inpatient or less restrictive
13 alternative commitment is appropriate, great weight must be given to
14 evidence of a prior history or pattern of decompensation and
15 discontinuation of treatment resulting in: (a) Repeated
16 hospitalizations; or (b) repeated peace officer interventions
17 resulting in juvenile charges. Such evidence may be used to provide a
18 factual basis for concluding that the minor would not receive, if
19 released, such care as is essential for his or her health or safety.

20 (8)(a) If the court finds that the criteria for commitment are
21 met and that less restrictive treatment in a community setting is not
22 appropriate or available, the court shall order the minor committed
23 to the custody of the director for further inpatient mental health
24 treatment, to an approved substance use disorder treatment program
25 for further substance use disorder treatment, or to a private
26 treatment and evaluation facility for inpatient mental health or
27 substance use disorder treatment if the minor's parents have assumed
28 responsibility for payment for the treatment. If the court finds that
29 a less restrictive alternative is in the best interest of the minor,
30 the court shall order less restrictive alternative treatment upon
31 such conditions as necessary.

32 (b) If the court determines that the minor does not meet the
33 criteria for one hundred eighty-day commitment, the minor shall be
34 released.

35 ((+8)) (9) Successive one hundred eighty-day commitments are
36 permissible on the same grounds and under the same procedures as the
37 original one hundred eighty-day commitment. Such petitions shall be
38 filed at least ((five)) three days prior to the expiration of the
39 previous one hundred eighty-day commitment order.

1 **Sec. 95.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009
2 are each reenacted and amended to read as follows:

3 (1) At any time during the minor's period of fourteen-day
4 commitment, the professional person in charge may petition the court
5 for an order requiring the minor to undergo an additional one hundred
6 eighty-day period of treatment. The evidence in support of the
7 petition shall be presented by the county prosecutor unless the
8 petition is filed by the professional person in charge of a state-
9 operated facility in which case the evidence shall be presented by
10 the attorney general.

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

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

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

16 (c) A statement that the petitioner is the professional person in
17 charge of the evaluation and treatment facility, secure withdrawal
18 management and stabilization facility, or approved substance use
19 disorder treatment program responsible for the treatment of the
20 minor;

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

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

23 (3) The petition shall be supported by accompanying affidavits
24 signed by: (a) Two examining physicians, one of whom shall be a child
25 psychiatrist, or two psychiatric advanced registered nurse
26 practitioners, one of whom shall be a child and adolescent or family
27 psychiatric advanced registered nurse practitioner. If the petition
28 is for substance use disorder treatment, the petition may be signed
29 by a (~~chemical dependency~~) substance use disorder professional
30 instead of a mental health professional and by an advanced registered
31 nurse practitioner instead of a psychiatric advanced registered nurse
32 practitioner, or two physician assistants, one of whom must be
33 supervised by a child psychiatrist; (b) one children's mental health
34 specialist and either an examining physician, physician assistant, or
35 a psychiatric advanced registered nurse practitioner; or (c) two
36 among an examining physician, physician assistant, and a psychiatric
37 advanced registered nurse practitioner, one of which needs to be a
38 child psychiatrist, a physician assistant supervised by a child
39 psychiatrist, or a child and adolescent psychiatric nurse
40 practitioner. The affidavits shall describe in detail the behavior of

1 the detained minor which supports the petition and shall state
2 whether a less restrictive alternative to inpatient treatment is in
3 the best interests of the minor.

4 (4) The petition for one hundred eighty-day commitment shall be
5 filed with the clerk of the court at least three days before the
6 expiration of the fourteen-day commitment period. The petitioner or
7 the petitioner's designee shall within twenty-four hours of filing
8 serve a copy of the petition on the minor and notify the minor's
9 attorney and the minor's parent. A copy of the petition shall be
10 provided to such persons at least twenty-four hours prior to the
11 hearing.

12 (5) At the time of filing, the court shall set a date within
13 seven days for the hearing on the petition. (~~The court may continue~~
14 ~~the hearing upon the written request of the minor or the minor's~~
15 ~~attorney for not more than ten days.)) If the hearing is not
16 commenced within thirty days after the filing of the petition,
17 including extensions of time requested by the detained person or his
18 or her attorney or the court in the administration of justice under
19 section 90 of this act, the minor must be released. The minor or the
20 parents shall be afforded the same rights as in a fourteen-day
21 commitment hearing. Treatment of the minor shall continue pending the
22 proceeding.~~

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

25 (a) Is suffering from a mental disorder or substance use
26 disorder;

27 (b) Presents a likelihood of serious harm or is gravely disabled;
28 and

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

31 (7) In determining whether an inpatient or less restrictive
32 alternative commitment is appropriate, great weight must be given to
33 evidence of a prior history or pattern of decompensation and
34 discontinuation of treatment resulting in: (a) Repeated
35 hospitalizations; or (b) repeated peace officer interventions
36 resulting in juvenile charges. Such evidence may be used to provide a
37 factual basis for concluding that the minor would not receive, if
38 released, such care as is essential for his or her health or safety.

39 (8)(a) If the court finds that the criteria for commitment are
40 met and that less restrictive treatment in a community setting is not

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

11 (b) If the court determines that the minor does not meet the
12 criteria for one hundred eighty-day commitment, the minor shall be
13 released.

14 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are
15 permissible on the same grounds and under the same procedures as the
16 original one hundred eighty-day commitment. Such petitions shall be
17 filed at least ~~((five))~~ three days prior to the expiration of the
18 previous one hundred eighty-day commitment order.

19 NEW SECTION. **Sec. 96.** A new section is added to chapter 71.34
20 RCW to read as follows:

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

23 (a) Assignment of a care coordinator;

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

26 (c) A psychiatric evaluation;

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

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

32 (f) An individual crisis plan; and

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

36 (2) Less restrictive alternative treatment may include the
37 following additional services:

38 (a) Medication management;

39 (b) Psychotherapy;

- 1 (c) Nursing;
- 2 (d) Substance abuse counseling;
- 3 (e) Residential treatment; and
- 4 (f) Support for housing, benefits, education, and employment.

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

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

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

27 (6) For the purpose of this section, "care coordinator" means a
28 clinical practitioner who coordinates the activities of less
29 restrictive alternative treatment. The care coordinator coordinates
30 activities with the designated crisis responders that are necessary
31 for enforcement and continuation of less restrictive alternative
32 treatment orders and is responsible for coordinating service
33 activities with other agencies and establishing and maintaining a
34 therapeutic relationship with the individual on a continuing basis.

35 **Sec. 97.** RCW 71.34.780 and 2019 c 446 s 41 are each amended to
36 read as follows:

37 (1) If the professional person in charge of an outpatient
38 treatment program, a designated crisis responder, or the director or
39 secretary, as appropriate, determines that a minor is failing to

1 adhere to the conditions of the court order for less restrictive
2 alternative treatment or the conditions for the conditional release,
3 or that substantial deterioration in the minor's functioning has
4 occurred, the designated crisis responder, or the director or
5 secretary, as appropriate, may order that the minor(~~(, if committed~~
6 ~~for mental health treatment,)~~) be taken into custody and transported
7 to an inpatient evaluation and treatment facility (~~(or, if committed~~
8 ~~for substance use disorder treatment, be taken into custody and~~
9 ~~transported to)), a secure withdrawal management and stabilization
10 facility, or an approved substance use disorder treatment program
11 ((if there is an available)). A secure withdrawal management and
12 stabilization facility or approved substance use disorder treatment
13 program that has adequate space for the minor must be available.~~

14 (2) (a) The designated crisis responder (~~(or the))~~, director, or
15 secretary, as appropriate, shall file the order of apprehension and
16 detention and serve it upon the minor and notify the minor's parent
17 and the minor's attorney, if any, of the detention within two days of
18 return. At the time of service the minor shall be informed of the
19 right to a hearing and to representation by an attorney. The
20 designated crisis responder or the director or secretary, as
21 appropriate, may modify or rescind the order of apprehension and
22 detention at any time prior to the hearing.

23 (b) If the minor is involuntarily detained for revocation at an
24 evaluation and treatment facility, secure withdrawal management and
25 stabilization facility, or approved substance use disorder treatment
26 program in a different county from where the minor was initially
27 detained, the facility or program may file the order of apprehension,
28 serve it on the minor and notify the minor's parents and the minor's
29 attorney at the request of the designated crisis responder.

30 (3) A petition for revocation of less restrictive alternative
31 treatment shall be filed by the designated crisis responder or the
32 director (~~(or))~~, secretary, or facility, as appropriate, with the
33 court in the county (~~(ordering the less restrictive alternative~~
34 ~~treatment)) where the minor is detained. The court shall conduct the
35 hearing in that county. A petition for revocation of conditional
36 release (~~(may be filed with the court in the county ordering~~
37 ~~inpatient treatment or the county where the minor on conditional~~
38 ~~release is residing)) must be filed in the county where the minor is
39 detained. A petition shall describe the behavior of the minor
40 indicating violation of the conditions or deterioration of routine~~~~

1 functioning and a dispositional recommendation. (~~Upon motion for~~
2 ~~good cause, the hearing may be transferred to the county of the~~
3 ~~minor's residence or to the county in which the alleged violations~~
4 ~~occurred.~~) The hearing shall be held within seven days of the
5 minor's return. The issues to be determined are whether the minor did
6 or did not adhere to the conditions of the less restrictive
7 alternative treatment or conditional release, or whether the minor's
8 routine functioning has substantially deteriorated, and, if so,
9 whether the conditions of less restrictive alternative treatment or
10 conditional release should be modified or, subject to subsection (4)
11 of this section, whether the minor should be returned to inpatient
12 treatment. Pursuant to the determination of the court, the minor
13 shall be returned to less restrictive alternative treatment or
14 conditional release on the same or modified conditions or shall be
15 returned to inpatient treatment. If the minor is returned to
16 inpatient treatment, RCW 71.34.760 regarding the director's placement
17 responsibility shall apply. The hearing may be waived by the minor
18 and the minor returned to inpatient treatment or to less restrictive
19 alternative treatment or conditional release on the same or modified
20 conditions.

21 (4) A court may not order the return of a minor to inpatient
22 treatment in a secure withdrawal management and stabilization
23 facility or approved substance use disorder treatment program unless
24 there is a secure withdrawal management and stabilization facility or
25 approved substance use disorder treatment program available with
26 adequate space for the minor.

27 **Sec. 98.** RCW 71.34.780 and 2019 c 446 s 42 are each amended to
28 read as follows:

29 (1) If the professional person in charge of an outpatient
30 treatment program, a designated crisis responder, or the director or
31 secretary, as appropriate, determines that a minor is failing to
32 adhere to the conditions of the court order for less restrictive
33 alternative treatment or the conditions for the conditional release,
34 or that substantial deterioration in the minor's functioning has
35 occurred, the designated crisis responder, or the director or
36 secretary, as appropriate, may order that the minor(~~(, if committed~~
37 ~~for mental health treatment,)) be taken into custody and transported
38 to an inpatient evaluation and treatment facility (~~(or, if committed~~
39 ~~for substance use disorder treatment, be taken into custody and~~~~

1 ~~transported to~~), a secure withdrawal management and stabilization
2 facility, or an approved substance use disorder treatment program.

3 (2) (a) The designated crisis responder (~~(or the)~~), director, or
4 secretary, as appropriate, shall file the order of apprehension and
5 detention and serve it upon the minor and notify the minor's parent
6 and the minor's attorney, if any, of the detention within two days of
7 return. At the time of service the minor shall be informed of the
8 right to a hearing and to representation by an attorney. The
9 designated crisis responder or the director or secretary, as
10 appropriate, may modify or rescind the order of apprehension and
11 detention at any time prior to the hearing.

12 (b) If the minor is involuntarily detained for revocation at an
13 evaluation and treatment facility, secure withdrawal management and
14 stabilization facility, or approved substance use disorder treatment
15 program in a different county from where the minor was initially
16 detained, the facility or program may file the order of apprehension,
17 serve it on the minor and notify the minor's parents and the minor's
18 attorney at the request of the designated crisis responder.

19 (3) A petition for revocation of less restrictive alternative
20 treatment shall be filed by the designated crisis responder or the
21 director (~~(or)~~), secretary, or facility, as appropriate, with the
22 court in the county (~~(ordering the less restrictive alternative~~
23 ~~treatment)) where the minor is detained. The court shall conduct the
24 hearing in that county. A petition for revocation of conditional
25 release (~~(may be filed with the court in the county ordering~~
26 ~~inpatient treatment or the county where the minor on conditional~~
27 ~~release is residing)) must be filed in the county where the minor is
28 detained. A petition shall describe the behavior of the minor
29 indicating violation of the conditions or deterioration of routine
30 functioning and a dispositional recommendation. (~~(Upon motion for~~
31 ~~good cause, the hearing may be transferred to the county of the~~
32 ~~minor's residence or to the county in which the alleged violations~~
33 ~~occurred.)) The hearing shall be held within seven days of the
34 minor's return. The issues to be determined are whether the minor did
35 or did not adhere to the conditions of the less restrictive
36 alternative treatment or conditional release, or whether the minor's
37 routine functioning has substantially deteriorated, and, if so,
38 whether the conditions of less restrictive alternative treatment or
39 conditional release should be modified or whether the minor should be
40 returned to inpatient treatment. Pursuant to the determination of the~~~~~~

1 court, the minor shall be returned to less restrictive alternative
2 treatment or conditional release on the same or modified conditions
3 or shall be returned to inpatient treatment. If the minor is returned
4 to inpatient treatment, RCW 71.34.760 regarding the director's
5 placement responsibility shall apply. The hearing may be waived by
6 the minor and the minor returned to inpatient treatment or to less
7 restrictive alternative treatment or conditional release on the same
8 or modified conditions.

9 NEW SECTION. **Sec. 99.** A new section is added to chapter 71.34
10 RCW to read as follows:

11 The legislature recognizes the inherent authority of the
12 judiciary under Article IV, section 1 of the state Constitution to
13 establish rules regarding access to court records, and respectfully
14 requests the Washington state supreme court to adopt rules regarding
15 potential access for the following entities to the files and records
16 of court proceedings under this chapter and chapter 71.05 RCW:

- 17 (1) The department;
- 18 (2) The department of health;
- 19 (3) The authority;
- 20 (4) The state hospitals as defined in RCW 72.23.010;
- 21 (5) Any person who is the subject of a petition;
- 22 (6) The attorney or guardian of the person;
- 23 (7) Resource management services for that person; and
- 24 (8) Service providers authorized to receive such information by
25 resource management services.

26 NEW SECTION. **Sec. 100.** A new section is added to chapter 71.34
27 RCW to read as follows:

28 For purposes of this chapter, at any hearing the petitioner, the
29 respondent, the witnesses, the interpreters, and the presiding
30 judicial officer may be present and participate either in person or
31 by video, as determined by the court. The term "video" as used in
32 this section includes any functional equivalent. At any hearing
33 conducted by video, the technology used must permit the judicial
34 officer, counsel, all parties, and the witnesses to be able to see,
35 hear, and speak, when authorized, during the hearing; to allow
36 attorneys to use exhibits or other materials during the hearing; and
37 to allow the respondent's counsel to be in the same location as the
38 respondent unless otherwise requested by the respondent or the

1 respondent's counsel. Witnesses in a proceeding may also appear in
2 court through other means, including telephonically, pursuant to the
3 requirements of superior court civil rule 43. Notwithstanding the
4 foregoing, the court, upon its own motion or upon a motion for good
5 cause by any party, may require all parties and witnesses to
6 participate in the hearing in person rather than by video. In ruling
7 on any such motion, the court may allow in-person or video testimony;
8 and the court may consider, among other things, whether the
9 respondent's alleged behavioral health disorder affects the
10 respondent's ability to perceive or participate in the proceeding by
11 video.

12 NEW SECTION. **Sec. 101.** A new section is added to chapter 71.05
13 RCW to read as follows:

14 For purposes of this chapter, at any hearing the petitioner, the
15 respondent, the witnesses, the interpreters, and the presiding
16 judicial officer may be present and participate either in person or
17 by video, as determined by the court. The term "video" as used in
18 this section includes any functional equivalent. At any hearing
19 conducted by video, the technology used must permit the judicial
20 officer, counsel, all parties, and the witnesses to be able to see,
21 hear, and speak, when authorized, during the hearing; to allow
22 attorneys to use exhibits or other materials during the hearing; and
23 to allow the respondent's counsel to be in the same location as the
24 respondent unless otherwise requested by the respondent or the
25 respondent's counsel. Witnesses in a proceeding may also appear in
26 court through other means, including telephonically, pursuant to the
27 requirements of superior court civil rule 43. Notwithstanding the
28 foregoing, the court, upon its own motion or upon a motion for good
29 cause by any party, may require all parties and witnesses to
30 participate in the hearing in person rather than by video. In ruling
31 on any such motion, the court may allow in-person or video testimony;
32 and the court may consider, among other things, whether the
33 respondent's alleged behavioral health disorder affects the
34 respondent's ability to perceive or participate in the proceeding by
35 video.

36 NEW SECTION. **Sec. 102.** A new section is added to chapter 71.34
37 RCW to read as follows:

1 In addition to the responsibility provided for by RCW 43.20B.330,
2 the parents of a minor person who is involuntarily detained pursuant
3 to this chapter for the purpose of treatment and evaluation outside
4 of a facility maintained and operated by the department shall be
5 responsible for the cost of such care and treatment. In the event
6 that an individual is unable to pay for such treatment or in the
7 event payment would result in a substantial hardship upon the
8 individual or his or her family, then the county of residence of such
9 person shall be responsible for such costs. If it is not possible to
10 determine the county of residence of the person, the cost shall be
11 borne by the county where the person was originally detained. The
12 department, or the authority, as appropriate, shall, pursuant to
13 chapter 34.05 RCW, adopt standards as to (1) inability to pay in
14 whole or in part, (2) a definition of substantial hardship, and (3)
15 appropriate payment schedules. Financial responsibility with respect
16 to services and facilities of the department shall continue to be as
17 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

18 NEW SECTION. **Sec. 103.** A new section is added to chapter 71.05
19 RCW to read as follows:

20 (1) An involuntary treatment act work group is established to
21 evaluate the effect of changes to this chapter and chapter 71.34 RCW
22 and to evaluate vulnerabilities in the crisis system.

23 (2) The work group shall:

24 (a) Commencing September 1, 2020, meet at least three times to:

25 (i) Identify and evaluate systems and procedures that may be required
26 to implement one hundred twenty hour initial detention; (ii) develop
27 recommendations to implement one hundred twenty hour initial
28 detention statewide; and (iii) disseminate the recommendations to
29 stakeholders and report them to the governor and appropriate
30 committees of the legislature by January 1, 2021.

31 (b) Commencing January 1, 2021, meet at least six times to
32 evaluate: (i) The implementation of one hundred twenty hour initial
33 detention, and the effects, if any, on involuntary behavioral health
34 treatment capacity statewide, including the frequency of detentions,
35 commitments, revocations of less restrictive alternative treatment,
36 conditional release orders, single bed certifications, and no-bed
37 reports under RCW 71.05.750; (ii) other issues related to
38 implementation of this act; and (iii) other vulnerabilities in the
39 involuntary treatment system.

1 (c) (i) Develop recommendations for operating the crisis system
2 based on the evaluations in (b) of this subsection; and (ii)
3 disseminate those recommendations to stakeholders and report them to
4 the governor and the appropriate committees of the legislature no
5 later than June 30, 2022.

6 (3) The work group shall be convened by the authority and shall
7 receive technical and data gathering support from the authority, the
8 department, and the department of social and health services as
9 needed. The membership must consist of not more than eighteen members
10 appointed by the governor, reflecting statewide representation,
11 diverse viewpoints, and experience with involuntary treatment cases.
12 Appointed members must include but not be limited to:

13 (a) Representatives of the authority, the department, and the
14 department of social and health services;

15 (b) Certified short-term civil commitment providers and providers
16 who accept single bed certification under RCW 71.05.745;

17 (c) Certified long-term inpatient care providers for involuntary
18 patients or providers with experience providing community long-term
19 inpatient care for involuntary patients;

20 (d) Prosecuting attorneys;

21 (e) Defense attorneys;

22 (f) Family members and persons with lived experience of
23 behavioral health disorders;

24 (g) At least two behavioral health peers with lived experience of
25 civil commitment;

26 (h) The Washington state office of the attorney general;

27 (i) Advocates for persons with behavioral health disorders;

28 (j) Designated crisis responders;

29 (k) Behavioral health administrative services organizations;

30 (l) Managed care organizations;

31 (m) Law enforcement; and

32 (n) Judicial officers in involuntary treatment cases.

33 (4) Interested legislators and legislative staff may participate
34 in the work group. The governor must request participation in the
35 work group by a representative of tribal governments.

36 (5) The work group shall choose cochairs from among its members
37 and receive staff support from the authority.

38 (6) This section expires June 30, 2022.

1 NEW SECTION. **Sec. 104.** The following acts or parts of acts are
2 each repealed:

3 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and
4 2019 c 446 s 13 and 2017 3rd sp.s. c 14 s 20; and

5 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)
6 and 1989 c 120 s 9.

7 NEW SECTION. **Sec. 105.** RCW 71.05.525 is recodified as a section
8 in chapter 71.34 RCW.

9 NEW SECTION. **Sec. 106.** Sections 12, 15, 25, 31, 33, 35, 38, 54,
10 75, 82, 85, 88, and 91 of this act expire January 1, 2021.

11 NEW SECTION. **Sec. 107.** Sections 13, 16, 19 through 23, 26, 32,
12 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92 of this act take effect
13 January 1, 2021.

14 NEW SECTION. **Sec. 108.** Sections 13, 16, 26, 39, 45, 55, 78, 83,
15 86, 92, 94, and 97 of this act expire July 1, 2026.

16 NEW SECTION. **Sec. 109.** Sections 14, 17, 27, 40, 46, 56, 79, 84,
17 87, 93, 95, and 98 of this act take effect July 1, 2026.

18 NEW SECTION. **Sec. 110.** (1) Sections 4, 28, 64, and 81 of this
19 act take effect when monthly single-bed certifications authorized
20 under RCW 71.05.745 fall below 200 reports for 3 consecutive months.

21 (2) The health care authority must provide written notice of the
22 effective date of sections 4, 28, 64, and 81 of this act to affected
23 parties, the chief clerk of the house of representatives, the
24 secretary of the senate, the office of the code reviser, and others
25 as deemed appropriate by the authority.

26 **Sec. 111.** RCW 70.02.010 and 2019 c 325 s 5019 are each amended
27 to read as follows:

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

31 (1) "Admission" has the same meaning as in RCW 71.05.020.

1 (2) "Audit" means an assessment, evaluation, determination, or
2 investigation of a health care provider by a person not employed by
3 or affiliated with the provider to determine compliance with:

4 (a) Statutory, regulatory, fiscal, medical, or scientific
5 standards;

6 (b) A private or public program of payments to a health care
7 provider; or

8 (c) Requirements for licensing, accreditation, or certification.

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

10 (4) "Commitment" has the same meaning as in RCW 71.05.020.

11 (5) "Custody" has the same meaning as in RCW 71.05.020.

12 (6) "Deidentified" means health information that does not
13 identify an individual and with respect to which there is no
14 reasonable basis to believe that the information can be used to
15 identify an individual.

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

18 (8) "Designated crisis responder" has the same meaning as in RCW
19 71.05.020 or 71.34.020, as applicable.

20 (9) "Detention" or "detain" has the same meaning as in RCW
21 71.05.020.

22 (10) "Directory information" means information disclosing the
23 presence, and for the purpose of identification, the name, location
24 within a health care facility, and the general health condition of a
25 particular patient who is a patient in a health care facility or who
26 is currently receiving emergency health care in a health care
27 facility.

28 (11) "Discharge" has the same meaning as in RCW 71.05.020.

29 (12) "Evaluation and treatment facility" has the same meaning as
30 in RCW 71.05.020 or 71.34.020, as applicable.

31 (13) "Federal, state, or local law enforcement authorities" means
32 an officer of any agency or authority in the United States, a state,
33 a tribe, a territory, or a political subdivision of a state, a tribe,
34 or a territory who is empowered by law to: (a) Investigate or conduct
35 an official inquiry into a potential criminal violation of law; or
36 (b) prosecute or otherwise conduct a criminal proceeding arising from
37 an alleged violation of law.

38 (14) "General health condition" means the patient's health status
39 described in terms of "critical," "poor," "fair," "good,"
40 "excellent," or terms denoting similar conditions.

1 (15) "Health care" means any care, service, or procedure provided
2 by a health care provider:

3 (a) To diagnose, treat, or maintain a patient's physical or
4 mental condition; or

5 (b) That affects the structure or any function of the human body.

6 (16) "Health care facility" means a hospital, clinic, nursing
7 home, laboratory, office, or similar place where a health care
8 provider provides health care to patients.

9 (17) "Health care information" means any information, whether
10 oral or recorded in any form or medium, that identifies or can
11 readily be associated with the identity of a patient and directly
12 relates to the patient's health care, including a patient's
13 deoxyribonucleic acid and identified sequence of chemical base pairs.
14 The term includes any required accounting of disclosures of health
15 care information.

16 (18) "Health care operations" means any of the following
17 activities of a health care provider, health care facility, or third-
18 party payor to the extent that the activities are related to
19 functions that make an entity a health care provider, a health care
20 facility, or a third-party payor:

21 (a) Conducting: Quality assessment and improvement activities,
22 including outcomes evaluation and development of clinical guidelines,
23 if the obtaining of generalizable knowledge is not the primary
24 purpose of any studies resulting from such activities; population-
25 based activities relating to improving health or reducing health care
26 costs, protocol development, case management and care coordination,
27 contacting of health care providers and patients with information
28 about treatment alternatives; and related functions that do not
29 include treatment;

30 (b) Reviewing the competence or qualifications of health care
31 professionals, evaluating practitioner and provider performance and
32 third-party payor performance, conducting training programs in which
33 students, trainees, or practitioners in areas of health care learn
34 under supervision to practice or improve their skills as health care
35 providers, training of nonhealth care professionals, accreditation,
36 certification, licensing, or credentialing activities;

37 (c) Underwriting, premium rating, and other activities relating
38 to the creation, renewal, or replacement of a contract of health
39 insurance or health benefits, and ceding, securing, or placing a
40 contract for reinsurance of risk relating to claims for health care,

1 including stop-loss insurance and excess of loss insurance, if any
2 applicable legal requirements are met;

3 (d) Conducting or arranging for medical review, legal services,
4 and auditing functions, including fraud and abuse detection and
5 compliance programs;

6 (e) Business planning and development, such as conducting cost-
7 management and planning-related analyses related to managing and
8 operating the health care facility or third-party payor, including
9 formulary development and administration, development, or improvement
10 of methods of payment or coverage policies; and

11 (f) Business management and general administrative activities of
12 the health care facility, health care provider, or third-party payor
13 including, but not limited to:

14 (i) Management activities relating to implementation of and
15 compliance with the requirements of this chapter;

16 (ii) Customer service, including the provision of data analyses
17 for policy holders, plan sponsors, or other customers, provided that
18 health care information is not disclosed to such policy holder, plan
19 sponsor, or customer;

20 (iii) Resolution of internal grievances;

21 (iv) The sale, transfer, merger, or consolidation of all or part
22 of a health care provider, health care facility, or third-party payor
23 with another health care provider, health care facility, or third-
24 party payor or an entity that following such activity will become a
25 health care provider, health care facility, or third-party payor, and
26 due diligence related to such activity; and

27 (v) Consistent with applicable legal requirements, creating
28 deidentified health care information or a limited dataset for the
29 benefit of the health care provider, health care facility, or third-
30 party payor.

31 (19) "Health care provider" means a person who is licensed,
32 certified, registered, or otherwise authorized by the law of this
33 state to provide health care in the ordinary course of business or
34 practice of a profession.

35 (20) "Human immunodeficiency virus" or "HIV" has the same meaning
36 as in RCW 70.24.017.

37 (21) "Imminent" has the same meaning as in RCW 71.05.020.

38 (22) "Information and records related to mental health services"
39 means a type of health care information that relates to all
40 information and records compiled, obtained, or maintained in the

1 course of providing services by a mental health service agency or
2 mental health professional to persons who are receiving or have
3 received services for mental illness. The term includes mental health
4 information contained in a medical bill, registration records, as
5 defined in RCW 70.97.010, and all other records regarding the person
6 maintained by the department, by the authority, by behavioral health
7 administrative services organizations and their staff, managed care
8 organizations contracted with the authority under chapter 74.09 RCW
9 and their staff, and by treatment facilities. The term further
10 includes documents of legal proceedings under chapter 71.05, 71.34,
11 or 10.77 RCW, or somatic health care information. For health care
12 information maintained by a hospital as defined in RCW 70.41.020 or a
13 health care facility or health care provider that participates with a
14 hospital in an organized health care arrangement defined under
15 federal law, "information and records related to mental health
16 services" is limited to information and records of services provided
17 by a mental health professional or information and records of
18 services created by a hospital-operated community behavioral health
19 program as defined in RCW 71.24.025. The term does not include
20 psychotherapy notes.

21 (23) "Information and records related to sexually transmitted
22 diseases" means a type of health care information that relates to the
23 identity of any person upon whom an HIV antibody test or other
24 sexually transmitted infection test is performed, the results of such
25 tests, and any information relating to diagnosis of or treatment for
26 any confirmed sexually transmitted infections.

27 (24) "Institutional review board" means any board, committee, or
28 other group formally designated by an institution, or authorized
29 under federal or state law, to review, approve the initiation of, or
30 conduct periodic review of research programs to assure the protection
31 of the rights and welfare of human research subjects.

32 (25) "Legal counsel" has the same meaning as in RCW 71.05.020.

33 (26) "Local public health officer" has the same meaning as in RCW
34 70.24.017.

35 (27) "Maintain," as related to health care information, means to
36 hold, possess, preserve, retain, store, or control that information.

37 (28) "Mental health professional" means a psychiatrist,
38 psychologist, psychiatric advanced registered nurse practitioner,
39 psychiatric nurse, or social worker, and such other mental health
40 professionals as may be defined by rules adopted by the secretary of

1 health under chapter 71.05 RCW, whether that person works in a
2 private or public setting.

3 (29) "Mental health service agency" means a public or private
4 agency that provides services to persons with mental disorders as
5 defined under RCW 71.05.020 or 71.34.020 and receives funding from
6 public sources. This includes evaluation and treatment facilities as
7 defined in RCW 71.34.020, community mental health service delivery
8 systems, or community behavioral health programs, as defined in RCW
9 71.24.025, and facilities conducting competency evaluations and
10 restoration under chapter 10.77 RCW.

11 (30) "Minor" has the same meaning as in RCW 71.34.020.

12 (31) "Parent" has the same meaning as in RCW 71.34.020.

13 (32) "Patient" means an individual who receives or has received
14 health care. The term includes a deceased individual who has received
15 health care.

16 (33) "Payment" means:

17 (a) The activities undertaken by:

18 (i) A third-party payor to obtain premiums or to determine or
19 fulfill its responsibility for coverage and provision of benefits by
20 the third-party payor; or

21 (ii) A health care provider, health care facility, or third-party
22 payor, to obtain or provide reimbursement for the provision of health
23 care; and

24 (b) The activities in (a) of this subsection that relate to the
25 patient to whom health care is provided and that include, but are not
26 limited to:

27 (i) Determinations of eligibility or coverage, including
28 coordination of benefits or the determination of cost-sharing
29 amounts, and adjudication or subrogation of health benefit claims;

30 (ii) Risk adjusting amounts due based on enrollee health status
31 and demographic characteristics;

32 (iii) Billing, claims management, collection activities,
33 obtaining payment under a contract for reinsurance, including stop-
34 loss insurance and excess of loss insurance, and related health care
35 data processing;

36 (iv) Review of health care services with respect to medical
37 necessity, coverage under a health plan, appropriateness of care, or
38 justification of charges;

1 (v) Utilization review activities, including precertification and
2 preauthorization of services, and concurrent and retrospective review
3 of services; and

4 (vi) Disclosure to consumer reporting agencies of any of the
5 following health care information relating to collection of premiums
6 or reimbursement:

7 (A) Name and address;

8 (B) Date of birth;

9 (C) Social security number;

10 (D) Payment history;

11 (E) Account number; and

12 (F) Name and address of the health care provider, health care
13 facility, and/or third-party payor.

14 (34) "Person" means an individual, corporation, business trust,
15 estate, trust, partnership, association, joint venture, government,
16 governmental subdivision or agency, or any other legal or commercial
17 entity.

18 (35) "Professional person" has the same meaning as in RCW
19 71.05.020.

20 (36) "Psychiatric advanced registered nurse practitioner" has the
21 same meaning as in RCW 71.05.020.

22 (37) "Psychotherapy notes" means notes recorded, in any medium,
23 by a mental health professional documenting or analyzing the contents
24 of conversations during a private counseling session or group, joint,
25 or family counseling session, and that are separated from the rest of
26 the individual's medical record. The term excludes mediation
27 prescription and monitoring, counseling session start and stop times,
28 the modalities and frequencies of treatment furnished, results of
29 clinical tests, and any summary of the following items: Diagnosis,
30 functional status, the treatment plan, symptoms, prognosis, and
31 progress to date.

32 (38) "Reasonable fee" means the charges for duplicating or
33 searching the record, but shall not exceed sixty-five cents per page
34 for the first thirty pages and fifty cents per page for all other
35 pages. In addition, a clerical fee for searching and handling may be
36 charged not to exceed fifteen dollars. These amounts shall be
37 adjusted biennially in accordance with changes in the consumer price
38 index, all consumers, for Seattle-Tacoma metropolitan statistical
39 area as determined by the secretary of health. However, where editing
40 of records by a health care provider is required by statute and is

1 done by the provider personally, the fee may be the usual and
2 customary charge for a basic office visit.

3 (39) "Release" has the same meaning as in RCW 71.05.020.

4 (40) "Resource management services" has the same meaning as in
5 RCW 71.05.020.

6 (41) "Serious violent offense" has the same meaning as in RCW
7 (~~71.05.020~~) 9.94A.030.

8 (42) "Sexually transmitted infection" or "sexually transmitted
9 disease" has the same meaning as "sexually transmitted disease" in
10 RCW 70.24.017.

11 (43) "Test for a sexually transmitted disease" has the same
12 meaning as in RCW 70.24.017.

13 (44) "Third-party payor" means an insurer regulated under Title
14 48 RCW authorized to transact business in this state or other
15 jurisdiction, including a health care service contractor, and health
16 maintenance organization; or an employee welfare benefit plan,
17 excluding fitness or wellness plans; or a state or federal health
18 benefit program.

19 (45) "Treatment" means the provision, coordination, or management
20 of health care and related services by one or more health care
21 providers or health care facilities, including the coordination or
22 management of health care by a health care provider or health care
23 facility with a third party; consultation between health care
24 providers or health care facilities relating to a patient; or the
25 referral of a patient for health care from one health care provider
26 or health care facility to another.

27 (46) "Managed care organization" has the same meaning as provided
28 in RCW 71.24.025.

29 **Sec. 112.** RCW 5.60.060 and 2019 c 98 s 1 are each amended to
30 read as follows:

31 CONFORMING AMENDMENTS. (1) A spouse or domestic partner shall not
32 be examined for or against his or her spouse or domestic partner,
33 without the consent of the spouse or domestic partner; nor can either
34 during marriage or during the domestic partnership or afterward, be
35 without the consent of the other, examined as to any communication
36 made by one to the other during the marriage or the domestic
37 partnership. But this exception shall not apply to a civil action or
38 proceeding by one against the other, nor to a criminal action or
39 proceeding for a crime committed by one against the other, nor to a

1 criminal action or proceeding against a spouse or domestic partner if
2 the marriage or the domestic partnership occurred subsequent to the
3 filing of formal charges against the defendant, nor to a criminal
4 action or proceeding for a crime committed by said spouse or domestic
5 partner against any child of whom said spouse or domestic partner is
6 the parent or guardian, nor to a proceeding under chapter 71.05 or
7 71.09 RCW: PROVIDED, That the spouse or the domestic partner of a
8 person sought to be detained under chapter 71.05 or 71.09 RCW may not
9 be compelled to testify and shall be so informed by the court prior
10 to being called as a witness.

11 (2) (a) An attorney or counselor shall not, without the consent of
12 his or her client, be examined as to any communication made by the
13 client to him or her, or his or her advice given thereon in the
14 course of professional employment.

15 (b) A parent or guardian of a minor child arrested on a criminal
16 charge may not be examined as to a communication between the child
17 and his or her attorney if the communication was made in the presence
18 of the parent or guardian. This privilege does not extend to
19 communications made prior to the arrest.

20 (3) A member of the clergy, a Christian Science practitioner
21 listed in the Christian Science Journal, or a priest shall not,
22 without the consent of a person making the confession or sacred
23 confidence, be examined as to any confession or sacred confidence
24 made to him or her in his or her professional character, in the
25 course of discipline enjoined by the church to which he or she
26 belongs.

27 (4) Subject to the limitations under RCW (~~(71.05.360 (8) and~~
28 ~~(9))~~) 71.05.217 (6) and (7), a physician or surgeon or osteopathic
29 physician or surgeon or podiatric physician or surgeon shall not,
30 without the consent of his or her patient, be examined in a civil
31 action as to any information acquired in attending such patient,
32 which was necessary to enable him or her to prescribe or act for the
33 patient, except as follows:

34 (a) In any judicial proceedings regarding a child's injury,
35 neglect, or sexual abuse or the cause thereof; and

36 (b) Ninety days after filing an action for personal injuries or
37 wrongful death, the claimant shall be deemed to waive the physician-
38 patient privilege. Waiver of the physician-patient privilege for any
39 one physician or condition constitutes a waiver of the privilege as

1 to all physicians or conditions, subject to such limitations as a
2 court may impose pursuant to court rules.

3 (5) A public officer shall not be examined as a witness as to
4 communications made to him or her in official confidence, when the
5 public interest would suffer by the disclosure.

6 (6)(a) A peer support group counselor shall not, without consent
7 of the first responder or jail staff person making the communication,
8 be compelled to testify about any communication made to the counselor
9 by the first responder or jail staff person while receiving
10 counseling. The counselor must be designated as such by the agency
11 employing the first responder or jail staff person prior to the
12 incident that results in counseling. The privilege only applies when
13 the communication was made to the counselor while acting in his or
14 her capacity as a peer support group counselor. The privilege does
15 not apply if the counselor was an initial responding first responder
16 or jail staff person, a witness, or a party to the incident which
17 prompted the delivery of peer support group counseling services to
18 the first responder or jail staff person.

19 (b) For purposes of this section:

20 (i) "First responder" means:

21 (A) A law enforcement officer;

22 (B) A limited authority law enforcement officer;

23 (C) A firefighter;

24 (D) An emergency services dispatcher or recordkeeper;

25 (E) Emergency medical personnel, as licensed or certified by this
26 state; or

27 (F) A member or former member of the Washington national guard
28 acting in an emergency response capacity pursuant to chapter 38.52
29 RCW.

30 (ii) "Law enforcement officer" means a general authority
31 Washington peace officer as defined in RCW 10.93.020;

32 (iii) "Limited authority law enforcement officer" means a limited
33 authority Washington peace officer as defined in RCW 10.93.020 who is
34 employed by the department of corrections, state parks and recreation
35 commission, department of natural resources, liquor and cannabis
36 board, or Washington state gambling commission; and

37 (iv) "Peer support group counselor" means:

38 (A) A first responder or jail staff person or a civilian employee
39 of a first responder entity or agency, local jail, or state agency
40 who has received training to provide emotional and moral support and

1 counseling to a first responder or jail staff person who needs those
2 services as a result of an incident in which the first responder or
3 jail staff person was involved while acting in his or her official
4 capacity; or

5 (B) A nonemployee counselor who has been designated by the first
6 responder entity or agency, local jail, or state agency to provide
7 emotional and moral support and counseling to a first responder or
8 jail staff person who needs those services as a result of an incident
9 in which the first responder or jail staff person was involved while
10 acting in his or her official capacity.

11 (7) A sexual assault advocate may not, without the consent of the
12 victim, be examined as to any communication made between the victim
13 and the sexual assault advocate.

14 (a) For purposes of this section, "sexual assault advocate" means
15 the employee or volunteer from a community sexual assault program or
16 underserved populations provider, victim assistance unit, program, or
17 association, that provides information, medical or legal advocacy,
18 counseling, or support to victims of sexual assault, who is
19 designated by the victim to accompany the victim to the hospital or
20 other health care facility and to proceedings concerning the alleged
21 assault, including police and prosecution interviews and court
22 proceedings.

23 (b) A sexual assault advocate may disclose a confidential
24 communication without the consent of the victim if failure to
25 disclose is likely to result in a clear, imminent risk of serious
26 physical injury or death of the victim or another person. Any sexual
27 assault advocate participating in good faith in the disclosing of
28 records and communications under this section shall have immunity
29 from any liability, civil, criminal, or otherwise, that might result
30 from the action. In any proceeding, civil or criminal, arising out of
31 a disclosure under this section, the good faith of the sexual assault
32 advocate who disclosed the confidential communication shall be
33 presumed.

34 (8) A domestic violence advocate may not, without the consent of
35 the victim, be examined as to any communication between the victim
36 and the domestic violence advocate.

37 (a) For purposes of this section, "domestic violence advocate"
38 means an employee or supervised volunteer from a community-based
39 domestic violence program or human services program that provides
40 information, advocacy, counseling, crisis intervention, emergency

1 shelter, or support to victims of domestic violence and who is not
2 employed by, or under the direct supervision of, a law enforcement
3 agency, a prosecutor's office, or the child protective services
4 section of the department of (~~social and health services~~) children,
5 youth, and families as defined in RCW 26.44.020.

6 (b) A domestic violence advocate may disclose a confidential
7 communication without the consent of the victim if failure to
8 disclose is likely to result in a clear, imminent risk of serious
9 physical injury or death of the victim or another person. This
10 section does not relieve a domestic violence advocate from the
11 requirement to report or cause to be reported an incident under RCW
12 26.44.030(1) or to disclose relevant records relating to a child as
13 required by RCW 26.44.030(~~(14)~~) (15). Any domestic violence
14 advocate participating in good faith in the disclosing of
15 communications under this subsection is immune from liability, civil,
16 criminal, or otherwise, that might result from the action. In any
17 proceeding, civil or criminal, arising out of a disclosure under this
18 subsection, the good faith of the domestic violence advocate who
19 disclosed the confidential communication shall be presumed.

20 (9) A mental health counselor, independent clinical social
21 worker, or marriage and family therapist licensed under chapter
22 18.225 RCW may not disclose, or be compelled to testify about, any
23 information acquired from persons consulting the individual in a
24 professional capacity when the information was necessary to enable
25 the individual to render professional services to those persons
26 except:

27 (a) With the written authorization of that person or, in the case
28 of death or disability, the person's personal representative;

29 (b) If the person waives the privilege by bringing charges
30 against the mental health counselor licensed under chapter 18.225
31 RCW;

32 (c) In response to a subpoena from the secretary of health. The
33 secretary may subpoena only records related to a complaint or report
34 under RCW 18.130.050;

35 (d) As required under chapter 26.44 or 74.34 RCW or RCW
36 (~~(71.05.360 (8) and (9))~~) 71.05.217 (6) or (7); or

37 (e) To any individual if the mental health counselor, independent
38 clinical social worker, or marriage and family therapist licensed
39 under chapter 18.225 RCW reasonably believes that disclosure will
40 avoid or minimize an imminent danger to the health or safety of the

1 individual or any other individual; however, there is no obligation
2 on the part of the provider to so disclose.

3 (10) An individual who acts as a sponsor providing guidance,
4 emotional support, and counseling in an individualized manner to a
5 person participating in an alcohol or drug addiction recovery
6 fellowship may not testify in any civil action or proceeding about
7 any communication made by the person participating in the addiction
8 recovery fellowship to the individual who acts as a sponsor except
9 with the written authorization of that person or, in the case of
10 death or disability, the person's personal representative.

11 **Sec. 113.** RCW 71.12.570 and 2012 c 117 s 440 are each amended to
12 read as follows:

13 CONFORMING AMENDMENTS. No person in an establishment as defined
14 in this chapter shall be restrained from sending written
15 communications of the fact of his or her detention in such
16 establishment to a friend, relative, or other person. The physician
17 in charge of such person and the person in charge of such
18 establishment shall send each such communication to the person to
19 whom it is addressed. All persons in an establishment shall have no
20 less than all rights secured to involuntarily detained persons by RCW
21 (~~71.05.360~~ and) 71.05.217 and to voluntarily admitted or committed
22 persons pursuant to RCW 71.05.050 and 71.05.380.

23 **Sec. 114.** RCW 18.225.105 and 2005 c 504 s 707 are each amended
24 to read as follows:

25 CONFORMING AMENDMENTS. A person licensed under this chapter shall
26 not disclose the written acknowledgment of the disclosure statement
27 pursuant to RCW 18.225.100, nor any information acquired from persons
28 consulting the individual in a professional capacity when the
29 information was necessary to enable the individual to render
30 professional services to those persons except:

31 (1) With the written authorization of that person or, in the case
32 of death or disability, the person's personal representative;

33 (2) If the person waives the privilege by bringing charges
34 against the person licensed under this chapter;

35 (3) In response to a subpoena from the secretary. The secretary
36 may subpoena only records related to a complaint or report under RCW
37 18.130.050;

1 (4) As required under chapter 26.44 or 74.34 RCW or RCW
2 ((~~71.05.360 (8) and (9)~~)) 71.05.217 (6) and (7); or

3 (5) To any individual if the person licensed under this chapter
4 reasonably believes that disclosure will avoid or minimize an
5 imminent danger to the health or safety of the individual or any
6 other individual; however, there is no obligation on the part of the
7 provider to so disclose.

8 **Sec. 115.** RCW 18.83.110 and 2016 sp.s. c 29 s 414 are each
9 amended to read as follows:

10 CONFORMING AMENDMENTS. Confidential communications between a
11 client and a psychologist shall be privileged against compulsory
12 disclosure to the same extent and subject to the same conditions as
13 confidential communications between attorney and client, but this
14 exception is subject to the limitations under RCW ((~~71.05.360 (8) and~~
15 ~~(9)~~)) 71.05.217 (6) and (7)."

16 Correct the title.

EFFECT: The striking amendment makes the following changes:

(1) Requires an initial petition for nonemergent detention or 14-day commitment be dismissed if a court does not subsequently issue a detention or commitment order;

(2) Provides that if a designated crisis responder (DCR) detains a person for up to 72-hours, the DCR must notify the sheriff of the county or the chief of police of the municipality in which a person is domiciled of the six-month suspension on firearms possession;

(3) Provides that prior to returning a firearm that has been surrendered by a person who has been detained, the law enforcement agency must verify with the prosecuting attorney's office or designated crisis responders that the person has not been previously or subsequently committed for 14 days of involuntary treatment;

(4) Removes language in the underlying bill that authorizes single bed certification for a person who is detained based on a substance use disorder;

(5) Modifies provisions related to the suspension and restoration of firearms possession for a person who has a nonfelony charge dismissed based on their incompetency, to provide that a copy of the person's driver's license or identicard, or comparable identification such as their name, address, and date of birth must be included with the notification of suspension or restoration forwarded by the court to the Department of Licensing;

(6) Provides that a court may consider school behavioral issues, the impact on the family, the safety of other children in the household, and the developmental age of the minor when determining whether a new less restrictive alternative should be ordered;

(7) Adds teachers and school personnel as individuals who may be considered credible witnesses in a detention investigation for a minor;

(8) Adds two behavioral peers and the Office of the Attorney General to the Involuntary Treatment Act work group;

(9) Clarifies that the licensed health care professional or professional person assisting with the video evaluation must be present with the person during the interview;

(10) Allows notice regarding the loss of firearms rights to be provided either orally or in writing, instead of requiring both, at a probable cause hearing;

(11) Makes the effective date of the changes to the definitions of "gravely disabled" and "likelihood of serious harm" contingent upon single bed certification reports falling below 200 for 3 consecutive months; and

(12) Makes technical amendments, including conforming amendments.

--- END ---