

2SHB 1907 - S COMM AMD

By Subcommittee on Behavioral Health

ADOPTED AND ENGROSSED 4/17/19

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

3 "NEW SECTION. **Sec. 1.** Within existing resources, the health  
4 care authority shall develop an addendum to the designated crisis  
5 responder statewide protocols adopted pursuant to RCW 71.05.214 in  
6 consultation with representatives of designated crisis responders,  
7 the department of social and health services, local government, law  
8 enforcement, county and city prosecutors, public defenders, and  
9 groups concerned with mental illness and substance use disorders. The  
10 addendum must update the current protocols to address the  
11 implementation of the integration of mental health and substance use  
12 disorder treatment systems, to include general processes for  
13 referrals and investigations of individuals with substance use  
14 disorders and the applicability of commitment criteria to individuals  
15 with substance use disorders. The authority shall adopt and submit  
16 the addendum to the governor and the legislature by December 1, 2019.

17 **Sec. 2.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and  
18 2018 c 201 s 3001 are each reenacted and amended to read as follows:

19 The definitions in this section apply throughout this chapter  
20 unless the context clearly requires otherwise.

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

25 (2) "Alcoholism" means a disease, characterized by a dependency  
26 on alcoholic beverages, loss of control over the amount and  
27 circumstances of use, symptoms of tolerance, physiological or  
28 psychological withdrawal, or both, if use is reduced or discontinued,  
29 and impairment of health or disruption of social or economic  
30 functioning;

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

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

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

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

13 (7) "Chemical dependency" means:

14 (a) Alcoholism;

15 (b) Drug addiction; or

16 (c) Dependence on alcohol and one or more psychoactive chemicals,  
17 as the context requires;

18 (8) "Chemical dependency professional" means a person certified  
19 as a chemical dependency professional by the department under chapter  
20 18.205 RCW;

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

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

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

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

36 (13) "Department" means the department of health;

37 (14) "Designated crisis responder" means a mental health  
38 professional appointed by the county, an entity appointed by the  
39 county, or the behavioral health organization to perform the duties  
40 specified in this chapter;

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

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

11 (17) "Developmental disability" means that condition defined in  
12 RCW 71A.10.020(5);

13 (18) "Director" means the director of the authority;

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

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

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

36 (22) "Gravely disabled" means a condition in which a person, as a  
37 result of a mental disorder, or as a result of the use of alcohol or  
38 other psychoactive chemicals: (a) Is in danger of serious physical  
39 harm resulting from a failure to provide for his or her essential  
40 human needs of health or safety; or (b) manifests severe

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

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

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

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

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

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

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

9 (b) The conditions and strategies necessary to achieve the  
10 purposes of habilitation;

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

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

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

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

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

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

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

32 (30) "In need of assisted outpatient behavioral health treatment"  
33 means that a person, as a result of a mental disorder or substance  
34 use disorder: (a) Has been committed by a court to detention for  
35 involuntary behavioral health treatment during the preceding thirty-  
36 six months; (b) is unlikely to voluntarily participate in outpatient  
37 treatment without an order for less restrictive alternative  
38 treatment, based on a history of nonadherence with treatment or in  
39 view of the person's current behavior; (c) is likely to benefit from  
40 less restrictive alternative treatment; and (d) requires less

1 restrictive alternative treatment to prevent a relapse,  
2 decompensation, or deterioration that is likely to result in the  
3 person presenting a likelihood of serious harm or the person becoming  
4 gravely disabled within a reasonably short period of time;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28 (43) "Professional person" means a mental health professional,  
29 chemical dependency professional, or designated crisis responder and  
30 shall also mean a physician, physician assistant, psychiatric  
31 advanced registered nurse practitioner, registered nurse, and such  
32 others as may be defined by rules adopted by the secretary pursuant  
33 to the provisions of this chapter;

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

38 (45) "Psychiatrist" means a person having a license as a  
39 physician and surgeon in this state who has in addition completed  
40 three years of graduate training in psychiatry in a program approved

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

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

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

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

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

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

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

29 (a) (~~(Provides for intoxicated persons)~~) Provide the following  
30 services:

31 (i) (~~(Evaluation and)~~) Assessment and treatment, provided by  
32 certified chemical dependency professionals;

33 (ii) Clinical stabilization services;

34 (iii) Acute or subacute detoxification services for intoxicated  
35 individuals; and

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



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

3 (c) (~~is~~) Be licensed or certified as such by the department of  
4 health;

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

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

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

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

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

36 (57) "Triage facility" means a short-term facility or a portion  
37 of a facility licensed or certified by the department under RCW  
38 71.24.035, which is designed as a facility to assess and stabilize an  
39 individual or determine the need for involuntary commitment of an  
40 individual, and must meet department residential treatment facility

1 standards. A triage facility may be structured as a voluntary or  
2 involuntary placement facility;

3 (58) "Violent act" means behavior that resulted in homicide,  
4 attempted suicide, nonfatal injuries, or substantial damage to  
5 property.

6 **Sec. 3.** RCW 71.05.050 and 2016 sp.s. c 29 s 207 are each amended  
7 to read as follows:

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

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

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

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

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

18 **Sec. 4.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to  
19 read as follows:

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

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

1 with a substance use disorder to a secure (~~detoxification~~)  
2 withdrawal management and stabilization facility or approved  
3 substance use disorder treatment program, for not more than a  
4 seventy-two-hour evaluation and treatment period may be issued by a  
5 judge of the superior court upon request of a designated crisis  
6 responder, subject to (d) of this subsection, whenever it appears to  
7 the satisfaction of a judge of the 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 (~~detoxification~~) withdrawal management and stabilization facility  
21 or approved substance use disorder treatment program unless there is  
22 an available secure (~~detoxification~~) withdrawal management and  
23 stabilization facility or approved substance use disorder treatment  
24 program that has adequate space for the person.

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

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

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

18 **Sec. 5.** RCW 71.05.150 and 2018 c 291 s 5 are each amended to  
19 read as follows:

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

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

1 with a substance use disorder to a secure ((detoxification))  
2 withdrawal management and stabilization facility or approved  
3 substance use disorder treatment program, for not more than a  
4 seventy-two-hour evaluation and treatment period may be issued by a  
5 judge of the superior court upon request of a designated crisis  
6 responder 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 (3) The designated crisis responder shall then serve or cause to  
20 be served on such person, his or her guardian, and conservator, if  
21 any, a copy of the order together with a notice of rights, and a  
22 petition for initial detention. After service on such person the  
23 designated crisis responder shall file the return of service in court  
24 and provide copies of all papers in the court file to the evaluation  
25 and treatment facility, secure ((detoxification)) withdrawal  
26 management and stabilization facility, or approved substance use  
27 disorder treatment program, and the designated attorney. The  
28 designated crisis responder shall notify the court and the  
29 prosecuting attorney that a probable cause hearing will be held  
30 within seventy-two hours of the date and time of outpatient  
31 evaluation or admission to the evaluation and treatment facility,  
32 secure ((detoxification)) withdrawal management and stabilization  
33 facility, or approved substance use disorder treatment program. The  
34 person shall be permitted to be accompanied by one or more of his or  
35 her relatives, friends, an attorney, a personal physician, or other  
36 professional or religious advisor to the place of evaluation. An  
37 attorney accompanying the person to the place of evaluation shall be  
38 permitted to be present during the admission evaluation. Any other  
39 individual accompanying the person may be present during the  
40 admission evaluation. The facility may exclude the individual if his

1 or her presence would present a safety risk, delay the proceedings,  
2 or otherwise interfere with the evaluation.

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

12 **Sec. 6.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each amended  
13 to read as follows:

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

24 (2) When a designated crisis responder receives information  
25 alleging that a person, as the result of substance use disorder,  
26 presents an imminent likelihood of serious harm, or is in imminent  
27 danger because of being gravely disabled, after investigation and  
28 evaluation of the specific facts alleged and of the reliability and  
29 credibility of the person or persons providing the information if  
30 any, the designated crisis responder may take the person, or cause by  
31 oral or written order the person to be taken, into emergency custody  
32 in a secure (~~detoxification~~) withdrawal management and  
33 stabilization facility or approved substance use disorder treatment  
34 program for not more than seventy-two hours as described in RCW  
35 71.05.180, if a secure (~~detoxification~~) withdrawal management and  
36 stabilization facility or approved substance use disorder treatment  
37 program is available and has adequate space for the person.

38 (3)(a) Subject to (b) of this subsection, a peace officer may  
39 take or cause such person to be taken into custody and immediately

1 delivered to a triage facility, crisis stabilization unit, evaluation  
2 and treatment facility, secure ((~~detoxification~~)) withdrawal  
3 management and stabilization facility, approved substance use  
4 disorder treatment program, or the emergency department of a local  
5 hospital under the following circumstances:

6 (i) Pursuant to subsection (1) or (2) of this section; or

7 (ii) When he or she has reasonable cause to believe that such  
8 person is suffering from a mental disorder or substance use disorder  
9 and presents an imminent likelihood of serious harm or is in imminent  
10 danger because of being gravely disabled.

11 (b) A peace officer's delivery of a person, based on a substance  
12 use disorder, to a secure ((~~detoxification~~)) withdrawal management  
13 and stabilization facility or approved substance use disorder  
14 treatment program is subject to the availability of a secure  
15 ((~~detoxification~~)) withdrawal management and stabilization facility  
16 or approved substance use disorder treatment program with adequate  
17 space for the person.

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

26 (5) Within three hours after arrival, not counting time periods  
27 prior to medical clearance, the person must be examined by a mental  
28 health professional. Within twelve hours of notice of the need for  
29 evaluation, not counting time periods prior to medical clearance, the  
30 designated crisis responder must determine whether the individual  
31 meets detention criteria. If the individual is detained, the  
32 designated crisis responder shall file a petition for detention or a  
33 supplemental petition as appropriate and commence service on the  
34 designated attorney for the detained person. If the individual is  
35 released to the community, the mental health service provider shall  
36 inform the peace officer of the release within a reasonable period of  
37 time after the release if the peace officer has specifically  
38 requested notification and provided contact information to the  
39 provider.



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

7 **Sec. 7.** RCW 71.05.153 and 2016 sp.s. c 29 s 213 are each amended  
8 to read as follows:

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

19 (2) When a designated crisis responder receives information  
20 alleging that a person, as the result of substance use disorder,  
21 presents an imminent likelihood of serious harm, or is in imminent  
22 danger because of being gravely disabled, after investigation and  
23 evaluation of the specific facts alleged and of the reliability and  
24 credibility of the person or persons providing the information if  
25 any, the designated crisis responder may take the person, or cause by  
26 oral or written order the person to be taken, into emergency custody  
27 in a secure ((~~detoxification~~)) withdrawal management and  
28 stabilization facility or approved substance use disorder treatment  
29 program for not more than seventy-two hours as described in RCW  
30 71.05.180.

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

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

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

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

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

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

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

31 **Sec. 8.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 15 are each  
32 amended to read as follows:

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

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

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

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

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

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

1 (3) An evaluation and treatment center, secure (~~detoxification~~)  
2 withdrawal management and stabilization facility, or approved  
3 substance use disorder treatment program admitting or accepting any  
4 person pursuant to this chapter whose physical condition reveals the  
5 need for hospitalization shall assure that such person is transferred  
6 to an appropriate hospital for evaluation or admission for treatment.  
7 Notice of such fact shall be given to the court, the designated  
8 attorney, and the designated crisis responder and the court shall  
9 order such continuance in proceedings under this chapter as may be  
10 necessary, but in no event may this continuance be more than fourteen  
11 days.

12 **Sec. 9.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 16 are each  
13 amended to read as follows:

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

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

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

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

27 (b) Shall receive such treatment and care as his or her condition  
28 requires including treatment on an outpatient basis for the period  
29 that he or she is detained, except that, beginning twenty-four hours  
30 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
31 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
32 refuse psychiatric medications, but may not refuse: (i) Any other  
33 medication previously prescribed by a person licensed under Title 18  
34 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
35 be informed at an appropriate time of his or her right of such  
36 refusal. The person shall be detained up to seventy-two hours, if, in  
37 the opinion of the professional person in charge of the facility, or  
38 his or her professional designee, the person presents a likelihood of  
39 serious harm, or is gravely disabled. A person who has been detained

1 for seventy-two hours shall no later than the end of such period be  
2 released, unless referred for further care on a voluntary basis, or  
3 detained pursuant to court order for further treatment as provided in  
4 this chapter.

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

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

27 **Sec. 10.** RCW 71.05.220 and 2016 sp.s. c 29 s 229 are each  
28 amended to read as follows:

29 At the time a person is involuntarily admitted to an evaluation  
30 and treatment facility, secure (~~(detoxification)~~) withdrawal  
31 management and stabilization facility, or approved substance use  
32 disorder treatment program, the professional person in charge or his  
33 or her designee shall take reasonable precautions to inventory and  
34 safeguard the personal property of the person detained. A copy of the  
35 inventory, signed by the staff member making it, shall be given to  
36 the person detained and shall, in addition, be open to inspection to  
37 any responsible relative, subject to limitations, if any,  
38 specifically imposed by the detained person. For purposes of this  
39 section, "responsible relative" includes the guardian, conservator,

1 attorney, spouse, parent, adult child, or adult brother or sister of  
2 the person. The facility shall not disclose the contents of the  
3 inventory to any other person without the consent of the patient or  
4 order of the court.

5 **Sec. 11.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009  
6 are each reenacted and amended to read as follows:

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

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

24 (3)(a) Subject to (b) of this subsection, at the conclusion of  
25 the probable cause hearing, if the court finds by a preponderance of  
26 the evidence that such person, as the result of a mental disorder or  
27 substance use disorder, presents a likelihood of serious harm, or is  
28 gravely disabled, and, after considering less restrictive  
29 alternatives to involuntary detention and treatment, finds that no  
30 such alternatives are in the best interests of such person or others,  
31 the court shall order that such person be detained for involuntary  
32 treatment not to exceed fourteen days in a facility licensed or  
33 certified to provide treatment by the department.

34 (b) Commitment for up to fourteen days based on a substance use  
35 disorder must be to either a secure (~~detoxification~~) withdrawal  
36 management and stabilization facility or an approved substance use  
37 disorder treatment program. A court may only enter a commitment order  
38 based on a substance use disorder if there is an available secure  
39 (~~detoxification~~) withdrawal management and stabilization facility

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

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

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

18 (4) An order for less restrictive alternative treatment must name  
19 the mental health service provider responsible for identifying the  
20 services the person will receive in accordance with RCW 71.05.585,  
21 and must include a requirement that the person cooperate with the  
22 services planned by the mental health service provider.

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

33 **Sec. 12.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010  
34 are each reenacted and amended to read as follows:

35 (1) If a petition is filed for fourteen day involuntary treatment  
36 or ninety days of less restrictive alternative treatment, the court  
37 shall hold a probable cause hearing within seventy-two hours of the  
38 initial detention of such person as determined in RCW 71.05.180, or  
39 at a time determined under RCW 71.05.148. If requested by the person

1 or his or her attorney, the hearing may be postponed for a period not  
2 to exceed forty-eight hours. The hearing may also be continued  
3 subject to the conditions set forth in RCW 71.05.210 or subject to  
4 the petitioner's showing of good cause for a period not to exceed  
5 twenty-four hours.

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

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

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

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 disorder, presents a  
30 likelihood of serious harm, or is gravely disabled, but that  
31 treatment in a less restrictive setting than detention is in the best  
32 interest of such person or others, the court shall order an  
33 appropriate less restrictive alternative course of treatment for not  
34 to exceed 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 disorder, is in need of assisted outpatient behavioral health  
38 treatment, and that the person does not present a likelihood of  
39 serious harm or grave disability, the court shall order an



1 appropriate less restrictive alternative course of treatment not to  
2 exceed ninety days.

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

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

18 **Sec. 13.** RCW 71.05.360 and 2017 3rd sp.s. c 14 s 20 are each  
19 amended to read as follows:

20 (1)(a) Every person involuntarily detained or committed under the  
21 provisions of this chapter shall be entitled to all the rights set  
22 forth in this chapter, which shall be prominently posted in the  
23 facility, and shall retain all rights not denied him or her under  
24 this chapter except as chapter 9.41 RCW may limit the right of a  
25 person to purchase or possess a firearm or to qualify for a concealed  
26 pistol license if the person is committed under RCW 71.05.240 or  
27 71.05.320 for mental health treatment.

28 (b) No person shall be presumed incompetent as a consequence of  
29 receiving an evaluation or voluntary or involuntary treatment for a  
30 mental disorder or substance use disorder, under this chapter or any  
31 prior laws of this state dealing with mental illness or substance use  
32 disorders. Competency shall not be determined or withdrawn except  
33 under the provisions of chapter 10.77 or 11.88 RCW.

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

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

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

8 (4) Persons receiving evaluation or treatment under this chapter  
9 shall be given a reasonable choice of an available physician,  
10 physician assistant, psychiatric advanced registered nurse  
11 practitioner, or other professional person qualified to provide such  
12 services.

13 (5) Whenever any person is detained for evaluation and treatment  
14 pursuant to this chapter, both the person and, if possible, a  
15 responsible member of his or her immediate family, personal  
16 representative, guardian, or conservator, if any, shall be advised as  
17 soon as possible in writing or orally, by the officer or person  
18 taking him or her into custody or by personnel of the evaluation and  
19 treatment facility, secure ((~~detoxification~~)) withdrawal management  
20 and stabilization facility, or approved substance use disorder  
21 treatment program where the person is detained that unless the person  
22 is released or voluntarily admits himself or herself for treatment  
23 within seventy-two hours of the initial detention:

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

32 (b) The person has a right to communicate immediately with an  
33 attorney; has a right to have an attorney appointed to represent him  
34 or her before and at the probable cause hearing if he or she is  
35 indigent; and has the right to be told the name and address of the  
36 attorney that the mental health professional has designated pursuant  
37 to this chapter;

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

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

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

7 (6) When proceedings are initiated under RCW 71.05.153, no later  
8 than twelve hours after such person is admitted to the evaluation and  
9 treatment facility, secure (~~detoxification~~) withdrawal management  
10 and stabilization facility, or approved substance use disorder  
11 treatment program the personnel of the facility or the designated  
12 crisis responder shall serve on such person a copy of the petition  
13 for initial detention and the name, business address, and phone  
14 number of the designated attorney and shall forthwith commence  
15 service of a copy of the petition for initial detention on the  
16 designated attorney.

17 (7) The judicial hearing described in subsection (5) of this  
18 section is hereby authorized, and shall be held according to the  
19 provisions of subsection (5) of this section and rules promulgated by  
20 the supreme court.

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

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

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

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

26 (d) To remain silent;

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

28 (9) Privileges between patients and physicians, physician  
29 assistants, psychologists, or psychiatric advanced registered nurse  
30 practitioners are deemed waived in proceedings under this chapter  
31 relating to the administration of antipsychotic medications. As to  
32 other proceedings under this chapter, the privileges shall be waived  
33 when a court of competent jurisdiction in its discretion determines  
34 that such waiver is necessary to protect either the detained person  
35 or the public.

36 The waiver of a privilege under this section is limited to  
37 records or testimony relevant to evaluation of the detained person  
38 for purposes of a proceeding under this chapter. Upon motion by the  
39 detained person or on its own motion, the court shall examine a

1 record or testimony sought by a petitioner to determine whether it is  
2 within the scope of the waiver.

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

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

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

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

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

21 (d) To have visitors at reasonable times;

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

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

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

30 (h) Not to consent to the administration of antipsychotic  
31 medications and not to thereafter be administered antipsychotic  
32 medications unless ordered by a court under RCW 71.05.217 or pursuant  
33 to an administrative hearing under RCW 71.05.215;

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

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

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

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

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

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

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

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

30 **Sec. 14.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026  
31 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

30 (d) To cause the person to be transported by a peace officer,  
31 designated crisis responder, or other means to the agency or facility  
32 monitoring or providing services under the court order, or to a  
33 triage facility, crisis stabilization unit, emergency department, or  
34 to an evaluation and treatment facility if the person is committed  
35 for mental health treatment, or to a secure (~~detoxification~~)  
36 withdrawal management and stabilization facility with available space  
37 or an approved substance use disorder treatment program with  
38 available space if the person is committed for substance use disorder  
39 treatment. The person may be detained at the facility for up to  
40 twelve hours for the purpose of an evaluation to determine whether

1 modification, revocation, or commitment proceedings are necessary and  
2 appropriate to stabilize the person and prevent decompensation,  
3 deterioration, or physical harm. Temporary detention for evaluation  
4 under this subsection is intended to occur only following a pattern  
5 of noncompliance or the failure of reasonable attempts at outreach  
6 and engagement, and may occur only when in the clinical judgment of a  
7 designated crisis responder or the professional person in charge of  
8 an agency or facility designated to monitor less restrictive  
9 alternative services temporary detention is appropriate. This  
10 subsection does not limit the ability or obligation to pursue  
11 revocation procedures under subsection (4) of this section in  
12 appropriate circumstances; and

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

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

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

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

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

25 (d) Except as provided in subsection (6) of this section, the  
26 issues for the court to determine are whether: (i) The person adhered  
27 to the terms and conditions of the court order; (ii) substantial  
28 deterioration in the person's functioning has occurred; (iii) there  
29 is evidence of substantial decompensation with a reasonable  
30 probability that the decompensation can be reversed by further  
31 inpatient treatment; or (iv) there is a likelihood of serious harm;  
32 and, if any of the above conditions apply, whether the court should  
33 reinstate or modify the person's less restrictive alternative or  
34 conditional release order or order the person's detention for  
35 inpatient treatment. The person may waive the court hearing and allow  
36 the court to enter a stipulated order upon the agreement of all  
37 parties. If the court orders detention for inpatient treatment, the  
38 treatment period may be for no longer than the period authorized in  
39 the original court order. A court may not issue an order to detain a  
40 person for inpatient treatment in a secure ((detoxification))



1 withdrawal management and stabilization facility or approved  
2 substance use disorder treatment program under this subsection unless  
3 there is a secure (~~(detoxification)~~) withdrawal management and  
4 stabilization facility or approved substance use disorder treatment  
5 program available and with adequate space for the person.

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

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

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

39 (c) The issues for the court to determine are whether to continue  
40 the detention of the person for inpatient treatment or whether the

1 court should reinstate or modify the person's less restrictive  
2 alternative order or order the person's detention for inpatient  
3 treatment. To continue detention after the seventy-two hour period,  
4 the court must find that the person, as a result of a mental disorder  
5 or substance use disorder, presents a likelihood of serious harm or  
6 is gravely disabled and, after considering less restrictive  
7 alternatives to involuntary detention and treatment, that no such  
8 alternatives are in the best interest of the person or others.

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

16 **Sec. 15.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027  
17 are each reenacted and amended to read as follows:

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

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

26 (b) Substantial deterioration in the person's functioning has  
27 occurred;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 **Sec. 16.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to  
35 read as follows:

36 (1)(a) By April 1, 2018, the authority, by rule, must combine the  
37 functions of a designated mental health professional and designated  
38 chemical dependency specialist by establishing a designated crisis  
39 responder who is authorized to conduct investigations, detain persons

1 up to seventy-two hours to the proper facility, and carry out the  
2 other functions identified in this chapter and chapter 71.34 RCW. The  
3 behavioral health organizations shall provide training to the  
4 designated crisis responders as required by the authority.

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

8 (A) Psychiatrist, psychologist, physician assistant working with  
9 a supervising psychiatrist, psychiatric advanced registered nurse  
10 practitioner, or social worker;

11 (B) Person who is licensed by the department as a mental health  
12 counselor or mental health counselor associate, or marriage and  
13 family therapist or marriage and family therapist associate;

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

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

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

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

29 (ii) Training must include chemical dependency training specific  
30 to the duties of a designated crisis responder, including diagnosis  
31 of substance abuse and dependence and assessment of risk associated  
32 with substance use.

33 (c) The authority must develop a transition process for any  
34 person who has been designated as a designated mental health  
35 professional or a designated chemical dependency specialist before  
36 April 1, 2018, to be converted to a designated crisis responder. The  
37 behavioral health organizations shall provide training, as required  
38 by the authority, to persons converting to designated crisis  
39 responders, which must include both mental health and chemical

1 dependency training applicable to the designated crisis responder  
2 role.

3 (2)(a) The authority must ensure that at least one sixteen-bed  
4 secure ((~~detoxification~~)) withdrawal management and stabilization  
5 facility is operational by April 1, 2018, and that at least two  
6 sixteen-bed secure ((~~detoxification~~)) withdrawal management and  
7 stabilization facilities are operational by April 1, 2019.

8 (b) If, at any time during the implementation of secure  
9 ((~~detoxification~~)) withdrawal management and stabilization facility  
10 capacity, federal funding becomes unavailable for federal match for  
11 services provided in secure ((~~detoxification~~)) withdrawal management  
12 and stabilization facilities, then the authority must cease any  
13 expansion of secure ((~~detoxification~~)) withdrawal management and  
14 stabilization facilities until further direction is provided by the  
15 legislature.

16 **Sec. 17.** RCW 71.05.190 and 2016 sp.s. c 29 s 220 are each  
17 amended to read as follows:

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

32 **Sec. 18.** RCW 71.05.180 and 2016 sp.s. c 29 s 219 are each  
33 amended to read as follows:

34 If the evaluation and treatment facility, secure  
35 ((~~detoxification~~)) withdrawal management and stabilization facility,  
36 or approved substance use disorder treatment program admits the  
37 person, it may detain him or her for evaluation and treatment for a  
38 period not to exceed seventy-two hours from the time of acceptance as



1 set forth in RCW 71.05.170. The computation of such seventy-two hour  
2 period shall exclude Saturdays, Sundays and holidays.

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

5 Any facility receiving a person pursuant to RCW 71.05.150 or  
6 71.05.153 shall require the designated crisis responder to prepare a  
7 petition for initial detention stating the circumstances under which  
8 the person's condition was made known and stating that there is  
9 evidence, as a result of his or her personal observation or  
10 investigation, that the actions of the person for which application  
11 is made constitute a likelihood of serious harm, or that he or she is  
12 gravely disabled, and stating the specific facts known to him or her  
13 as a result of his or her personal observation or investigation, upon  
14 which he or she bases the belief that such person should be detained  
15 for the purposes and under the authority of this chapter.

16 If a person is involuntarily placed in an evaluation and  
17 treatment facility, secure (~~detoxification~~) withdrawal management  
18 and stabilization facility, or approved substance use disorder  
19 treatment program pursuant to RCW 71.05.150 or 71.05.153, on the next  
20 judicial day following the initial detention, the designated crisis  
21 responder shall file with the court and serve the designated attorney  
22 of the detained person the petition or supplemental petition for  
23 initial detention, proof of service of notice, and a copy of a notice  
24 of emergency detention.

25 **Sec. 20.** RCW 71.05.157 and 2016 sp.s. c 29 s 216 are each  
26 amended to read as follows:

27 (1) When a designated crisis responder is notified by a jail that  
28 a defendant or offender who was subject to a discharge review under  
29 RCW 71.05.232 is to be released to the community, the designated  
30 crisis responder shall evaluate the person within seventy-two hours  
31 of release.

32 (2) When an offender is under court-ordered treatment in the  
33 community and the supervision of the department of corrections, and  
34 the treatment provider becomes aware that the person is in violation  
35 of the terms of the court order, the treatment provider shall notify  
36 the designated crisis responder and the department of corrections of  
37 the violation and request an evaluation for purposes of revocation of  
38 the less restrictive alternative.

1 (3) When a designated crisis responder becomes aware that an  
2 offender who is under court-ordered treatment in the community and  
3 the supervision of the department of corrections is in violation of a  
4 treatment order or a condition of supervision that relates to public  
5 safety, or the designated crisis responder detains a person under  
6 this chapter, the designated crisis responder shall notify the  
7 person's treatment provider and the department of corrections.

8 (4) When an offender who is confined in a state correctional  
9 facility or is under supervision of the department of corrections in  
10 the community is subject to a petition for involuntary treatment  
11 under this chapter, the petitioner shall notify the department of  
12 corrections and the department of corrections shall provide  
13 documentation of its risk assessment or other concerns to the  
14 petitioner and the court if the department of corrections classified  
15 the offender as a high risk or high needs offender.

16 (5) Nothing in this section creates a duty on any treatment  
17 provider or designated crisis responder to provide offender  
18 supervision.

19 (6) No jail or state correctional facility may be considered a  
20 less restrictive alternative to an evaluation and treatment facility,  
21 secure ((~~detoxification~~)) withdrawal management and stabilization  
22 facility, or approved substance use disorder treatment program.

23 **Sec. 21.** RCW 71.05.148 and 2018 c 291 s 3 are each amended to  
24 read as follows:

25 This section establishes a process for initial evaluation and  
26 filing of a petition for assisted outpatient behavioral health  
27 treatment, but however does not preclude the filing of a petition for  
28 assisted outpatient behavioral health treatment following a period of  
29 inpatient detention in appropriate circumstances:

30 (1) The designated crisis responder must personally interview the  
31 person, unless the person refuses an interview, and determine whether  
32 the person will voluntarily receive appropriate evaluation and  
33 treatment at a mental health facility, secure ((~~detoxification~~))  
34 withdrawal management and stabilization facility, or approved  
35 substance use disorder treatment program.

36 (2) The designated crisis responder must investigate and evaluate  
37 the specific facts alleged and the reliability or credibility of any  
38 person providing information. The designated crisis responder may  
39 spend up to forty-eight hours to complete the investigation, provided

1 that the person may not be held for investigation for any period  
2 except as authorized by RCW 71.05.050 or 71.05.153.

3 (3) If the designated crisis responder finds that the person is  
4 in need of assisted outpatient behavioral health treatment, they may  
5 file a petition requesting the court to enter an order for up to  
6 ninety days (~~(to))~~) of less restrictive alternative treatment. The  
7 petition must include:

8 (a) A statement of the circumstances under which the person's  
9 condition was made known and stating that there is evidence, as a  
10 result of the designated crisis responder's personal observation or  
11 investigation, that the person is in need of assisted outpatient  
12 behavioral health treatment, and stating the specific facts known as  
13 a result of personal observation or investigation, upon which the  
14 designated crisis responder bases this belief;

15 (b) The declaration of additional witnesses, if any, supporting  
16 the petition for assisted outpatient behavioral health treatment;

17 (c) A designation of retained counsel for the person or, if  
18 counsel is appointed, the name, business address, and telephone  
19 number of the attorney appointed to represent the person;

20 (d) The name of an agency or facility which agreed to assume the  
21 responsibility of providing less restrictive alternative treatment if  
22 the petition is granted by the court;

23 (e) A summons to appear in court at a specific time and place  
24 within five judicial days for a probable cause hearing, except as  
25 provided in subsection (4) of this section.

26 (4) If the person is in the custody of jail or prison at the time  
27 of the investigation, a petition for assisted outpatient behavioral  
28 health treatment may be used to facilitate continuity of care after  
29 release from custody or the diversion of criminal charges as follows:

30 (a) If the petition is filed in anticipation of the person's  
31 release from custody, the summons may be for a date up to five  
32 judicial days following the person's anticipated release date,  
33 provided that a clear time and place for the hearing is provided; or

34 (b) The hearing may be held prior to the person's release from  
35 custody, provided that (i) the filing of the petition does not extend  
36 the time the person would otherwise spend in the custody of jail or  
37 prison; (ii) the charges or custody of the person is not a pretext to  
38 detain the person for the purpose of the involuntary commitment  
39 hearing; and (iii) the person's release from custody must be expected  
40 to swiftly follow the adjudication of the petition. In this

1 circumstance, the time for hearing is shortened to three judicial  
2 days after the filing of the petition.

3 (5) The petition must be served upon the person and the person's  
4 counsel with a notice of applicable rights. Proof of service must be  
5 filed with the court.

6 (6) A petition for assisted outpatient behavioral health  
7 treatment filed under this section must be adjudicated under RCW  
8 71.05.240.

9 **Sec. 22.** RCW 71.05.120 and 2016 sp.s. c 29 s 208 and 2016 c 158  
10 s 4 are each reenacted and amended to read as follows:

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

26 (2) Peace officers and their employing agencies are not liable  
27 for the referral of a person, or the failure to refer a person, to a  
28 mental health agency pursuant to a policy adopted pursuant to RCW  
29 71.05.457 if such action or inaction is taken in good faith and  
30 without gross negligence.

31 (3) This section does not relieve a person from giving the  
32 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the  
33 duty to warn or to take reasonable precautions to provide protection  
34 from violent behavior where the patient has communicated an actual  
35 threat of physical violence against a reasonably identifiable victim  
36 or victims. The duty to warn or to take reasonable precautions to  
37 provide protection from violent behavior is discharged if reasonable  
38 efforts are made to communicate the threat to the victim or victims  
39 and to law enforcement personnel.

1           **Sec. 23.** RCW 71.24.037 and 2018 c 201 s 4005 are each amended to  
2 read as follows:

3           (1) The secretary shall by rule establish state minimum standards  
4 for licensed or certified behavioral health service providers and  
5 services, whether those service providers and services are licensed  
6 or certified to provide solely mental health services, substance use  
7 disorder treatment services, or services to persons with co-occurring  
8 disorders.

9           (2) Minimum standards for licensed or certified behavioral health  
10 service providers shall, at a minimum, establish: Qualifications for  
11 staff providing services directly to persons with mental disorders,  
12 substance use disorders, or both, the intended result of each  
13 service, and the rights and responsibilities of persons receiving  
14 behavioral health services pursuant to this chapter. The secretary  
15 shall provide for deeming of licensed or certified behavioral health  
16 service providers as meeting state minimum standards as a result of  
17 accreditation by a recognized behavioral health accrediting body  
18 recognized and having a current agreement with the department.

19           (3) Minimum standards for community support services and resource  
20 management services shall include at least qualifications for  
21 resource management services, client tracking systems, and the  
22 transfer of patient information between behavioral health service  
23 providers.

24           (4) The department may suspend, revoke, limit, restrict, or  
25 modify an approval, or refuse to grant approval, for failure to meet  
26 the provisions of this chapter, or the standards adopted under this  
27 chapter. RCW 43.70.115 governs notice of a license or certification  
28 denial, revocation, suspension, or modification and provides the  
29 right to an adjudicative proceeding.

30           (5) No licensed or certified behavioral health service provider  
31 may advertise or represent itself as a licensed or certified  
32 behavioral health service provider if approval has not been granted,  
33 has been denied, suspended, revoked, or canceled.

34           (6) Licensure or certification as a behavioral health service  
35 provider is effective for one calendar year from the date of issuance  
36 of the license or certification. The license or certification must  
37 specify the types of services provided by the behavioral health  
38 service provider that meet the standards adopted under this chapter.  
39 Renewal of a license or certification must be made in accordance with

1 this section for initial approval and in accordance with the  
2 standards set forth in rules adopted by the secretary.

3 (7) Licensure or certification as a licensed or certified  
4 behavioral health service provider must specify the types of services  
5 provided that meet the standards adopted under this chapter. Renewal  
6 of a license or certification must be made in accordance with this  
7 section for initial approval and in accordance with the standards set  
8 forth in rules adopted by the secretary.

9 (8) The department shall develop a process by which a provider  
10 may obtain dual licensure as an evaluation and treatment facility and  
11 secure withdrawal management and stabilization facility.

12 (9) Licensed or certified behavioral health service providers may  
13 not provide types of services for which the licensed or certified  
14 behavioral health service provider has not been certified. Licensed  
15 or certified behavioral health service providers may provide services  
16 for which approval has been sought and is pending, if approval for  
17 the services has not been previously revoked or denied.

18 ~~((9))~~ (10) The department periodically shall inspect licensed  
19 or certified behavioral health service providers at reasonable times  
20 and in a reasonable manner.

21 ~~((10))~~ (11) Upon petition of the department and after a hearing  
22 held upon reasonable notice to the facility, the superior court may  
23 issue a warrant to an officer or employee of the department  
24 authorizing him or her to enter and inspect at reasonable times, and  
25 examine the books and accounts of, any licensed or certified  
26 behavioral health service provider refusing to consent to inspection  
27 or examination by the department or which the department has  
28 reasonable cause to believe is operating in violation of this  
29 chapter.

30 ~~((11))~~ (12) The department shall maintain and periodically  
31 publish a current list of licensed or certified behavioral health  
32 service providers.

33 ~~((12))~~ (13) Each licensed or certified behavioral health  
34 service provider shall file with the department or the authority upon  
35 request, data, statistics, schedules, and information the department  
36 or the authority reasonably requires. A licensed or certified  
37 behavioral health service provider that without good cause fails to  
38 furnish any data, statistics, schedules, or information as requested,  
39 or files fraudulent returns thereof, may have its license or  
40 certification revoked or suspended.

1       (~~(13)~~) (14) The authority shall use the data provided in  
2 subsection (~~(12)~~) (13) of this section to evaluate each program  
3 that admits children to inpatient substance use disorder treatment  
4 upon application of their parents. The evaluation must be done at  
5 least once every twelve months. In addition, the authority shall  
6 randomly select and review the information on individual children who  
7 are admitted on application of the child's parent for the purpose of  
8 determining whether the child was appropriately placed into substance  
9 use disorder treatment based on an objective evaluation of the  
10 child's condition and the outcome of the child's treatment.

11       (~~(14)~~) (15) Any settlement agreement entered into between the  
12 department and licensed or certified behavioral health service  
13 providers to resolve administrative complaints, license or  
14 certification violations, license or certification suspensions, or  
15 license or certification revocations may not reduce the number of  
16 violations reported by the department unless the department  
17 concludes, based on evidence gathered by inspectors, that the  
18 licensed or certified behavioral health service provider did not  
19 commit one or more of the violations.

20       (~~(15)~~) (16) In cases in which a behavioral health service  
21 provider that is in violation of licensing or certification standards  
22 attempts to transfer or sell the behavioral health service provider  
23 to a family member, the transfer or sale may only be made for the  
24 purpose of remedying license or certification violations and  
25 achieving full compliance with the terms of the license or  
26 certification. Transfers or sales to family members are prohibited in  
27 cases in which the purpose of the transfer or sale is to avoid  
28 liability or reset the number of license or certification violations  
29 found before the transfer or sale. If the department finds that the  
30 owner intends to transfer or sell, or has completed the transfer or  
31 sale of, ownership of the behavioral health service provider to a  
32 family member solely for the purpose of resetting the number of  
33 violations found before the transfer or sale, the department may not  
34 renew the behavioral health service provider's license or  
35 certification or issue a new license or certification to the  
36 behavioral health service provider.

37       **Sec. 24.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to  
38 read as follows:

1 Unless the context clearly requires otherwise, the definitions in  
2 this section apply throughout this chapter.

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

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

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

14 (4) "Chemical dependency" means:

15 (a) Alcoholism;

16 (b) Drug addiction; or

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

19 (5) "Chemical dependency professional" means a person certified  
20 as a chemical dependency professional by the department of health  
21 under chapter 18.205 RCW.

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

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

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

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

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

39 (9) "Department" means the department of social and health  
40 services.



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

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

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

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

22 (14) "Evaluation and treatment program" means the total system of  
23 services and facilities coordinated and approved by a county or  
24 combination of counties for the evaluation and treatment of minors  
25 under this chapter.

26 (15) "Gravely disabled minor" means a minor who, as a result of a  
27 mental disorder, or as a result of the use of alcohol or other  
28 psychoactive chemicals, is in danger of serious physical harm  
29 resulting from a failure to provide for his or her essential human  
30 needs of health or safety, or manifests severe deterioration in  
31 routine functioning evidenced by repeated and escalating loss of  
32 cognitive or volitional control over his or her actions and is not  
33 receiving such care as is essential for his or her health or safety.

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

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

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

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

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

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

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

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

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

4 (25) "Parent" means:

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

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

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

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

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

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

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

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

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

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

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

8 (34) "Secretary" means the secretary of the department or  
9 secretary's designee.

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

18 (a) ~~((Provides for intoxicated minors))~~ Provide the following  
19 services:

20 (i) ~~((Evaluation and))~~ Assessment and treatment, provided by  
21 certified chemical dependency professionals;

22 (ii) Clinical stabilization services;

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

25 ~~((iii))~~ (iv) Discharge assistance provided by certified  
26 chemical dependency professionals, including facilitating transitions  
27 to appropriate voluntary or involuntary inpatient services or to less  
28 restrictive alternatives as appropriate for the ~~((minor))~~ individual;

29 (b) Include ~~((s))~~ security measures sufficient to protect the  
30 patients, staff, and community; and

31 (c) ~~((Is))~~ Be licensed or certified as such by the department of  
32 health.

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

36 (37) "Start of initial detention" means the time of arrival of  
37 the minor at the first evaluation and treatment facility, secure  
38 ~~((detoxification))~~ withdrawal management and stabilization facility,  
39 or approved substance use disorder treatment program offering  
40 inpatient treatment if the minor is being involuntarily detained at

1 the time. With regard to voluntary patients, "start of initial  
2 detention" means the time at which the minor gives notice of intent  
3 to leave under the provisions of this chapter.

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

10 **Sec. 25.** RCW 71.34.375 and 2018 c 201 s 5005 are each amended to  
11 read as follows:

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

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

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

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

32 (3) The department of health shall produce, and make available,  
33 the written notification that must include, at a minimum, the  
34 information contained in subsection (2) of this section. The  
35 department of health must revise the written notification as  
36 necessary to reflect changes in the law.

37 **Sec. 26.** RCW 71.05.435 and 2018 c 201 s 3020 are each amended to  
38 read as follows:

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

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

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

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

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

1 That such duties were performed in good faith and without gross  
2 negligence.

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

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

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

11 (b) A secure (~~detoxification~~) withdrawal management and  
12 stabilization facility or approved substance use disorder treatment  
13 program and request that a substance use disorder assessment be  
14 conducted by a professional person to determine whether the minor has  
15 a substance use disorder and is in need of inpatient treatment.

16 (2) The consent of the minor is not required for admission,  
17 evaluation, and treatment if the parent brings the minor to the  
18 facility.

19 (3) An appropriately trained professional person may evaluate  
20 whether the minor has a mental disorder or has a substance use  
21 disorder. The evaluation shall be completed within twenty-four hours  
22 of the time the minor was brought to the facility, unless the  
23 professional person determines that the condition of the minor  
24 necessitates additional time for evaluation. In no event shall a  
25 minor be held longer than seventy-two hours for evaluation. If, in  
26 the judgment of the professional person, it is determined it is a  
27 medical necessity for the minor to receive inpatient treatment, the  
28 minor may be held for treatment. The facility shall limit treatment  
29 to that which the professional person determines is medically  
30 necessary to stabilize the minor's condition until the evaluation has  
31 been completed. Within twenty-four hours of completion of the  
32 evaluation, the professional person shall notify the authority if the  
33 child is held for treatment and of the date of admission.

34 (4) No provider is obligated to provide treatment to a minor  
35 under the provisions of this section except that no provider may  
36 refuse to treat a minor under the provisions of this section solely  
37 on the basis that the minor has not consented to the treatment. No  
38 provider may admit a minor to treatment under this section unless it  
39 is medically necessary.

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

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

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

8 **Sec. 29.** RCW 71.34.660 and 2016 sp.s. c 29 s 266 are each  
9 amended to read as follows:

10 A minor child shall have no cause of action against an evaluation  
11 and treatment facility, secure ((~~detoxification~~)) withdrawal  
12 management and stabilization facility, approved substance use  
13 disorder treatment program, inpatient facility, or provider of  
14 outpatient mental health treatment or outpatient substance use  
15 disorder treatment for admitting or accepting the minor in good faith  
16 for evaluation or treatment under RCW 71.34.600 or 71.34.650 based  
17 solely upon the fact that the minor did not consent to evaluation or  
18 treatment if the minor's parent has consented to the evaluation or  
19 treatment.

20 **Sec. 30.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each  
21 amended to read as follows:

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

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

35 (3) If it is determined under subsection (1) or (2) of this  
36 section that the minor suffers from a mental disorder or substance  
37 use disorder, inpatient treatment is required, the minor is unwilling  
38 to consent to voluntary admission, and the professional person



1 believes that the minor meets the criteria for initial detention set  
2 forth herein, the facility may detain or arrange for the detention of  
3 the minor for up to twelve hours in order to enable a designated  
4 crisis responder to evaluate the minor and commence initial detention  
5 proceedings under the provisions of this chapter.

6 **Sec. 31.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each  
7 amended to read as follows:

8 (1) If a minor, thirteen years or older, is brought to an  
9 evaluation and treatment facility or hospital emergency room for  
10 immediate mental health services, the professional person in charge  
11 of the facility shall evaluate the minor's mental condition,  
12 determine whether the minor suffers from a mental disorder, and  
13 whether the minor is in need of immediate inpatient treatment.

14 (2) If a minor, thirteen years or older, is brought to a secure  
15 (~~(detoxification)~~) withdrawal management and stabilization facility  
16 or a hospital emergency room for immediate substance use disorder  
17 treatment, the professional person in charge of the facility shall  
18 evaluate the minor's condition, determine whether the minor suffers  
19 from substance use disorder, and whether the minor is in need of  
20 immediate inpatient treatment.

21 (3) If it is determined under subsection (1) or (2) of this  
22 section that the minor suffers from a mental disorder or substance  
23 use disorder, inpatient treatment is required, the minor is unwilling  
24 to consent to voluntary admission, and the professional person  
25 believes that the minor meets the criteria for initial detention set  
26 forth herein, the facility may detain or arrange for the detention of  
27 the minor for up to twelve hours in order to enable a designated  
28 crisis responder to evaluate the minor and commence initial detention  
29 proceedings under the provisions of this chapter.

30 **Sec. 32.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each  
31 amended to read as follows:

32 (1)(a)(i) When a designated crisis responder receives information  
33 that a minor, thirteen years or older, as a result of a mental  
34 disorder presents a likelihood of serious harm or is gravely  
35 disabled, has investigated the specific facts alleged and of the  
36 credibility of the person or persons providing the information, and  
37 has determined that voluntary admission for inpatient treatment is  
38 not possible, the designated crisis responder may take the minor, or

1 cause the minor to be taken, into custody and transported to an  
2 evaluation and treatment facility providing inpatient treatment.

3 (ii) When a designated crisis responder receives information that  
4 a minor, thirteen years or older, as a result of substance use  
5 disorder presents a likelihood of serious harm or is gravely  
6 disabled, has investigated the specific facts alleged and of the  
7 credibility of the person or persons providing the information, and  
8 has determined that voluntary admission for inpatient treatment is  
9 not possible, the designated crisis responder may take the minor, or  
10 cause the minor to be taken, into custody and transported to a secure  
11 (~~detoxification~~) withdrawal management and stabilization facility  
12 or approved substance use disorder treatment program, if a secure  
13 (~~detoxification~~) withdrawal management and stabilization facility  
14 or approved substance use disorder treatment program is available and  
15 has adequate space for the minor.

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

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

34 (3) At the time of initial detention, the designated crisis  
35 responder shall advise the minor both orally and in writing that if  
36 admitted to the evaluation and treatment facility, secure  
37 (~~detoxification~~) withdrawal management and stabilization facility,  
38 or approved substance use disorder treatment program for inpatient  
39 treatment, a commitment hearing shall be held within seventy-two

1 hours of the minor's provisional acceptance to determine whether  
2 probable cause exists to commit the minor for further treatment.

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

7 (4) Subject to subsection (5) of this section, whenever the  
8 designated crisis responder petitions for detention of a minor under  
9 this chapter, an evaluation and treatment facility, secure  
10 (~~(detoxification)~~) withdrawal management and stabilization facility,  
11 or approved substance use disorder treatment program providing  
12 seventy-two hour evaluation and treatment must immediately accept on  
13 a provisional basis the petition and the person. Within twenty-four  
14 hours of the minor's arrival, the facility must evaluate the minor's  
15 condition and either admit or release the minor in accordance with  
16 this chapter.

17 (5) A designated crisis responder may not petition for detention  
18 of a minor to a secure (~~(detoxification)~~) withdrawal management and  
19 stabilization facility or approved substance use disorder treatment  
20 program unless there is a secure (~~(detoxification)~~) withdrawal  
21 management and stabilization facility or approved substance use  
22 disorder treatment program available and that has adequate space for  
23 the minor.

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

30 **Sec. 33.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each  
31 amended to read as follows:

32 (1)(a)(i) When a designated crisis responder receives information  
33 that a minor, thirteen years or older, as a result of a mental  
34 disorder presents a likelihood of serious harm or is gravely  
35 disabled, has investigated the specific facts alleged and of the  
36 credibility of the person or persons providing the information, and  
37 has determined that voluntary admission for inpatient treatment is  
38 not possible, the designated crisis responder may take the minor, or

1 cause the minor to be taken, into custody and transported to an  
2 evaluation and treatment facility providing inpatient treatment.

3 (ii) When a designated crisis responder receives information that  
4 a minor, thirteen years or older, as a result of substance use  
5 disorder presents a likelihood of serious harm or is gravely  
6 disabled, has investigated the specific facts alleged and of the  
7 credibility of the person or persons providing the information, and  
8 has determined that voluntary admission for inpatient treatment is  
9 not possible, the designated crisis responder may take the minor, or  
10 cause the minor to be taken, into custody and transported to a secure  
11 (~~detoxification~~) withdrawal management and stabilization facility  
12 or approved substance use disorder treatment program.

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

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

31 (3) At the time of initial detention, the designated crisis  
32 responder shall advise the minor both orally and in writing that if  
33 admitted to the evaluation and treatment facility, secure  
34 (~~detoxification~~) withdrawal management and stabilization facility,  
35 or approved substance use disorder treatment program for inpatient  
36 treatment, a commitment hearing shall be held within seventy-two  
37 hours of the minor's provisional acceptance to determine whether  
38 probable cause exists to commit the minor for further treatment.

39 The minor shall be advised that he or she has a right to  
40 communicate immediately with an attorney and that he or she has a

1 right to have an attorney appointed to represent him or her before  
2 and at the hearing if the minor is indigent.

3 (4) Whenever the designated crisis responder petitions for  
4 detention of a minor under this chapter, an evaluation and treatment  
5 facility, secure ((~~detoxification~~)) withdrawal management and  
6 stabilization facility, or approved substance use disorder treatment  
7 program providing seventy-two hour evaluation and treatment must  
8 immediately accept on a provisional basis the petition and the  
9 person. Within twenty-four hours of the minor's arrival, the facility  
10 must evaluate the minor's condition and either admit or release the  
11 minor in accordance with this chapter.

12 (5) If a minor is not approved for admission by the inpatient  
13 evaluation and treatment facility, secure ((~~detoxification~~))  
14 withdrawal management and stabilization facility, or approved  
15 substance use disorder treatment program, the facility shall make  
16 such recommendations and referrals for further care and treatment of  
17 the minor as necessary.

18 **Sec. 34.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to  
19 read as follows:

20 (1) Each minor approved by the facility for inpatient admission  
21 shall be examined and evaluated by a children's mental health  
22 specialist, for minors admitted as a result of a mental disorder, or  
23 by a chemical dependency professional, for minors admitted as a  
24 result of a substance use disorder, as to the child's mental  
25 condition and by a physician, physician assistant, or psychiatric  
26 advanced registered nurse practitioner as to the child's physical  
27 condition within twenty-four hours of admission. Reasonable measures  
28 shall be taken to ensure medical treatment is provided for any  
29 condition requiring immediate medical attention.

30 (2) If, after examination and evaluation, the children's mental  
31 health specialist or substance use disorder specialist and the  
32 physician, physician assistant, or psychiatric advanced registered  
33 nurse practitioner determine that the initial needs of the minor, if  
34 detained to an evaluation and treatment facility, would be better  
35 served by placement in a substance use disorder treatment program or,  
36 if detained to a secure ((~~detoxification~~)) withdrawal management and  
37 stabilization facility or approved substance use disorder treatment  
38 program, would be better served in an evaluation and treatment  
39 facility, then the minor shall be referred to the more appropriate

1 placement; however a minor may only be referred to a secure  
2 (~~detoxification~~) withdrawal management and stabilization facility  
3 or approved substance use disorder treatment program if there is a  
4 secure (~~detoxification~~) withdrawal management and stabilization  
5 facility or approved substance use disorder treatment program  
6 available and that has adequate space for the minor.

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

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

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

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

28 **Sec. 35.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to  
29 read as follows:

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

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

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

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

21 (5) If the evaluation and treatment facility, secure  
22 (~~detoxification~~) withdrawal management and stabilization facility,  
23 or approved substance use disorder treatment program admits the  
24 minor, it may detain the minor for evaluation and treatment for a  
25 period not to exceed seventy-two hours from the time of provisional  
26 acceptance. The computation of such seventy-two hour period shall  
27 exclude Saturdays, Sundays, and holidays. This initial treatment  
28 period shall not exceed seventy-two hours except when an application  
29 for voluntary inpatient treatment is received or a petition for  
30 fourteen-day 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. 36.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
34 s 20 are each reenacted and amended to read as follows:

35 (1) The professional person in charge of an evaluation and  
36 treatment facility, secure (~~detoxification~~) withdrawal management  
37 and stabilization facility, or approved substance use disorder  
38 treatment program where a minor has been admitted involuntarily for  
39 the initial seventy-two hour treatment period under this chapter may

1 petition to have a minor committed to an evaluation and treatment  
2 facility or, in the case of a minor with a substance use disorder, to  
3 a secure (~~detoxification~~) withdrawal management and stabilization  
4 facility or approved substance use disorder treatment program for  
5 fourteen-day diagnosis, evaluation, 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) (~~Two physicians; (ii) one physician and a mental health~~  
16 ~~professional; (iii) one physician assistant and a mental health~~  
17 ~~professional; or (iv) one psychiatric advanced registered nurse~~  
18 ~~practitioner and a mental health professional~~) One physician,  
19 physician assistant, or psychiatric advanced registered nurse  
20 practitioner; and

21 (ii) One physician, physician assistant, psychiatric advanced  
22 registered nurse practitioner, or mental health professional.

23 (b) If the petition is for substance use disorder treatment, the  
24 petition may be signed by a chemical dependency professional instead  
25 of a mental health professional and by an advanced registered nurse  
26 practitioner instead of a psychiatric advanced registered nurse  
27 practitioner. The person signing the petition must have examined the  
28 minor, and the petition must contain the following:

29 (~~(A)~~) (i) The name and address of the petitioner;

30 (~~(B)~~) (ii) The name of the minor alleged to meet the criteria  
31 for fourteen-day commitment;

32 (~~(C)~~) (iii) The name, telephone number, and address if known of  
33 every person believed by the petitioner to be legally responsible for  
34 the minor;

35 (~~(D)~~) (iv) A statement that the petitioner has examined the  
36 minor and finds that the minor's condition meets required criteria  
37 for fourteen-day commitment and the supporting facts therefor;

38 (~~(E)~~) (v) A statement that the minor has been advised of the  
39 need for voluntary treatment but has been unwilling or unable to  
40 consent to necessary treatment;



1       (~~(F)~~) (vi) If the petition is for mental health treatment, a  
2 statement that the minor has been advised of the loss of firearm  
3 rights if involuntarily committed;

4       (~~(G)~~) (vii) A statement recommending the appropriate facility  
5 or facilities to provide the necessary treatment; and

6       (~~(H)~~) (viii) A statement concerning whether a less restrictive  
7 alternative to inpatient treatment is in the best interests of the  
8 minor.

9       (~~(b)~~) (c) A copy of the petition shall be personally delivered  
10 to the minor by the petitioner or petitioner's designee. A copy of  
11 the petition shall be sent to the minor's attorney and the minor's  
12 parent.

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

15       (1) A commitment hearing shall be held within seventy-two hours  
16 of the minor's admission, excluding Saturday, Sunday, and holidays,  
17 unless a continuance is requested by the minor or the minor's  
18 attorney.

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

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

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

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

30       (6) At the commitment hearing, the minor shall have the following  
31 rights:

32       (a) To be represented by an attorney;

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

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

35       (7) If the hearing is for commitment for mental health treatment,  
36 the court at the time of the commitment hearing and before an order  
37 of commitment is entered shall inform the minor both orally and in  
38 writing that the failure to make a good faith effort to seek  
39 voluntary treatment as provided in RCW 71.34.730 will result in the

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

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

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

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

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

12 (b) The minor is in need of evaluation and treatment of the type  
13 provided by the inpatient evaluation and treatment facility, secure  
14 (~~detoxification~~) withdrawal management and stabilization facility,  
15 or approved substance use disorder treatment program to which  
16 continued inpatient care is sought or is in need of less restrictive  
17 alternative treatment found to be in the best interests of the minor;

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

20 (d) If commitment is for a substance use disorder, there is an  
21 available secure (~~detoxification~~) withdrawal management and  
22 stabilization facility or approved substance use disorder treatment  
23 program with adequate space for the minor.

24 (11) If the court finds that the minor meets the criteria for a  
25 fourteen-day commitment, the court shall either authorize commitment  
26 of the minor for inpatient treatment or for less restrictive  
27 alternative treatment upon such conditions as are necessary. If the  
28 court determines that the minor does not meet the criteria for a  
29 fourteen-day commitment, the minor shall be released.

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

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

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

1       **Sec. 38.**     RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each  
2 amended to read as follows:

3       (1) A commitment hearing shall be held within seventy-two hours  
4 of the minor's admission, excluding Saturday, Sunday, and holidays,  
5 unless a continuance is requested by the minor or the minor's  
6 attorney.

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

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

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

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

18       (6) At the commitment hearing, the minor shall have the following  
19 rights:

20       (a) To be represented by an attorney;

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

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

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

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

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

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

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

39       (b) The minor is in need of evaluation and treatment of the type  
40 provided by the inpatient evaluation and treatment facility, secure

1 ((detoxification)) withdrawal management and stabilization facility,  
2 or approved substance use disorder treatment program to which  
3 continued inpatient care is sought or is in need of less restrictive  
4 alternative treatment found to be in the best interests of the minor;  
5 and

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

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

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

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

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

25 **Sec. 39.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155  
26 s 21 are each reenacted and amended to read as follows:

27 (1) At any time during the minor's period of fourteen-day  
28 commitment, the professional person in charge may petition the court  
29 for an order requiring the minor to undergo an additional one hundred  
30 eighty-day period of treatment. The evidence in support of the  
31 petition shall be presented by the county prosecutor unless the  
32 petition is filed by the professional person in charge of a state-  
33 operated facility in which case the evidence shall be presented by  
34 the attorney general.

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

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

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

1 (c) A statement that the petitioner is the professional person in  
2 charge of the evaluation and treatment facility, secure  
3 (~~detoxification~~) withdrawal management and stabilization facility,  
4 or approved substance use disorder treatment program responsible for  
5 the treatment of the minor;

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

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

8 (3) The petition shall be supported by accompanying affidavits  
9 signed by: (a) Two examining physicians, one of whom shall be a child  
10 psychiatrist, or two psychiatric advanced registered nurse  
11 practitioners, one of whom shall be a child and adolescent or family  
12 psychiatric advanced registered nurse practitioner. If the petition  
13 is for substance use disorder treatment, the petition may be signed  
14 by a chemical dependency professional instead of a mental health  
15 professional and by an advanced registered nurse practitioner instead  
16 of a psychiatric advanced registered nurse practitioner, or two  
17 physician assistants, one of whom must be supervised by a child  
18 psychiatrist; (b) one children's mental health specialist and either  
19 an examining physician, physician assistant, or a psychiatric  
20 advanced registered nurse practitioner; or (c) two among an examining  
21 physician, physician assistant, and a psychiatric advanced registered  
22 nurse practitioner, one of which needs to be a child  
23 psychiatrist(~~(+)~~), a physician assistant supervised by a child  
24 psychiatrist, or a child and adolescent psychiatric nurse  
25 practitioner. The affidavits shall describe in detail the behavior of  
26 the detained minor which supports the petition and shall state  
27 whether a less restrictive alternative to inpatient treatment is in  
28 the best interests of the minor.

29 (4) The petition for one hundred eighty-day commitment shall be  
30 filed with the clerk of the court at least three days before the  
31 expiration of the fourteen-day commitment period. The petitioner or  
32 the petitioner's designee shall within twenty-four hours of filing  
33 serve a copy of the petition on the minor and notify the minor's  
34 attorney and the minor's parent. A copy of the petition shall be  
35 provided to such persons at least twenty-four hours prior to the  
36 hearing.

37 (5) At the time of filing, the court shall set a date within  
38 seven days for the hearing on the petition. The court may continue  
39 the hearing upon the written request of the minor or the minor's  
40 attorney for not more than ten days. The minor or the parents shall

1 be afforded the same rights as in a fourteen-day commitment hearing.  
2 Treatment of the minor shall continue pending the proceeding.

3 (6) For one hundred eighty-day commitment:

4 (a) The court must find by clear, cogent, and convincing evidence  
5 that the minor:

6 (i) Is suffering from a mental disorder or substance use  
7 disorder;

8 (ii) Presents a likelihood of serious harm or is gravely  
9 disabled; and

10 (iii) Is in need of further treatment that only can be provided  
11 in a one hundred eighty-day commitment.

12 (b) If commitment is for a substance use disorder, the court must  
13 find that there is an available approved substance use disorder  
14 treatment program that has adequate space for the minor.

15 (7) If the court finds that the criteria for commitment are met  
16 and that less restrictive treatment in a community setting is not  
17 appropriate or available, the court shall order the minor committed  
18 to the custody of the secretary for further inpatient mental health  
19 treatment, to an approved substance use disorder treatment program  
20 for further substance use disorder treatment, or to a private  
21 treatment and evaluation facility for inpatient mental health or  
22 substance use disorder treatment if the minor's parents have assumed  
23 responsibility for payment for the treatment. If the court finds that  
24 a less restrictive alternative is in the best interest of the minor,  
25 the court shall order less restrictive alternative treatment upon  
26 such conditions as necessary.

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

29 (8) Successive one hundred eighty-day commitments are permissible  
30 on the same grounds and under the same procedures as the original one  
31 hundred eighty-day commitment. Such petitions shall be filed at least  
32 five days prior to the expiration of the previous one hundred eighty-  
33 day commitment order.

34 **Sec. 40.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each  
35 amended to read as follows:

36 (1) At any time during the minor's period of fourteen-day  
37 commitment, the professional person in charge may petition the court  
38 for an order requiring the minor to undergo an additional one hundred  
39 eighty-day period of treatment. The evidence in support of the

1 petition shall be presented by the county prosecutor unless the  
2 petition is filed by the professional person in charge of a state-  
3 operated facility in which case the evidence shall be presented by  
4 the attorney general.

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

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

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

10 (c) A statement that the petitioner is the professional person in  
11 charge of the evaluation and treatment facility, secure  
12 (~~(detoxification)~~) withdrawal management and stabilization facility,  
13 or approved substance use disorder treatment program responsible for  
14 the treatment of the minor;

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

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

17 (3) The petition shall be supported by accompanying affidavits  
18 signed by: (a) Two examining physicians, one of whom shall be a child  
19 psychiatrist, or two psychiatric advanced registered nurse  
20 practitioners, one of whom shall be a child and adolescent or family  
21 psychiatric advanced registered nurse practitioner. If the petition  
22 is for substance use disorder treatment, the petition may be signed  
23 by a chemical dependency professional instead of a mental health  
24 professional and by an advanced registered nurse practitioner instead  
25 of a psychiatric advanced registered nurse practitioner, or two  
26 physician assistants, one of whom must be supervised by a child  
27 psychiatrist; (b) one children's mental health specialist and either  
28 an examining physician, physician assistant, or a psychiatric  
29 advanced registered nurse practitioner; or (c) two among an examining  
30 physician, physician assistant, and a psychiatric advanced registered  
31 nurse practitioner, one of which needs to be a child  
32 psychiatrist((+,+)), a physician assistant supervised by a child  
33 psychiatrist, or a child and adolescent psychiatric nurse  
34 practitioner. The affidavits shall describe in detail the behavior of  
35 the detained minor which supports the petition and shall state  
36 whether a less restrictive alternative to inpatient treatment is in  
37 the best interests of the minor.

38 (4) The petition for one hundred eighty-day commitment shall be  
39 filed with the clerk of the court at least three days before the  
40 expiration of the fourteen-day commitment period. The petitioner or

1 the petitioner's designee shall within twenty-four hours of filing  
2 serve a copy of the petition on the minor and notify the minor's  
3 attorney and the minor's parent. A copy of the petition shall be  
4 provided to such persons at least twenty-four hours prior to the  
5 hearing.

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

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

14 (a) Is suffering from a mental disorder or substance use  
15 disorder;

16 (b) Presents a likelihood of serious harm or is gravely disabled;  
17 and

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

20 (7) If the court finds that the criteria for commitment are met  
21 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 secretary 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 If the court determines that the minor does not meet the criteria  
33 for one hundred eighty-day commitment, the minor shall be released.

34 (8) Successive one hundred eighty-day commitments are permissible  
35 on the same grounds and under the same procedures as the original one  
36 hundred eighty-day commitment. Such petitions shall be filed at least  
37 five days prior to the expiration of the previous one hundred eighty-  
38 day commitment order.



1       **Sec. 41.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to  
2 read as follows:

3       (1) If the professional person in charge of an outpatient  
4 treatment program, a designated crisis responder, or the director or  
5 secretary, as appropriate, determines that a minor is failing to  
6 adhere to the conditions of the court order for less restrictive  
7 alternative treatment or the conditions for the conditional release,  
8 or that substantial deterioration in the minor's functioning has  
9 occurred, the designated crisis responder, or the director or  
10 secretary, as appropriate, may order that the minor, if committed for  
11 mental health treatment, be taken into custody and transported to an  
12 inpatient evaluation and treatment facility or, if committed for  
13 substance use disorder treatment, be taken into custody and  
14 transported to a secure (~~detoxification~~) withdrawal management and  
15 stabilization facility or approved substance use disorder treatment  
16 program if there is an available secure (~~detoxification~~) withdrawal  
17 management and stabilization facility or approved substance use  
18 disorder treatment program that has adequate space for the minor.

19       (2) The designated crisis responder or the director or secretary,  
20 as appropriate, shall file the order of apprehension and detention  
21 and serve it upon the minor and notify the minor's parent and the  
22 minor's attorney, if any, of the detention within two days of return.  
23 At the time of service the minor shall be informed of the right to a  
24 hearing and to representation by an attorney. The designated crisis  
25 responder or the director or secretary, as appropriate, may modify or  
26 rescind the order of apprehension and detention at any time prior to  
27 the hearing.

28       (3) A petition for revocation of less restrictive alternative  
29 treatment shall be filed by the designated crisis responder or the  
30 director or secretary, as appropriate, with the court in the county  
31 ordering the less restrictive alternative treatment. The court shall  
32 conduct the hearing in that county. A petition for revocation of  
33 conditional release may be filed with the court in the county  
34 ordering inpatient treatment or the county where the minor on  
35 conditional release is residing. A petition shall describe the  
36 behavior of the minor indicating violation of the conditions or  
37 deterioration of routine functioning and a dispositional  
38 recommendation. Upon motion for good cause, the hearing may be  
39 transferred to the county of the minor's residence or to the county  
40 in which the alleged violations occurred. The hearing shall be held

1 within seven days of the minor's return. The issues to be determined  
2 are whether the minor did or did not adhere to the conditions of the  
3 less restrictive alternative treatment or conditional release, or  
4 whether the minor's routine functioning has substantially  
5 deteriorated, and, if so, whether the conditions of less restrictive  
6 alternative treatment or conditional release should be modified or,  
7 subject to subsection (4) of this section, whether the minor should  
8 be returned to inpatient treatment. Pursuant to the determination of  
9 the court, the minor shall be returned to less restrictive  
10 alternative treatment or conditional release on the same or modified  
11 conditions or shall be returned to inpatient treatment. If the minor  
12 is returned to inpatient treatment, RCW 71.34.760 regarding the  
13 director's placement responsibility shall apply. The hearing may be  
14 waived by the minor and the minor returned to inpatient treatment or  
15 to less restrictive alternative treatment or conditional release on  
16 the same or modified conditions.

17 (4) A court may not order the return of a minor to inpatient  
18 treatment in a secure ((~~detoxification~~)) withdrawal management and  
19 stabilization facility or approved substance use disorder treatment  
20 program unless there is a secure ((~~detoxification~~)) withdrawal  
21 management and stabilization facility or approved substance use  
22 disorder treatment program available with adequate space for the  
23 minor.

24 **Sec. 42.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to  
25 read as follows:

26 (1) If the professional person in charge of an outpatient  
27 treatment program, a designated crisis responder, or the director or  
28 secretary, as appropriate, determines that a minor is failing to  
29 adhere to the conditions of the court order for less restrictive  
30 alternative treatment or the conditions for the conditional release,  
31 or that substantial deterioration in the minor's functioning has  
32 occurred, the designated crisis responder, or the director or  
33 secretary, as appropriate, may order that the minor, if committed for  
34 mental health treatment, be taken into custody and transported to an  
35 inpatient evaluation and treatment facility or, if committed for  
36 substance use disorder treatment, be taken into custody and  
37 transported to a secure ((~~detoxification~~)) withdrawal management and  
38 stabilization facility or approved substance use disorder treatment  
39 program.

1 (2) The designated crisis responder or the director or secretary,  
2 as appropriate, shall file the order of apprehension and detention  
3 and serve it upon the minor and notify the minor's parent and the  
4 minor's attorney, if any, of the detention within two days of return.  
5 At the time of service the minor shall be informed of the right to a  
6 hearing and to representation by an attorney. The designated crisis  
7 responder or the director or secretary, as appropriate, may modify or  
8 rescind the order of apprehension and detention at any time prior to  
9 the hearing.

10 (3) A petition for revocation of less restrictive alternative  
11 treatment shall be filed by the designated crisis responder or the  
12 director or secretary, as appropriate, with the court in the county  
13 ordering the less restrictive alternative treatment. The court shall  
14 conduct the hearing in that county. A petition for revocation of  
15 conditional release may be filed with the court in the county  
16 ordering inpatient treatment or the county where the minor on  
17 conditional release is residing. A petition shall describe the  
18 behavior of the minor indicating violation of the conditions or  
19 deterioration of routine functioning and a dispositional  
20 recommendation. Upon motion for good cause, the hearing may be  
21 transferred to the county of the minor's residence or to the county  
22 in which the alleged violations occurred. The hearing shall be held  
23 within seven days of the minor's return. The issues to be determined  
24 are whether the minor did or did not adhere to the conditions of the  
25 less restrictive alternative treatment or conditional release, or  
26 whether the minor's routine functioning has substantially  
27 deteriorated, and, if so, whether the conditions of less restrictive  
28 alternative treatment or conditional release should be modified or  
29 whether the minor should be returned to inpatient treatment. Pursuant  
30 to the determination of the court, the minor shall be returned to  
31 less restrictive alternative treatment or conditional release on the  
32 same or modified conditions or shall be returned to inpatient  
33 treatment. If the minor is returned to inpatient treatment, RCW  
34 71.34.760 regarding the director's placement responsibility shall  
35 apply. The hearing may be waived by the minor and the minor returned  
36 to inpatient treatment or to less restrictive alternative treatment  
37 or conditional release on the same or modified conditions.

38 **Sec. 43.** RCW 18.130.175 and 2006 c 99 s 7 are each amended to  
39 read as follows:

1 (1) In lieu of disciplinary action under RCW 18.130.160 and if  
2 the disciplining authority determines that the unprofessional conduct  
3 may be the result of substance abuse, the disciplining authority may  
4 refer the license holder to a voluntary substance abuse monitoring  
5 program approved by the disciplining authority.

6 The cost of the treatment shall be the responsibility of the  
7 license holder, but the responsibility does not preclude payment by  
8 an employer, existing insurance coverage, or other sources. Primary  
9 alcoholism or other drug addiction treatment shall be provided by  
10 approved treatment programs under RCW 70.96A.020 or by any other  
11 provider approved by the entity or the commission. However, nothing  
12 shall prohibit the disciplining authority from approving additional  
13 services and programs as an adjunct to primary alcoholism or other  
14 drug addiction treatment. The disciplining authority may also approve  
15 the use of out-of-state programs. Referral of the license holder to  
16 the program shall be done only with the consent of the license  
17 holder. Referral to the program may also include probationary  
18 conditions for a designated period of time. If the license holder  
19 does not consent to be referred to the program or does not  
20 successfully complete the program, the disciplining authority may  
21 take appropriate action under RCW 18.130.160 which includes  
22 suspension of the license unless or until the disciplining authority,  
23 in consultation with the director of the voluntary substance abuse  
24 monitoring program, determines the license holder is able to practice  
25 safely. The secretary shall adopt uniform rules for the evaluation by  
26 the ((~~disciplinary~~—[disciplining])) disciplining authority of a  
27 relapse or program violation on the part of a license holder in the  
28 substance abuse monitoring program. The evaluation shall encourage  
29 program participation with additional conditions, in lieu of  
30 disciplinary action, when the ((~~disciplinary~~—[disciplining]))  
31 disciplining authority determines that the license holder is able to  
32 continue to practice with reasonable skill and safety.

33 (2) In addition to approving substance abuse monitoring programs  
34 that may receive referrals from the disciplining authority, the  
35 disciplining authority may establish by rule requirements for  
36 participation of license holders who are not being investigated or  
37 monitored by the disciplining authority for substance abuse. License  
38 holders voluntarily participating in the approved programs without  
39 being referred by the disciplining authority shall not be subject to  
40 disciplinary action under RCW 18.130.160 for their substance abuse,

1 and shall not have their participation made known to the disciplining  
2 authority, if they meet the requirements of this section and the  
3 program in which they are participating.

4 (3) The license holder shall sign a waiver allowing the program  
5 to release information to the disciplining authority if the licensee  
6 does not comply with the requirements of this section or is unable to  
7 practice with reasonable skill or safety. The substance abuse program  
8 shall report to the disciplining authority any license holder who  
9 fails to comply with the requirements of this section or the program  
10 or who, in the opinion of the program, is unable to practice with  
11 reasonable skill or safety. License holders shall report to the  
12 disciplining authority if they fail to comply with this section or do  
13 not complete the program's requirements. License holders may, upon  
14 the agreement of the program and disciplining authority, reenter the  
15 program if they have previously failed to comply with this section.

16 (4) The treatment and pretreatment records of license holders  
17 referred to or voluntarily participating in approved programs shall  
18 be confidential, shall be exempt from chapter 42.56 RCW, and shall  
19 not be subject to discovery by subpoena or admissible as evidence  
20 except for monitoring records reported to the disciplining authority  
21 for cause as defined in subsection (3) of this section. Monitoring  
22 records relating to license holders referred to the program by the  
23 disciplining authority or relating to license holders reported to the  
24 disciplining authority by the program for cause, shall be released to  
25 the disciplining authority at the request of the disciplining  
26 authority. Records held by the disciplining authority under this  
27 section shall be exempt from chapter 42.56 RCW and shall not be  
28 subject to discovery by subpoena except by the license holder.

29 (5) "Substance abuse," as used in this section, means the  
30 impairment, as determined by the disciplining authority, of a license  
31 holder's professional services by an addiction to, a dependency on,  
32 or the use of alcohol, legend drugs, or controlled substances.

33 (6) This section does not affect an employer's right or ability  
34 to make employment-related decisions regarding a license holder. This  
35 section does not restrict the authority of the disciplining authority  
36 to take disciplinary action for any other unprofessional conduct.

37 (7) A person who, in good faith, reports information or takes  
38 action in connection with this section is immune from civil liability  
39 for reporting information or taking the action.

1 (a) The immunity from civil liability provided by this section  
2 shall be liberally construed to accomplish the purposes of this  
3 section and the persons entitled to immunity shall include:

4 (i) An approved monitoring treatment program;

5 (ii) The professional association operating the program;

6 (iii) Members, employees, or agents of the program or  
7 association;

8 (iv) Persons reporting a license holder as being possibly  
9 impaired or providing information about the license holder's  
10 impairment; and

11 (v) Professionals supervising or monitoring the course of the  
12 impaired license holder's treatment or rehabilitation.

13 (b) The courts are strongly encouraged to impose sanctions on  
14 clients and their attorneys whose allegations under this subsection  
15 are not made in good faith and are without either reasonable  
16 objective, substantive grounds, or both.

17 (c) The immunity provided in this section is in addition to any  
18 other immunity provided by law.

19 (8) In the case of a person who is applying to be an agency  
20 affiliated counselor registered under chapter 18.19 RCW and practices  
21 or intends to practice as a peer counselor in an agency, as defined  
22 in RCW 18.19.020, if the person is:

23 (a) Less than one year in recovery from a substance use disorder,  
24 the duration of time that the person may be required to participate  
25 in the voluntary substance abuse monitoring program may not exceed  
26 the amount of time necessary for the person to achieve one year in  
27 recovery; or

28 (b) At least one year in recovery from a substance use disorder,  
29 the person may not be required to participate in the substance abuse  
30 monitoring program.

31 **Sec. 44.** RCW 43.43.842 and 2014 c 88 s 1 are each amended to  
32 read as follows:

33 (1)(a) The secretary of social and health services and the  
34 secretary of health shall adopt additional requirements for the  
35 licensure or relicensure of agencies, facilities, and licensed  
36 individuals who provide care and treatment to vulnerable adults,  
37 including nursing pools registered under chapter 18.52C RCW. These  
38 additional requirements shall ensure that any person associated with  
39 a licensed agency or facility having unsupervised access with a

1 vulnerable adult shall not be the respondent in an active protective  
2 order under RCW 74.34.130, nor have been: (i) Convicted of a crime  
3 against persons as defined in RCW 43.43.830, except as provided in  
4 this section; (ii) convicted of crimes relating to financial  
5 exploitation as defined in RCW 43.43.830, except as provided in this  
6 section; or (iii) found in any disciplinary board final decision to  
7 have abused a vulnerable adult under RCW 43.43.830.

8 (b) A person associated with a licensed agency or facility who  
9 has unsupervised access with a vulnerable adult shall make the  
10 disclosures specified in RCW 43.43.834(2). The person shall make the  
11 disclosures in writing, sign, and swear to the contents under penalty  
12 of perjury. The person shall, in the disclosures, specify all crimes  
13 against children or other persons, all crimes relating to financial  
14 exploitation, and all crimes relating to drugs as defined in RCW  
15 43.43.830, committed by the person.

16 (2) The rules adopted under this section shall permit the  
17 licensee to consider the criminal history of an applicant for  
18 employment in a licensed facility when the applicant has one or more  
19 convictions for a past offense and:

20 (a) The offense was simple assault, assault in the fourth degree,  
21 or the same offense as it may be renamed, and three or more years  
22 have passed between the most recent conviction and the date of  
23 application for employment;

24 (b) The offense was prostitution, or the same offense as it may  
25 be renamed, and three or more years have passed between the most  
26 recent conviction and the date of application for employment;

27 (c) The offense was theft in the third degree, or the same  
28 offense as it may be renamed, and three or more years have passed  
29 between the most recent conviction and the date of application for  
30 employment;

31 (d) The offense was theft in the second degree, or the same  
32 offense as it may be renamed, and five or more years have passed  
33 between the most recent conviction and the date of application for  
34 employment;

35 (e) The offense was forgery, or the same offense as it may be  
36 renamed, and five or more years have passed between the most recent  
37 conviction and the date of application for employment;

38 (f) The department of social and health services reviewed the  
39 employee's otherwise disqualifying criminal history through the  
40 department of social and health services' background assessment

1 review team process conducted in 2002, and determined that such  
2 employee could remain in a position covered by this section; or

3 (g) The otherwise disqualifying conviction or disposition has  
4 been the subject of a pardon, annulment, or other equivalent  
5 procedure.

6 The offenses set forth in (a) through (g) of this subsection do  
7 not automatically disqualify an applicant from employment by a  
8 licensee. Nothing in this section may be construed to require the  
9 employment of any person against a licensee's judgment.

10 (3) The rules adopted pursuant to subsection (2) of this section  
11 may not allow a licensee to automatically deny an applicant with a  
12 conviction for an offense set forth in subsection (2) of this section  
13 for a position as an agency affiliated counselor registered under  
14 chapter 18.19 RCW practicing as a peer counselor in an agency or  
15 facility if:

16 (a) At least one year has passed between the applicant's most  
17 recent conviction for an offense set forth in subsection (2) of this  
18 section and the date of application for employment;

19 (b) The offense was committed as a result of the person's  
20 substance use or untreated mental health symptoms; and

21 (c) The applicant is at least one year in recovery from a  
22 substance use disorder, whether through abstinence or stability on  
23 medication-assisted therapy, or in recovery from mental health  
24 challenges.

25 (4) In consultation with law enforcement personnel, the secretary  
26 of social and health services and the secretary of health shall  
27 investigate, or cause to be investigated, the conviction record and  
28 the protection proceeding record information under this chapter of  
29 the staff of each agency or facility under their respective  
30 jurisdictions seeking licensure or relicensure. An individual  
31 responding to a criminal background inquiry request from his or her  
32 employer or potential employer shall disclose the information about  
33 his or her criminal history under penalty of perjury. The secretaries  
34 shall use the information solely for the purpose of determining  
35 eligibility for licensure or relicensure. Criminal justice agencies  
36 shall provide the secretaries such information as they may have and  
37 that the secretaries may require for such purpose.

38 NEW SECTION. Sec. 45. A new section is added to chapter 18.19  
39 RCW to read as follows:



1 The department may not automatically deny an applicant for  
2 registration under this chapter for a position as an agency  
3 affiliated counselor practicing as a peer counselor in an agency or  
4 facility based on a conviction history consisting of convictions for  
5 simple assault, assault in the fourth degree, prostitution, theft in  
6 the third degree, theft in the second degree, or forgery, the same  
7 offenses as they may be renamed, or substantially equivalent offenses  
8 committed in other states or jurisdictions if:

9 (1) At least one year has passed between the applicant's most  
10 recent conviction for an offense set forth in this section and the  
11 date of application for employment;

12 (2) The offense was committed as a result of the person's  
13 substance use or untreated mental health symptoms; and

14 (3) The applicant is at least one year in recovery from a  
15 substance use disorder, whether through abstinence or stability on  
16 medication-assisted therapy, or in recovery from mental health  
17 challenges.

18 **Sec. 46.** RCW 18.130.055 and 2016 c 81 s 12 are each amended to  
19 read as follows:

20 (1) The disciplining authority may deny an application for  
21 licensure or grant a license with conditions if the applicant:

22 (a) Has had his or her license to practice any health care  
23 profession suspended, revoked, or restricted, by competent authority  
24 in any state, federal, or foreign jurisdiction;

25 (b) Has committed any act defined as unprofessional conduct for a  
26 license holder under RCW 18.130.180, except as provided in RCW  
27 9.97.020;

28 (c) Has been convicted or is subject to current prosecution or  
29 pending charges of a crime involving moral turpitude or a crime  
30 identified in RCW 43.43.830, except as provided in RCW 9.97.020 and  
31 section 45 of this act. For purposes of this section, conviction  
32 includes all instances in which a plea of guilty or nolo contendere  
33 is the basis for the conviction and all proceedings in which the  
34 prosecution or sentence has been deferred or suspended. At the  
35 request of an applicant for an original license whose conviction is  
36 under appeal, the disciplining authority may defer decision upon the  
37 application during the pendency of such a prosecution or appeal;

1 (d) Fails to prove that he or she is qualified in accordance with  
2 the provisions of this chapter, the chapters identified in RCW  
3 18.130.040(2), or the rules adopted by the disciplining authority; or

4 (e) Is not able to practice with reasonable skill and safety to  
5 consumers by reason of any mental or physical condition.

6 (i) The disciplining authority may require the applicant, at his  
7 or her own expense, to submit to a mental, physical, or psychological  
8 examination by one or more licensed health professionals designated  
9 by the disciplining authority. The disciplining authority shall  
10 provide written notice of its requirement for a mental or physical  
11 examination that includes a statement of the specific conduct, event,  
12 or circumstances justifying an examination and a statement of the  
13 nature, purpose, scope, and content of the intended examination. If  
14 the applicant fails to submit to the examination or provide the  
15 results of the examination or any required waivers, the disciplining  
16 authority may deny the application.

17 (ii) An applicant governed by this chapter is deemed to have  
18 given consent to submit to a mental, physical, or psychological  
19 examination when directed in writing by the disciplining authority  
20 and further to have waived all objections to the admissibility or use  
21 of the examining health professional's testimony or examination  
22 reports by the disciplining authority on the grounds that the  
23 testimony or reports constitute privileged communications.

24 (2) The provisions of RCW 9.95.240 and chapter 9.96A RCW do not  
25 apply to a decision to deny a license under this section.

26 (3) The disciplining authority shall give written notice to the  
27 applicant of the decision to deny a license or grant a license with  
28 conditions in response to an application for a license. The notice  
29 must state the grounds and factual basis for the action and be served  
30 upon the applicant.

31 (4) A license applicant who is aggrieved by the decision to deny  
32 the license or grant the license with conditions has the right to an  
33 adjudicative proceeding. The application for adjudicative proceeding  
34 must be in writing, state the basis for contesting the adverse  
35 action, include a copy of the adverse notice, and be served on and  
36 received by the department within twenty-eight days of the decision.  
37 The license applicant has the burden to establish, by a preponderance  
38 of evidence, that the license applicant is qualified in accordance  
39 with the provisions of this chapter, the chapters identified in RCW  
40 18.130.040(2), and the rules adopted by the disciplining authority.

1       **Sec. 47.** RCW 18.19.210 and 2013 c 338 s 6 are each amended to  
2 read as follows:

3       (1)(a) An applicant for registration as an agency affiliated  
4 counselor who applies to the department within (~~seven~~) thirty days  
5 of employment by an agency may work as an agency affiliated counselor  
6 (~~for up to sixty days~~) while the application is processed. The  
7 applicant must (~~stop working on the sixtieth day of employment if~~  
8 ~~the registration has not been granted for any reason~~) provide  
9 required documentation within reasonable time limits established by  
10 the department, and if the applicant does not do so, the applicant  
11 must stop working.

12       (b) The applicant may not provide unsupervised counseling prior  
13 to completion of a criminal background check performed by either the  
14 employer or the secretary. For purposes of this subsection,  
15 "unsupervised" means the supervisor is not physically present at the  
16 location where the counseling occurs.

17       (2) Agency affiliated counselors shall notify the department if  
18 they are either no longer employed by the agency identified on their  
19 application or are now employed with another agency, or both. Agency  
20 affiliated counselors may not engage in the practice of counseling  
21 unless they are currently affiliated with an agency.

22       NEW SECTION.   **Sec. 48.** The definitions in this section apply  
23 throughout this chapter unless the context clearly requires  
24 otherwise.

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

26       (2) "Peer support services" means services authorized under RCW  
27 71.24.385 which are delivered by individuals who have common life  
28 experiences with the people they are serving.

29       NEW SECTION.   **Sec. 49.** (1) The authority shall administer a peer  
30 counselor certification program to support the delivery of peer  
31 support services in Washington state.

32       (2) By July 1, 2019, the authority shall incorporate education  
33 and training for substance use disorder peers in its peer counselor  
34 certification program.

35       (3) By July 1, 2019, the authority must include reimbursement for  
36 peer support services by substance use disorder peers in its  
37 behavioral health capitation rates and allow for federal matching

1 funds, consistent with the directive enacted in section 213(5)(ss),  
2 chapter 299, Laws of 2018 (ESSB 6032).

3 NEW SECTION. **Sec. 50.** To ensure an adequate workforce of peer  
4 counselors, the authority must approve entities to perform  
5 specialized peer training for peer counselor certification using the  
6 state curriculum upon request if the entity meets qualifications to  
7 perform the training as determined by the authority.

8 NEW SECTION. **Sec. 51.** (1) The authority shall cooperate with  
9 the department of health to complete the sunrise review required  
10 under section 52 of this act.

11 (2) This section expires June 30, 2021.

12 NEW SECTION. **Sec. 52.** (1) The department of health shall  
13 conduct a sunrise review under chapter 18.120 RCW to evaluate  
14 transfer of the peer support counselor certification program under  
15 this chapter to the department of health with modifications to allow  
16 the program to become a license or certification under the oversight  
17 of the department of health subject to oversight, structure,  
18 discipline, and continuing education requirements typical of other  
19 programs related to behavioral health administered by the department  
20 of health. The plan for modification of the program must allow for  
21 grandfathering of current individuals who hold the peer support  
22 counselor certification. The sunrise review must evaluate the effect  
23 of these modifications on professionalism, portability, scope of  
24 practice, approved practice locations, workforce, bidirectional  
25 integration, and appropriate deployment of peer support services  
26 throughout the health system.

27 (2) The department of health shall conduct a sunrise review under  
28 chapter 18.120 RCW to evaluate the need for creation of an advanced  
29 peer support specialist credential to provide a license to perform  
30 peer support services in the areas of mental health, substance use  
31 disorders, and forensic behavioral health. The requirements for this  
32 credential must be accessible to persons in recovery and:

33 (a) Integrate with and complement the attributes of the peer  
34 counselor certification program administered by the Washington state  
35 health care authority under section 48 of this act;

36 (b) Provide education, experience, and training requirements that  
37 are more stringent than the requirements for the peer counselor

1 certification program but less extensive than the requirements for  
2 licensure or certification under other credentials related to  
3 behavioral health which are administered by the department of health;

4 (c) Provide oversight, structure, discipline, and continuing  
5 education requirements typical for other professional licenses and  
6 certifications;

7 (d) Allow advanced peer support specialists to maximize the scope  
8 of practice suitable to their skills, lived experience, education,  
9 and training;

10 (e) Allow advanced peer support specialists to practice and  
11 receive reimbursement in behavioral health capitation rates in the  
12 full range of settings in which clients receive behavioral health  
13 services which are appropriate for their participation;

14 (f) Provide a path for career progression to more advanced  
15 credentials for those who are interested in pursuing them; and

16 (g) Incorporate consideration of common barriers to certification  
17 and licensure related to criminal history and recovery from  
18 behavioral health disorders experienced by peers and accommodate  
19 applicants who have these lived experiences to the greatest extent  
20 consistent with prudence and client safety.

21 (3) This section expires June 30, 2021.

22 NEW SECTION. **Sec. 53.** Sections 48 through 52 of this act  
23 constitute a new chapter in Title 70 RCW.

24 NEW SECTION. **Sec. 54.** Sections 48 through 53 of this act are  
25 necessary for the immediate preservation of the public peace, health,  
26 or safety, or support of the state government and its existing public  
27 institutions, and take effect July 1, 2019.

28 NEW SECTION. **Sec. 55.** Sections 4, 6, 8, 11, 14, 30, 32, 34, 37,  
29 39, and 41 of this act expire July 1, 2026.

30 NEW SECTION. **Sec. 56.** Sections 5, 7, 9, 12, 15, 31, 33, 35, 38,  
31 40, and 42 of this act take effect July 1, 2026."

**2SHB 1907** - S COMM AMD

By Subcommittee on Behavioral Health

**ADOPTED AND ENGROSSED 4/17/19**

1        On page 1, line 1 of the title, after "system;" strike the  
2 remainder of the title and insert "amending RCW 71.05.050, 71.05.150,  
3 71.05.150, 71.05.153, 71.05.153, 71.05.210, 71.05.210, 71.05.220,  
4 71.05.360, 71.05.760, 71.05.190, 71.05.180, 71.05.160, 71.05.157,  
5 71.05.148, 71.24.037, 71.34.020, 71.34.375, 71.05.435, 71.34.410,  
6 71.34.600, 71.34.660, 71.34.700, 71.34.700, 71.34.710, 71.34.710,  
7 71.34.720, 71.34.720, 71.34.740, 71.34.740, 71.34.750, 71.34.780,  
8 71.34.780, 18.130.175, 43.43.842, 18.130.055, and 18.19.210;  
9 reenacting and amending RCW 71.05.020, 71.05.240, 71.05.240,  
10 71.05.590, 71.05.590, 71.05.120, 71.34.730, and 71.34.750; adding a  
11 new section to chapter 18.19 RCW; adding a new chapter to Title 70  
12 RCW; creating a new section; providing effective dates; providing  
13 expiration dates; and declaring an emergency."

--- END ---