

E2SSB 5720 - S AMD 909

By Senator Dhingra

ADOPTED 01/24/2020

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

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

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

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

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

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

18 (d) To safeguard individual rights;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 (23) "Hearing" means any proceeding conducted in open court (~~For purposes of this chapter, at any hearing the petitioner, the~~
7 ~~respondent, the witnesses, and the presiding judicial officer may be~~
8 ~~present and participate either in person or by video, as determined~~
9 ~~by the court. The term "video" as used herein shall include any~~
10 ~~functional equivalent. At any hearing conducted by video, the~~
11 ~~technology used must permit the judicial officer, counsel, all~~
12 ~~parties, and the witnesses to be able to see, hear, and speak, when~~
13 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~
14 ~~other materials during the hearing; and to allow respondent's counsel~~
15 ~~to be in the same location as the respondent unless otherwise~~
16 ~~requested by the respondent or the respondent's counsel. Witnesses in~~
17 ~~a proceeding may also appear in court through other means, including~~
18 ~~telephonically, pursuant to the requirements of superior court civil~~
19 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~
20 ~~motion or upon a motion for good cause by any party, may require all~~
21 ~~parties and witnesses to participate in the hearing in person rather~~
22 ~~than by video. In ruling on any such motion, the court may allow in-~~
23 ~~person or video testimony; and the court may consider, among other~~
24 ~~things, whether the respondent's alleged mental illness affects the~~
25 ~~respondent's ability to perceive or participate in the proceeding by~~
26 ~~video)) that conforms to the requirements of section 99 of this act;~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 ~~((44))~~ (43) "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 ~~((45))~~ (44) "Psychologist" means a person who has been licensed
5 as a psychologist pursuant to chapter 18.83 RCW;

6 ~~((46))~~ (45) "Public agency" means any evaluation and treatment
7 facility or institution, secure 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
11 ~~((mental illness, substance use disorders, or both mental illness and
12 substance use))~~ behavioral health disorders, if the agency is
13 operated directly by federal, state, county, or municipal government,
14 or a combination of such governments;

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

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

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

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

29 (a) Provide the following services:

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

32 (ii) Clinical stabilization services;

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

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

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

3 (c) Be licensed or certified as such by the department of health;
4 ~~((51) "Serious violent offense" has the same meaning as provided~~
5 ~~in RCW 9.94A.030;~~

6 ~~(52))~~ (50) "Social worker" means a person with a master's or
7 further advanced degree from a social work educational program
8 accredited and approved as provided in RCW 18.320.010;

9 ~~((53))~~ (51) "Substance use disorder" means a cluster of
10 cognitive, behavioral, and physiological symptoms indicating that an
11 individual continues using the substance despite significant
12 substance-related problems. The diagnosis of a substance use disorder
13 is based on a pathological pattern of behaviors related to the use of
14 the substances;

15 ~~((54))~~ (52) "Substance use disorder professional" means a
16 person certified as a substance use disorder professional by the
17 department of health under chapter 18.205 RCW;

18 ~~((55))~~ (53) "Therapeutic court personnel" means the staff of a
19 mental health court or other therapeutic court which has jurisdiction
20 over defendants who are dually diagnosed with mental disorders,
21 including court personnel, probation officers, a court monitor,
22 prosecuting attorney, or defense counsel acting within the scope of
23 therapeutic court duties;

24 ~~((56))~~ (54) "Treatment records" include registration and all
25 other records concerning persons who are receiving or who at any time
26 have received services for ~~((mental illness))~~ behavioral health
27 disorders, which are maintained by the department of social and
28 health services, the department, the authority, behavioral health
29 administrative services organizations and their staffs, managed care
30 organizations and their staffs, and by treatment facilities.
31 Treatment records include mental health information contained in a
32 medical bill including but not limited to mental health drugs, a
33 mental health diagnosis, provider name, and dates of service stemming
34 from a medical service. Treatment records do not include notes or
35 records maintained for personal use by a person providing treatment
36 services for the department of social and health services, the
37 department, the authority, behavioral health administrative services
38 organizations, managed care organizations, or a treatment facility if
39 the notes or records are not available to others;

1 (~~(57)~~) (55) "Triage facility" means a short-term facility or a
2 portion of a facility licensed or certified by the department, which
3 is designed as a facility to assess and stabilize an individual or
4 determine the need for involuntary commitment of an individual, and
5 must meet department residential treatment facility standards. A
6 triage facility may be structured as a voluntary or involuntary
7 placement facility;

8 (~~(58)~~) (56) "Violent act" means behavior that resulted in
9 homicide, attempted suicide, (~~(nonfatal injuries)~~) injury, or
10 substantial loss or damage to property;

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

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

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

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

34 **Sec. 4.** RCW 71.05.025 and 2019 c 325 s 3002 are each amended to
35 read as follows:

36 The legislature intends that the procedures and services
37 authorized in this chapter be integrated with those in chapter 71.24
38 RCW to the maximum extent necessary to assure ((a)) an appropriate
39 continuum of care ((to)) for persons with ((mental illness or who

1 ~~have mental disorders or substance use~~) behavioral health disorders,
2 as defined in either or both this chapter and chapter 71.24 RCW. To
3 this end, behavioral health administrative services organizations
4 established in accordance with chapter 71.24 RCW shall institute
5 procedures which require timely consultation with resource management
6 services by designated crisis responders, managed care organizations,
7 evaluation and treatment facilities, secure ~~((detoxification))~~
8 withdrawal management and stabilization facilities, and approved
9 substance use disorder treatment programs to assure that
10 determinations to admit, detain, commit, treat, discharge, or release
11 persons with ~~((mental disorders or substance use))~~ behavioral health
12 disorders under this chapter are made only after appropriate
13 information regarding such person's treatment history and current
14 treatment plan has been sought from resource management services.

15 **Sec. 5.** RCW 71.05.026 and 2019 c 325 s 3003 are each amended to
16 read as follows:

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

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

32 (3) This section applies to counties, behavioral health
33 administrative services organizations, managed care organizations,
34 and entities which contract to provide behavioral health services and
35 their subcontractors, agents, or employees.

36 **Sec. 6.** RCW 71.05.030 and 1998 c 297 s 4 are each amended to
37 read as follows:

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

8 **Sec. 7.** RCW 71.05.040 and 2018 c 201 s 3004 are each amended to
9 read as follows:

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

20 **Sec. 8.** RCW 71.05.050 and 2019 c 446 s 3 are each amended to
21 read as follows:

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

37 (2) If the professional staff of any public or private agency or
38 hospital regards a person voluntarily admitted who requests discharge

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

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

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

32 **Sec. 9.** RCW 71.05.100 and 2018 c 201 s 3005 are each amended to
33 read as follows:

34 In addition to the responsibility provided for by RCW 43.20B.330,
35 any person, or his or her estate, or his or her spouse, (~~or the~~
36 ~~parents of a minor person~~) who is involuntarily detained pursuant to
37 this chapter for the purpose of treatment and evaluation outside of a
38 facility maintained and operated by the department of social and
39 health services shall be responsible for the cost of such care and

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

15 **Sec. 10.** RCW 71.05.120 and 2019 c 446 s 22 are each amended to
16 read as follows:

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

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

36 (3) This section does not relieve a person from giving the
37 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the
38 duty to warn or to take reasonable precautions to provide protection
39 from violent behavior where the patient has communicated an actual

1 threat of physical violence against a reasonably identifiable victim
2 or victims. The duty to warn or to take reasonable precautions to
3 provide protection from violent behavior is discharged if reasonable
4 efforts are made to communicate the threat to the victim or victims
5 and to law enforcement personnel.

6 **Sec. 11.** RCW 71.05.132 and 2016 sp.s. c 29 s 209 are each
7 amended to read as follows:

8 When any court orders a person to receive treatment under this
9 chapter, the order shall include a statement that if the person is,
10 or becomes, subject to supervision by the department of corrections,
11 the person must notify the treatment provider and the person's
12 (~~mental health~~) treatment (~~information and substance use disorder~~
13 ~~treatment information~~) records must be shared with the department of
14 corrections for the duration of the offender's incarceration and
15 supervision, under RCW 71.05.445. Upon a petition by a person who
16 does not have a history of one or more violent acts, the court may,
17 for good cause, find that public safety would not be enhanced by the
18 sharing of this person's information.

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

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

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

6 (2) (a) ((An)) A written order of apprehension to detain a person
7 with a ((mental)) behavioral health disorder to a designated
8 evaluation and treatment facility, ((or to detain a person with a

9 ~~substance use disorder to~~) a secure withdrawal management and
10 stabilization facility, or an approved substance use disorder
11 treatment program, for not more than a seventy-two-hour evaluation
12 and treatment period may be issued by a judge of the superior court
13 upon request of a designated crisis responder, subject to (d) of this
14 subsection, whenever it appears to the satisfaction of a judge of the
15 superior court:

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

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

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

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

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

33 (3) The designated crisis responder shall then serve or cause to
34 be served on such person, his or her guardian, and conservator, if
35 any, a copy of the order together with a notice of rights, and a
36 petition for initial detention. After service on such person the
37 designated crisis responder shall file the return of service in court
38 and provide copies of all papers in the court file to the evaluation
39 and treatment facility, secure withdrawal management and
40 stabilization facility, or approved substance use disorder treatment

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

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

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

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

1 responder must personally interview the person, unless the person
2 refuses an interview, and determine whether the person will
3 voluntarily receive appropriate evaluation and treatment at an
4 evaluation and treatment facility, crisis stabilization unit, triage
5 facility, or approved substance use disorder treatment program. The
6 interview performed by the designated crisis responder may be
7 conducted by video provided that a licensed health care professional
8 or professional person who can adequately and accurately assist with
9 obtaining any necessary information is available at the time of the
10 interview.

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

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

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

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

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

33 (d) A court may not issue an order to detain a person to a secure
34 withdrawal management and stabilization facility or approved
35 substance use disorder treatment program unless there is an available
36 secure withdrawal management and stabilization facility or approved
37 substance use disorder treatment program that has adequate space for
38 the person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

37 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,
38 evaluation and treatment facility, emergency department of a local
39 hospital, triage facility that has elected to operate as an
40 involuntary facility, secure withdrawal management and stabilization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (3) (a) A law enforcement agency holding any firearm that has been
4 surrendered pursuant to this section shall, upon the request of the
5 person from whom it was obtained, return the firearm at the
6 expiration of the six-month suspension period, or prior to the
7 expiration of the six-month period if the person's right to possess
8 firearms has been restored by the court under RCW 9.41.047. The law
9 enforcement agency must comply with the provisions of RCW 9.41.345
10 when returning a firearm pursuant to this section.

11 (b) Any firearm surrendered pursuant to this section that remains
12 unclaimed by the lawful owner shall be disposed of in accordance with
13 the law enforcement agency's policies and procedures for the disposal
14 of firearms in police custody.

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

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

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

33 (1) A civil commitment may be initiated under the procedures
34 described in RCW 71.05.150 or 71.05.153 for a person who has been
35 found not guilty by reason of insanity in a state other than
36 Washington and who has fled from detention, commitment, or
37 conditional release in that state, on the basis of a request by the
38 state in which the person was found not guilty by reason of insanity

1 for the person to be detained and transferred back to the custody or
2 care of the requesting state. A finding of likelihood of serious harm
3 or grave disability is not required for a commitment under this
4 section. The detention may occur at either an evaluation and
5 treatment facility or a state hospital. The petition for (~~seventy-~~
6 ~~two~~) one hundred twenty hour detention filed by the designated
7 crisis responder must be accompanied by the following documents:

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

11 (b) A warrant issued by a magistrate in the state in which the
12 person was found not guilty by reason of insanity indicating that the
13 person has fled from detention, commitment, or conditional release in
14 that state and authorizing the detention of the person within the
15 state in which the person was found not guilty by reason of insanity;

16 (c) A statement from the executive authority of the state in
17 which the person was found not guilty by reason of insanity
18 requesting that the person be returned to the requesting state and
19 agreeing to facilitate the transfer of the person to the requesting
20 state.

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

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

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

3 (1) If a designated crisis responder decides not to detain a
4 person for evaluation and treatment under RCW 71.05.150 or 71.05.153
5 or forty-eight hours have elapsed since a designated crisis responder
6 received a request for investigation and the designated crisis
7 responder has not taken action to have the person detained, an
8 immediate family member or guardian or conservator of the person may
9 petition the superior court for the person's initial detention.

10 (2) A petition under this section must be filed within ten
11 calendar days following the designated crisis responder investigation
12 or the request for a designated crisis responder investigation. If
13 more than ten days have elapsed, the immediate family member,
14 guardian, or conservator may request a new designated crisis
15 responder investigation.

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

25 (b) The petition must contain:

26 (i) A description of the relationship between the petitioner and
27 the person; and

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

30 (4) The court shall, within one judicial day, review the petition
31 to determine whether the petition raises sufficient evidence to
32 support the allegation. If the court so finds, it shall provide a
33 copy of the petition to the designated crisis responder agency with
34 an order for the agency to provide the court, within one judicial
35 day, with a written sworn statement describing the basis for the
36 decision not to seek initial detention and a copy of all information
37 material to the designated crisis responder's current decision.

38 (5) Following the filing of the petition and before the court
39 reaches a decision, any person, including a mental health

1 professional, may submit a sworn declaration to the court in support
2 of or in opposition to initial detention.

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

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

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

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

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

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

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

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

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

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

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

33 (2) If, after examination and evaluation, the mental health
34 professional or (~~chemical dependency~~) substance use disorder
35 professional and licensed physician, physician assistant, or
36 psychiatric advanced registered nurse practitioner determine that the
37 initial needs of the person, if detained to an evaluation and
38 treatment facility, would be better served by placement in a
39 substance use disorder treatment program, or, if detained to a secure
40 withdrawal management and stabilization facility or approved

1 substance use disorder treatment program, would be better served in
2 an evaluation and treatment facility then the person shall be
3 referred to the more appropriate placement; however, a person may
4 only be referred to a secure withdrawal management and stabilization
5 facility or approved substance use disorder treatment program if
6 there is an available secure withdrawal management and stabilization
7 facility or approved substance use disorder treatment program with
8 adequate space for the person.

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

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

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

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

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

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

35 (b) Shall receive such treatment and care as his or her condition
36 requires including treatment on an outpatient basis for the period
37 that he or she is detained, except that, beginning twenty-four hours
38 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
39 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may

1 refuse psychiatric medications, but may not refuse: (i) Any other
2 medication previously prescribed by a person licensed under Title 18
3 RCW; or (ii) emergency lifesaving treatment, and the individual shall
4 be informed at an appropriate time of his or her right of such
5 refusal. The person shall be detained up to (~~seventy-two~~) one
6 hundred twenty hours, if, in the opinion of the professional person
7 in charge of the facility, or his or her professional designee, the
8 person presents a likelihood of serious harm, or is gravely disabled.
9 A person who has been detained for (~~seventy-two~~) one hundred twenty
10 hours shall no later than the end of such period be released, unless
11 referred for further care on a voluntary basis, or detained pursuant
12 to court order for further treatment as provided in this chapter.

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

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

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

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

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

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

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

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

33 (2) If, after examination and evaluation, the mental health
34 professional or (~~chemical dependency~~) substance use disorder
35 professional and licensed physician, physician assistant, or
36 psychiatric advanced registered nurse practitioner determine that the
37 initial needs of the person, if detained to an evaluation and
38 treatment facility, would be better served by placement in a
39 substance use disorder treatment program, or, if detained to a secure
40 withdrawal management and stabilization facility or approved

1 substance use disorder treatment program, would be better served in
2 an evaluation and treatment facility then the person shall be
3 referred to the more appropriate placement.

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

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

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

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

24 (b) Historical behavior, including history of one or more violent
25 acts;

26 (c) Prior determinations of incompetency or insanity under
27 chapter 10.77 RCW; and

28 (d) Prior commitments under this chapter.

29 (2) Credible witnesses may include family members, landlords,
30 neighbors, or others with significant contact and history of
31 involvement with the person. If the designated crisis responder
32 relies upon information from a credible witness in reaching his or
33 her decision to detain the individual, then he or she must provide
34 contact information for any such witness to the prosecutor. The
35 designated crisis responder or prosecutor shall provide notice of the
36 date, time, and location of the probable cause hearing to such a
37 witness.

38 (3) Symptoms and behavior of the respondent which standing alone
39 would not justify civil commitment may support a finding of grave

1 disability or likelihood of serious harm, or a finding that the
2 person is in need of assisted outpatient behavioral health treatment,
3 when:

4 (a) Such symptoms or behavior are closely associated with
5 symptoms or behavior which preceded and led to a past incident of
6 involuntary hospitalization, severe deterioration from safe behavior,
7 or one or more violent acts;

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

10 (c) Without treatment, the continued deterioration of the
11 respondent is probable.

12 (4) When conducting an evaluation for offenders identified under
13 RCW 72.09.370, the designated crisis responder or professional person
14 shall consider an offender's history of judicially required or
15 administratively ordered antipsychotic medication while in
16 confinement.

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

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

27 The initial protocols shall be developed not later than September
28 1, 1999. The authority shall develop and update the protocols in
29 consultation with representatives of designated crisis responders,
30 the department of social and health services, local government, law
31 enforcement, county and city prosecutors, public defenders, and
32 groups concerned with (~~mental illness and substance use~~) behavioral
33 health disorders. The protocols shall be submitted to the governor
34 and legislature upon adoption by the authority.

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

37 (1) A person found to be gravely disabled or (~~presents~~) to
38 present a likelihood of serious harm as a result of a (~~mental~~

1 ~~disorder or substance use))~~ behavioral health disorder has a right to
2 refuse antipsychotic medication unless it is determined that the
3 failure to medicate may result in a likelihood of serious harm or
4 substantial deterioration or substantially prolong the length of
5 involuntary commitment and there is no less intrusive course of
6 treatment than medication in the best interest of that person.

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

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

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

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

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

31 (e) Documentation in the medical record of the attempt by the
32 physician, physician assistant, or psychiatric advanced registered
33 nurse practitioner to obtain informed consent and the reasons why
34 antipsychotic medication is being administered over the person's
35 objection or lack of consent.

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

38 (1) Insofar as danger to the individual or others is not created,
39 each person involuntarily detained, treated in a less restrictive

1 alternative course of treatment, or committed for treatment and
2 evaluation pursuant to this chapter shall have, in addition to other
3 rights not specifically withheld by law, the following rights, a list
4 of which shall be prominently posted in all facilities, institutions,
5 and hospitals providing such services:

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

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

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

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

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

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

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

21 (h) To discuss treatment plans and decisions with professional
22 persons;

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

27 (j) Not to consent to the administration of antipsychotic
28 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
29 or the performance of electroconvulsant therapy or surgery, except
30 emergency lifesaving surgery, unless ordered by a court of competent
31 jurisdiction pursuant to the following standards and procedures:

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

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

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

28 ~~((d))~~ (iv) An order for the administration of antipsychotic
29 medications entered following a hearing conducted pursuant to this
30 section shall be effective for the period of the current involuntary
31 treatment order, and any interim period during which the person is
32 awaiting trial or hearing on a new petition for involuntary treatment
33 or involuntary medication.

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

37 ~~((f))~~ (vi) Antipsychotic medication may be administered to a
38 nonconsenting person detained or committed pursuant to this chapter
39 without a court order pursuant to RCW 71.05.215(2) or under the
40 following circumstances:

1 ~~((i))~~ (A) A person presents an imminent likelihood of serious
2 harm;

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

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

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

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

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

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

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

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

38 (5) Whenever any person is detained under this chapter, the
39 person must be advised that unless the person is released or
40 voluntarily admits himself or herself for treatment within seventy-

1 two hours of the initial detention, a judicial hearing must be held
2 in a superior court within seventy-two hours to determine whether
3 there is probable cause to detain the person for up to an additional
4 fourteen days based on an allegation that because of a behavioral
5 health disorder the person presents a likelihood of serious harm or
6 is gravely disabled, and that at the probable cause hearing the
7 person has the following rights:

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

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

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

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

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

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

19 (g) To view and copy all petitions and reports in the court file;
20 and

21 (h) To refuse psychiatric medications, including antipsychotic
22 medication beginning twenty-four hours prior to the probable cause
23 hearing.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (h) To discuss treatment plans and decisions with professional
2 persons;

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

7 (j) Not to consent to the administration of antipsychotic
8 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
9 or the performance of electroconvulsant therapy or surgery, except
10 emergency lifesaving surgery, unless ordered by a court of competent
11 jurisdiction pursuant to the following standards and procedures:

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

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

29 ~~((c))~~ (iii) The person shall be present at any hearing on a
30 request to administer antipsychotic medication or electroconvulsant
31 therapy filed pursuant to this subsection. The person has the right:
32 ~~((i))~~ (A) To be represented by an attorney; ~~((ii))~~ (B) to present
33 evidence; ~~((iii))~~ (C) to cross-examine witnesses; ~~((iv))~~ (D) to
34 have the rules of evidence enforced; ~~((v))~~ (E) to remain silent;
35 ~~((vi))~~ (F) to view and copy all petitions and reports in the court
36 file; and ~~((vii))~~ (G) to be given reasonable notice and an
37 opportunity to prepare for the hearing. The court may appoint a
38 psychiatrist, physician assistant working with a supervising
39 psychiatrist, psychiatric advanced registered nurse practitioner,
40 psychologist within their scope of practice, physician assistant, or

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

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

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

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

21 ~~((i))~~ (A) A person presents an imminent likelihood of serious
22 harm;

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

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

32 If antipsychotic medications are administered over a person's
33 lack of consent pursuant to this subsection, a petition for an order
34 authorizing the administration of antipsychotic medications shall be
35 filed on the next judicial day. The hearing shall be held within two
36 judicial days. If deemed necessary by the physician, physician
37 assistant, or psychiatric advanced registered nurse practitioner with
38 responsibility for the treatment of the person, administration of
39 antipsychotic medications may continue until the hearing is held;

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

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

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

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

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

19 (5) Whenever any person is detained under this chapter, the
20 person must be advised that unless the person is released or
21 voluntarily admits himself or herself for treatment within one
22 hundred twenty hours of the initial detention, a judicial hearing
23 must be held in a superior court within one hundred twenty hours to
24 determine whether there is probable cause to detain the person for up
25 to an additional fourteen days based on an allegation that because of
26 a behavioral health disorder the person presents a likelihood of
27 serious harm or is gravely disabled, and that at the probable cause
28 hearing the person has the following rights:

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

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

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

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

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

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

1 (g) To view and copy all petitions and reports in the court file;
2 and

3 (h) To refuse psychiatric medications, including antipsychotic
4 medication beginning twenty-four hours prior to the probable cause
5 hearing.

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

9 (7)(a) Privileges between patients and physicians, physician
10 assistants, psychologists, or psychiatric advanced registered nurse
11 practitioners are deemed waived in proceedings under this chapter
12 relating to the administration of antipsychotic medications. As to
13 other proceedings under this chapter, the privileges are waived when
14 a court of competent jurisdiction in its discretion determines that
15 such waiver is necessary to protect either the detained person or the
16 public.

17 (b) The waiver of a privilege under this section is limited to
18 records or testimony relevant to evaluation of the detained person
19 for purposes of a proceeding under this chapter. Upon motion by the
20 detained person or on its own motion, the court shall examine a
21 record or testimony sought by a petitioner to determine whether it is
22 within the scope of the waiver.

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

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

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

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

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

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

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

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

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

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

23 (A) One physician, physician assistant, or psychiatric advanced
24 registered nurse practitioner; and

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

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

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

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

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

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

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

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

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

28 **Sec. 34.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to
29 read as follows:

30 A person detained for (~~seventy-two~~) one hundred twenty hour
31 evaluation and treatment may be committed for not more than fourteen
32 additional days of involuntary intensive treatment or ninety
33 additional days of a less restrictive alternative treatment. A
34 petition may only be filed if the following conditions are met:

35 (1) The professional staff of the facility providing evaluation
36 services has analyzed the person's condition and finds that the
37 condition is caused by (~~mental disorder or substance use~~) a
38 behavioral health disorder and results in: (a) A likelihood of
39 serious harm(~~, results in~~); (b) the person being gravely

1 disabled(~~(r)~~); or (~~results in~~) (c) the person being in need of
2 assisted outpatient behavioral health treatment(~~(r)~~); and are
3 prepared to testify those conditions are met; and

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

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

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

13 (A) One physician, physician assistant, or psychiatric advanced
14 registered nurse practitioner; and

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

17 (ii) If the petition is for substance use disorder treatment, the
18 petition may be signed by a (~~chemical dependency~~) substance use
19 disorder professional instead of a mental health professional and by
20 an advanced registered nurse practitioner instead of a psychiatric
21 advanced registered nurse practitioner. The persons signing the
22 petition must have examined the person.

23 (b) If involuntary detention is sought the petition shall state
24 facts that support the finding that such person, as a result of a
25 (~~mental disorder or substance use~~) behavioral health disorder,
26 presents a likelihood of serious harm, or is gravely disabled and
27 that there are no less restrictive alternatives to detention in the
28 best interest of such person or others. The petition shall state
29 specifically that less restrictive alternative treatment was
30 considered and specify why treatment less restrictive than detention
31 is not appropriate. If an involuntary less restrictive alternative is
32 sought, the petition shall state facts that support the finding that
33 such person, as a result of a (~~mental disorder or as a result of a~~
34 ~~substance use~~) behavioral health disorder, presents a likelihood of
35 serious harm, is gravely disabled, or is in need of assisted
36 outpatient behavioral health treatment, and shall set forth any
37 recommendations for less restrictive alternative treatment services;
38 and

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

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

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

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

15 (9) If the hospital or facility designated to provide less
16 restrictive alternative treatment is other than the facility
17 providing involuntary treatment, the outpatient facility so
18 designated to provide less restrictive alternative treatment has
19 agreed to assume such responsibility.

20 **Sec. 35.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each
21 amended to read as follows:

22 (1) If an individual is referred to a designated crisis responder
23 under RCW 10.77.088(~~((1)(e)(i))~~) (2)(d)(i), the designated crisis
24 responder shall examine the individual within forty-eight hours. If
25 the designated crisis responder determines it is not appropriate to
26 detain the individual or petition for a ninety-day less restrictive
27 alternative under RCW 71.05.230(4), that decision shall be
28 immediately presented to the superior court for hearing. The court
29 shall hold a hearing to consider the decision of the designated
30 crisis responder not later than the next judicial day. At the hearing
31 the superior court shall review the determination of the designated
32 crisis responder and determine whether an order should be entered
33 requiring the person to be evaluated at an evaluation and treatment
34 facility. No person referred to an evaluation and treatment facility
35 may be held at the facility longer than seventy-two hours.

36 (2) If an individual is placed in an evaluation and treatment
37 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional
38 person shall evaluate the individual for purposes of determining
39 whether to file a ninety-day inpatient or outpatient petition under

1 this chapter. Before expiration of the seventy-two hour evaluation
2 period authorized under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the
3 professional person shall file a petition or, if the recommendation
4 of the professional person is to release the individual, present his
5 or her recommendation to the superior court of the county in which
6 the criminal charge was dismissed. The superior court shall review
7 the recommendation not later than forty-eight hours, excluding
8 Saturdays, Sundays, and holidays, after the recommendation is
9 presented. If the court rejects the recommendation to unconditionally
10 release the individual, the court may order the individual detained
11 at a designated evaluation and treatment facility for not more than a
12 seventy-two hour evaluation and treatment period (~~(and direct the~~
13 ~~individual to appear at a surety hearing before that court within~~
14 ~~seventy-two hours, or the court may release the individual but direct~~
15 ~~the individual to appear at a surety hearing set before that court~~
16 ~~within eleven days, at which time the prosecutor may file a petition~~
17 ~~under this chapter for ninety-day inpatient or outpatient treatment.~~
18 ~~If a petition is filed by the prosecutor, the court may order that~~
19 ~~the person named in the petition be detained at the evaluation and~~
20 ~~treatment facility that performed the evaluation under this~~
21 ~~subsection or order the respondent to be in outpatient treatment. If~~
22 ~~a petition is filed but the individual fails to appear in court for~~
23 ~~the surety hearing, the court shall order that a mental health~~
24 ~~professional or peace officer shall take such person or cause such~~
25 ~~person to be taken into custody and placed in an evaluation and~~
26 ~~treatment facility to be brought before the court the next judicial~~
27 ~~day after detention)). If the evaluation and treatment facility files
28 a ninety-day petition within the seventy-two hour period, the clerk
29 shall set a hearing after the day of filing consistent with RCW
30 71.05.300. Upon the individual's first appearance in court after a
31 petition has been filed, proceedings under RCW 71.05.310 and
32 71.05.320 shall commence. For an individual subject to this
33 subsection, the (~~prosecutor or~~) professional person may directly
34 file a petition for ninety-day inpatient or outpatient treatment and
35 no petition for initial detention or fourteen-day detention is
36 required before such a petition may be filed.~~

37 (~~The court shall conduct the hearing on the petition filed under~~
38 ~~this subsection within five judicial days of the date the petition is~~
39 ~~filed. The court may continue the hearing upon the written request of~~
40 ~~the person named in the petition or the person's attorney, for good~~

1 cause shown, which continuance shall not exceed five additional
2 judicial days. If the person named in the petition requests a jury
3 trial, the trial shall commence within ten judicial days of the date
4 of the filing of the petition. The burden of proof shall be by clear,
5 cogent, and convincing evidence and shall be upon the petitioner. The
6 person shall be present at such proceeding, which shall in all
7 respects accord with the constitutional guarantees of due process of
8 law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).

9 During the proceeding the person named in the petition shall
10 continue to be detained and treated until released by order of the
11 court. If no order has been made within thirty days after the filing
12 of the petition, not including any extensions of time requested by
13 the detained person or his or her attorney, the detained person shall
14 be released.)

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

21 ((4) The individual shall have the rights specified in RCW
22 71.05.360 (8) and (9).))

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

25 (1) If an individual is referred to a designated crisis responder
26 under RCW 10.77.088(~~((1)(e)(i))~~) (2)(d)(i), the designated crisis
27 responder shall examine the individual within forty-eight hours. If
28 the designated crisis responder determines it is not appropriate to
29 detain the individual or petition for a ninety-day less restrictive
30 alternative under RCW 71.05.230(4), that decision shall be
31 immediately presented to the superior court for hearing. The court
32 shall hold a hearing to consider the decision of the designated
33 crisis responder not later than the next judicial day. At the hearing
34 the superior court shall review the determination of the designated
35 crisis responder and determine whether an order should be entered
36 requiring the person to be evaluated at an evaluation and treatment
37 facility. No person referred to an evaluation and treatment facility
38 may be held at the facility longer than (~~(seventy-two)~~) one hundred
39 twenty hours.

1 (2) If an individual is placed in an evaluation and treatment
2 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional
3 person shall evaluate the individual for purposes of determining
4 whether to file a ninety-day inpatient or outpatient petition under
5 this chapter. Before expiration of the (~~seventy-two~~) one hundred
6 twenty hour evaluation period authorized under RCW
7 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the professional person shall
8 file a petition or, if the recommendation of the professional person
9 is to release the individual, present his or her recommendation to
10 the superior court of the county in which the criminal charge was
11 dismissed. The superior court shall review the recommendation not
12 later than forty-eight hours, excluding Saturdays, Sundays, and
13 holidays, after the recommendation is presented. If the court rejects
14 the recommendation to unconditionally release the individual, the
15 court may order the individual detained at a designated evaluation
16 and treatment facility for not more than a (~~seventy-two~~) one
17 hundred twenty hour evaluation and treatment period (~~and direct the~~
18 ~~individual to appear at a surety hearing before that court within~~
19 ~~seventy-two hours, or the court may release the individual but direct~~
20 ~~the individual to appear at a surety hearing set before that court~~
21 ~~within eleven days, at which time the prosecutor may file a petition~~
22 ~~under this chapter for ninety-day inpatient or outpatient treatment.~~
23 ~~If a petition is filed by the prosecutor, the court may order that~~
24 ~~the person named in the petition be detained at the evaluation and~~
25 ~~treatment facility that performed the evaluation under this~~
26 ~~subsection or order the respondent to be in outpatient treatment. If~~
27 ~~a petition is filed but the individual fails to appear in court for~~
28 ~~the surety hearing, the court shall order that a mental health~~
29 ~~professional or peace officer shall take such person or cause such~~
30 ~~person to be taken into custody and placed in an evaluation and~~
31 ~~treatment facility to be brought before the court the next judicial~~
32 ~~day after detention)). If the evaluation and treatment facility files
33 a ninety-day petition within the one hundred twenty hour period, the
34 clerk shall set a hearing after the day of filing consistent with RCW
35 71.05.300. Upon the individual's first appearance in court after a
36 petition has been filed, proceedings under RCW 71.05.310 and
37 71.05.320 shall commence. For an individual subject to this
38 subsection, the (~~prosecutor or~~) professional person may directly
39 file a petition for ninety-day inpatient or outpatient treatment and~~

1 no petition for initial detention or fourteen-day detention is
2 required before such a petition may be filed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (4)(a) Subject to (b) of this subsection, at the conclusion of
35 the probable cause hearing, if the court finds by a preponderance of
36 the evidence that such person, as the result of a (~~mental disorder~~
37 ~~or substance use~~) behavioral health disorder, presents a likelihood
38 of serious harm, or is gravely disabled, and, after considering less
39 restrictive alternatives to involuntary detention and treatment,

1 finds that no such alternatives are in the best interests of such
2 person or others, the court shall order that such person be detained
3 for involuntary treatment not to exceed fourteen days in a facility
4 licensed or certified to provide treatment by the department or under
5 RCW 71.05.745.

6 ~~((Commitment for up to fourteen days based on a substance use
7 disorder must be to either a secure withdrawal management and
8 stabilization facility or an approved substance use disorder
9 treatment program.))~~ A court may only ~~((enter a commitment))~~ order
10 ~~((based on a substance use disorder if there is an available))~~
11 commitment to a secure withdrawal management and stabilization
12 facility or approved substance use disorder treatment program if
13 there is an available facility with adequate space for the person.

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

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

30 ~~((4))~~ (5) An order for less restrictive alternative treatment
31 must name the ~~((mental))~~ behavioral health service provider
32 responsible for identifying the services the person will receive in
33 accordance with RCW 71.05.585, and must include a requirement that
34 the person cooperate with the ~~((services planned by))~~ treatment
35 recommendations of the ~~((mental))~~ behavioral health service provider.

36 ~~((5))~~ (6) The court shall ~~((specifically state to such person
37 and give such person notice))~~ notify the person orally and in writing
38 that if involuntary treatment is sought beyond the fourteen-day
39 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less
40 restrictive treatment ~~((is to be sought))~~ period, ~~((such))~~ the person

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

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

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

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

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

34 (4)(a) Subject to (b) of this subsection, at the conclusion of
35 the probable cause hearing, if the court finds by a preponderance of
36 the evidence that such person, as the result of a ((mental disorder
37 ~~or substance use~~) behavioral health disorder, presents a likelihood
38 of serious harm, or is gravely disabled, and, after considering less
39 restrictive alternatives to involuntary detention and treatment,

1 finds that no such alternatives are in the best interests of such
2 person or others, the court shall order that such person be detained
3 for involuntary treatment not to exceed fourteen days in a facility
4 licensed or certified to provide treatment by the department or under
5 RCW 71.05.745.

6 ~~((Commitment for up to fourteen days based on a substance use
7 disorder must be to either a secure withdrawal management and
8 stabilization facility or an approved substance use disorder
9 treatment program.))~~ A court may only ~~((enter a commitment))~~ order
10 ~~((based on a substance use disorder if there is an available))~~
11 commitment to a secure withdrawal management and stabilization
12 facility or approved substance use disorder treatment program if
13 there is an available facility with adequate space for the person.

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

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

30 ~~((4))~~ (5) An order for less restrictive alternative treatment
31 must name the ~~((mental))~~ behavioral health service provider
32 responsible for identifying the services the person will receive in
33 accordance with RCW 71.05.585, and must include a requirement that
34 the person cooperate with the ~~((services planned by))~~ treatment
35 recommendations of the ~~((mental))~~ behavioral health service provider.

36 ~~((5))~~ (6) The court shall ~~((specifically state to such person
37 and give such person notice))~~ notify the person orally and in writing
38 that if involuntary treatment is sought beyond the fourteen-day
39 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less
40 restrictive treatment ~~((is to be sought))~~ period, ~~((such))~~ the person

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

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

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

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

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

34 (4)(a) ((Subject to (b) of this subsection,)) At the conclusion
35 of the probable cause hearing, if the court finds by a preponderance
36 of the evidence that such person, as the result of a ((mental
37 disorder or substance use)) behavioral health disorder, presents a
38 likelihood of serious harm, or is gravely disabled, and, after
39 considering less restrictive alternatives to involuntary detention

1 and treatment, finds that no such alternatives are in the best
2 interests of such person or others, the court shall order that such
3 person be detained for involuntary treatment not to exceed fourteen
4 days in a facility licensed or certified to provide treatment by the
5 department or under RCW 71.05.745.

6 ~~(b) ((Commitment for up to fourteen days based on a substance use
7 disorder must be to either a secure withdrawal management and
8 stabilization facility or an approved substance use disorder
9 treatment program.~~

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

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

26 ~~((4))~~ (5) An order for less restrictive alternative treatment
27 must name the ~~((mental))~~ behavioral health service provider
28 responsible for identifying the services the person will receive in
29 accordance with RCW 71.05.585, and must include a requirement that
30 the person cooperate with the ~~((services planned by))~~ treatment
31 recommendations of the ~~((mental))~~ behavioral health service provider.

32 ~~((5))~~ (6) The court shall ~~((specifically state to such person
33 and give such person notice))~~ notify the person orally and in writing
34 that if involuntary treatment is sought beyond the fourteen-day
35 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less
36 restrictive treatment ~~((is to be sought))~~ period, such person ~~((will
37 have))~~ has the right to a full hearing or jury trial ~~((as required
38 by))~~ under RCW 71.05.310. If the commitment is for mental health
39 treatment, the court shall also ~~((state to))~~ notify the person ~~((and
40 provide written notice))~~ orally and in writing that the person is

1 barred from the possession of firearms and that the prohibition
2 remains in effect until a court restores his or her right to possess
3 a firearm under RCW 9.41.047.

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

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

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

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

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

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

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

34 (4) Such person is gravely disabled; or

35 (5) Such person is in need of assisted outpatient behavioral
36 health treatment.

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

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

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

11 (A) One physician, physician assistant, or psychiatric advanced
12 registered nurse practitioner; and

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

15 (ii) If the petition is for substance use disorder treatment, the
16 petition may be signed by a ~~((chemical dependency))~~ substance use
17 disorder professional instead of a mental health professional and by
18 an advanced registered nurse practitioner instead of a psychiatric
19 advanced registered nurse practitioner.

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

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

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

38 (1) The petition for ninety day treatment shall be filed with the
39 clerk of the superior court at least three days before expiration of

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

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

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

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

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

3 The court shall (~~conduct~~) set a hearing on the petition for
4 ninety-day or one hundred eighty-day treatment within five judicial
5 days of the (~~first court appearance after the probable cause~~
6 ~~hearing~~) trial setting hearing, or within ten judicial days for a
7 petition filed under RCW 71.05.280(3). The court may continue the
8 hearing (~~for good cause upon the written request of the person named~~
9 ~~in the petition or the person's attorney. The court may continue for~~
10 ~~good cause the hearing on a petition filed under RCW 71.05.280(3)~~
11 ~~upon written request by the person named in the petition, the~~
12 ~~person's attorney, or the petitioner~~) in accordance with section 37
13 of this act. If the person named in the petition requests a jury
14 trial, the trial (~~shall commence~~) must be set within ten judicial
15 days of the (~~first court appearance after the probable cause~~
16 ~~hearing~~) next judicial day after the date of filing the petition.
17 The burden of proof shall be by clear, cogent, and convincing
18 evidence and shall be upon the petitioner. The person (~~shall~~) has
19 the right to be present at such proceeding, which shall in all
20 respects accord with the constitutional guarantees of due process of
21 law and the rules of evidence (~~pursuant to RCW 71.05.360 (8) and~~
22 ~~(9)~~) under RCW 71.05.217.

23 During the proceeding, the person named in the petition shall
24 continue to be treated until released by order of the superior court
25 or discharged by the medical provider. If (~~no order has been made~~)
26 the hearing has not commenced within thirty days after the filing of
27 the petition, not including extensions of time (~~requested by the~~
28 ~~detained person or his or her attorney, or the petitioner in the case~~
29 ~~of a petition filed under RCW 71.05.280(3)~~) ordered under section 37
30 of this act, the detained person shall be released.

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

33 (1)(a) Subject to (b) of this subsection, if the court or jury
34 finds that grounds set forth in RCW 71.05.280 have been proven and
35 that the best interests of the person or others will not be served by
36 a less restrictive treatment which is an alternative to detention,
37 the court shall remand him or her to the custody of the department of
38 social and health services or to a facility certified for ninety day

1 treatment by the department for a further period of intensive
2 treatment not to exceed ninety days from the date of judgment.

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

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

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

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

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

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

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

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

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

39 (d) Continues to be gravely disabled; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (d) Continues to be gravely disabled; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 By July 1, 2017, all general authority Washington law enforcement
36 agencies must adopt a policy establishing criteria and procedures for
37 a law enforcement officer to refer a person to a (~~mental~~)

1 behavioral health agency after receiving a report of threatened or
2 attempted suicide.

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

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

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

25 Evaluation and treatment facilities and secure (~~detoxification~~)
26 withdrawal management and stabilization facilities authorized
27 pursuant to this chapter may be part of the comprehensive community
28 (~~mental~~) behavioral health services program conducted in counties
29 pursuant to chapter 71.24 RCW, and may receive funding pursuant to
30 the provisions thereof.

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

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

35 (a) Assignment of a care coordinator;

36 (b) An intake evaluation with the provider of the less
37 restrictive alternative treatment;

1 (c) A psychiatric evaluation;

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

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

7 (f) An individual crisis plan; and

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

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

13 (a) Medication management;

14 (b) Psychotherapy;

15 (c) Nursing;

16 (d) Substance abuse counseling;

17 (e) Residential treatment; and

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

19 (3) If the person was provided with involuntary medication under
20 RCW 71.05.215 or pursuant to a judicial order during the involuntary
21 commitment period, the less restrictive alternative treatment order
22 may authorize the less restrictive alternative treatment provider or
23 its designee to administer involuntary antipsychotic medication to
24 the person if the provider has attempted and failed to obtain the
25 informed consent of the person and there is a concurring medical
26 opinion approving the medication by a psychiatrist, physician
27 assistant working with a supervising psychiatrist, psychiatric
28 advanced registered nurse practitioner, or physician or physician
29 assistant in consultation with an independent mental health
30 professional with prescribing authority.

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

35 ((-4)) (5) The care coordinator assigned to a person ordered to
36 less restrictive alternative treatment must submit an individualized
37 plan for the person's treatment services to the court that entered
38 the order. An initial plan must be submitted as soon as possible
39 following the intake evaluation and a revised plan must be submitted

1 upon any subsequent modification in which a type of service is
2 removed from or added to the treatment plan.

3 ~~((5))~~ (6) For the purpose of this section, "care coordinator"
4 means a clinical practitioner who coordinates the activities of less
5 restrictive alternative treatment. The care coordinator coordinates
6 activities with the designated crisis responders that are necessary
7 for enforcement and continuation of less restrictive alternative
8 orders and is responsible for coordinating service activities with
9 other agencies and establishing and maintaining a therapeutic
10 relationship with the individual on a continuing basis.

11 **Sec. 54.** RCW 71.05.590 and 2019 c 446 s 14 are each amended to
12 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (c) The designated crisis responder or secretary of the
35 department of social and health services shall file a revocation
36 petition and order of apprehension and detention with the court of
37 the county where the person is currently located or being detained.
38 The designated crisis responder shall serve the person and their
39 attorney, guardian, and conservator, if any. The person has the same
40 rights with respect to notice, hearing, and counsel as in any

1 involuntary treatment proceeding, except as specifically set forth in
2 this section. There is no right to jury trial. The venue for
3 proceedings is the county where the petition is filed. Notice of the
4 filing must be provided to the court that originally ordered
5 commitment, if different from the court where the petition for
6 revocation is filed, within two judicial days of the person's
7 detention.

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

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

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

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

28 (c) The issues for the court to determine are whether to continue
29 the detention of the person for inpatient treatment or whether the
30 court should reinstate or modify the person's less restrictive
31 alternative order or order the person's detention for inpatient
32 treatment. To continue detention after the seventy-two hour period,
33 the court must find that the person, as a result of a (~~(mental~~
34 ~~disorder or substance use)) behavioral health disorder, presents a
35 likelihood of serious harm or is gravely disabled and, after
36 considering less restrictive alternatives to involuntary detention
37 and treatment, that no such alternatives are in the best interest of
38 the person or others.~~

39 (d) A court may not issue an order to detain a person for
40 inpatient treatment in a secure withdrawal management and

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

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

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

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

15 (b) Substantial deterioration in the person's functioning has
16 occurred;

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

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

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

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

30 (b) To increase the intensity of outpatient services provided to
31 the person by increasing the frequency of contacts with the provider,
32 referring the person for an assessment for assertive community
33 services, or by other means;

34 (c) To request a court hearing for review and modification of the
35 court order. The request must be made to or by the court with
36 jurisdiction over the order and specify the circumstances that give
37 rise to the request and what modification is being sought. The county
38 prosecutor shall assist the agency or facility in requesting this
39 hearing and issuing an appropriate summons to the person. This

1 subsection does not limit the inherent authority of a treatment
2 provider to alter conditions of treatment for clinical reasons, and
3 is intended to be used only when court intervention is necessary or
4 advisable to secure the person's compliance and prevent
5 decompensation or deterioration;

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

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

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

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

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

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

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

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

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

35 (6) (a) If the current commitment is solely based on the person
36 being in need of assisted outpatient behavioral health treatment as
37 defined in RCW 71.05.020, a designated crisis responder may initiate
38 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when
39 appropriate. A designated crisis responder or the secretary may, upon
40 their own motion or notification by the facility or agency designated

1 to provide outpatient care to a person subject to a less restrictive
2 alternative treatment order under RCW 71.05.320 subsequent to an
3 order for assisted outpatient behavioral health treatment entered
4 under RCW 71.05.148, order the person to be apprehended and taken
5 into custody and temporary detention for inpatient evaluation in an
6 evaluation and treatment facility (~~((in or near the county in which he
7 or she is receiving outpatient treatment if the person is committed
8 for mental health treatment, or, if the person is committed for
9 substance use disorder treatment, in a))~~), secure withdrawal
10 management and stabilization facility, or in an approved substance
11 use disorder treatment program (~~((if either is available))~~), in or near
12 the county in which he or she is receiving outpatient treatment.
13 Proceedings under this subsection may be initiated without ordering
14 the apprehension and detention of the person.

15 (b) A person detained under this subsection may be held for
16 evaluation for up to (~~((seventy-two))~~) one hundred twenty hours,
17 excluding weekends and holidays, pending a court hearing. If the
18 person is not detained, the hearing must be scheduled within
19 (~~((seventy-two))~~) one hundred twenty hours of service on the person.
20 The designated crisis responder or the secretary may modify or
21 rescind the order at any time prior to commencement of the court
22 hearing.

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

34 (d) A court may not issue an order to detain a person for
35 inpatient treatment in a secure withdrawal management and
36 stabilization facility or approved substance use disorder program
37 under this subsection unless there is a secure withdrawal management
38 and stabilization facility or approved substance use disorder
39 treatment program available and with adequate space for the person.

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

3 (1) Either an agency or facility designated to monitor or provide
4 services under a less restrictive alternative order or conditional
5 release order, or a designated crisis responder, may take action to
6 enforce, modify, or revoke a less restrictive alternative or
7 conditional release order. The agency, facility, or designated crisis
8 responder must determine that:

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

11 (b) Substantial deterioration in the person's functioning has
12 occurred;

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

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

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

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

26 (b) To increase the intensity of outpatient services provided to
27 the person by increasing the frequency of contacts with the provider,
28 referring the person for an assessment for assertive community
29 services, or by other means;

30 (c) To request a court hearing for review and modification of the
31 court order. The request must be made to or by the court with
32 jurisdiction over the order and specify the circumstances that give
33 rise to the request and what modification is being sought. The county
34 prosecutor shall assist the agency or facility in requesting this
35 hearing and issuing an appropriate summons to the person. This
36 subsection does not limit the inherent authority of a treatment
37 provider to alter conditions of treatment for clinical reasons, and
38 is intended to be used only when court intervention is necessary or
39 advisable to secure the person's compliance and prevent
40 decompensation or deterioration;

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

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

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

34 (4) (a) Except as provided in subsection (6) of this section, a
35 designated crisis responder or the secretary of the department of
36 social and health services may upon their own motion or notification
37 by the facility or agency designated to provide outpatient care order
38 a person subject to a court order under this chapter to be
39 apprehended and taken into custody and temporary detention in an
40 evaluation and treatment facility ~~((in or near the county in which he~~

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

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

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

33 (d) Except as provided in subsection (6) of this section, the
34 issues for the court to determine are whether: (i) The person adhered
35 to the terms and conditions of the court order; (ii) substantial
36 deterioration in the person's functioning has occurred; (iii) there
37 is evidence of substantial decompensation with a reasonable
38 probability that the decompensation can be reversed by further
39 inpatient treatment; or (iv) there is a likelihood of serious harm;
40 and, if any of the above conditions apply, whether the court should

1 reinstate or modify the person's less restrictive alternative or
2 conditional release order or order the person's detention for
3 inpatient treatment. The person may waive the court hearing and allow
4 the court to enter a stipulated order upon the agreement of all
5 parties. If the court orders detention for inpatient treatment, the
6 treatment period (~~(may be for no longer than the period)~~) must be for
7 fourteen days from the revocation hearing if the outpatient order was
8 based on a petition under RCW 71.05.160 or 71.05.230. If the court
9 orders detention for inpatient treatment and the outpatient order was
10 based on a petition under RCW 71.05.290 or 71.05.320, the number of
11 days remaining on the outpatient order must be converted to days of
12 inpatient treatment authorized in the original court order.

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

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

39 (b) A person detained under this subsection may be held for
40 evaluation for up to (~~(seventy-two)~~) one hundred twenty hours,

1 excluding weekends and holidays, pending a court hearing. The
2 designated crisis responder or the secretary may modify or rescind
3 the order at any time prior to commencement of the court hearing.

4 (c) The issues for the court to determine are whether to continue
5 the detention of the person for inpatient treatment or whether the
6 court should reinstate or modify the person's less restrictive
7 alternative order or order the person's detention for inpatient
8 treatment. To continue detention after the ~~((seventy-two))~~ one
9 hundred twenty hour period, the court must find that the person, as a
10 result of a ~~((mental disorder or substance use))~~ behavioral health
11 disorder, presents a likelihood of serious harm or is gravely
12 disabled and, after considering less restrictive alternatives to
13 involuntary detention and treatment, that no such alternatives are in
14 the best interest of the person or others.

15 ~~((d) A court may not issue an order to detain a person for
16 inpatient treatment in a secure withdrawal management and
17 stabilization facility or approved substance use disorder program
18 under this subsection unless there is a secure withdrawal management
19 and stabilization facility or approved substance use disorder
20 treatment program available and with adequate space for the person.))~~

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

23 Annually, all community mental health employees who work directly
24 with clients shall be provided with training on safety and violence
25 prevention topics described in RCW 49.19.030. The curriculum for the
26 training shall be developed collaboratively among the authority, the
27 department, contracted ~~((mental))~~ behavioral health service
28 providers, and employee organizations that represent community mental
29 health workers.

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

32 All behavioral health administrative services organizations in
33 the state of Washington must forward historical ~~((mental))~~ behavioral
34 health involuntary commitment information retained by the
35 organization, including identifying information and dates of
36 commitment to the authority. As soon as feasible, the behavioral
37 health administrative services organizations must arrange to report
38 new commitment data to the authority within twenty-four hours.

1 Commitment information under this section does not need to be resent
2 if it is already in the possession of the authority. Behavioral
3 health administrative services organizations and the authority shall
4 be immune from liability related to the sharing of commitment
5 information under this section.

6 **Sec. 59.** RCW 71.05.745 and 2018 c 201 s 3032 are each amended to
7 read as follows:

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

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

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

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

30 **Sec. 60.** RCW 71.05.750 and 2019 c 325 s 3013 are each amended to
31 read as follows:

32 (1) A designated crisis responder shall make a report to the
33 authority when he or she determines a person meets detention criteria
34 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are
35 not any beds available at an evaluation and treatment facility, the
36 person has not been provisionally accepted for admission by a
37 facility, and the person cannot be served on a single bed
38 certification or less restrictive alternative. Starting at the time

1 when the designated crisis responder determines a person meets
2 detention criteria and the investigation has been completed, the
3 designated crisis responder has twenty-four hours to submit a
4 completed report to the authority.

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

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

8 (b) The identity of the responsible behavioral health
9 administrative services organization and managed care organization,
10 if applicable;

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

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

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

15 (3) The authority shall develop a standardized reporting form or
16 modify the current form used for single bed certifications for the
17 report required under subsection (2) of this section and may require
18 additional reporting elements as it determines are necessary or
19 supportive. The authority shall also determine the method for the
20 transmission of the completed report from the designated crisis
21 responder to the authority.

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

29 (5) The reports provided according to this section may not
30 display "protected health information" as that term is used in the
31 federal health insurance portability and accountability act of 1996,
32 nor information contained in "mental health treatment records" or
33 "behavioral health treatment records" as ~~((that term is))~~ these terms
34 are used in chapter 70.02 RCW or elsewhere in state law, and must
35 otherwise be compliant with state and federal privacy laws.

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

1 (a) Not licensed or certified as an inpatient evaluation and
2 treatment facility; or

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

5 **Sec. 61.** RCW 71.05.750 and 2019 c 325 s 3013 are each amended to
6 read as follows:

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

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

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

21 (b) The identity of the responsible behavioral health
22 administrative services organization and managed care organization,
23 if applicable;

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

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

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

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

35 (4) The authority shall create quarterly reports displayed on its
36 web site that summarize the information reported under subsection (2)
37 of this section. At a minimum, the reports must display data by
38 county and by month. The reports must also include the number of
39 single bed certifications granted by category. The categories must

1 include all of the reasons that the authority recognizes for issuing
2 a single bed certification, as identified in rule.

3 (5) The reports provided according to this section may not
4 display "protected health information" as that term is used in the
5 federal health insurance portability and accountability act of 1996,
6 nor information contained in "mental health treatment records" or
7 "behavioral health treatment records" as ~~((that term is))~~ these terms
8 are used in chapter 70.02 RCW or elsewhere in state law, and must
9 otherwise be compliant with state and federal privacy laws.

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

15 (a) Not licensed or certified as an inpatient evaluation and
16 treatment facility; or

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

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

21 (1) It is the purpose of this chapter to assure that minors in
22 need of ~~((mental))~~ behavioral health care and treatment receive an
23 appropriate continuum of culturally relevant care and treatment,
24 including prevention and early intervention, self-directed care,
25 parent-directed care, and involuntary treatment. To facilitate the
26 continuum of care and treatment to minors in out-of-home placements,
27 all divisions of the authority and the department that provide
28 ~~((mental))~~ behavioral health services to minors shall jointly plan
29 and deliver those services.

30 (2) It is also the purpose of this chapter to protect the rights
31 of adolescents to confidentiality and to independently seek services
32 for ~~((mental health and substance use))~~ behavioral health disorders.
33 Mental health and ~~((chemical dependency))~~ substance use disorder
34 professionals shall guard against needless hospitalization and
35 deprivations of liberty, enable treatment decisions to be made in
36 response to clinical needs in accordance with sound professional
37 judgment, and encourage the use of voluntary services. Mental health
38 and ~~((chemical dependency))~~ substance use disorder professionals
39 shall, whenever clinically appropriate, offer less restrictive

1 alternatives to inpatient treatment. Additionally, all (~~mental~~)
2 behavioral health care and treatment providers shall assure that
3 minors' parents are given an opportunity to participate in the
4 treatment decisions for their minor children. The (~~mental~~)
5 behavioral health care and treatment providers shall, to the extent
6 possible, offer services that involve minors' parents or family.

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

14 (b) For minors with a prior history or pattern of repeated
15 hospitalizations or law enforcement interventions due to
16 decompensation, the consideration of prior behavioral health history
17 is particularly relevant in determining whether the minor would
18 receive, if released, such care as is essential for his or her health
19 or safety.

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

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

36 (5) It is also the purpose of this chapter to assure the ability
37 of parents to exercise reasonable, compassionate care and control of
38 their minor children when there is a medical necessity for treatment
39 and without the requirement of filing a petition under this chapter,
40 including the ability to request and receive medically necessary

1 treatment for their adolescent children without the consent of the
2 adolescent.

3 **Sec. 63.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,
4 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended
5 to read as follows:

6 Unless the context clearly requires otherwise, the definitions in
7 this section apply throughout this chapter.

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

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

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

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

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

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.

1 (9) "Co-occurring disorder specialist" means an individual
2 possessing an enhancement granted by the department of health under
3 chapter 18.205 RCW that certifies the individual to provide substance
4 use disorder counseling subject to the practice limitations under RCW
5 18.205.105.

6 (10) "Department" means the department of social and health
7 services.

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

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

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~~) behavioral health disorder (~~(, or as a result of the use of~~
28 ~~alcohol or other psychoactive chemicals)~~), (a) is in danger of
29 serious physical harm resulting from a failure to provide for his or
30 her essential human needs of health or safety, or (b) manifests
31 severe deterioration (~~(in routine functioning)~~) from safe behavior
32 evidenced by repeated and escalating loss of cognitive or volitional
33 control over his or her actions and is not receiving such care as is
34 essential for his or her health or safety.

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

1 minors, or approved substance use disorder treatment program for
2 minors.

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

6 (18) "Kinship caregiver" has the same meaning as in RCW
7 74.13.031(19) (a).

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

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

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

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

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

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

36 (23) "Mental disorder" means any organic, mental, or emotional
37 impairment that has substantial adverse effects on an individual's
38 cognitive or volitional functions. The presence of alcohol abuse,
39 drug abuse, juvenile criminal history, antisocial behavior, or

1 intellectual disabilities alone is insufficient to justify a finding
2 of "mental disorder" within the meaning of this section.

3 (24) "Mental health professional" means a psychiatrist,
4 psychiatric advanced registered nurse practitioner, physician
5 assistant working with a supervising psychiatrist, psychologist,
6 psychiatric nurse, social worker, and such other mental health
7 professionals as defined by rules adopted by the secretary of the
8 department of health under this chapter.

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

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

13 (27) (a) "Parent" has the same meaning as defined in RCW
14 26.26A.010, including either parent if custody is shared under a
15 joint custody agreement, or a person or agency judicially appointed
16 as legal guardian or custodian of the child.

17 (b) For purposes of family-initiated treatment under RCW
18 71.34.600 through 71.34.670, "parent" also includes a person to whom
19 a parent defined in (a) of this subsection has given a signed
20 authorization to make health care decisions for the adolescent, a
21 stepparent who is involved in caring for the adolescent, a kinship
22 caregiver who is involved in caring for the adolescent, or another
23 relative who is responsible for the health care of the adolescent,
24 who may be required to provide a declaration under penalty of perjury
25 stating that he or she is a relative responsible for the health care
26 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If
27 a dispute arises between individuals authorized to act as a parent
28 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement
29 must be resolved according to the priority established under RCW
30 7.70.065(2) (a).

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

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

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

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

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

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

18 (34) "Public agency" means any evaluation and treatment facility
19 or institution, or hospital, or approved substance use disorder
20 treatment program that is conducted for, or includes a distinct unit,
21 floor, or ward conducted for, the care and treatment of persons with
22 mental illness, substance use disorders, or both mental illness and
23 substance use disorders if the agency is operated directly by
24 federal, state, county, or municipal government, or a combination of
25 such governments.

26 (35) "Responsible other" means the minor, the minor's parent or
27 estate, or any other person legally responsible for support of the
28 minor.

29 (36) "Secretary" means the secretary of the department or
30 secretary's designee.

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

38 (a) Provide the following services:

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

1 (ii) Clinical stabilization services;

2 (iii) Acute or subacute detoxification services for intoxicated
3 individuals; and

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

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

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

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

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

23 (40) "Substance use disorder" means a cluster of cognitive,
24 behavioral, and physiological symptoms indicating that an individual
25 continues using the substance despite significant substance-related
26 problems. The diagnosis of a substance use disorder is based on a
27 pathological pattern of behaviors related to the use of the
28 substances.

29 (41) "Substance use disorder professional" means a person
30 certified as a substance use disorder professional by the department
31 of health under chapter 18.205 RCW (~~(, or a person certified as a~~
32 ~~chemical dependency professional trainee under RCW 18.205.095 working~~
33 ~~under the direct supervision of a certified chemical dependency~~
34 ~~professional)~~).

35 (42) "Admission" or "admit" means a decision by a physician,
36 physician assistant, or psychiatric advanced registered nurse
37 practitioner that a minor should be examined or treated as a patient
38 in a hospital.

39 (43) "Antipsychotic medications" means that class of drugs
40 primarily used to treat serious manifestations of mental illness

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

3 (44) "Attending staff" means any person on the staff of a public
4 or private agency having responsibility for the care and treatment of
5 a minor patient.

6 (45) "Behavioral health disorder" means either a mental disorder
7 as defined in this section, a substance use disorder as defined in
8 this section, or a co-occurring mental disorder and substance use
9 disorder.

10 (46) "Conditional release" means a revocable modification of a
11 commitment, which may be revoked upon violation of any of its terms.

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

18 (48) "Custody" means involuntary detention under the provisions
19 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
20 unconditional release from commitment from a facility providing
21 involuntary care and treatment.

22 (49) "Detention" or "detain" means the lawful confinement of a
23 person, under the provisions of this chapter.

24 (50) "Developmental disabilities professional" means a person who
25 has specialized training and three years of experience in directly
26 treating or working with persons with developmental disabilities and
27 is a psychiatrist, physician assistant working with a supervising
28 psychiatrist, psychologist, psychiatric advanced registered nurse
29 practitioner, or social worker, and such other developmental
30 disabilities professionals as may be defined by rules adopted by the
31 secretary of the department.

32 (51) "Developmental disability" has the same meaning as defined
33 in RCW 71A.10.020.

34 (52) "Discharge" means the termination of hospital medical
35 authority. The commitment may remain in place, be terminated, or be
36 amended by court order.

37 (53) "Habilitative services" means those services provided by
38 program personnel to assist minors in acquiring and maintaining life
39 skills and in raising their levels of physical, behavioral, social,

1 and vocational functioning. Habilitative services include education,
2 training for employment, and therapy.

3 (54) "Hearing" means any proceeding conducted in open court that
4 conforms to the requirements of section 98 of this act.

5 (55) "History of one or more violent acts" refers to the period
6 of time five years prior to the filing of a petition under this
7 chapter, excluding any time spent, but not any violent acts
8 committed, in a mental health facility, a long-term alcoholism or
9 drug treatment facility, or in confinement as a result of a criminal
10 conviction.

11 (56) "Individualized service plan" means a plan prepared by a
12 developmental disabilities professional with other professionals as a
13 team, for a person with developmental disabilities, which states:

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

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

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

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

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

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

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

30 (57) "Judicial commitment" means a commitment by a court pursuant
31 to the provisions of this chapter.

32 (58) "Legal counsel" means attorneys and staff employed by county
33 prosecutor offices or the state attorney general acting in their
34 capacity as legal representatives of public behavioral health service
35 providers under RCW 71.05.130.

36 (59) "Licensed physician" means a person licensed to practice
37 medicine or osteopathic medicine and surgery in the state of
38 Washington.

1 (60) "Medical clearance" means a physician or other health care
2 provider has determined that a person is medically stable and ready
3 for referral to the designated crisis responder.

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

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

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

12 (64) "Severe deterioration from safe behavior" means that a
13 person will, if not treated, suffer or continue to suffer severe and
14 abnormal mental, emotional, or physical distress, and this distress
15 is associated with significant impairment of judgment, reason, or
16 behavior.

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

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

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

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

3 (68) "Violent act" means behavior that resulted in homicide,
4 attempted suicide, injury, or substantial loss or damage to property.

5 (69) "Written order of apprehension" means an order of the court
6 for a peace officer to deliver the named minor in the order to a
7 facility or emergency room as determined by the designated crisis
8 responder. Such orders must be entered into the Washington crime
9 information center database.

10 **Sec. 64.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each
11 amended to read as follows:

12 School district personnel who contact a (~~mental health or~~
13 ~~substance use~~) behavioral health disorder inpatient treatment
14 program or provider for the purpose of referring a student to
15 inpatient treatment shall provide the parents with notice of the
16 contact within forty-eight hours.

17 **Sec. 65.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to
18 read as follows:

19 (1) The superior court has jurisdiction over proceedings under
20 this chapter.

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

24 (3) Petitions for commitment shall be filed and venue for
25 hearings under this chapter shall be in the county in which the minor
26 is being detained. (~~The court may, for good cause, transfer the~~
27 ~~proceeding to the county of the minor's residence, or to the county~~
28 ~~in which the alleged conduct evidencing need for commitment occurred.~~
29 ~~If the county of detention is changed, subsequent petitions may be~~
30 ~~filed in the county in which the minor is detained without the~~
31 ~~necessity of a change of venue.))~~

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

34 A peace officer may take or authorize a minor to be taken into
35 custody and immediately delivered to an appropriate triage facility,
36 crisis stabilization unit, evaluation and treatment facility, secure
37 withdrawal management and stabilization facility, approved substance

1 use disorder treatment program, or the emergency department of a
2 local hospital when he or she has reasonable cause to believe that
3 such minor is suffering from a behavioral health disorder and
4 presents an imminent likelihood of serious harm or is gravely
5 disabled. Until July 1, 2026, a peace officer's delivery of a minor
6 to a secure withdrawal management and stabilization facility or
7 approved substance use disorder treatment program is subject to the
8 availability of a secure withdrawal management and stabilization
9 facility or approved substance use disorder treatment program with
10 adequate space for the minor.

11 **Sec. 67.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to
12 read as follows:

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

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

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

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

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

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

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

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

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

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

35 (j) Not to consent to the administration of antipsychotic
36 medications beyond the hearing conducted pursuant to RCW 71.34.750 or
37 the performance of electroconvulsive treatment or surgery, except
38 emergency lifesaving surgery, upon him or her, ~~((and not to have~~
39 ~~electro-convulsive treatment or nonemergency surgery in such~~

1 circumstance)) unless ordered by a court (~~(pursuant to a judicial~~
2 ~~hearing in which the minor is present and represented by counsel, and~~
3 ~~the court shall appoint a psychiatrist, physician assistant,~~
4 ~~psychologist, psychiatric advanced registered nurse practitioner, or~~
5 ~~physician designated by the minor or the minor's counsel to testify~~
6 ~~on behalf of the minor)) under procedures described in RCW
7 71.05.217(1)(j). The minor's parent may exercise this right on the
8 minor's behalf, and must be informed of any impending treatment;~~

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

11 (2)(a) Privileges between minors and physicians, physician
12 assistants, psychologists, or psychiatric advanced registered nurse
13 practitioners are deemed waived in proceedings under this chapter
14 relating to the administration of antipsychotic medications. As to
15 other proceedings under this chapter, the privileges are waived when
16 a court of competent jurisdiction in its discretion determines that
17 such waiver is necessary to protect either the detained minor or the
18 public.

19 (b) The waiver of a privilege under this section is limited to
20 records or testimony relevant to evaluation of the detained minor for
21 purposes of a proceeding under this chapter. Upon motion by the
22 detained minor or on its own motion, the court shall examine a record
23 or testimony sought by a petitioner to determine whether it is within
24 the scope of the waiver.

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

31 (3) No minor may be presumed incompetent as a consequence of
32 receiving an evaluation or voluntary or involuntary treatment for a
33 mental disorder or substance use disorder, under this chapter or any
34 prior laws of this state dealing with mental illness or substance use
35 disorders.

36 NEW SECTION. Sec. 68. A new section is added to chapter 71.34
37 RCW to read as follows:

38 At the time a minor is involuntarily admitted to an evaluation
39 and treatment facility, secure withdrawal management and

1 stabilization facility, or approved substance use disorder treatment
2 program, the professional person in charge or his or her designee
3 shall take reasonable precautions to inventory and safeguard the
4 personal property of the detained minor. A copy of the inventory,
5 signed by the staff member making it, must be given to the detained
6 minor and must, in addition, be open to inspection to any responsible
7 relative, subject to limitations, if any, specifically imposed by the
8 detained minor. For purposes of this section, "responsible relative"
9 includes the guardian, conservator, attorney, parent, or adult
10 brother or sister of the minor. The facility shall not disclose the
11 contents of the inventory to any other person without the consent of
12 the minor or order of the court.

13 **Sec. 69.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to
14 read as follows:

15 (1) If a minor is not accepted for admission or is released by an
16 inpatient evaluation and treatment facility, the facility shall
17 release the minor to the custody of the minor's parent or other
18 responsible person. If not otherwise available, the facility shall
19 furnish transportation for the minor to the minor's residence or
20 other appropriate place. If the minor has been arrested, the
21 evaluation and treatment facility, secure withdrawal management and
22 stabilization facility, or approved substance use disorder treatment
23 program shall detain the minor for not more than eight hours at the
24 request of the peace officer. The program or facility shall make
25 reasonable attempts to contact the requesting peace officer during
26 this time to inform the peace officer that the minor is not approved
27 for admission or is being released in order to enable a peace officer
28 to return to the facility and take the minor back into custody.

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

32 (3) No indigent minor may be released to less restrictive
33 alternative treatment or setting or discharged from inpatient
34 treatment without suitable clothing, and the authority shall furnish
35 this clothing. As funds are available, the director may provide
36 necessary funds for the immediate welfare of indigent minors upon
37 discharge or release to less restrictive alternative treatment.

1 **Sec. 70.** RCW 71.34.410 and 2019 c 446 s 27 are each amended to
2 read as follows:

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

18 (2) This section does not relieve a person from giving the
19 required duty to warn or to take reasonable precautions to provide
20 protection from violent behavior where the minor has communicated an
21 actual threat of physical violence against a reasonably identifiable
22 victim or victims. The duty to warn or to take reasonable precautions
23 to provide protection from violent behavior is discharged if
24 reasonable efforts are made to communicate the threat to the victim
25 or victims and to law enforcement personnel.

26 **Sec. 71.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to
27 read as follows:

28 (1) The authority may use a single bed certification process as
29 outlined in rule to provide additional treatment capacity for a minor
30 suffering from a ((~~mental~~)) behavioral health disorder for whom an
31 evaluation and treatment facility, secure withdrawal management and
32 stabilization facility, or approved substance use disorder treatment
33 program bed is not available. The facility that is the proposed site
34 of the single bed certification must be a facility that is willing
35 and able to provide the person with timely and appropriate treatment
36 either directly or by arrangement with other public or private
37 agencies.

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

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

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

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

13 Nothing in this chapter shall prohibit the professional person in
14 charge of a treatment facility, or his or her professional designee,
15 from permitting a minor detained for intensive treatment to leave the
16 facility for prescribed periods during the term of the minor's
17 detention, under such conditions as may be appropriate.

18 **Sec. 73.** RCW 71.34.500 and 2019 c 381 s 3 are each amended to
19 read as follows:

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

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

37 (3) Written renewal of voluntary consent must be obtained from
38 the applicant no less than once every twelve months. The minor's need

1 for continued inpatient treatments shall be reviewed and documented
2 no less than every one hundred eighty days.

3 **Sec. 74.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7
4 are each reenacted and amended to read as follows:

5 (1) A parent may bring, or authorize the bringing of, his or her
6 adolescent 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 adolescent to determine whether
10 the adolescent has a mental disorder and is in need of inpatient
11 treatment; or

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

17 (2) The consent of the adolescent is not required for admission,
18 evaluation, and treatment if a parent provides consent.

19 (3) An appropriately trained professional person may evaluate
20 whether the adolescent has a (~~mental disorder or has a substance~~
21 ~~use~~) behavioral health disorder. The evaluation shall be completed
22 within twenty-four hours of the time the adolescent was brought to
23 the facility, unless the professional person determines that the
24 condition of the adolescent necessitates additional time for
25 evaluation. In no event shall an adolescent be held longer than
26 seventy-two hours for evaluation. If, in the judgment of the
27 professional person, it is determined it is a medical necessity for
28 the adolescent to receive inpatient treatment, the adolescent may be
29 held for treatment. The facility shall limit treatment to that which
30 the professional person determines is medically necessary to
31 stabilize the adolescent's condition until the evaluation has been
32 completed. Within twenty-four hours of completion of the evaluation,
33 the professional person shall notify the authority if the adolescent
34 is held solely for mental health and not substance use disorder
35 treatment and of the date of admission. If the adolescent is held for
36 substance use disorder treatment only, the professional person shall
37 provide notice to the authority which redacts all patient identifying
38 information about the adolescent unless: (a) The adolescent provides
39 written consent to the disclosure of the fact of admission and such

1 other substance use disorder treatment information in the notice; or
2 (b) permitted by federal law.

3 (4) No provider is obligated to provide treatment to an
4 adolescent under the provisions of this section except that no
5 provider may refuse to treat an adolescent under the provisions of
6 this section solely on the basis that the adolescent has not
7 consented to the treatment. No provider may admit an adolescent to
8 treatment under this section unless it is medically necessary.

9 (5) No adolescent receiving inpatient treatment under this
10 section may be discharged from the facility based solely on his or
11 her request.

12 (6) Prior to the review conducted under RCW 71.34.610, the
13 professional person shall notify the adolescent of his or her right
14 to petition superior court for release from the facility.

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

17 **Sec. 75.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7
18 are each reenacted and amended to read as follows:

19 (1) A parent may bring, or authorize the bringing of, his or her
20 adolescent child to:

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

26 (b) A secure withdrawal management and stabilization facility or
27 approved substance use disorder treatment program and request that a
28 substance use disorder assessment be conducted by a professional
29 person to determine whether the adolescent has a substance use
30 disorder and is in need of inpatient treatment.

31 (2) The consent of the adolescent is not required for admission,
32 evaluation, and treatment if a parent provides consent.

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

1 (~~seventy-two~~) one hundred twenty hours for evaluation. If, in the
2 judgment of the professional person, it is determined it is a medical
3 necessity for the adolescent to receive inpatient treatment, the
4 adolescent may be held for treatment. The facility shall limit
5 treatment to that which the professional person determines is
6 medically necessary to stabilize the adolescent's condition until the
7 evaluation has been completed. Within twenty-four hours of completion
8 of the evaluation, the professional person shall notify the authority
9 if the adolescent is held solely for mental health and not substance
10 use disorder treatment and of the date of admission. If the
11 adolescent is held for substance use disorder treatment only, the
12 professional person shall provide notice to the authority which
13 redacts all patient identifying information about the adolescent
14 unless: (a) The adolescent provides written consent to the disclosure
15 of the fact of admission and such other substance use disorder
16 treatment information in the notice; or (b) permitted by federal law.

17 (4) No provider is obligated to provide treatment to an
18 adolescent under the provisions of this section except that no
19 provider may refuse to treat an adolescent under the provisions of
20 this section solely on the basis that the adolescent has not
21 consented to the treatment. No provider may admit an adolescent to
22 treatment under this section unless it is medically necessary.

23 (5) No adolescent receiving inpatient treatment under this
24 section may be discharged from the facility based solely on his or
25 her request.

26 (6) Prior to the review conducted under RCW 71.34.610, the
27 professional person shall notify the adolescent of his or her right
28 to petition superior court for release from the facility.

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

31 **Sec. 76.** RCW 71.34.650 and 2019 c 381 s 12 are each amended to
32 read as follows:

33 (1) A parent may bring, or authorize the bringing of, his or her
34 adolescent child to(~~(÷~~

35 ~~(a))~~) a provider of outpatient (~~(mental))~~ behavioral health
36 treatment and request that an appropriately trained professional
37 person examine the adolescent to determine whether the adolescent has
38 a (~~(mental))~~ behavioral health disorder and is in need of outpatient
39 treatment(~~(÷ or~~

1 ~~(b) A provider of outpatient substance use disorder treatment and~~
2 ~~request that an appropriately trained professional person examine the~~
3 ~~adolescent to determine whether the adolescent has a substance use~~
4 ~~disorder and is in need of outpatient treatment)).~~

5 (2) The consent of the adolescent is not required for evaluation
6 if a parent provides consent.

7 (3) The professional person may evaluate whether the adolescent
8 has a ~~((mental disorder or substance use))~~ behavioral health disorder
9 and is in need of outpatient treatment.

10 (4) If a determination is made by a professional person under
11 this section that an adolescent is in need of outpatient ~~((mental~~
12 ~~health or substance use))~~ behavioral health disorder treatment, a
13 parent of an adolescent may request and receive such outpatient
14 treatment for his or her adolescent without the consent of the
15 adolescent for up to twelve outpatient sessions occurring within a
16 three-month period.

17 (5) Following the treatment periods under subsection (4) of this
18 section, an adolescent must provide his or her consent for further
19 treatment with that specific professional person.

20 (6) If a determination is made by a professional person under
21 this section that an adolescent is in need of treatment in a less
22 restrictive setting, including partial hospitalization or intensive
23 outpatient treatment, a parent of an adolescent may request and
24 receive such treatment for his or her adolescent without the consent
25 of the adolescent.

26 (a) A professional person providing solely mental health
27 treatment to an adolescent under this subsection (6) must convene a
28 treatment review at least every thirty days after treatment begins
29 that includes the adolescent, parent, and other treatment team
30 members as appropriate to determine whether continued care under this
31 subsection is medically necessary.

32 (b) A professional person providing solely mental health
33 treatment to an adolescent under this subsection (6) shall provide
34 notification of the adolescent's treatment to an independent reviewer
35 at the authority within twenty-four hours of the adolescent's first
36 receipt of treatment under this subsection. At least every forty-five
37 days after the adolescent's first receipt of treatment under this
38 subsection, the authority shall conduct a review to determine whether
39 the current level of treatment is medically necessary.

1 (c) A professional person providing substance use disorder
2 treatment under this subsection (6) shall convene a treatment review
3 under (a) of this subsection and provide the notification of the
4 adolescent's receipt of treatment to an independent reviewer at the
5 authority as described in (b) of this subsection only if: (i) The
6 adolescent provides written consent to the disclosure of substance
7 use disorder treatment information including the fact of his or her
8 receipt of such treatment; or (ii) permitted by federal law.

9 (7) Any adolescent admitted to inpatient treatment under RCW
10 71.34.500 or 71.34.600 shall be discharged immediately from inpatient
11 treatment upon written request of the parent.

12 **Sec. 77.** RCW 71.34.700 and 2019 c 446 s 30 and 2019 c 381 s 14
13 are each reenacted and amended to read as follows:

14 (1) If an adolescent is brought to an evaluation and treatment
15 facility, secure withdrawal management and stabilization facility
16 with available space, approved substance use disorder treatment
17 program with available space, or hospital emergency room for
18 immediate ~~((mental))~~ behavioral health services, the professional
19 person in charge of the facility shall evaluate the adolescent's
20 ~~((mental))~~ condition, determine whether the adolescent suffers from a
21 ~~((mental))~~ behavioral health disorder, and whether the adolescent is
22 in need of immediate inpatient treatment.

23 ~~((2))~~ ~~((If an adolescent is brought to a secure withdrawal~~
24 ~~management and stabilization facility with available space, or a~~
25 ~~hospital emergency room for immediate substance use disorder~~
26 ~~treatment, the professional person in charge of the facility shall~~
27 ~~evaluate the adolescent's condition, determine whether the adolescent~~
28 ~~suffers from a substance use disorder, and whether the adolescent is~~
29 ~~in need of immediate inpatient treatment.~~

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

1 evaluate the adolescent and commence initial detention proceedings
2 under the provisions of this chapter.

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

9 **Sec. 78.** RCW 71.34.700 and 2019 c 446 s 31 and 2019 c 381 s 15
10 are each reenacted and amended to read as follows:

11 (1) If an adolescent is brought to an evaluation and treatment
12 facility, secure withdrawal management and stabilization facility,
13 approved substance use disorder treatment program, or hospital
14 emergency room for immediate ~~((mental))~~ behavioral health services,
15 the professional person in charge of the facility shall evaluate the
16 adolescent's ~~((mental))~~ condition, determine whether the adolescent
17 suffers from a ~~((mental))~~ behavioral health disorder, and whether the
18 adolescent is in need of immediate inpatient treatment.

19 ~~((If an adolescent is brought to a secure withdrawal~~
20 ~~management and stabilization facility or a hospital emergency room~~
21 ~~for immediate substance use disorder treatment, the professional~~
22 ~~person in charge of the facility shall evaluate the adolescent's~~
23 ~~condition, determine whether the adolescent suffers from a substance~~
24 ~~use disorder, and whether the adolescent is in need of immediate~~
25 ~~inpatient treatment.~~

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

37 (3) Dismissal of a commitment petition is not the appropriate
38 remedy for a violation of the timeliness requirements of this
39 section, based on the purpose of this chapter under RCW 71.34.010,

1 except in the few cases where the facility staff or the designated
2 crisis responder have totally disregarded the requirements of this
3 section.

4 NEW SECTION. **Sec. 79.** A new section is added to chapter 71.34
5 RCW to read as follows:

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

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

12 (b) Prior commitments under this chapter.

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

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

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

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

30 (c) Without treatment, the continued deterioration of the minor
31 is probable.

32 **Sec. 80.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16
33 are each reenacted and amended to read as follows:

34 (1) (a) (~~(i)~~) When a designated crisis responder receives
35 information that an adolescent as a result of a (~~mental~~) behavioral
36 health disorder presents a likelihood of serious harm or is gravely
37 disabled, has investigated the specific facts alleged and of the
38 credibility of the person or persons providing the information, and

1 has determined that voluntary admission for inpatient treatment is
2 not possible, the designated crisis responder may take the
3 adolescent, or cause the adolescent to be taken, into custody and
4 transported to an evaluation and treatment facility, secure
5 withdrawal management and stabilization facility, or approved
6 substance use disorder treatment program providing inpatient
7 treatment.

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

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

37 (2) (a) Within twelve hours of the adolescent's arrival at the
38 evaluation and treatment facility, secure withdrawal management and
39 stabilization facility, or approved substance use disorder treatment
40 program, the designated crisis responder shall serve on the

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

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

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

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

33 (4) Subject to subsection (5) of this section, whenever the
34 designated crisis responder petitions for detention of an adolescent
35 under this chapter, an evaluation and treatment facility, secure
36 withdrawal management and stabilization facility, or approved
37 substance use disorder treatment program providing seventy-two hour
38 evaluation and treatment must immediately accept on a provisional
39 basis the petition and the person. Within twenty-four hours of the
40 adolescent's arrival, the facility must evaluate the adolescent's

1 condition and either admit or release the adolescent in accordance
2 with this chapter.

3 (5) A designated crisis responder may not petition for detention
4 of an adolescent to a secure withdrawal management and stabilization
5 facility or approved substance use disorder treatment program unless
6 there is a secure withdrawal management and stabilization facility or
7 approved substance use disorder treatment program available and that
8 has adequate space for the adolescent.

9 (6) If an adolescent is not approved for admission by the
10 inpatient evaluation and treatment facility, secure withdrawal
11 management and stabilization facility, or approved substance use
12 disorder treatment program, the facility shall make such
13 recommendations and referrals for further care and treatment of the
14 adolescent as necessary.

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

21 **Sec. 81.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16
22 are each reenacted and amended to read as follows:

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

35 ~~((ii) When a designated crisis responder receives information~~
36 ~~that an adolescent as a result of a substance use disorder presents a~~
37 ~~likelihood of serious harm or is gravely disabled, has investigated~~
38 ~~the specific facts alleged and of the credibility of the person or~~
39 ~~persons providing the information, and has determined that voluntary~~

1 ~~admission for inpatient treatment is not possible, the designated~~
2 ~~crisis responder may take the adolescent, or cause the adolescent to~~
3 ~~be taken, into custody and transported to a secure withdrawal~~
4 ~~management and stabilization facility or approved substance use~~
5 ~~disorder treatment program, if))~~ A secure withdrawal management and
6 stabilization facility or approved substance use disorder treatment
7 program ~~((is))~~ must be available and ~~((has))~~ have adequate space for
8 the adolescent.

9 (b) ~~If ((the adolescent is not taken into custody for evaluation~~
10 ~~and treatment, the parent who has custody of the adolescent may seek~~
11 ~~review of that decision made by the designated crisis responder in~~
12 ~~court. The parent shall file notice with the court and provide a copy~~
13 ~~of the designated crisis responder's report or notes))~~ a designated
14 crisis responder decides not to detain an adolescent for evaluation
15 and treatment under RCW 71.34.700(2), or forty-eight hours have
16 elapsed since a designated crisis responder received a request for
17 investigation and the designated crisis responder has not taken
18 action to have the adolescent detained, an immediate family member or
19 guardian or conservator of the adolescent may petition the superior
20 court for the adolescent's detention using the procedures under RCW
21 71.05.201 and 71.05.203; however, when the court enters an order of
22 initial detention, except as otherwise expressly stated in this
23 chapter, all procedures must be followed as if the order has been
24 entered under (a) of this subsection.

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

38 (b) If the adolescent is involuntarily detained at an evaluation
39 and treatment facility, secure withdrawal management and
40 stabilization facility, or approved substance use disorder treatment

1 program in a different county from where the adolescent was initially
2 detained, the facility or program may serve the adolescent, notify
3 the adolescent's parents and the adolescent's attorney, and file with
4 the court on the next judicial day following the initial detention
5 the original petition for initial detention, notice of initial
6 detention, and statement of rights along with an affidavit of service
7 when filing with the court at the request of the designated crisis
8 responder.

9 (3) (a) At the time of initial detention, the designated crisis
10 responder shall advise the adolescent both orally and in writing that
11 if admitted to the evaluation and treatment facility, secure
12 withdrawal management and stabilization facility, or approved
13 substance use disorder treatment program for inpatient treatment, a
14 commitment hearing shall be held within (~~seventy-two~~) one hundred
15 twenty hours of the adolescent's provisional acceptance to determine
16 whether probable cause exists to commit the adolescent for further
17 treatment.

18 (b) The adolescent shall be advised that he or she has a right to
19 communicate immediately with an attorney and that he or she has a
20 right to have an attorney appointed to represent him or her before
21 and at the hearing if the adolescent is indigent.

22 (4) Subject to subsection (5) of this section, whenever the
23 designated crisis responder petitions for detention of an adolescent
24 under this chapter, an evaluation and treatment facility, secure
25 withdrawal management and stabilization facility, or approved
26 substance use disorder treatment program providing (~~seventy-two~~)
27 one hundred twenty hour evaluation and treatment must immediately
28 accept on a provisional basis the petition and the person. Within
29 twenty-four hours of the adolescent's arrival, the facility must
30 evaluate the adolescent's condition and either admit or release the
31 adolescent in accordance with this chapter.

32 (5) A designated crisis responder may not petition for detention
33 of an adolescent to a secure withdrawal management and stabilization
34 facility or approved substance use disorder treatment program unless
35 there is a secure withdrawal management and stabilization facility or
36 approved substance use disorder treatment program available and that
37 has adequate space for the adolescent.

38 (6) If an adolescent is not approved for admission by the
39 inpatient evaluation and treatment facility, secure withdrawal
40 management and stabilization facility, or approved substance use

1 disorder treatment program, the facility shall make such
2 recommendations and referrals for further care and treatment of the
3 adolescent as necessary.

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

10 **Sec. 82.** RCW 71.34.710 and 2019 c 446 s 33 and 2019 c 381 s 17
11 are each reenacted and amended to read as follows:

12 (1) (a) ~~((i))~~ When a designated crisis responder receives
13 information that an adolescent as a result of a ~~((mental))~~ behavioral
14 health disorder presents a likelihood of serious harm or is gravely
15 disabled, has investigated the specific facts alleged and of the
16 credibility of the person or persons providing the information, and
17 has determined that voluntary admission for inpatient treatment is
18 not possible, the designated crisis responder may take the
19 adolescent, or cause the adolescent to be taken, into custody and
20 transported to an evaluation and treatment facility, secure
21 withdrawal management and stabilization facility, or approved
22 substance use disorder treatment program providing inpatient
23 treatment.

24 ~~((ii) When a designated crisis responder receives information~~
25 ~~that an adolescent as a result of a substance use disorder presents a~~
26 ~~likelihood of serious harm or is gravely disabled, has investigated~~
27 ~~the specific facts alleged and of the credibility of the person or~~
28 ~~persons providing the information, and has determined that voluntary~~
29 ~~admission for inpatient treatment is not possible, the designated~~
30 ~~crisis responder may take the adolescent, or cause the adolescent to~~
31 ~~be taken, into custody and transported to a secure withdrawal~~
32 ~~management and stabilization facility or approved substance use~~
33 ~~disorder treatment program.))~~

34 (b) If ~~((the adolescent is not taken into custody for evaluation~~
35 ~~and treatment, the parent who has custody of the adolescent may seek~~
36 ~~review of that decision made by the designated crisis responder in~~
37 ~~court. The parent shall file notice with the court and provide a copy~~
38 ~~of the designated crisis responder's report or notes))~~ a designated
39 crisis responder decides not to detain an adolescent for evaluation

1 and treatment under RCW 71.34.700(2), or forty-eight hours have
2 elapsed since a designated crisis responder received a request for
3 investigation and the designated crisis responder has not taken
4 action to have the adolescent detained, an immediate family member or
5 guardian or conservator of the adolescent may petition the superior
6 court for the adolescent's detention using the procedures under RCW
7 71.05.201 and 71.05.203; however, when the court enters an order of
8 initial detention, except as otherwise expressly stated in this
9 chapter, all procedures must be followed as if the order has been
10 entered under (a) of this subsection.

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

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

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

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

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

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

17 (5) If an adolescent is not approved for admission by the
18 inpatient evaluation and treatment facility, secure withdrawal
19 management and stabilization facility, or approved substance use
20 disorder treatment program, the facility shall make such
21 recommendations and referrals for further care and treatment of the
22 adolescent as necessary.

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

29 **Sec. 83.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18
30 are each reenacted and amended to read as follows:

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

1 medical treatment is provided for any condition requiring immediate
2 medical attention.

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

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

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

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

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

1 **Sec. 84.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18
2 are each reenacted and amended to read as follows:

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

14 (2) If, after examination and evaluation, the children's mental
15 health specialist or substance use disorder specialist and the
16 physician, physician assistant, or psychiatric advanced registered
17 nurse practitioner determine that the initial needs of the minor, if
18 detained to an evaluation and treatment facility, would be better
19 served by placement in a substance use disorder treatment program or,
20 if detained to a secure withdrawal management and stabilization
21 facility or approved substance use disorder treatment program, would
22 be better served in an evaluation and treatment facility, then the
23 minor shall be referred to the more appropriate placement; however a
24 minor may only be referred to a secure withdrawal management and
25 stabilization facility or approved substance use disorder treatment
26 program if there is a secure withdrawal management and stabilization
27 facility or approved substance use disorder treatment program
28 available and that has adequate space for the minor.

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

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

1 (5) If the evaluation and treatment facility, secure withdrawal
2 management and stabilization facility, or approved substance use
3 disorder treatment program admits the minor, it may detain the minor
4 for evaluation and treatment for a period not to exceed (~~seventy-~~
5 ~~two~~) one hundred twenty hours from the time of provisional
6 acceptance. The computation of such (~~seventy-two~~) one hundred
7 twenty hour period shall exclude Saturdays, Sundays, and holidays.
8 This initial treatment period shall not exceed (~~seventy-two~~) one
9 hundred twenty hours except when an application for voluntary
10 inpatient treatment is received or a petition for fourteen-day
11 commitment is filed.

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

14 **Sec. 85.** RCW 71.34.720 and 2019 c 446 s 35 and 2019 c 444 s 19
15 are each reenacted and amended to read as follows:

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

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

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

1 (4) During the initial (~~seventy-two~~) one hundred twenty hour
2 treatment period, the minor has a right to associate or receive
3 communications from parents or others unless the professional person
4 in charge determines that such communication would be seriously
5 detrimental to the minor's condition or treatment and so indicates in
6 the minor's clinical record, and notifies the minor's parents of this
7 determination. (~~In no event may the minor~~) A minor must not be
8 denied the opportunity to consult an attorney unless there is an
9 immediate risk of harm to the minor or others.

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

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

23 **Sec. 86.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to
24 read as follows:

25 (1) The professional person in charge of an evaluation and
26 treatment facility, secure withdrawal management and stabilization
27 facility, or approved substance use disorder treatment program where
28 a minor has been admitted involuntarily for the initial seventy-two
29 hour treatment period under this chapter may petition to have a minor
30 committed to an evaluation and treatment facility (~~or, in the case~~
31 ~~of a minor with a substance use disorder, to~~), a secure withdrawal
32 management and stabilization facility, or an approved substance use
33 disorder treatment program for fourteen-day diagnosis, evaluation,
34 and treatment.

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

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

4 (a) A petition for a fourteen-day commitment shall be signed by:

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

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

9 (b) If the petition is for substance use disorder treatment, the
10 petition may be signed by a (~~chemical dependency~~) substance use
11 disorder professional instead of a mental health professional and by
12 an advanced registered nurse practitioner instead of a psychiatric
13 advanced registered nurse practitioner. The person signing the
14 petition must have examined the minor, and the petition must contain
15 the following:

16 (i) The name and address of the petitioner;

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

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

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

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

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

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

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

36 (c) A copy of the petition shall be personally (~~delivered to~~)
37 served on the minor by the petitioner or petitioner's designee. A
38 copy of the petition shall be (~~sent~~) provided to the minor's
39 attorney and the minor's parent.

1 **Sec. 87.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to
2 read as follows:

3 (1) The professional person in charge of an evaluation and
4 treatment facility, secure withdrawal management and stabilization
5 facility, or approved substance use disorder treatment program where
6 a minor has been admitted involuntarily for the initial (~~seventy-~~
7 ~~two~~) one hundred twenty hour treatment period under this chapter may
8 petition to have a minor committed to an evaluation and treatment
9 facility (~~or, in the case of a minor with a substance use disorder,~~
10 ~~to~~), a secure withdrawal management and stabilization facility, or
11 an approved substance use disorder treatment program for fourteen-day
12 diagnosis, evaluation, and treatment.

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

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

21 (a) A petition for a fourteen-day commitment shall be signed by:

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

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

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

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

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

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

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

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

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

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

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

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

19 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34
20 RCW to read as follows:

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

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

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

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

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

37 **Sec. 89.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to
38 read as follows:

1 (1) A commitment hearing shall be held within seventy-two hours
2 of the minor's admission, excluding Saturday, Sunday, and holidays,
3 unless a continuance is (~~requested by the minor or the minor's~~
4 ~~attorney~~) ordered under section 88 of this act.

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

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

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

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

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

18 (a) To be represented by an attorney;

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

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

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

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

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

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

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

38 (b) The minor is in need of evaluation and treatment of the type
39 provided by the inpatient evaluation and treatment facility, secure
40 withdrawal management and stabilization facility, or approved

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

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

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

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

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

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

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

28 **Sec. 90.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to
29 read as follows:

30 (1) A commitment hearing shall be held within ~~((seventy-two))~~ one
31 hundred twenty hours of the minor's admission, excluding Saturday,
32 Sunday, and holidays, unless a continuance is ~~((requested by the~~
33 ~~minor or the minor's attorney))~~ ordered under section 88 of this act.

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

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

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

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

7 (6) At the commitment hearing, the minor shall have the following
8 rights:

9 (a) To be represented by an attorney;

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

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

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

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

22 (9) ~~((Rules of evidence shall not apply in fourteen-day
23 commitment hearings.~~

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

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

29 (b) The minor is in need of evaluation and treatment of the type
30 provided by the inpatient evaluation and treatment facility, secure
31 withdrawal management and stabilization facility, or approved
32 substance use disorder treatment program to which continued inpatient
33 care is sought or is in need of less restrictive alternative
34 treatment found to be in the best interests of the minor or others;

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

37 (d) If commitment is for a substance use disorder, there is an
38 available secure withdrawal management and stabilization facility or
39 approved substance use disorder treatment program with adequate space
40 for the minor.

1 (~~(11)~~) (10) If the court finds that the minor meets the
2 criteria for a fourteen-day commitment, the court shall either
3 authorize commitment of the minor for inpatient treatment or for less
4 restrictive alternative treatment upon such conditions as are
5 necessary. If the court determines that the minor does not meet the
6 criteria for a fourteen-day commitment, the minor shall be released.

7 (~~(12)~~) (11)(a) Nothing in this section prohibits the
8 professional person in charge of the facility from releasing the
9 minor at any time, when, in the opinion of the professional person in
10 charge of the facility, further inpatient treatment is no longer
11 necessary. The release may be subject to reasonable conditions if
12 appropriate.

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

16 (~~(13)~~) (12) A minor who has been committed for fourteen days
17 shall be released at the end of that period unless a petition for one
18 hundred eighty-day commitment is pending before the court.

19 **Sec. 91.** RCW 71.34.740 and 2019 c 446 s 38 are each amended to
20 read as follows:

21 (1) A commitment hearing shall be held within (~~(seventy-two)~~) one
22 hundred twenty hours of the minor's admission, excluding Saturday,
23 Sunday, and holidays, unless a continuance is (~~(requested by the~~
24 ~~minor or the minor's attorney)~~) ordered under section 88 of this act.

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

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

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

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

36 (6) At the commitment hearing, the minor shall have the following
37 rights:

38 (a) To be represented by an attorney;

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

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

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

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

12 ~~(9) ((Rules of evidence shall not apply in fourteen-day
13 commitment hearings.~~

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

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

19 (b) The minor is in need of evaluation and treatment of the type
20 provided by the inpatient evaluation and treatment facility, secure
21 withdrawal management and stabilization facility, or approved
22 substance use disorder treatment program to which continued inpatient
23 care is sought or is in need of less restrictive alternative
24 treatment found to be in the best interests of the minor or others;
25 and

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

28 ~~((11))~~ (10) If the court finds that the minor meets the
29 criteria for a fourteen-day commitment, the court shall either
30 authorize commitment of the minor for inpatient treatment or for less
31 restrictive alternative treatment upon such conditions as are
32 necessary. If the court determines that the minor does not meet the
33 criteria for a fourteen-day commitment, the minor shall be released.

34 ~~((12))~~ (11)(a) Nothing in this section prohibits the
35 professional person in charge of the facility from releasing the
36 minor at any time, when, in the opinion of the professional person in
37 charge of the facility, further inpatient treatment is no longer
38 necessary. The release may be subject to reasonable conditions if
39 appropriate.

1 **(b)** Whenever a minor is released under this section, the
2 professional person in charge shall within three days, notify the
3 court in writing of the release.

4 (~~((13))~~) (12) A minor who has been committed for fourteen days
5 shall be released at the end of that period unless a petition for one
6 hundred eighty-day commitment is pending before the court.

7 **Sec. 92.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008
8 are each reenacted and amended to read as follows:

9 (1) At any time during the minor's period of fourteen-day
10 commitment, the professional person in charge may petition the court
11 for an order requiring the minor to undergo an additional one hundred
12 eighty-day period of treatment. The evidence in support of the
13 petition shall be presented by the county prosecutor unless the
14 petition is filed by the professional person in charge of a state-
15 operated facility in which case the evidence shall be presented by
16 the attorney general.

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

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

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

22 (c) A statement that the petitioner is the professional person in
23 charge of the evaluation and treatment facility, secure withdrawal
24 management and stabilization facility, or approved substance use
25 disorder treatment program responsible for the treatment of the
26 minor;

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

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

29 (3) The petition shall be supported by accompanying affidavits
30 signed by: (a) Two examining physicians, one of whom shall be a child
31 psychiatrist, or two psychiatric advanced registered nurse
32 practitioners, one of whom shall be a child and adolescent or family
33 psychiatric advanced registered nurse practitioner. If the petition
34 is for substance use disorder treatment, the petition may be signed
35 by a (~~(chemical dependency)~~) substance use disorder professional
36 instead of a mental health professional and by an advanced registered
37 nurse practitioner instead of a psychiatric advanced registered nurse
38 practitioner, or two physician assistants, one of whom must be
39 supervised by a child psychiatrist; (b) one children's mental health

1 specialist and either an examining physician, physician assistant, or
2 a psychiatric advanced registered nurse practitioner; or (c) two
3 among an examining physician, physician assistant, and a psychiatric
4 advanced registered nurse practitioner, one of which needs to be a
5 child psychiatrist, a physician assistant supervised by a child
6 psychiatrist, or a child and adolescent psychiatric nurse
7 practitioner. The affidavits shall describe in detail the behavior of
8 the detained minor which supports the petition and shall state
9 whether a less restrictive alternative to inpatient treatment is in
10 the best interests of the minor.

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

19 (5) At the time of filing, the court shall set a date within
20 seven days for the hearing on the petition. (~~The court may continue~~
21 ~~the hearing upon the written request of the minor or the minor's~~
22 ~~attorney for not more than ten days.)) If the hearing is not
23 commenced within thirty days after the filing of the petition,
24 including extensions of time requested by the detained person or his
25 or her attorney or the court in the administration of justice under
26 section 88 of this act, the minor must be released. The minor or the
27 parents shall be afforded the same rights as in a fourteen-day
28 commitment hearing. Treatment of the minor shall continue pending the
29 proceeding.~~

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

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

33 (i) Is suffering from a mental disorder or substance use
34 disorder;

35 (ii) Presents a likelihood of serious harm or is gravely
36 disabled; and

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

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

4 (7) In determining whether an inpatient or less restrictive
5 alternative commitment is appropriate, great weight must be given to
6 evidence of a prior history or pattern of decompensation and
7 discontinuation of treatment resulting in: (a) Repeated
8 hospitalizations; or (b) repeated peace officer interventions
9 resulting in juvenile charges. Such evidence may be used to provide a
10 factual basis for concluding that the minor would not receive, if
11 released, such care as is essential for his or her health or safety.

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

24 (b) If the court determines that the minor does not meet the
25 criteria for one hundred eighty-day commitment, the minor shall be
26 released.

27 ((+8)) (9) Successive one hundred eighty-day commitments are
28 permissible on the same grounds and under the same procedures as the
29 original one hundred eighty-day commitment. Such petitions shall be
30 filed at least ((five)) three days prior to the expiration of the
31 previous one hundred eighty-day commitment order.

32 **Sec. 93.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009
33 are each reenacted and amended to read as follows:

34 (1) At any time during the minor's period of fourteen-day
35 commitment, the professional person in charge may petition the court
36 for an order requiring the minor to undergo an additional one hundred
37 eighty-day period of treatment. The evidence in support of the
38 petition shall be presented by the county prosecutor unless the
39 petition is filed by the professional person in charge of a state-

1 operated facility in which case the evidence shall be presented by
2 the attorney general.

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

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

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

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

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

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

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

36 (4) The petition for one hundred eighty-day commitment shall be
37 filed with the clerk of the court at least three days before the
38 expiration of the fourteen-day commitment period. The petitioner or
39 the petitioner's designee shall within twenty-four hours of filing
40 serve a copy of the petition on the minor and notify the minor's

1 attorney and the minor's parent. A copy of the petition shall be
2 provided to such persons at least twenty-four hours prior to the
3 hearing.

4 (5) At the time of filing, the court shall set a date within
5 seven days for the hearing on the petition. (~~The court may continue~~
6 ~~the hearing upon the written request of the minor or the minor's~~
7 ~~attorney for not more than ten days.~~) If the hearing is not
8 commenced within thirty days after the filing of the petition,
9 including extensions of time requested by the detained person or his
10 or her attorney or the court in the administration of justice under
11 section 88 of this act, the minor must be released. The minor or the
12 parents shall be afforded the same rights as in a fourteen-day
13 commitment hearing. Treatment of the minor shall continue pending the
14 proceeding.

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

17 (a) Is suffering from a mental disorder or substance use
18 disorder;

19 (b) Presents a likelihood of serious harm or is gravely disabled;
20 and

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

23 (7) In determining whether an inpatient or less restrictive
24 alternative commitment is appropriate, great weight must be given to
25 evidence of a prior history or pattern of decompensation and
26 discontinuation of treatment resulting in: (a) Repeated
27 hospitalizations; or (b) repeated peace officer interventions
28 resulting in juvenile charges. Such evidence may be used to provide a
29 factual basis for concluding that the minor would not receive, if
30 released, such care as is essential for his or her health or safety.

31 (8)(a) If the court finds that the criteria for commitment are
32 met and that less restrictive treatment in a community setting is not
33 appropriate or available, the court shall order the minor committed
34 to the custody of the director for further inpatient mental health
35 treatment, to an approved substance use disorder treatment program
36 for further substance use disorder treatment, or to a private
37 treatment and evaluation facility for inpatient mental health or
38 substance use disorder treatment if the minor's parents have assumed
39 responsibility for payment for the treatment. If the court finds that
40 a less restrictive alternative is in the best interest of the minor,

1 the court shall order less restrictive alternative treatment upon
2 such conditions as necessary.

3 (b) If the court determines that the minor does not meet the
4 criteria for one hundred eighty-day commitment, the minor shall be
5 released.

6 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are
7 permissible on the same grounds and under the same procedures as the
8 original one hundred eighty-day commitment. Such petitions shall be
9 filed at least ~~((five))~~ three days prior to the expiration of the
10 previous one hundred eighty-day commitment order.

11 NEW SECTION. **Sec. 94.** A new section is added to chapter 71.34
12 RCW to read as follows:

13 (1) Less restrictive alternative treatment, at a minimum, must
14 include the following services:

15 (a) Assignment of a care coordinator;

16 (b) An intake evaluation with the provider of the less
17 restrictive alternative treatment;

18 (c) A psychiatric evaluation;

19 (d) A schedule of regular contacts with the provider of the less
20 restrictive alternative treatment services for the duration of the
21 order;

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

24 (f) An individual crisis plan; and

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

28 (2) Less restrictive alternative treatment may include the
29 following additional services:

30 (a) Medication management;

31 (b) Psychotherapy;

32 (c) Nursing;

33 (d) Substance abuse counseling;

34 (e) Residential treatment; and

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

36 (3) If the minor was provided with involuntary medication during
37 the involuntary commitment period, the less restrictive alternative
38 treatment order may authorize the less restrictive alternative
39 treatment provider or its designee to administer involuntary

1 antipsychotic medication to the person if the provider has attempted
2 and failed to obtain the informed consent of the person and there is
3 a concurring medical opinion approving the medication by a
4 psychiatrist, physician assistant working with a supervising
5 psychiatrist, psychiatric advanced registered nurse practitioner, or
6 physician or physician assistant in consultation with an independent
7 mental health professional with prescribing authority.

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

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

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

27 **Sec. 95.** RCW 71.34.780 and 2019 c 446 s 41 are each amended to
28 read as follows:

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

1 ~~transported to~~), a secure withdrawal management and stabilization
2 facility, or an approved substance use disorder treatment program
3 ~~((if there is an available))~~. A secure withdrawal management and
4 stabilization facility or approved substance use disorder treatment
5 program that has adequate space for the minor must be available.

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

15 (b) If the minor is involuntarily detained for revocation at an
16 evaluation and treatment facility, secure withdrawal management and
17 stabilization facility, or approved substance use disorder treatment
18 program in a different county from where the minor was initially
19 detained, the facility or program may file the order of apprehension,
20 serve it on the minor and notify the minor's parents and the minor's
21 attorney at the request of the designated crisis responder.

22 (3) A petition for revocation of less restrictive alternative
23 treatment shall be filed by the designated crisis responder or the
24 director ~~((or))~~, secretary, or facility, as appropriate, with the
25 court in the county ~~((ordering the less restrictive alternative~~
26 ~~treatment))~~ where the minor is detained. The court shall conduct the
27 hearing in that county. A petition for revocation of conditional
28 release ~~((may be filed with the court in the county ordering~~
29 ~~inpatient treatment or the county where the minor on conditional~~
30 ~~release is residing))~~ must be filed in the county where the minor is
31 detained. A petition shall describe the behavior of the minor
32 indicating violation of the conditions or deterioration of routine
33 functioning and a dispositional recommendation. ~~((Upon motion for~~
34 ~~good cause, the hearing may be transferred to the county of the~~
35 ~~minor's residence or to the county in which the alleged violations~~
36 ~~occurred.))~~ The hearing shall be held within seven days of the
37 minor's return. The issues to be determined are whether the minor did
38 or did not adhere to the conditions of the less restrictive
39 alternative treatment or conditional release, or whether the minor's
40 routine functioning has substantially deteriorated, and, if so,

1 whether the conditions of less restrictive alternative treatment or
2 conditional release should be modified or, subject to subsection (4)
3 of this section, whether the minor should be returned to inpatient
4 treatment. Pursuant to the determination of the court, the minor
5 shall be returned to less restrictive alternative treatment or
6 conditional release on the same or modified conditions or shall be
7 returned to inpatient treatment. If the minor is returned to
8 inpatient treatment, RCW 71.34.760 regarding the director's placement
9 responsibility shall apply. The hearing may be waived by the minor
10 and the minor returned to inpatient treatment or to less restrictive
11 alternative treatment or conditional release on the same or modified
12 conditions.

13 (4) A court may not order the return of a minor to inpatient
14 treatment in a secure withdrawal management and stabilization
15 facility or approved substance use disorder treatment program unless
16 there is a secure withdrawal management and stabilization facility or
17 approved substance use disorder treatment program available with
18 adequate space for the minor.

19 **Sec. 96.** RCW 71.34.780 and 2019 c 446 s 42 are each amended to
20 read as follows:

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

33 facility~~,~~ or an approved substance use disorder treatment program.
34 (2) (a) The designated crisis responder (~~(or the)~~), director~~,~~ or
35 secretary, as appropriate, shall file the order of apprehension and
36 detention and serve it upon the minor and notify the minor's parent
37 and the minor's attorney, if any, of the detention within two days of
38 return. At the time of service the minor shall be informed of the
39 right to a hearing and to representation by an attorney. The

1 designated crisis responder or the director or secretary, as
2 appropriate, may modify or rescind the order of apprehension and
3 detention at any time prior to the hearing.

4 (b) If the minor is involuntarily detained for revocation at an
5 evaluation and treatment facility, secure withdrawal management and
6 stabilization facility, or approved substance use disorder treatment
7 program in a different county from where the minor was initially
8 detained, the facility or program may file the order of apprehension,
9 serve it on the minor and notify the minor's parents and the minor's
10 attorney at the request of the designated crisis responder.

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

1 NEW SECTION. **Sec. 97.** A new section is added to chapter 71.34
2 RCW to read as follows:

3 The legislature recognizes the inherent authority of the
4 judiciary under Article IV, section 1 of the state Constitution to
5 establish rules regarding access to court records, and respectfully
6 requests the Washington state supreme court to adopt rules regarding
7 potential access for the following entities to the files and records
8 of court proceedings under this chapter and chapter 71.05 RCW:

- 9 (1) The department;
- 10 (2) The department of health;
- 11 (3) The authority;
- 12 (4) The state hospitals as defined in RCW 72.23.010;
- 13 (5) Any person who is the subject of a petition;
- 14 (6) The attorney or guardian of the person;
- 15 (7) Resource management services for that person; and
- 16 (8) Service providers authorized to receive such information by
17 resource management services.

18 NEW SECTION. **Sec. 98.** A new section is added to chapter 71.34
19 RCW to read as follows:

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

1 respondent's ability to perceive or participate in the proceeding by
2 video.

3 NEW SECTION. **Sec. 99.** A new section is added to chapter 71.05
4 RCW to read as follows:

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

27 NEW SECTION. **Sec. 100.** A new section is added to chapter 71.34
28 RCW to read as follows:

29 In addition to the responsibility provided for by RCW 43.20B.330,
30 the parents of a minor person who is involuntarily detained pursuant
31 to this chapter for the purpose of treatment and evaluation outside
32 of a facility maintained and operated by the department shall be
33 responsible for the cost of such care and treatment. In the event
34 that an individual is unable to pay for such treatment or in the
35 event payment would result in a substantial hardship upon the
36 individual or his or her family, then the county of residence of such
37 person shall be responsible for such costs. If it is not possible to
38 determine the county of residence of the person, the cost shall be

1 borne by the county where the person was originally detained. The
2 department, or the authority, as appropriate, shall, pursuant to
3 chapter 34.05 RCW, adopt standards as to (1) inability to pay in
4 whole or in part, (2) a definition of substantial hardship, and (3)
5 appropriate payment schedules. Financial responsibility with respect
6 to services and facilities of the department shall continue to be as
7 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

8 NEW SECTION. **Sec. 101.** A new section is added to chapter 71.05
9 RCW to read as follows:

10 (1) An involuntary treatment act work group is established to
11 evaluate the effect of changes to this chapter and chapter 71.34 RCW
12 and to evaluate vulnerabilities in the crisis system.

13 (2) The work group shall:

14 (a) Commencing September 1, 2020, meet at least three times to:
15 (i) Identify and evaluate systems and procedures that may be required
16 to implement one hundred twenty hour initial detention; (ii) develop
17 recommendations to implement one hundred twenty hour initial
18 detention statewide; and (iii) disseminate the recommendations to
19 stakeholders and report them to the appropriate committees of the
20 legislature by January 1, 2021.

21 (b) Commencing January 1, 2021, meet at least six times to
22 evaluate: (i) The implementation of one hundred twenty hour initial
23 detention, and the effects, if any, on involuntary behavioral health
24 treatment capacity statewide, including the frequency of detentions,
25 commitments, revocations of less restrictive alternative treatment,
26 conditional release orders, single bed certifications, and no-bed
27 reports under RCW 71.05.750; (ii) other issues related to
28 implementation of this act; and (iii) other vulnerabilities in the
29 involuntary treatment system.

30 (c) (i) Develop recommendations for operating the crisis system
31 based on the evaluations in (b) of this subsection; and (ii)
32 disseminate those recommendations to stakeholders and report them to
33 the appropriate committees of the legislature no later than June 30,
34 2022.

35 (3) The work group shall be convened by the authority and shall
36 receive technical and data gathering support from the authority, the
37 department, and the department of social and health services as
38 needed. The membership must consist of not more than eighteen members
39 appointed by the governor, reflecting statewide representation,

1 diverse viewpoints, and experience with involuntary treatment cases.

2 Appointed members must include but not be limited to:

3 (a) Representatives of the authority, the department, and the
4 department of social and health services;

5 (b) Certified short-term civil commitment providers and providers
6 who accept single bed certification under RCW 71.05.745;

7 (c) Certified long-term inpatient care providers for involuntary
8 patients or providers with experience providing community long-term
9 inpatient care for involuntary patients;

10 (d) Prosecuting attorneys;

11 (e) Defense attorneys;

12 (f) Family members and persons with lived experience of
13 behavioral health disorders;

14 (g) Advocates for persons with behavioral health disorders;

15 (h) Designated crisis responders;

16 (i) Behavioral health administrative services organizations;

17 (j) Managed care organizations;

18 (k) Law enforcement; and

19 (l) Judicial officers in involuntary treatment cases.

20 (4) Interested legislators and legislative staff may participate
21 in the work group. The governor must request participation in the
22 work group by a representative of tribal governments.

23 (5) The work group shall choose cochairs from among its members
24 and receive staff support from the authority.

25 (6) This section expires June 30, 2022.

26 NEW SECTION. **Sec. 102.** The following acts or parts of acts are
27 each repealed:

28 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and
29 2019 c 446 s 13 and 2017 3rd sp.s. c 14 s 20; and

30 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)
31 and 1989 c 120 s 9.

32 NEW SECTION. **Sec. 103.** RCW 71.05.525 is recodified as a section
33 in chapter 71.34 RCW.

34 NEW SECTION. **Sec. 104.** Sections 12, 15, 25, 31, 33, 35, 38, 54,
35 60, 74, 80, 83, 86, and 89 of this act expire January 1, 2021.

1 NEW SECTION. **Sec. 105.** Sections 13, 16, 19 through 23, 26, 32,
2 34, 36, 39, 55, 61, 75, 81, 84, 87, and 90 of this act take effect
3 January 1, 2021.

4 NEW SECTION. **Sec. 106.** Sections 13, 16, 26, 39, 45, 55, 77, 81,
5 84, 90, 92, and 95 of this act expire July 1, 2026.

6 NEW SECTION. **Sec. 107.** Sections 14, 17, 27, 40, 46, 56, 59, 71
7 78, 82, 85, 91, 93, and 96 of this act take effect July 1, 2026."

E2SSB 5720 - S AMD 909
By Senator Dhingra

ADOPTED 01/24/2020

8 On page 1, line 1 of the title, after "act;" strike the remainder
9 of the title and insert "amending RCW 71.05.010, 71.05.012,
10 71.05.025, 71.05.026, 71.05.030, 71.05.040, 71.05.050, 71.05.100,
11 71.05.120, 71.05.132, 71.05.150, 71.05.150, 71.05.150, 71.05.153,
12 71.05.153, 71.05.153, 71.05.160, 71.05.170, 71.05.180, 71.05.182,
13 71.05.190, 71.05.195, 71.05.201, 71.05.210, 71.05.210, 71.05.210,
14 71.05.212, 71.05.214, 71.05.215, 71.05.217, 71.05.217, 71.05.230,
15 71.05.230, 71.05.235, 71.05.235, 71.05.240, 71.05.240, 71.05.240,
16 71.05.280, 71.05.290, 71.05.300, 71.05.310, 71.05.320, 71.05.320,
17 71.05.380, 71.05.445, 71.05.455, 71.05.457, 71.05.525, 71.05.530,
18 71.05.585, 71.05.590, 71.05.590, 71.05.590, 71.05.720, 71.05.740,
19 71.05.745, 71.05.750, 71.05.750, 71.34.010, 71.34.305, 71.34.310,
20 71.34.355, 71.34.365, 71.34.410, 71.34.420, 71.34.500, 71.34.650,
21 71.34.730, 71.34.730, 71.34.740, 71.34.740, 71.34.740, 71.34.780, and
22 71.34.780; reenacting and amending RCW 71.05.020, 71.34.020,
23 71.34.600, 71.34.600, 71.34.700, 71.34.700, 71.34.710, 71.34.710,
24 71.34.710, 71.34.720, 71.34.720, 71.34.720, 71.34.750, and 71.34.750;
25 adding new sections to chapter 71.05 RCW; adding new sections to
26 chapter 71.34 RCW; recodifying RCW 71.05.525; repealing RCW 71.05.360
27 and 71.34.370; providing effective dates; and providing expiration
28 dates."

EFFECT: Makes technical updates for 2020 session by rolling dates forward one year and updating code sections to reflect current law.

Replaces references to "five days" in the context of the length of the initial detention period with "one hundred twenty hours."

--- **END** ---