

**2SSB 5120 - H AMD 589**

By Representative Ormsby

**ADOPTED 04/07/2023**

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

3  
4 "Sec. 1. RCW 71.24.025 and 2021 c 302 s 402 are each reenacted  
5 and amended to read as follows:

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

8 (1) "988 crisis hotline" means the universal telephone number  
9 within the United States designated for the purpose of the national  
10 suicide prevention and mental health crisis hotline system operating  
11 through the national suicide prevention lifeline.

12 (2) "Acutely mentally ill" means a condition which is limited to  
13 a short-term severe crisis episode of:

14 (a) A mental disorder as defined in RCW 71.05.020 or, in the  
15 case of a child, as defined in RCW 71.34.020;

16 (b) Being gravely disabled as defined in RCW 71.05.020 or, in  
17 the case of a child, a gravely disabled minor as defined in RCW  
18 71.34.020; or

19 (c) Presenting a likelihood of serious harm as defined in RCW  
20 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

21 (3) "Alcoholism" means a disease, characterized by a dependency  
22 on alcoholic beverages, loss of control over the amount and  
23 circumstances of use, symptoms of tolerance, physiological or  
24 psychological withdrawal, or both, if use is reduced or  
25 discontinued, and impairment of health or disruption of social or  
26 economic functioning.

27

1 (4) "Approved substance use disorder treatment program" means a  
2 program for persons with a substance use disorder provided by a  
3 treatment program licensed or certified by the department as meeting  
4 standards adopted under this chapter.

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

6 (6) "Available resources" means funds appropriated for the  
7 purpose of providing community behavioral health programs, federal  
8 funds, except those provided according to Title XIX of the Social  
9 Security Act, and state funds appropriated under this chapter or  
10 chapter 71.05 RCW by the legislature during any biennium for the  
11 purpose of providing residential services, resource management  
12 services, community support services, and other behavioral health  
13 services. This does not include funds appropriated for the purpose  
14 of operating and administering the state psychiatric hospitals.

15 (7) "Behavioral health administrative services organization"  
16 means an entity contracted with the authority to administer  
17 behavioral health services and programs under RCW 71.24.381,  
18 including crisis services and administration of chapter 71.05 RCW,  
19 the involuntary treatment act, for all individuals in a defined  
20 regional service area.

21 (8) "Behavioral health aide" means a counselor, health educator,  
22 and advocate who helps address individual and community-based  
23 behavioral health needs, including those related to alcohol, drug,  
24 and tobacco abuse as well as mental health problems such as grief,  
25 depression, suicide, and related issues and is certified by a  
26 community health aide program of the Indian health service or one or  
27 more tribes or tribal organizations consistent with the provisions  
28 of 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

29 (9) "Behavioral health provider" means a person licensed under  
30 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW,  
31 as it applies to registered nurses and advanced registered nurse  
32 practitioners.

33 (10) "Behavioral health services" means mental health services,  
34 substance use disorder treatment services, and co-occurring disorder

1 treatment services as described in this chapter and chapter 71.36  
2 RCW (~~and substance use disorder treatment services as described in~~  
3 ~~this chapter~~) that, depending on the type of service, are provided  
4 by licensed or certified behavioral health agencies, behavioral  
5 health providers, or integrated into other health care providers.

6 (11) "Child" means a person under the age of eighteen years.

7 (12) "Chronically mentally ill adult" or "adult who is  
8 chronically mentally ill" means an adult who has a mental disorder  
9 and meets at least one of the following criteria:

10 (a) Has undergone two or more episodes of hospital care for a  
11 mental disorder within the preceding two years; or

12 (b) Has experienced a continuous psychiatric hospitalization or  
13 residential treatment exceeding six months' duration within the  
14 preceding year; or

15 (c) Has been unable to engage in any substantial gainful  
16 activity by reason of any mental disorder which has lasted for a  
17 continuous period of not less than twelve months. "Substantial  
18 gainful activity" shall be defined by the authority by rule  
19 consistent with Public Law 92-603, as amended.

20 (13) "Clubhouse" means a community-based program that provides  
21 rehabilitation services and is licensed or certified by the  
22 department.

23 (14) "Community behavioral health program" means all  
24 expenditures, services, activities, or programs, including  
25 reasonable administration and overhead, designed and conducted to  
26 prevent or treat substance use disorder, mental illness, or both in  
27 the community behavioral health system.

28 (15) "Community behavioral health service delivery system" means  
29 public, private, or tribal agencies that provide services  
30 specifically to persons with mental disorders, substance use  
31 disorders, or both, as defined under RCW 71.05.020 and receive  
32 funding from public sources.

33 (16) "Community support services" means services authorized,  
34 planned, and coordinated through resource management services

1 including, at a minimum, assessment, diagnosis, emergency crisis  
2 intervention available twenty-four hours, seven days a week,  
3 prescreening determinations for persons who are mentally ill being  
4 considered for placement in nursing homes as required by federal  
5 law, screening for patients being considered for admission to  
6 residential services, diagnosis and treatment for children who are  
7 acutely mentally ill or severely emotionally or behaviorally  
8 disturbed discovered under screening through the federal Title XIX  
9 early and periodic screening, diagnosis, and treatment program,  
10 investigation, legal, and other nonresidential services under  
11 chapter 71.05 RCW, case management services, psychiatric treatment  
12 including medication supervision, counseling, psychotherapy,  
13 assuring transfer of relevant patient information between service  
14 providers, recovery services, and other services determined by  
15 behavioral health administrative services organizations.

16 (17) "Consensus-based" means a program or practice that has  
17 general support among treatment providers and experts, based on  
18 experience or professional literature, and may have anecdotal or  
19 case study support, or that is agreed but not possible to perform  
20 studies with random assignment and controlled groups.

21 (18) "County authority" means the board of county commissioners,  
22 county council, or county executive having authority to establish a  
23 behavioral health administrative services organization, or two or  
24 more of the county authorities specified in this subsection which  
25 have entered into an agreement to establish a behavioral health  
26 administrative services organization.

27 (19) "Crisis call center hub" means a state-designated center  
28 participating in the national suicide prevention lifeline network to  
29 respond to statewide or regional 988 calls that meets the  
30 requirements of RCW 71.24.890.

31 (20) "Crisis stabilization services" means services such as 23-  
32 hour crisis (~~(stabilization units based on the living room model)~~)  
33 relief centers, crisis stabilization units (~~(as provided in RCW-~~  
34 ~~71.05.020, triage facilities as provided in RCW 71.05.020)~~), short-

1 term respite facilities, peer-run respite services, and same-day  
2 walk-in behavioral health services, including within the overall  
3 crisis system components that operate like hospital emergency  
4 departments that accept all walk-ins, and ambulance, fire, and  
5 police drop-offs, or determine the need for involuntary  
6 hospitalization of an individual.

7 (21) "Department" means the department of health.

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

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

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

17 (25) "Early adopter" means a regional service area for which all  
18 of the county authorities have requested that the authority purchase  
19 medical and behavioral health services through a managed care health  
20 system as defined under RCW 71.24.380(~~(+6+)~~) (7).

21 (26) "Emerging best practice" or "promising practice" means a  
22 program or practice that, based on statistical analyses or a well  
23 established theory of change, shows potential for meeting the  
24 evidence-based or research-based criteria, which may include the use  
25 of a program that is evidence-based for outcomes other than those  
26 listed in subsection (27) of this section.

27 (27) "Evidence-based" means a program or practice that has been  
28 tested in heterogeneous or intended populations with multiple  
29 randomized, or statistically controlled evaluations, or both; or one  
30 large multiple site randomized, or statistically controlled  
31 evaluation, or both, where the weight of the evidence from a  
32 systemic review demonstrates sustained improvements in at least one  
33 outcome. "Evidence-based" also means a program or practice that can  
34 be implemented with a set of procedures to allow successful

1 replication in Washington and, when possible, is determined to be  
2 cost-beneficial.

3 (28) "Indian health care provider" means a health care program  
4 operated by the Indian health service or by a tribe, tribal  
5 organization, or urban Indian organization as those terms are  
6 defined in the Indian health care improvement act (25 U.S.C. Sec.  
7 1603).

8 (29) "Intensive behavioral health treatment facility" means a  
9 community-based specialized residential treatment facility for  
10 individuals with behavioral health conditions, including individuals  
11 discharging from or being diverted from state and local hospitals,  
12 whose impairment or behaviors do not meet, or no longer meet,  
13 criteria for involuntary inpatient commitment under chapter 71.05  
14 RCW, but whose care needs cannot be met in other community-based  
15 placement settings.

16 (30) "Licensed or certified behavioral health agency" means:

17 (a) An entity licensed or certified according to this chapter or  
18 chapter 71.05 RCW;

19 (b) An entity deemed to meet state minimum standards as a result  
20 of accreditation by a recognized behavioral health accrediting body  
21 recognized and having a current agreement with the department; or

22 (c) An entity with a tribal attestation that it meets state  
23 minimum standards for a licensed or certified behavioral health  
24 agency.

25 (31) "Licensed physician" means a person licensed to practice  
26 medicine or osteopathic medicine and surgery in the state of  
27 Washington.

28 (32) "Long-term inpatient care" means inpatient services for  
29 persons committed for, or voluntarily receiving intensive treatment  
30 for, periods of ninety days or greater under chapter 71.05 RCW.

31 "Long-term inpatient care" as used in this chapter does not include:

32 (a) Services for individuals committed under chapter 71.05 RCW who  
33 are receiving services pursuant to a conditional release or a court-  
34 ordered less restrictive alternative to detention; or (b) services

1 for individuals voluntarily receiving less restrictive alternative  
2 treatment on the grounds of the state hospital.

3 (33) "Managed care organization" means an organization, having a  
4 certificate of authority or certificate of registration from the  
5 office of the insurance commissioner, that contracts with the  
6 authority under a comprehensive risk contract to provide prepaid  
7 health care services to enrollees under the authority's managed care  
8 programs under chapter 74.09 RCW.

9 (34) "Mental health peer-run respite center" means a peer-run  
10 program to serve individuals in need of voluntary, short-term,  
11 noncrisis services that focus on recovery and wellness.

12 (35) Mental health "treatment records" include registration and  
13 all other records concerning persons who are receiving or who at any  
14 time have received services for mental illness, which are maintained  
15 by the department of social and health services or the authority, by  
16 behavioral health administrative services organizations and their  
17 staffs, by managed care organizations and their staffs, or by  
18 treatment facilities. "Treatment records" do not include notes or  
19 records maintained for personal use by a person providing treatment  
20 services for the entities listed in this subsection, or a treatment  
21 facility if the notes or records are not available to others.

22 (36) "Mentally ill persons," "persons who are mentally ill," and  
23 "the mentally ill" mean persons and conditions defined in  
24 subsections (2), (12), (44), and (45) of this section.

25 (37) "Mobile rapid response crisis team" means a team that  
26 provides professional on-site community-based intervention such as  
27 outreach, de-escalation, stabilization, resource connection, and  
28 follow-up support for individuals who are experiencing a behavioral  
29 health crisis, that shall include certified peer counselors as a  
30 best practice to the extent practicable based on workforce  
31 availability, and that meets standards for response times  
32 established by the authority.

33

34

1 (38) "Recovery" means a process of change through which  
2 individuals improve their health and wellness, live a self-directed  
3 life, and strive to reach their full potential.

4 (39) "Research-based" means a program or practice that has been  
5 tested with a single randomized, or statistically controlled  
6 evaluation, or both, demonstrating sustained desirable outcomes; or  
7 where the weight of the evidence from a systemic review supports  
8 sustained outcomes as described in subsection (27) of this section  
9 but does not meet the full criteria for evidence-based.

10 (40) "Residential services" means a complete range of residences  
11 and supports authorized by resource management services and which  
12 may involve a facility, a distinct part thereof, or services which  
13 support community living, for persons who are acutely mentally ill,  
14 adults who are chronically mentally ill, children who are severely  
15 emotionally disturbed, or adults who are seriously disturbed and  
16 determined by the behavioral health administrative services  
17 organization or managed care organization to be at risk of becoming  
18 acutely or chronically mentally ill. The services shall include at  
19 least evaluation and treatment services as defined in chapter 71.05  
20 RCW, acute crisis respite care, long-term adaptive and  
21 rehabilitative care, and supervised and supported living services,  
22 and shall also include any residential services developed to service  
23 persons who are mentally ill in nursing homes, residential treatment  
24 facilities, assisted living facilities, and adult family homes, and  
25 may include outpatient services provided as an element in a package  
26 of services in a supported housing model. Residential services for  
27 children in out-of-home placements related to their mental disorder  
28 shall not include the costs of food and shelter, except for  
29 children's long-term residential facilities existing prior to  
30 January 1, 1991.

31 (41) "Resilience" means the personal and community qualities  
32 that enable individuals to rebound from adversity, trauma, tragedy,  
33 threats, or other stresses, and to live productive lives.

34



1 (42) "Resource management services" mean the planning,  
2 coordination, and authorization of residential services and  
3 community support services administered pursuant to an individual  
4 service plan for: (a) Adults and children who are acutely mentally  
5 ill; (b) adults who are chronically mentally ill; (c) children who  
6 are severely emotionally disturbed; or (d) adults who are seriously  
7 disturbed and determined by a behavioral health administrative  
8 services organization or managed care organization to be at risk of  
9 becoming acutely or chronically mentally ill. Such planning,  
10 coordination, and authorization shall include mental health  
11 screening for children eligible under the federal Title XIX early  
12 and periodic screening, diagnosis, and treatment program. Resource  
13 management services include seven day a week, twenty-four hour a day  
14 availability of information regarding enrollment of adults and  
15 children who are mentally ill in services and their individual  
16 service plan to designated crisis responders, evaluation and  
17 treatment facilities, and others as determined by the behavioral  
18 health administrative services organization or managed care  
19 organization, as applicable.

20 (43) "Secretary" means the secretary of the department of health.

21 (44) "Seriously disturbed person" means a person who:

22 (a) Is gravely disabled or presents a likelihood of serious harm  
23 to himself or herself or others, or to the property of others, as a  
24 result of a mental disorder as defined in chapter 71.05 RCW;

25 (b) Has been on conditional release status, or under a less  
26 restrictive alternative order, at some time during the preceding two  
27 years from an evaluation and treatment facility or a state mental  
28 health hospital;

29 (c) Has a mental disorder which causes major impairment in  
30 several areas of daily living;

31 (d) Exhibits suicidal preoccupation or attempts; or

32 (e) Is a child diagnosed by a mental health professional, as  
33 defined in chapter 71.34 RCW, as experiencing a mental disorder  
34 which is clearly interfering with the child's functioning in family

1 or school or with peers or is clearly interfering with the child's  
2 personality development and learning.

3 (45) "Severely emotionally disturbed child" or "child who is  
4 severely emotionally disturbed" means a child who has been  
5 determined by the behavioral health administrative services  
6 organization or managed care organization, if applicable, to be  
7 experiencing a mental disorder as defined in chapter 71.34 RCW,  
8 including those mental disorders that result in a behavioral or  
9 conduct disorder, that is clearly interfering with the child's  
10 functioning in family or school or with peers and who meets at least  
11 one of the following criteria:

12 (a) Has undergone inpatient treatment or placement outside of  
13 the home related to a mental disorder within the last two years;

14 (b) Has undergone involuntary treatment under chapter 71.34 RCW  
15 within the last two years;

16 (c) Is currently served by at least one of the following child-  
17 serving systems: Juvenile justice, child-protection/welfare, special  
18 education, or developmental disabilities;

19 (d) Is at risk of escalating maladjustment due to:

20 (i) Chronic family dysfunction involving a caretaker who is  
21 mentally ill or inadequate;

22 (ii) Changes in custodial adult;

23 (iii) Going to, residing in, or returning from any placement  
24 outside of the home, for example, psychiatric hospital, short-term  
25 inpatient, residential treatment, group or foster home, or a  
26 correctional facility;

27 (iv) Subject to repeated physical abuse or neglect;

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

30 (46) "State minimum standards" means minimum requirements  
31 established by rules adopted and necessary to implement this chapter  
32 by:

33 (a) The authority for:

34

- 1 (i) Delivery of mental health and substance use disorder  
2 services; and  
3 (ii) Community support services and resource management services;  
4 (b) The department of health for:  
5 (i) Licensed or certified behavioral health agencies for the  
6 purpose of providing mental health or substance use disorder  
7 programs and services, or both;  
8 (ii) Licensed behavioral health providers for the provision of  
9 mental health or substance use disorder services, or both; and  
10 (iii) Residential services.

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

17 (48) "Tribe," for the purposes of this section, means a  
18 federally recognized Indian tribe.

19 (49) "23-hour crisis relief center" means a community-based  
20 facility or portion of a facility serving adults, which is  
21 authorized by the department of health to participate in the pilot  
22 project in section 2 of this act and open 24 hours a day, seven days  
23 a week, offering access to mental health and substance use care for  
24 no more than 23 hours and 59 minutes at a time per patient, and  
25 which accepts all behavioral health crisis walk-ins drop-offs from  
26 first responders, and individuals referred through the 988 system  
27 regardless of behavioral health acuity, and meets the requirements  
28 under section 2 of this act.

29 (50) "Crisis stabilization unit" has the same meaning as under  
30 RCW 71.05.020.

31 (51) "First responders" includes ambulance, fire, mobile rapid  
32 response crisis team, coresponder team, designated crisis responder,  
33 fire department mobile integrated health team, community assistance  
34

1 referral and education services program under RCW 35.21.930, and law  
2 enforcement personnel.

3

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24  
5 RCW to read as follows:

6 (1) The secretary shall authorize up to five 23-hour crisis  
7 relief centers that meet state minimum standards to participate in a  
8 pilot program between January 1, 2024, and January 1, 2029. The  
9 participating 23-hour crisis relief centers shall be located in  
10 different geographic areas of the state with varying levels of  
11 population density. The department shall create guidelines for  
12 participation in the pilot program, in consultation with the  
13 authority, by January 1, 2024.

14 (2) The guidelines, at a minimum, must require the participating  
15 23-hour crisis relief center to:

16 (a) Offer walk-in options and drop-off options for first  
17 responders and persons referred through the 988 system, without a  
18 requirement for medical clearance for these individuals. The  
19 facility must be structured to have the capacity to accept  
20 admissions 90 percent of the time when the facility is not at its  
21 full capacity, and to have a no-refusal policy for law enforcement,  
22 with instances of declined admission and the reasons for the  
23 declines tracked and made available to the department;

24 (b) Provide services to address mental health and substance use  
25 crisis issues;

26 (c) Maintain capacity to screen for physical health needs,  
27 deliver minor wound care for nonlife-threatening wounds, and provide  
28 care for most minor physical or basic health needs that can be  
29 addressed without need for medical diagnosis or health care  
30 prescriber orders, with an identified pathway to transfer the person  
31 to more medically appropriate services if needed;

32 (d) Be staffed 24 hours a day, seven days a week, with a  
33 multidisciplinary team capable of meeting the needs of individuals  
34 experiencing all levels of crisis in the community, which includes

1 access to a prescriber and the ability to dispense medications  
2 appropriate for participating 23-hour crisis relief center clients;

3 (e) Screen all individuals for suicide risk and engage in  
4 comprehensive suicide risk assessment and planning when clinically  
5 indicated;

6 (f) Screen all individuals for violence risk and engage in  
7 comprehensive violence risk assessment and planning when clinically  
8 indicated;

9 (g) Limit patient stays to a maximum of 23 hours and 59 minutes  
10 except for patients waiting on a designated crisis responder  
11 evaluation or making an imminent transition to another setting as  
12 part of an established aftercare plan. Exceptions to the time limit  
13 made under this subsection shall not cause a participating 23-hour  
14 crisis relief center to be classified as a residential treatment  
15 facility under RCW 71.12.455;

16 (h) Maintain relationships with entities capable of providing  
17 for reasonably anticipated ongoing service needs of clients, unless  
18 the licensee itself provides sufficient services; and

19 (i) When appropriate, coordinate connection to ongoing care.

20 (3) The guidelines, at a minimum, must develop standards for  
21 determining medical stability before an emergency medical services  
22 drop-off.

23 (4) The guidelines must include standards for the number of  
24 recliner chairs that may be authorized in a participating 23-hour  
25 crisis relief center and the appropriate variance for temporarily  
26 exceeding that number in order to provide the no-refusal policy for  
27 law enforcement.

28 (5) The department shall specify physical environment standards  
29 for the construction review process that are responsive to the  
30 unique characteristics of the types of interventions used to provide  
31 care for all levels of acuity in facilities operating under the 23-  
32 hour crisis relief center pilot project model.

33 (6) The department shall coordinate with the authority and  
34 department of social and health services to establish guidelines

1 that prohibit facilities that are licensed or required to be  
2 licensed under chapter 18.51, 18.20, 70.97, 72.36, or 70.128 RCW  
3 from discharging or transferring a resident to a participating 23-  
4 hour crisis relief center.

5 (7) The department shall coordinate with the authority to  
6 establish guidelines that prohibit a hospital that is licensed under  
7 chapter 70.41 RCW from discharging or transferring a patient to a  
8 participating 23-hour crisis relief center unless the hospital has a  
9 formal relationship with the participating 23-hour crisis relief  
10 center.

11 (8) The authority shall take steps necessary to make  
12 participating 23-hour crisis relief center services, including on-  
13 site physical health care, eligible for medicaid billing to the  
14 maximum extent allowed by federal law.

15 (9) The department shall conduct an assessment of the 23-hour  
16 crisis relief center pilot program with information related to: the  
17 number of clients served; the extent to which clients entered as  
18 self-referrals, were brought in by a first responder, or were  
19 referred through the 988 system; the physical health needs of the  
20 clients upon arrival; the average length of stay of the clients; and  
21 the subsequent destination of the clients following their stay at  
22 the participating 23-hour crisis relief center. The department shall  
23 submit a report to the governor and each chamber of the legislature  
24 by December 1, 2029, with findings from the assessment and  
25 recommendations on whether the 23-hour crisis relief centers should  
26 be made permanent, statewide implementation, and any changes to the  
27 operational standards for the 23-hour crisis relief centers to  
28 better meet the needs of the clients.

29

30 **Sec. 3.** RCW 71.05.020 and 2022 c 210 s 1 are each amended to  
31 read as follows:

32 The definitions in this section apply throughout this chapter  
33 unless the context clearly requires otherwise.

34

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

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

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

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

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

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

23 (7) "Behavioral health disorder" means either a mental disorder  
24 as defined in this section, a substance use disorder as defined in  
25 this section, or a co-occurring mental disorder and substance use  
26 disorder;

27 (8) "Behavioral health service provider" means a public or  
28 private agency that provides mental health, substance use disorder,  
29 or co-occurring disorder services to persons with behavioral health  
30 disorders as defined under this section and receives funding from  
31 public sources. This includes, but is not limited to: Hospitals  
32 licensed under chapter 70.41 RCW; evaluation and treatment  
33 facilities as defined in this section; community mental health  
34 service delivery systems or community behavioral health programs as

1 defined in RCW 71.24.025; licensed or certified behavioral health  
2 agencies under RCW 71.24.037; facilities conducting competency  
3 evaluations and restoration under chapter 10.77 RCW; approved  
4 substance use disorder treatment programs as defined in this  
5 section; secure withdrawal management and stabilization facilities  
6 as defined in this section; and correctional facilities operated by  
7 state and local governments;

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

13 (10) "Commitment" means the determination by a court that a  
14 person should be detained for a period of either evaluation or  
15 treatment, or both, in an inpatient or a less restrictive setting;

16 (11) "Community behavioral health agency" has the same meaning  
17 as "licensed or certified behavioral health agency" defined in RCW  
18 71.24.025;

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

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

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

32 (15) "Department" means the department of health;

33 (16) "Designated crisis responder" means a mental health  
34 professional appointed by the county, by an entity appointed by the



1 county, or by the authority in consultation with a federally  
2 recognized Indian tribe or after meeting and conferring with an  
3 Indian health care provider, to perform the duties specified in this  
4 chapter;

5 (17) "Detention" or "detain" means the lawful confinement of a  
6 person, under the provisions of this chapter;

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

16 (19) "Developmental disability" means that condition defined in  
17 RCW 71A.10.020(~~(+5)~~) (6);

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

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

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

28 (23) "Evaluation and treatment facility" means any facility  
29 which can provide directly, or by direct arrangement with other  
30 public or private agencies, emergency evaluation and treatment,  
31 outpatient care, and timely and appropriate inpatient care to  
32 persons suffering from a mental disorder, and which is licensed or  
33 certified as such by the department. The authority may certify  
34 single beds as temporary evaluation and treatment beds under RCW

1 71.05.745. A physically separate and separately operated portion of  
2 a state hospital may be designated as an evaluation and treatment  
3 facility. A facility which is part of, or operated by, the  
4 department of social and health services or any federal agency will  
5 not require certification. No correctional institution or facility,  
6 or jail, shall be an evaluation and treatment facility within the  
7 meaning of this chapter;

8 (24) "Gravely disabled" means a condition in which a person, as  
9 a result of a behavioral health disorder: (a) Is in danger of  
10 serious physical harm resulting from a failure to provide for his or  
11 her essential human needs of health or safety; or (b) manifests  
12 severe deterioration in routine functioning evidenced by repeated  
13 and escalating loss of cognitive or volitional control over his or  
14 her actions and is not receiving such care as is essential for his  
15 or her health or safety;

16 (25) "Habilitative services" means those services provided by  
17 program personnel to assist persons in acquiring and maintaining  
18 life skills and in raising their levels of physical, mental, social,  
19 and vocational functioning. Habilitative services include education,  
20 training for employment, and therapy. The habilitative process shall  
21 be undertaken with recognition of the risk to the public safety  
22 presented by the person being assisted as manifested by prior  
23 charged criminal conduct;

24 (26) "Hearing" means any proceeding conducted in open court that  
25 conforms to the requirements of RCW 71.05.820;

26 (27) "History of one or more violent acts" refers to the period  
27 of time ten years prior to the filing of a petition under this  
28 chapter, excluding any time spent, but not any violent acts  
29 committed, in a behavioral health facility, or in confinement as a  
30 result of a criminal conviction;

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

33

34

1 (29) "In need of assisted outpatient treatment" refers to a  
2 person who meets the criteria for assisted outpatient treatment  
3 established under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

27 (32) "Judicial commitment" means a commitment by a court  
28 pursuant to the provisions of this chapter;

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

33 (34) "Less restrictive alternative treatment" means a program of  
34 individualized treatment in a less restrictive setting than

1 inpatient treatment that includes the services described in RCW  
2 71.05.585. This term includes: Treatment pursuant to a less  
3 restrictive alternative treatment order under RCW 71.05.240 or  
4 71.05.320; treatment pursuant to a conditional release under RCW  
5 71.05.340; and treatment pursuant to an assisted outpatient  
6 treatment order under RCW 71.05.148;

7 (35) "Licensed physician" means a person licensed to practice  
8 medicine or osteopathic medicine and surgery in the state of  
9 Washington;

10 (36) "Likelihood of serious harm" means:

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

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

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

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

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

34

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

5 (41) "Physician assistant" means a person licensed as a  
6 physician assistant under chapter 18.71A RCW;

7 (42) "Private agency" means any person, partnership,  
8 corporation, or association that is not a public agency, whether or  
9 not financed in whole or in part by public funds, which constitutes  
10 an evaluation and treatment facility or private institution, or  
11 hospital, or approved substance use disorder treatment program,  
12 which is conducted for, or includes a department or ward conducted  
13 for, the care and treatment of persons with behavioral health  
14 disorders;

15 (43) "Professional person" means a mental health professional,  
16 substance use disorder professional, or designated crisis responder  
17 and shall also mean a physician, physician assistant, psychiatric  
18 advanced registered nurse practitioner, registered nurse, and such  
19 others as may be defined by rules adopted by the secretary pursuant  
20 to the provisions of this chapter;

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

25 (45) "Psychiatrist" means a person having a license as a  
26 physician and surgeon in this state who has in addition completed  
27 three years of graduate training in psychiatry in a program approved  
28 by the American medical association or the American osteopathic  
29 association and is certified or eligible to be certified by the  
30 American board of psychiatry and neurology;

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

33 (47) "Public agency" means any evaluation and treatment facility  
34 or institution, secure withdrawal management and stabilization

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

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

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

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

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

21 (a) Provide the following services:

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

24 (ii) Clinical stabilization services;

25 (iii) Acute or subacute detoxification services for intoxicated  
26 individuals; and

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

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

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

1 (52) "Social worker" means a person with a master's or further  
2 advanced degree from a social work educational program accredited  
3 and approved as provided in RCW 18.320.010;

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

10 (54) "Substance use disorder professional" means a person  
11 certified as a substance use disorder professional by the department  
12 of health under chapter 18.205 RCW;

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

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

1       (57) (~~("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 ~~trriage facility may be structured as a voluntary or involuntary~~  
7 ~~placement facility;~~

8       (58)) "Video," unless the context clearly indicates otherwise,  
9 means the delivery of behavioral health services through the use of  
10 interactive audio and video technology, permitting real-time  
11 communication between a person and a designated crisis responder,  
12 for the purpose of evaluation. "Video" does not include the use of  
13 audio-only telephone, facsimile, email, or store and forward  
14 technology. "Store and forward technology" means use of an  
15 asynchronous transmission of a person's medical information from a  
16 mental health service provider to the designated crisis responder  
17 which results in medical diagnosis, consultation, or treatment;

18       ((59)) (58) "Violent act" means behavior that resulted in  
19 homicide, attempted suicide, injury, or substantial loss or damage  
20 to property;

21       (59) "23-hour crisis relief center" has the same meaning as  
22 under RCW 71.24.025.

23

24       **Sec. 4.** RCW 71.05.020 and 2022 c 210 s 2 are each amended to  
25 read as follows:

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

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

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



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

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

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

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

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

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

20 (8) "Behavioral health service provider" means a public or  
21 private agency that provides mental health, substance use disorder,  
22 or co-occurring disorder services to persons with behavioral health  
23 disorders as defined under this section and receives funding from  
24 public sources. This includes, but is not limited to: Hospitals  
25 licensed under chapter 70.41 RCW; evaluation and treatment  
26 facilities as defined in this section; community mental health  
27 service delivery systems or community behavioral health programs as  
28 defined in RCW 71.24.025; licensed or certified behavioral health  
29 agencies under RCW 71.24.037; facilities conducting competency  
30 evaluations and restoration under chapter 10.77 RCW; approved  
31 substance use disorder treatment programs as defined in this  
32 section; secure withdrawal management and stabilization facilities  
33 as defined in this section; and correctional facilities operated by  
34 state and local governments;

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  
4 substance use disorder counseling subject to the practice  
5 limitations under RCW 18.205.105;

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

9 (11) "Community behavioral health agency" has the same meaning  
10 as "licensed or certified behavioral health agency" defined in RCW  
11 71.24.025;

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

14 (13) "Crisis stabilization unit" means a short-term facility or  
15 a portion of a facility licensed or certified by the department,  
16 such as an evaluation and treatment facility or a hospital, which  
17 has been designed to assess, diagnose, and treat individuals  
18 experiencing an acute crisis without the use of long-term  
19 hospitalization, or to determine the need for involuntary commitment  
20 of an individual;

21 (14) "Custody" means involuntary detention under the provisions  
22 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
23 unconditional release from commitment from a facility providing  
24 involuntary care and treatment;

25 (15) "Department" means the department of health;

26 (16) "Designated crisis responder" means a mental health  
27 professional appointed by the county, by an entity appointed by the  
28 county, or by the authority in consultation with a federally  
29 recognized Indian tribe or after meeting and conferring with an  
30 Indian health care provider, to perform the duties specified in this  
31 chapter;

32 (17) "Detention" or "detain" means the lawful confinement of a  
33 person, under the provisions of this chapter;

34

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

10 (19) "Developmental disability" means that condition defined in  
11 RCW 71A.10.020(~~(+5)~~) (6);

12 (20) "Director" means the director of the authority;

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

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

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

1 or jail, shall be an evaluation and treatment facility within the  
2 meaning of this chapter;

3 (24) "Gravely disabled" means a condition in which a person, as  
4 a result of a behavioral health disorder: (a) Is in danger of  
5 serious physical harm resulting from a failure to provide for his or  
6 her essential human needs of health or safety; or (b) manifests  
7 severe deterioration from safe behavior evidenced by repeated and  
8 escalating loss of cognitive or volitional control over his or her  
9 actions and is not receiving such care as is essential for his or  
10 her health or safety;

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

19 (26) "Hearing" means any proceeding conducted in open court that  
20 conforms to the requirements of RCW 71.05.820;

21 (27) "History of one or more violent acts" refers to the period  
22 of time ten years prior to the filing of a petition under this  
23 chapter, excluding any time spent, but not any violent acts  
24 committed, in a behavioral health facility, or in confinement as a  
25 result of a criminal conviction;

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

28 (29) "In need of assisted outpatient treatment" refers to a  
29 person who meets the criteria for assisted outpatient treatment  
30 established under RCW 71.05.148;

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

- 1 (a) The nature of the person's specific problems, prior charged  
2 criminal behavior, and habilitation needs;
- 3 (b) The conditions and strategies necessary to achieve the  
4 purposes of habilitation;
- 5 (c) The intermediate and long-range goals of the habilitation  
6 program, with a projected timetable for the attainment;
- 7 (d) The rationale for using this plan of habilitation to achieve  
8 those intermediate and long-range goals;
- 9 (e) The staff responsible for carrying out the plan;
- 10 (f) Where relevant in light of past criminal behavior and due  
11 consideration for public safety, the criteria for proposed movement  
12 to less-restrictive settings, criteria for proposed eventual  
13 discharge or release, and a projected possible date for discharge or  
14 release; and
- 15 (g) The type of residence immediately anticipated for the person  
16 and possible future types of residences;
- 17 (31) "Intoxicated person" means a person whose mental or  
18 physical functioning is substantially impaired as a result of the  
19 use of alcohol or other psychoactive chemicals;
- 20 (32) "Judicial commitment" means a commitment by a court  
21 pursuant to the provisions of this chapter;
- 22 (33) "Legal counsel" means attorneys and staff employed by  
23 county prosecutor offices or the state attorney general acting in  
24 their capacity as legal representatives of public behavioral health  
25 service providers under RCW 71.05.130;
- 26 (34) "Less restrictive alternative treatment" means a program of  
27 individualized treatment in a less restrictive setting than  
28 inpatient treatment that includes the services described in RCW  
29 71.05.585. This term includes: Treatment pursuant to a less  
30 restrictive alternative treatment order under RCW 71.05.240 or  
31 71.05.320; treatment pursuant to a conditional release under RCW  
32 71.05.340; and treatment pursuant to an assisted outpatient  
33 treatment order under RCW 71.05.148;
- 34

1 (35) "Licensed physician" means a person licensed to practice  
2 medicine or osteopathic medicine and surgery in the state of  
3 Washington;

4 (36) "Likelihood of serious harm" means:

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

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

16 (37) "Medical clearance" means a physician or other health care  
17 provider has determined that a person is medically stable and ready  
18 for referral to the designated crisis responder;

19 (38) "Mental disorder" means any organic, mental, or emotional  
20 impairment which has substantial adverse effects on a person's  
21 cognitive or volitional functions;

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

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

32 (41) "Physician assistant" means a person licensed as a  
33 physician assistant under chapter 18.71A RCW;

34

1 (42) "Private agency" means any person, partnership,  
2 corporation, or association that is not a public agency, whether or  
3 not financed in whole or in part by public funds, which constitutes  
4 an evaluation and treatment facility or private institution, or  
5 hospital, or approved substance use disorder treatment program,  
6 which is conducted for, or includes a department or ward conducted  
7 for, the care and treatment of persons with behavioral health  
8 disorders;

9 (43) "Professional person" means a mental health professional,  
10 substance use disorder professional, or designated crisis responder  
11 and shall also mean a physician, physician assistant, psychiatric  
12 advanced registered nurse practitioner, registered nurse, and such  
13 others as may be defined by rules adopted by the secretary pursuant  
14 to the provisions of this chapter;

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

19 (45) "Psychiatrist" means a person having a license as a  
20 physician and surgeon in this state who has in addition completed  
21 three years of graduate training in psychiatry in a program approved  
22 by the American medical association or the American osteopathic  
23 association and is certified or eligible to be certified by the  
24 American board of psychiatry and neurology;

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

27 (47) "Public agency" means any evaluation and treatment facility  
28 or institution, secure withdrawal management and stabilization  
29 facility, approved substance use disorder treatment program, or  
30 hospital which is conducted for, or includes a department or ward  
31 conducted for, the care and treatment of persons with behavioral  
32 health disorders, if the agency is operated directly by federal,  
33 state, county, or municipal government, or a combination of such  
34 governments;

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

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

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

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

15 (a) Provide the following services:

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

18 (ii) Clinical stabilization services;

19 (iii) Acute or subacute detoxification services for intoxicated  
20 individuals; and

21 (iv) Discharge assistance provided by certified substance use  
22 disorder professionals or co-occurring disorder specialists,  
23 including facilitating transitions to appropriate voluntary or  
24 involuntary inpatient services or to less restrictive alternatives  
25 as appropriate for the individual;

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

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

29 (52) "Severe deterioration from safe behavior" means that a  
30 person will, if not treated, suffer or continue to suffer severe and  
31 abnormal mental, emotional, or physical distress, and this distress  
32 is associated with significant impairment of judgment, reason, or  
33 behavior;

34



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

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

10 (55) "Substance use disorder professional" means a person  
11 certified as a substance use disorder professional by the department  
12 of health under chapter 18.205 RCW;

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

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

1       (58) (~~"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 ~~trriage facility may be structured as a voluntary or involuntary~~  
7 ~~placement facility;~~

8       (59)) "Video," unless the context clearly indicates otherwise,  
9 means the delivery of behavioral health services through the use of  
10 interactive audio and video technology, permitting real-time  
11 communication between a person and a designated crisis responder,  
12 for the purpose of evaluation. "Video" does not include the use of  
13 audio-only telephone, facsimile, email, or store and forward  
14 technology. "Store and forward technology" means use of an  
15 asynchronous transmission of a person's medical information from a  
16 mental health service provider to the designated crisis responder  
17 which results in medical diagnosis, consultation, or treatment;

18       ((60)) (59) "Violent act" means behavior that resulted in  
19 homicide, attempted suicide, injury, or substantial loss or damage  
20 to property;

21       (60) "23-hour crisis relief center" has the same meaning as  
22 under RCW 71.24.025.

23

24       **Sec. 5.** RCW 71.05.050 and 2020 c 302 s 9 are each amended to  
25 read as follows:

26       (1) Nothing in this chapter shall be construed to limit the  
27 right of any person to apply voluntarily to any public or private  
28 agency or practitioner for treatment of a behavioral health  
29 disorder, either by direct application or by referral. Any person  
30 voluntarily admitted for inpatient treatment to any public or  
31 private agency shall be released immediately upon his or her  
32 request. Any person voluntarily admitted for inpatient treatment to  
33 any public or private agency shall orally be advised of the right to  
34 immediate discharge, and further advised of such rights in writing

1 as are secured to them pursuant to this chapter and their rights of  
2 access to attorneys, courts, and other legal redress. Their  
3 condition and status shall be reviewed at least once each one  
4 hundred eighty days for evaluation as to the need for further  
5 treatment or possible discharge, at which time they shall again be  
6 advised of their right to discharge upon request.

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

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

1       (4) If a person is brought to or accepted at a 23-hour crisis  
2 relief center while participating in the pilot project in section 2  
3 of this act and thereafter refuses to stay voluntarily, and the  
4 professional staff of the participating 23-hour crisis relief center  
5 regard the person as presenting as a result of a behavioral health  
6 disorder an imminent likelihood of serious harm, or presenting as an  
7 imminent danger because of grave disability, they may detain the  
8 person for sufficient time to enable the designated crisis responder  
9 to complete an evaluation, and, if involuntary commitment criteria  
10 are met, authorize the person being further held in custody or  
11 transported to a hospital emergency department, evaluation and  
12 treatment center, secure withdrawal management and stabilization  
13 facility, or approved substance use disorder treatment program  
14 pursuant to the provisions of this chapter, but which time shall be  
15 no more than 12 hours from the time the professional staff notify  
16 the designated crisis responder of the need for evaluation.

17       (5) Dismissal of a commitment petition is not the appropriate  
18 remedy for a violation of the timeliness requirements of this  
19 section based on the intent of this chapter under RCW 71.05.010  
20 except in the few cases where the facility staff or designated  
21 crisis responder has totally disregarded the requirements of this  
22 section.

23

24       **Sec. 6.** RCW 71.05.150 and 2022 c 210 s 5 are each amended to  
25 read as follows:

26       (1) When a designated crisis responder receives information  
27 alleging that a person, as a result of a behavioral health disorder,  
28 presents a likelihood of serious harm or is gravely disabled, the  
29 designated crisis responder may, after investigation and evaluation  
30 of the specific facts alleged and of the reliability and credibility  
31 of any person providing information to initiate detention, if  
32 satisfied that the allegations are true and that the person will not  
33 voluntarily seek appropriate treatment, file a petition for initial  
34 detention under this section. Before filing the petition, the

1 designated crisis responder must personally interview the person,  
2 unless the person refuses an interview, and determine whether the  
3 person will voluntarily receive appropriate evaluation and treatment  
4 at an evaluation and treatment facility, crisis stabilization unit,  
5 (~~triage facility~~) 23-hour crisis relief center while participating  
6 in the pilot project in section 2 of this act, secure withdrawal  
7 management and stabilization facility, or approved substance use  
8 disorder treatment program. As part of the assessment, the  
9 designated crisis responder must attempt to ascertain if the person  
10 has executed a mental health advance directive under chapter 71.32  
11 RCW. The interview performed by the designated crisis responder may  
12 be conducted by video provided that a licensed health care  
13 professional or professional person who can adequately and  
14 accurately assist with obtaining any necessary information is  
15 present with the person at the time of the interview.

16 (2)(a) A superior court judge may issue a warrant to detain a  
17 person with a behavioral health disorder to a designated evaluation  
18 and treatment facility, a secure withdrawal management and  
19 stabilization facility, or an approved substance use disorder  
20 treatment program, for a period of not more than one hundred twenty  
21 hours for evaluation and treatment upon request of a designated  
22 crisis responder, subject to (d) of this subsection, whenever it  
23 appears to the satisfaction of the judge that:

24 (i) There is probable cause to support the petition; and

25 (ii) The person has refused or failed to accept appropriate  
26 evaluation and treatment voluntarily.

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

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

1 (d) A court may not issue an order to detain a person to a  
2 secure withdrawal management and stabilization facility or approved  
3 substance use disorder treatment program unless there is an  
4 available secure withdrawal management and stabilization facility or  
5 approved substance use disorder treatment program that has adequate  
6 space for the person.

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

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

33 (4) The designated crisis responder may notify a peace officer  
34 to take such person or cause such person to be taken into custody

1 and placed in an evaluation and treatment facility, secure  
2 withdrawal management and stabilization facility, or approved  
3 substance use disorder treatment program. At the time such person is  
4 taken into custody there shall commence to be served on such person,  
5 his or her guardian, and conservator, if any, a copy of the original  
6 order together with a notice of rights and a petition for initial  
7 detention.

8 (5) Tribal court orders for involuntary commitment shall be  
9 recognized and enforced in accordance with superior court civil rule  
10 82.5.

11 (6) In any investigation and evaluation of an individual under  
12 this section or RCW 71.05.153 in which the designated crisis  
13 responder knows, or has reason to know, that the individual is an  
14 American Indian or Alaska Native who receives medical or behavioral  
15 health services from a tribe within this state, the designated  
16 crisis responder shall notify the tribe and Indian health care  
17 provider regarding whether or not a petition for initial detention  
18 or involuntary outpatient treatment will be filed. Notification  
19 shall be made in person or by telephonic or electronic communication  
20 to the tribal contact listed in the authority's tribal crisis  
21 coordination plan as soon as possible but no later than three hours  
22 subject to the requirements in RCW 70.02.230(2)(ee) and (3). A  
23 designated crisis responder may restrict the release of information  
24 as necessary to comply with 42 C.F.R. Part 2.

25

26 **Sec. 7.** RCW 71.05.150 and 2022 c 210 s 6 are each amended to  
27 read as follows:

28 (1) When a designated crisis responder receives information  
29 alleging that a person, as a result of a behavioral health disorder,  
30 presents a likelihood of serious harm or is gravely disabled, the  
31 designated crisis responder may, after investigation and evaluation  
32 of the specific facts alleged and of the reliability and credibility  
33 of any person providing information to initiate detention, if  
34 satisfied that the allegations are true and that the person will not

1 voluntarily seek appropriate treatment, file a petition for initial  
2 detention under this section. Before filing the petition, the  
3 designated crisis responder must personally interview the person,  
4 unless the person refuses an interview, and determine whether the  
5 person will voluntarily receive appropriate evaluation and treatment  
6 at an evaluation and treatment facility, crisis stabilization unit,  
7 (~~triage facility~~) 23-hour crisis relief center while participating  
8 in the pilot project in section 2 of this act, secure withdrawal  
9 management and stabilization facility, or approved substance use  
10 disorder treatment program. As part of the assessment, the  
11 designated crisis responder must attempt to ascertain if the person  
12 has executed a mental health advance directive under chapter 71.32  
13 RCW. The interview performed by the designated crisis responder may  
14 be conducted by video provided that a licensed health care  
15 professional or professional person who can adequately and  
16 accurately assist with obtaining any necessary information is  
17 present with the person at the time of the interview.

18 (2)(a) A superior court judge may issue a warrant to detain a  
19 person with a behavioral health disorder to a designated evaluation  
20 and treatment facility, a secure withdrawal management and  
21 stabilization facility, or an approved substance use disorder  
22 treatment program, for a period of not more than one hundred twenty  
23 hours for evaluation and treatment upon request of a designated  
24 crisis responder whenever it appears to the satisfaction of the  
25 judge that:

26 (i) There is probable cause to support the petition; and

27 (ii) The person has refused or failed to accept appropriate  
28 evaluation and treatment voluntarily.

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

33 (c) The order shall designate retained counsel or, if counsel is  
34 appointed from a list provided by the court, the name, business



1 address, and telephone number of the attorney appointed to represent  
2 the person.

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

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

29 (4) The designated crisis responder may notify a peace officer  
30 to take such person or cause such person to be taken into custody  
31 and placed in an evaluation and treatment facility, secure  
32 withdrawal management and stabilization facility, or approved  
33 substance use disorder treatment program. At the time such person is  
34 taken into custody there shall commence to be served on such person,

1 his or her guardian, and conservator, if any, a copy of the original  
2 order together with a notice of rights and a petition for initial  
3 detention.

4 (5) Tribal court orders for involuntary commitment shall be  
5 recognized and enforced in accordance with superior court civil rule  
6 82.5.

7 (6) In any investigation and evaluation of an individual under  
8 this section or RCW 71.05.153 in which the designated crisis  
9 responder knows, or has reason to know, that the individual is an  
10 American Indian or Alaska Native who receives medical or behavioral  
11 health services from a tribe within this state, the designated  
12 crisis responder shall notify the tribe and Indian health care  
13 provider regarding whether or not a petition for initial detention  
14 or involuntary outpatient treatment will be filed. Notification  
15 shall be made in person or by telephonic or electronic communication  
16 to the tribal contact listed in the authority's tribal crisis  
17 coordination plan as soon as possible but no later than three hours  
18 subject to the requirements in RCW 70.02.230(2)(ee) and (3). A  
19 designated crisis responder may restrict the release of information  
20 as necessary to comply with 42 C.F.R. Part 2.

21  
22 **Sec. 8.** RCW 71.05.153 and 2021 c 264 s 3 and 2021 c 125 s 1 are  
23 each reenacted and amended to read as follows:

24 (1) When a designated crisis responder receives information  
25 alleging that a person, as the result of a behavioral health  
26 disorder, presents an imminent likelihood of serious harm, or is in  
27 imminent danger because of being gravely disabled, after  
28 investigation and evaluation of the specific facts alleged and of  
29 the reliability and credibility of the person or persons providing  
30 the information if any, the designated crisis responder may take  
31 such person, or cause by oral or written order such person to be  
32 taken into emergency custody in an emergency department, evaluation  
33 and treatment facility, secure withdrawal management and  
34 stabilization facility if available with adequate space for the

1 person, or approved substance use disorder treatment program if  
2 available with adequate space for the person, for not more than one  
3 hundred twenty hours as described in RCW 71.05.180.

4 (2)(a) Subject to (b) of this subsection, a peace officer may  
5 take or cause such person to be taken into custody and immediately  
6 delivered to a (~~(triage facility,)~~) crisis stabilization unit, 23-  
7 hour crisis relief center while participating in the pilot project  
8 in section 2 of this act, evaluation and treatment facility, secure  
9 withdrawal management and stabilization facility, approved substance  
10 use disorder treatment program, or the emergency department of a  
11 local hospital under (~~(the following circumstances:~~

12 ~~(i) Pursuant to~~) subsection (1) of this section(~~(+)~~) or  
13 (~~((ii) When~~) when he or she has reasonable cause to believe  
14 that such person is suffering from a behavioral health disorder and  
15 presents an imminent likelihood of serious harm or is in imminent  
16 danger because of being gravely disabled.

17 (b) A peace officer's delivery of a person, to a secure  
18 withdrawal management and stabilization facility or approved  
19 substance use disorder treatment program is subject to the  
20 availability of a secure withdrawal management and stabilization  
21 facility or approved substance use disorder treatment program with  
22 adequate space for the person.

23 (3) Persons delivered to a crisis stabilization unit, 23-hour  
24 crisis relief center while participating in the pilot project in  
25 section 2 of this act, evaluation and treatment facility, emergency  
26 department of a local hospital, (~~(triage facility that has elected~~  
27 ~~to operate as an involuntary facility,)~~) secure withdrawal  
28 management and stabilization facility, or approved substance use  
29 disorder treatment program by peace officers pursuant to subsection  
30 (2) of this section may be held by the facility for a period of up  
31 to twelve hours, not counting time periods prior to medical clearance.

32 (4) Within three hours after arrival at an emergency department,  
33 not counting time periods prior to medical clearance, the person  
34 must be examined by a mental health professional or substance use

1 disorder professional. Within twelve hours of notice of the need for  
2 evaluation, not counting time periods prior to medical clearance,  
3 the designated crisis responder must determine whether the  
4 individual meets detention criteria. In conjunction with this  
5 evaluation, the facility where the patient is located must inquire  
6 as to a person's veteran status or eligibility for veterans benefits  
7 and, if the person appears to be potentially eligible for these  
8 benefits, inquire whether the person would be amenable to treatment  
9 by the veterans health administration compared to other relevant  
10 treatment options. This information must be shared with the  
11 designated crisis responder. If the person has been identified as  
12 being potentially eligible for veterans health administration  
13 services and as being amenable for those services, and if  
14 appropriate in light of all reasonably available information about  
15 the person's circumstances, the designated crisis responder must  
16 first refer the person to the veterans health administration for  
17 mental health or substance use disorder treatment at a facility  
18 capable of meeting the needs of the person including, but not  
19 limited to, the involuntary treatment options available at the  
20 Seattle division of the VA Puget Sound health care system. If the  
21 person is accepted for treatment by the veterans health  
22 administration, and is willing to accept treatment by the veterans  
23 health administration as an alternative to other available treatment  
24 options, the designated crisis responder, the veterans health  
25 administration, and the facility where the patient is located will  
26 work to make arrangements to have the person transported to a  
27 veterans health administration facility. As part of the assessment,  
28 the designated crisis responder must attempt to ascertain if the  
29 person has executed a mental health advance directive under chapter  
30 71.32 RCW. The interview performed by the designated crisis  
31 responder may be conducted by video provided that a licensed health  
32 care professional or professional person who can adequately and  
33 accurately assist with obtaining any necessary information is  
34 present with the person at the time of the interview. If the

1 individual is detained, the designated crisis responder shall file a  
2 petition for detention or a supplemental petition as appropriate and  
3 commence service on the designated attorney for the detained person.  
4 If the individual is released to the community, the behavioral  
5 health service provider shall inform the peace officer of the  
6 release within a reasonable period of time after the release if the  
7 peace officer has specifically requested notification and provided  
8 contact information to the provider.

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

15  
16 **Sec. 9.** RCW 71.05.153 and 2021 c 264 s 4 and 2021 c 125 s 2 are  
17 each reenacted and amended to read as follows:

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

31 (2) A peace officer may take or cause such person to be taken  
32 into custody and immediately delivered to a (~~triage facility,~~)  
33 crisis stabilization unit, 23-hour crisis relief center while  
34 participating in the pilot project in section 2 of this act,

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

5 ~~(a) Pursuant to~~) subsection (1) of this section(~~(+)~~) or  
6 (~~(b) When~~) when he or she has reasonable cause to believe that  
7 such person is suffering from a behavioral health disorder and  
8 presents an imminent likelihood of serious harm or is in imminent  
9 danger because of being gravely disabled.

10 (3) Persons delivered to a crisis stabilization unit, 23-hour  
11 crisis relief center while participating in the pilot project in  
12 section 2 of this act, evaluation and treatment facility, emergency  
13 department of a local hospital, (~~triage facility that has elected~~  
14 ~~to operate as an involuntary facility,~~) secure withdrawal  
15 management and stabilization facility, or approved substance use  
16 disorder treatment program by peace officers pursuant to subsection  
17 (2) of this section may be held by the facility for a period of up  
18 to twelve hours, not counting time periods prior to medical clearance.

19 (4) Within three hours after arrival at an emergency department,  
20 not counting time periods prior to medical clearance, the person  
21 must be examined by a mental health professional or substance use  
22 disorder professional. Within twelve hours of notice of the need for  
23 evaluation, not counting time periods prior to medical clearance,  
24 the designated crisis responder must determine whether the  
25 individual meets detention criteria. In conjunction with this  
26 evaluation, the facility where the patient is located must inquire  
27 as to a person's veteran status or eligibility for veterans benefits  
28 and, if the person appears to be potentially eligible for these  
29 benefits, inquire whether the person would be amenable to treatment  
30 by the veterans health administration compared to other relevant  
31 treatment options. This information must be shared with the  
32 designated crisis responder. If the person has been identified as  
33 being potentially eligible for veterans health administration  
34 services and as being amenable for those services, and if

1 appropriate in light of all reasonably available information about  
2 the person's circumstances, the designated crisis responder must  
3 first refer the person to the veterans health administration for  
4 mental health or substance use disorder treatment at a facility  
5 capable of meeting the needs of the person including, but not  
6 limited to, the involuntary treatment options available at the  
7 Seattle division of the VA Puget Sound health care system. If the  
8 person is accepted for treatment by the veterans health  
9 administration, and is willing to accept treatment by the veterans  
10 health administration as an alternative to other available treatment  
11 options, the designated crisis responder, the veterans health  
12 administration, and the facility where the patient is located will  
13 work to make arrangements to have the person transported to a  
14 veterans health administration facility. As part of the assessment,  
15 the designated crisis responder must attempt to ascertain if the  
16 person has executed a mental health advance directive under chapter  
17 71.32 RCW. The interview performed by the designated crisis  
18 responder may be conducted by video provided that a licensed health  
19 care professional or professional person who can adequately and  
20 accurately assist with obtaining any necessary information is  
21 present with the person at the time of the interview. If the  
22 individual is detained, the designated crisis responder shall file a  
23 petition for detention or a supplemental petition as appropriate and  
24 commence service on the designated attorney for the detained person.  
25 If the individual is released to the community, the behavioral  
26 health service provider shall inform the peace officer of the  
27 release within a reasonable period of time after the release if the  
28 peace officer has specifically requested notification and provided  
29 contact information to the provider.

30 (5) Dismissal of a commitment petition is not the appropriate  
31 remedy for a violation of the timeliness requirements of this  
32 section based on the intent of this chapter under RCW 71.05.010  
33 except in the few cases where the facility staff or designated  
34

1 crisis responder has totally disregarded the requirements of this  
2 section.

3

4 **Sec. 10.** RCW 71.05.590 and 2022 c 210 s 23 are each amended to  
5 read as follows:

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

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

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

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

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

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

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

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

33 (c) To request a court hearing for review and modification of  
34 the court order. The request must be directed to the court with



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

10 (d) To detain the person for up to 12 hours for evaluation at an  
11 agency, facility providing services under the court order, (~~(triage-~~  
12 ~~facility,)~~) crisis stabilization unit, 23-hour crisis relief center  
13 while participating in the pilot project in section 2 of this act,  
14 emergency department, evaluation and treatment facility, secure  
15 withdrawal management and stabilization facility with available  
16 space, or an approved substance use disorder treatment program with  
17 available space. The purpose of the evaluation is to determine  
18 whether modification, revocation, or commitment proceedings are  
19 necessary and appropriate to stabilize the person and prevent  
20 decompensation, deterioration, or physical harm. Temporary detention  
21 for evaluation under this subsection is intended to occur only  
22 following a pattern of noncompliance or the failure of reasonable  
23 attempts at outreach and engagement, and may occur only when, based  
24 on clinical judgment, temporary detention is appropriate. The  
25 agency, facility, or designated crisis responder may request  
26 assistance from a peace officer for the purposes of temporary  
27 detention under this subsection (2)(d). This subsection does not  
28 limit the ability or obligation of the agency, facility, or  
29 designated crisis responder to pursue revocation procedures under  
30 subsection (5) of this section in appropriate circumstances; and  
31 (e) To initiate revocation procedures under subsection (5) of  
32 this section.

33  
34

1 (3) A court may supervise a person on an order for less  
2 restrictive alternative treatment or a conditional release. While  
3 the person is under the order, the court may:

4 (a) Require appearance in court for periodic reviews; and

5 (b) Modify the order after considering input from the agency or  
6 facility designated to provide or facilitate services. The court may  
7 not remand the person into inpatient treatment except as provided  
8 under subsection (5) of this section, but may take actions under  
9 subsection (2)(a) through (d) of this section.

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

16 (5)(a) A designated crisis responder or the secretary of the  
17 department of social and health services may, upon their own motion  
18 or upon request of the facility or agency designated to provide  
19 outpatient care, cause a person to be detained in an evaluation and  
20 treatment facility, available secure withdrawal management and  
21 stabilization facility with adequate space, or available approved  
22 substance use disorder treatment program with adequate space in or  
23 near the county in which he or she is receiving outpatient treatment  
24 for the purpose of a hearing for revocation of a less restrictive  
25 alternative treatment order or conditional release order under this  
26 chapter. The designated crisis responder or secretary of the  
27 department of social and health services shall file a petition for  
28 revocation within 24 hours and serve the person, their guardian, if  
29 any, and their attorney. A hearing for revocation of a less  
30 restrictive alternative treatment order or conditional release order  
31 may be scheduled without detention of the person.

32 (b) A person detained under this subsection (5) must be held  
33 until such time, not exceeding five days, as a hearing can be  
34 scheduled to determine whether or not the order for less restrictive

1 alternative treatment or conditional release should be revoked,  
2 modified, or retained. If the person is not detained, the hearing  
3 must be scheduled within five days of service on the person. The  
4 designated crisis responder or the secretary of the department of  
5 social and health services may withdraw its petition for revocation  
6 at any time before the court hearing.

7 (c) A person detained under this subsection (5) has the same  
8 rights with respect to notice, hearing, and counsel as in any  
9 involuntary treatment proceeding, except as specifically set forth  
10 in this section. There is no right to jury trial. The venue for  
11 proceedings is the county where the petition is filed. Notice of the  
12 filing must be provided to the court that originally ordered  
13 commitment, if different from the court where the petition for  
14 revocation is filed, within two judicial days of the person's  
15 detention.

16 (d) The issues for the court to determine are whether: (i) The  
17 person adhered to the terms and conditions of the order; (ii)  
18 substantial deterioration in the person's functioning has occurred;  
19 (iii) there is evidence of substantial decompensation with a  
20 reasonable probability that the decompensation can be reversed by  
21 further inpatient treatment; or (iv) there is a likelihood of  
22 serious harm; and, if any of the above conditions apply, whether it  
23 is appropriate for the court to reinstate or modify the person's  
24 less restrictive alternative treatment order or conditional release  
25 order or order the person's detention for inpatient treatment. The  
26 person may waive the court hearing and allow the court to enter a  
27 stipulated order upon the agreement of all parties. If the court  
28 orders detention for inpatient treatment, the treatment period must  
29 be for 14 days from the revocation hearing if the less restrictive  
30 alternative treatment order or conditional release order was based  
31 on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the  
32 court orders detention for inpatient treatment and the less  
33 restrictive alternative treatment order or conditional release order  
34 was based on a petition under RCW 71.05.290 or 71.05.320, the number

1 of days remaining on the order must be converted to days of  
2 inpatient treatment. A court may not detain a person for inpatient  
3 treatment to a secure withdrawal management and stabilization  
4 facility or approved substance use disorder treatment program under  
5 this subsection unless there is a facility or program available with  
6 adequate space for the person.

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

13

14 **Sec. 11.** RCW 71.05.590 and 2022 c 210 s 24 are each amended to  
15 read as follows:

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

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

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

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

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

30 (2) Actions taken under this section must include a flexible  
31 range of responses of varying levels of intensity appropriate to the  
32 circumstances and consistent with the interests of the individual  
33 and the public in personal autonomy, safety, recovery, and  
34

1 compliance. Available actions may include, but are not limited to,  
2 any of the following:

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

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

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

21 (d) To detain the person for up to 12 hours for evaluation at an  
22 agency, facility providing services under the court order, (~~(triage-~~  
23 ~~facility,~~) crisis stabilization unit, 23-hour crisis relief center  
24 while participating in the pilot project in section 2 of this act,  
25 emergency department, evaluation and treatment facility, secure  
26 withdrawal management and stabilization facility, or an approved  
27 substance use disorder treatment program. The purpose of the  
28 evaluation is to determine whether modification, revocation, or  
29 commitment proceedings are necessary and appropriate to stabilize  
30 the person and prevent decompensation, deterioration, or physical  
31 harm. Temporary detention for evaluation under this subsection is  
32 intended to occur only following a pattern of noncompliance or the  
33 failure of reasonable attempts at outreach and engagement, and may  
34 occur only when, based on clinical judgment, temporary detention is

1 appropriate. The agency, facility, or designated crisis responder  
2 may request assistance from a peace officer for the purposes of  
3 temporary detention under this subsection (2)(d). This subsection  
4 does not limit the ability or obligation of the agency, facility, or  
5 designated crisis responder to pursue revocation procedures under  
6 subsection (5) of this section in appropriate circumstances; and

7 (e) To initiate revocation procedures under subsection (5) of  
8 this section.

9 (3) A court may supervise a person on an order for less  
10 restrictive alternative treatment or a conditional release. While  
11 the person is under the order, the court may:

12 (a) Require appearance in court for periodic reviews; and

13 (b) Modify the order after considering input from the agency or  
14 facility designated to provide or facilitate services. The court may  
15 not remand the person into inpatient treatment except as provided  
16 under subsection (5) of this section, but may take actions under  
17 subsection (2)(a) through (d) of this section.

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

24 (5)(a) A designated crisis responder or the secretary of the  
25 department of social and health services may, upon their own motion  
26 or upon request of the facility or agency designated to provide  
27 outpatient care, cause a person to be detained in an evaluation and  
28 treatment facility, secure withdrawal management and stabilization  
29 facility, or approved substance use disorder treatment program in or  
30 near the county in which he or she is receiving outpatient treatment  
31 for the purpose of a hearing for revocation of a less restrictive  
32 alternative treatment order or conditional release order under this  
33 chapter. The designated crisis responder or secretary of the  
34 department of social and health services shall file a petition for

1 revocation within 24 hours and serve the person, their guardian, if  
2 any, and their attorney. A hearing for revocation of a less  
3 restrictive alternative treatment order or conditional release order  
4 may be scheduled without detention of the person.

5 (b) A person detained under this subsection (5) must be held  
6 until such time, not exceeding five days, as a hearing can be  
7 scheduled to determine whether or not the order for less restrictive  
8 alternative treatment or conditional release should be revoked,  
9 modified, or retained. If the person is not detained, the hearing  
10 must be scheduled within five days of service on the person. The  
11 designated crisis responder or the secretary of the department of  
12 social and health services may withdraw its petition for revocation  
13 at any time before the court hearing.

14 (c) A person detained under this subsection (5) has the same  
15 rights with respect to notice, hearing, and counsel as in any  
16 involuntary treatment proceeding, except as specifically set forth  
17 in this section. There is no right to jury trial. The venue for  
18 proceedings is the county where the petition is filed. Notice of the  
19 filing must be provided to the court that originally ordered  
20 commitment, if different from the court where the petition for  
21 revocation is filed, within two judicial days of the person's  
22 detention.

23 (d) The issues for the court to determine are whether: (i) The  
24 person adhered to the terms and conditions of the order; (ii)  
25 substantial deterioration in the person's functioning has occurred;  
26 (iii) there is evidence of substantial decompensation with a  
27 reasonable probability that the decompensation can be reversed by  
28 further inpatient treatment; or (iv) there is a likelihood of  
29 serious harm; and, if any of the above conditions apply, whether it  
30 is appropriate for the court to reinstate or modify the person's  
31 less restrictive alternative treatment order or conditional release  
32 order or order the person's detention for inpatient treatment. The  
33 person may waive the court hearing and allow the court to enter a  
34 stipulated order upon the agreement of all parties. If the court

1 orders detention for inpatient treatment, the treatment period must  
2 be for 14 days from the revocation hearing if the less restrictive  
3 alternative treatment order or conditional release order was based  
4 on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the  
5 court orders detention for inpatient treatment and the less  
6 restrictive alternative treatment order or conditional release order  
7 was based on a petition under RCW 71.05.290 or 71.05.320, the number  
8 of days remaining on the order must be converted to days of  
9 inpatient treatment.

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

16

17 **Sec. 12.** RCW 71.34.020 and 2021 c 264 s 26 are each amended to  
18 read as follows:

19 Unless the context clearly requires otherwise, the definitions  
20 in this section apply throughout this chapter.

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

25 (2) "Adolescent" means a minor thirteen years of age or older.

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

32 (4) "Antipsychotic medications" means that class of drugs  
33 primarily used to treat serious manifestations of mental illness

34



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

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

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

10 (7) "Authority" means the Washington state health care authority.

11 (8) "Behavioral health administrative services organization" has  
12 the same meaning as provided in RCW 71.24.025.

13 (9) "Behavioral health disorder" means either a mental disorder  
14 as defined in this section, a substance use disorder as defined in  
15 this section, or a co-occurring mental disorder and substance use  
16 disorder.

17 (10) "Child psychiatrist" means a person having a license as a  
18 physician and surgeon in this state, who has had graduate training  
19 in child psychiatry in a program approved by the American Medical  
20 Association or the American Osteopathic Association, and who is  
21 board eligible or board certified in child psychiatry.

22 (11) "Children's mental health specialist" means:

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

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

30 (12) "Commitment" means a determination by a judge or court  
31 commissioner, made after a commitment hearing, that the minor is in  
32 need of inpatient diagnosis, evaluation, or treatment or that the  
33 minor is in need of less restrictive alternative treatment.

34

1 (13) "Conditional release" means a revocable modification of a  
2 commitment, which may be revoked upon violation of any of its terms.

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

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

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

19 (17) "Department" means the department of social and health  
20 services.

21 (18) "Designated crisis responder" has the same meaning as  
22 provided in RCW 71.05.020.

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

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

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

1 (22) "Director" means the director of the authority.

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

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

16 (25) "Evaluation and treatment program" means the total system  
17 of services and facilities coordinated and approved by a county or  
18 combination of counties for the evaluation and treatment of minors  
19 under this chapter.

20 (26) "Gravely disabled minor" means a minor who, as a result of  
21 a behavioral health disorder, (a) is in danger of serious physical  
22 harm resulting from a failure to provide for his or her essential  
23 human needs of health or safety, or (b) manifests severe  
24 deterioration in routine functioning evidenced by repeated and  
25 escalating loss of cognitive or volitional control over his or her  
26 actions and is not receiving such care as is essential for his or  
27 her health or safety.

28 (27) "Habilitative services" means those services provided by  
29 program personnel to assist minors in acquiring and maintaining life  
30 skills and in raising their levels of physical, behavioral, social,  
31 and vocational functioning. Habilitative services include education,  
32 training for employment, and therapy.

33 (28) "Hearing" means any proceeding conducted in open court that  
34 conforms to the requirements of RCW 71.34.910.

1 (29) "History of one or more violent acts" refers to the period  
2 of time five years prior to the filing of a petition under this  
3 chapter, excluding any time spent, but not any violent acts  
4 committed, in a mental health facility, a long-term substance use  
5 disorder treatment facility, or in confinement as a result of a  
6 criminal conviction.

7 (30) "Individualized service plan" means a plan prepared by a  
8 developmental disabilities professional with other professionals as  
9 a team, for a person with developmental disabilities, which states:

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

12 (b) The conditions and strategies necessary to achieve the  
13 purposes of habilitation;

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

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

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

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

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

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

33 (b) For purposes of family-initiated treatment under RCW  
34 71.34.600 through 71.34.670, "inpatient treatment" has the meaning

1 included in (a) of this subsection and any other residential  
2 treatment facility licensed under chapter 71.12 RCW.

3 (32) "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 (33) "Judicial commitment" means a commitment by a court  
7 pursuant to the provisions of this chapter.

8 (34) "Kinship caregiver" has the same meaning as in RCW  
9 74.13.031(19)(a).

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

14 (36) "Less restrictive alternative" or "less restrictive  
15 setting" means outpatient treatment provided to a minor as a program  
16 of individualized treatment in a less restrictive setting than  
17 inpatient treatment that includes the services described in RCW  
18 71.34.755, including residential treatment.

19 (37) "Licensed physician" means a person licensed to practice  
20 medicine or osteopathic medicine and surgery in the state of  
21 Washington.

22 (38) "Likelihood of serious harm" means:

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

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

34

1 (39) "Managed care organization" has the same meaning as  
2 provided in RCW 71.24.025.

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

6 (41) "Medical necessity" for inpatient care means a requested  
7 service which is reasonably calculated to: (a) Diagnose, correct,  
8 cure, or alleviate a mental disorder or substance use disorder; or  
9 (b) prevent the progression of a mental disorder or substance use  
10 disorder that endangers life or causes suffering and pain, or  
11 results in illness or infirmity or threatens to cause or aggravate a  
12 disability, or causes physical deformity or malfunction, and there  
13 is no adequate less restrictive alternative available.

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

20 (43) "Mental health professional" means a psychiatrist,  
21 psychiatric advanced registered nurse practitioner, physician  
22 assistant working with a supervising psychiatrist, psychologist,  
23 psychiatric nurse, social worker, and such other mental health  
24 professionals as defined by rules adopted by the secretary of the  
25 department of health under this chapter.

26 (44) "Minor" means any person under the age of eighteen years.

27 (45) "Outpatient treatment" means any of the nonresidential  
28 services mandated under chapter 71.24 RCW and provided by licensed  
29 or certified behavioral health agencies as identified by RCW  
30 71.24.025.

31 (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.  
32 010, including either parent if custody is shared under a joint  
33 custody agreement, or a person or agency judicially appointed as  
34 legal guardian or custodian of the child.

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

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

19 (48) "Physician assistant" means a person licensed as a  
20 physician assistant under chapter 18.71A RCW.

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

30 (50) "Professional person in charge" or "professional person"  
31 means a physician, other mental health professional, or other person  
32 empowered by an evaluation and treatment facility, secure withdrawal  
33 management and stabilization facility, or approved substance use  
34

1 disorder treatment program with authority to make admission and  
2 discharge decisions on behalf of that facility.

3 (51) "Psychiatric nurse" means a registered nurse who has  
4 experience in the direct treatment of persons who have a mental  
5 illness or who are emotionally disturbed, such experience gained  
6 under the supervision of a mental health professional.

7 (52) "Psychiatrist" means a person having a license as a  
8 physician in this state who has completed residency training in  
9 psychiatry in a program approved by the American Medical Association  
10 or the American Osteopathic Association, and is board eligible or  
11 board certified in psychiatry.

12 (53) "Psychologist" means a person licensed as a psychologist  
13 under chapter 18.83 RCW.

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

22 (55) "Release" means legal termination of the commitment under  
23 the provisions of this chapter.

24 (56) "Resource management services" has the meaning given in  
25 chapter 71.24 RCW.

26 (57) "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 (58) "Secretary" means the secretary of the department or  
30 secretary's designee.

31 (59) "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  
34 individuals and individuals involuntarily detained and committed



1 under this chapter for whom there is a likelihood of serious harm or  
2 who are gravely disabled due to the presence of a substance use  
3 disorder. Secure withdrawal management and stabilization facilities  
4 must:

5 (a) Provide the following services:

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

8 (ii) Clinical stabilization services;

9 (iii) Acute or subacute detoxification services for intoxicated  
10 individuals; and

11 (iv) Discharge assistance provided by certified substance use  
12 disorder professionals or co-occurring disorder specialists,  
13 including facilitating transitions to appropriate voluntary or  
14 involuntary inpatient services or to less restrictive alternatives  
15 as appropriate for the individual;

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

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

19 (60) "Social worker" means a person with a master's or further  
20 advanced degree from a social work educational program accredited  
21 and approved as provided in RCW 18.320.010.

22 (61) "Start of initial detention" means the time of arrival of  
23 the minor at the first evaluation and treatment facility, secure  
24 withdrawal management and stabilization facility, or approved  
25 substance use disorder treatment program offering inpatient  
26 treatment if the minor is being involuntarily detained at the time.  
27 With regard to voluntary patients, "start of initial detention"  
28 means the time at which the minor gives notice of intent to leave  
29 under the provisions of this chapter.

30 (62) "Store and forward technology" means use of an asynchronous  
31 transmission of a person's medical information from a mental health  
32 service provider to the designated crisis responder which results in  
33 medical diagnosis, consultation, or treatment.

34

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

7 (64) "Substance use disorder professional" means a person  
8 certified as a substance use disorder professional by the department  
9 of health under chapter 18.205 RCW.

10 (65) "Therapeutic court personnel" means the staff of a mental  
11 health court or other therapeutic court which has jurisdiction over  
12 defendants who are dually diagnosed with mental disorders, including  
13 court personnel, probation officers, a court monitor, prosecuting  
14 attorney, or defense counsel acting within the scope of therapeutic  
15 court duties.

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

29 ~~(67) ("Triage facility" means a short-term facility or a~~  
30 ~~portion of a facility licensed or certified by the department of~~  
31 ~~health under RCW 71.24.035, which is designed as a facility to~~  
32 ~~assess and stabilize an individual or determine the need for~~  
33 ~~involuntary commitment of an individual, and must meet department of~~  
34

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

3 ~~(68))~~ "Video" means the delivery of behavioral health services  
4 through the use of interactive audio and video technology,  
5 permitting real-time communication between a person and a designated  
6 crisis responder, for the purpose of evaluation. "Video" does not  
7 include the use of audio-only telephone, facsimile, email, or store  
8 and forward technology.

9 ~~((69))~~ (68) "Violent act" means behavior that resulted in  
10 homicide, attempted suicide, injury, or substantial loss or damage  
11 to property.

12  
13 **Sec. 13.** RCW 71.34.020 and 2021 c 264 s 28 are each amended to  
14 read as follows:

15 Unless the context clearly requires otherwise, the definitions  
16 in this section apply throughout this chapter.

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

21 (2) "Adolescent" means a minor thirteen years of age or older.

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

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

32 (5) "Approved substance use disorder treatment program" means a  
33 program for minors with substance use disorders provided by a  
34

1 treatment program licensed or certified by the department of health  
2 as meeting standards adopted under chapter 71.24 RCW.

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

6 (7) "Authority" means the Washington state health care authority.

7 (8) "Behavioral health administrative services organization" has  
8 the same meaning as provided in RCW 71.24.025.

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

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

18 (11) "Children's mental health specialist" means:

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

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

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

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

32 (14) "Co-occurring disorder specialist" means an individual  
33 possessing an enhancement granted by the department of health under  
34 chapter 18.205 RCW that certifies the individual to provide

1 substance use disorder counseling subject to the practice  
2 limitations under RCW 18.205.105.

3 (15) "Crisis stabilization unit" means a short-term facility or  
4 a portion of a facility licensed or certified by the department of  
5 health under RCW 71.24.035, such as a residential treatment facility  
6 or a hospital, which has been designed to assess, diagnose, and  
7 treat individuals experiencing an acute crisis without the use of  
8 long-term hospitalization, or to determine the need for involuntary  
9 commitment of an individual.

10 (16) "Custody" means involuntary detention under the provisions  
11 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
12 unconditional release from commitment from a facility providing  
13 involuntary care and treatment.

14 (17) "Department" means the department of social and health  
15 services.

16 (18) "Designated crisis responder" has the same meaning as  
17 provided in RCW 71.05.020.

18 (19) "Detention" or "detain" means the lawful confinement of a  
19 person, under the provisions of this chapter.

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

28 (21) "Developmental disability" has the same meaning as defined  
29 in RCW 71A.10.020.

30 (22) "Director" means the director of the authority.

31 (23) "Discharge" means the termination of hospital medical  
32 authority. The commitment may remain in place, be terminated, or be  
33 amended by court order.

34

1 (24) "Evaluation and treatment facility" means a public or  
2 private facility or unit that is licensed or certified by the  
3 department of health to provide emergency, inpatient, residential,  
4 or outpatient mental health evaluation and treatment services for  
5 minors. A physically separate and separately operated portion of a  
6 state hospital may be designated as an evaluation and treatment  
7 facility for minors. A facility which is part of or operated by the  
8 state or federal agency does not require licensure or certification.  
9 No correctional institution or facility, juvenile court detention  
10 facility, or jail may be an evaluation and treatment facility within  
11 the meaning of this chapter.

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

16 (26) "Gravely disabled minor" means a minor who, as a result of  
17 a behavioral health disorder, (a) is in danger of serious physical  
18 harm resulting from a failure to provide for his or her essential  
19 human needs of health or safety, or (b) manifests severe  
20 deterioration from safe behavior evidenced by repeated and  
21 escalating loss of cognitive or volitional control over his or her  
22 actions and is not receiving such care as is essential for his or  
23 her health or safety.

24 (27) "Habilitative services" means those services provided by  
25 program personnel to assist minors in acquiring and maintaining life  
26 skills and in raising their levels of physical, behavioral, social,  
27 and vocational functioning. Habilitative services include education,  
28 training for employment, and therapy.

29 (28) "Hearing" means any proceeding conducted in open court that  
30 conforms to the requirements of RCW 71.34.910.

31 (29) "History of one or more violent acts" refers to the period  
32 of time five years prior to the filing of a petition under this  
33 chapter, excluding any time spent, but not any violent acts  
34 committed, in a mental health facility, a long-term substance use

1 disorder treatment facility, or in confinement as a result of a  
2 criminal conviction.

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

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

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

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

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

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

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

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

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

29 (b) For purposes of family-initiated treatment under RCW  
30 71.34.600 through 71.34.670, "inpatient treatment" has the meaning  
31 included in (a) of this subsection and any other residential  
32 treatment facility licensed under chapter 71.12 RCW.

33

34

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

4 (33) "Judicial commitment" means a commitment by a court  
5 pursuant to the provisions of this chapter.

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

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

12 (36) "Less restrictive alternative" or "less restrictive  
13 setting" means outpatient treatment provided to a minor as a program  
14 of individualized treatment in a less restrictive setting than  
15 inpatient treatment that includes the services described in RCW  
16 71.34.755, including residential treatment.

17 (37) "Licensed physician" means a person licensed to practice  
18 medicine or osteopathic medicine and surgery in the state of  
19 Washington.

20 (38) "Likelihood of serious harm" means:

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

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

32 (39) "Managed care organization" has the same meaning as  
33 provided in RCW 71.24.025.

34



1 (40) "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 (41) "Medical necessity" for inpatient care means a requested  
5 service which is reasonably calculated to: (a) Diagnose, correct,  
6 cure, or alleviate a mental disorder or substance use disorder; or  
7 (b) prevent the progression of a mental disorder or substance use  
8 disorder that endangers life or causes suffering and pain, or  
9 results in illness or infirmity or threatens to cause or aggravate a  
10 disability, or causes physical deformity or malfunction, and there  
11 is no adequate less restrictive alternative available.

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

18 (43) "Mental health professional" means a psychiatrist,  
19 psychiatric advanced registered nurse practitioner, physician  
20 assistant working with a supervising psychiatrist, psychologist,  
21 psychiatric nurse, social worker, and such other mental health  
22 professionals as defined by rules adopted by the secretary of the  
23 department of health under this chapter.

24 (44) "Minor" means any person under the age of eighteen years.

25 (45) "Outpatient treatment" means any of the nonresidential  
26 services mandated under chapter 71.24 RCW and provided by licensed  
27 or certified behavioral health agencies as identified by RCW  
28 71.24.025.

29 (46)(a) "Parent" has the same meaning as defined in RCW 26.26A.  
30 010, including either parent if custody is shared under a joint  
31 custody agreement, or a person or agency judicially appointed as  
32 legal guardian or custodian of the child.

33 (b) For purposes of family-initiated treatment under RCW  
34 71.34.600 through 71.34.670, "parent" also includes a person to whom

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

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

17 (48) "Physician assistant" means a person licensed as a  
18 physician assistant under chapter 18.71A RCW.

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

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

34

1 (51) "Psychiatric nurse" means a registered nurse who has  
2 experience in the direct treatment of persons who have a mental  
3 illness or who are emotionally disturbed, such experience gained  
4 under the supervision of a mental health professional.

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

10 (53) "Psychologist" means a person licensed as a psychologist  
11 under chapter 18.83 RCW.

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

20 (55) "Release" means legal termination of the commitment under  
21 the provisions of this chapter.

22 (56) "Resource management services" has the meaning given in  
23 chapter 71.24 RCW.

24 (57) "Responsible other" means the minor, the minor's parent or  
25 estate, or any other person legally responsible for support of the  
26 minor.

27 (58) "Secretary" means the secretary of the department or  
28 secretary's designee.

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

1 disorder. Secure withdrawal management and stabilization facilities  
2 must:

3 (a) Provide the following services:

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

6 (ii) Clinical stabilization services;

7 (iii) Acute or subacute detoxification services for intoxicated  
8 individuals; and

9 (iv) Discharge assistance provided by certified substance use  
10 disorder professionals or co-occurring disorder specialists,  
11 including facilitating transitions to appropriate voluntary or  
12 involuntary inpatient services or to less restrictive alternatives  
13 as appropriate for the individual;

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

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

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

22 (61) "Social worker" means a person with a master's or further  
23 advanced degree from a social work educational program accredited  
24 and approved as provided in RCW 18.320.010.

25 (62) "Start of initial detention" means the time of arrival of  
26 the minor at the first evaluation and treatment facility, secure  
27 withdrawal management and stabilization facility, or approved  
28 substance use disorder treatment program offering inpatient  
29 treatment if the minor is being involuntarily detained at the time.  
30 With regard to voluntary patients, "start of initial detention"  
31 means the time at which the minor gives notice of intent to leave  
32 under the provisions of this chapter.

33 (63) "Store and forward technology" means use of an asynchronous  
34 transmission of a person's medical information from a mental health

1 service provider to the designated crisis responder which results in  
2 medical diagnosis, consultation, or treatment.

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

9 (65) "Substance use disorder professional" means a person  
10 certified as a substance use disorder professional by the department  
11 of health under chapter 18.205 RCW.

12 (66) "Therapeutic court personnel" means the staff of a mental  
13 health court or other therapeutic court which has jurisdiction over  
14 defendants who are dually diagnosed with mental disorders, including  
15 court personnel, probation officers, a court monitor, prosecuting  
16 attorney, or defense counsel acting within the scope of therapeutic  
17 court duties.

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

31 (68) (~~"Triage facility" means a short term facility or a~~  
32 ~~portion of a facility licensed or certified by the department of~~  
33 ~~health under RCW 71.24.035, which is designed as a facility to~~  
34 ~~assess and stabilize an individual or determine the need for~~

1 ~~involuntary commitment of an individual, and must meet department of~~  
2 ~~health residential treatment facility standards. A triage facility~~  
3 ~~may be structured as a voluntary or involuntary placement facility.~~

4 ~~(+69+))~~ "Video" means the delivery of behavioral health services  
5 through the use of interactive audio and video technology,  
6 permitting real-time communication between a person and a designated  
7 crisis responder, for the purpose of evaluation. "Video" does not  
8 include the use of audio-only telephone, facsimile, email, or store  
9 and forward technology.

10 ~~((+70+))~~ (69) "Violent act" means behavior that resulted in  
11 homicide, attempted suicide, injury, or substantial loss or damage  
12 to property.

13

14 **Sec. 14.** RCW 71.34.351 and 2020 c 302 s 67 are each amended to  
15 read as follows:

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

30

31 **Sec. 15.** RCW 71.05.755 and 2019 c 325 s 3014 are each amended  
32 to read as follows:

33 (1) The authority shall promptly share reports it receives under  
34 RCW 71.05.750 with the responsible behavioral health administrative

1 services organization or managed care organization, if  
2 applicable. The behavioral health administrative services  
3 organization or managed care organization, if applicable, receiving  
4 this notification must attempt to engage the person in appropriate  
5 services for which the person is eligible and report back within  
6 seven days to the authority.

7 (2) The authority shall track and analyze reports submitted  
8 under RCW 71.05.750. The authority must initiate corrective action  
9 when appropriate to ensure that each behavioral health  
10 administrative services organization or managed care organization,  
11 if applicable, has implemented an adequate plan to provide  
12 evaluation and treatment services. Corrective actions may include  
13 remedies under the authority's contract with such entity. An  
14 adequate plan may include development of less restrictive  
15 alternatives to involuntary commitment such as (~~crisis triage,~~)  
16 crisis diversion, voluntary treatment, or prevention programs  
17 reasonably calculated to reduce demand for evaluation and treatment  
18 under this chapter.

19

20 **Sec. 16.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to  
21 read as follows:

22 (1) Establishing the state crisis call center hubs and enhancing  
23 the crisis response system will require collaborative work between  
24 the department and the authority within their respective roles. The  
25 department shall have primary responsibility for establishing and  
26 designating the crisis call center hubs. The authority shall have  
27 primary responsibility for developing and implementing the crisis  
28 response system and services to support the work of the crisis call  
29 center hubs. In any instance in which one agency is identified as  
30 the lead, the expectation is that agency will be communicating and  
31 collaborating with the other to ensure seamless, continuous, and  
32 effective service delivery within the statewide crisis response  
33 system.

34

1 (2) The department shall provide adequate funding for the  
2 state's crisis call centers to meet an expected increase in the use  
3 of the call centers based on the implementation of the 988 crisis  
4 hotline. The funding level shall be established at a level  
5 anticipated to achieve an in-state call response rate of at least 90  
6 percent by July 22, 2022. The funding level shall be determined by  
7 considering standards and cost per call predictions provided by the  
8 administrator of the national suicide prevention lifeline, call  
9 volume predictions, guidance on crisis call center performance  
10 metrics, and necessary technology upgrades.

11 (3) The department shall adopt rules by July 1, 2023, to  
12 establish standards for designation of crisis call centers as crisis  
13 call center hubs. The department shall collaborate with the  
14 authority and other agencies to assure coordination and availability  
15 of services, and shall consider national guidelines for behavioral  
16 health crisis care as determined by the federal substance abuse and  
17 mental health services administration, national behavioral health  
18 accrediting bodies, and national behavioral health provider  
19 associations to the extent they are appropriate, and recommendations  
20 from the crisis response improvement strategy committee created in  
21 RCW 71.24.892.

22 (4) The department shall designate crisis call center hubs by  
23 July 1, 2024. The crisis call center hubs shall provide crisis  
24 intervention services, triage, care coordination, referrals, and  
25 connections to individuals contacting the 988 crisis hotline from  
26 any jurisdiction within Washington 24 hours a day, seven days a  
27 week, using the system platform developed under subsection (5) of  
28 this section.

29 (a) To be designated as a crisis call center hub, the applicant  
30 must demonstrate to the department the ability to comply with the  
31 requirements of this section and to contract to provide crisis call  
32 center hub services. The department may revoke the designation of  
33 any crisis call center hub that fails to substantially comply with  
34 the contract.



1 (b) The contracts entered shall require designated crisis call  
2 center hubs to:

3 (i) Have an active agreement with the administrator of the  
4 national suicide prevention lifeline for participation within its  
5 network;

6 (ii) Meet the requirements for operational and clinical  
7 standards established by the department and based upon the national  
8 suicide prevention lifeline best practices guidelines and other  
9 recognized best practices;

10 (iii) Employ highly qualified, skilled, and trained clinical  
11 staff who have sufficient training and resources to provide empathy  
12 to callers in acute distress, de-escalate crises, assess behavioral  
13 health disorders and suicide risk, triage to system partners, and  
14 provide case management and documentation. Call center staff shall  
15 be trained to make every effort to resolve cases in the least  
16 restrictive environment and without law enforcement involvement  
17 whenever possible. Call center staff shall coordinate with certified  
18 peer counselors to provide follow-up and outreach to callers in  
19 distress as available. It is intended for transition planning to  
20 include a pathway for continued employment and skill advancement as  
21 needed for experienced crisis call center employees;

22 (iv) Collaborate with the authority, the national suicide  
23 prevention lifeline, and veterans crisis line networks to assure  
24 consistency of public messaging about the 988 crisis hotline; and

25 (v) Provide data and reports and participate in evaluations and  
26 related quality improvement activities, according to standards  
27 established by the department in collaboration with the authority.

28 (c) The department and the authority shall incorporate  
29 recommendations from the crisis response improvement strategy  
30 committee created under RCW 71.24.892 in its agreements with crisis  
31 call center hubs, as appropriate.

32 (5) The department and authority must coordinate to develop the  
33 technology and platforms necessary to manage and operate the  
34

1 behavioral health crisis response and suicide prevention system. The  
2 technologies developed must include:

3 (a) A new technologically advanced behavioral health and suicide  
4 prevention crisis call center system platform using technology  
5 demonstrated to be interoperable across crisis and emergency  
6 response systems used throughout the state, such as 911 systems,  
7 emergency medical services systems, and other nonbehavioral health  
8 crisis services, for use in crisis call center hubs designated by  
9 the department under subsection (4) of this section. This platform,  
10 which shall be fully funded by July 1, 2023, shall be developed by  
11 the department and must include the capacity to receive crisis  
12 assistance requests through phone calls, texts, chats, and other  
13 similar methods of communication that may be developed in the future  
14 that promote access to the behavioral health crisis system; and

15 (b) A behavioral health integrated client referral system  
16 capable of providing system coordination information to crisis call  
17 center hubs and the other entities involved in behavioral health  
18 care. This system shall be developed by the authority.

19 (6) In developing the new technologies under subsection (5) of  
20 this section, the department and the authority must coordinate to  
21 designate a primary technology system to provide each of the  
22 following:

23 (a) Access to real-time information relevant to the coordination  
24 of behavioral health crisis response and suicide prevention  
25 services, including:

26 (i) Real-time bed availability for all behavioral health bed  
27 types and recliner chairs, including but not limited to crisis  
28 stabilization services, (~~(triage facilities,~~) 23-hour crisis relief  
29 centers while participating in the pilot project in section 2 of  
30 this act, psychiatric inpatient, substance use disorder inpatient,  
31 withdrawal management, peer-run respite centers, and crisis respite  
32 services, inclusive of both voluntary and involuntary beds, for use  
33 by crisis response workers, first responders, health care providers,  
34 emergency departments, and individuals in crisis; and

1 (ii) Real-time information relevant to the coordination of  
2 behavioral health crisis response and suicide prevention services  
3 for a person, including the means to access:

4 (A) Information about any less restrictive alternative treatment  
5 orders or mental health advance directives related to the person; and

6 (B) Information necessary to enable the crisis call center hub  
7 to actively collaborate with emergency departments, primary care  
8 providers and behavioral health providers within managed care  
9 organizations, behavioral health administrative services  
10 organizations, and other health care payers to establish a safety  
11 plan for the person in accordance with best practices and provide  
12 the next steps for the person's transition to follow-up noncrisis  
13 care. To establish information-sharing guidelines that fulfill the  
14 intent of this section the authority shall consider input from the  
15 confidential information compliance and coordination subcommittee  
16 established under RCW 71.24.892;

17 (b) The means to request deployment of appropriate crisis  
18 response services, which may include mobile rapid response crisis  
19 teams, co-responder teams, designated crisis responders, fire  
20 department mobile integrated health teams, or community assistance  
21 referral and educational services programs under RCW 35.21.930,  
22 according to best practice guidelines established by the authority,  
23 and track local response through global positioning technology;  
24 ((and))

25 (c) The means to track the outcome of the 988 call to enable  
26 appropriate follow up, cross-system coordination, and  
27 accountability, including as appropriate: (i) Any immediate services  
28 dispatched and reports generated from the encounter; (ii) the  
29 validation of a safety plan established for the caller in accordance  
30 with best practices; (iii) the next steps for the caller to follow  
31 in transition to noncrisis follow-up care, including a next-day  
32 appointment for callers experiencing urgent, symptomatic behavioral  
33 health care needs; and (iv) the means to verify and document whether  
34 the caller was successful in making the transition to appropriate

1 noncrisis follow-up care indicated in the safety plan for the  
2 person, to be completed either by the care coordinator provided  
3 through the person's managed care organization, health plan, or  
4 behavioral health administrative services organization, or if such a  
5 care coordinator is not available or does not follow through, by the  
6 staff of the crisis call center hub;

7 (d) A means to facilitate actions to verify and document whether  
8 the person's transition to follow up noncrisis care was completed  
9 and services offered, to be performed by a care coordinator provided  
10 through the person's managed care organization, health plan, or  
11 behavioral health administrative services organization, or if such a  
12 care coordinator is not available or does not follow through, by the  
13 staff of the crisis call center hub;

14 (e) The means to provide geographically, culturally, and  
15 linguistically appropriate services to persons who are part of high-  
16 risk populations or otherwise have need of specialized services or  
17 accommodations, and to document these services or accommodations; and

18 (f) When appropriate, consultation with tribal governments to  
19 ensure coordinated care in government-to-government relationships,  
20 and access to dedicated services to tribal members.

21 (7) To implement this section the department and the authority  
22 shall collaborate with the state ((enhanced)) 911 coordination  
23 office, emergency management division, and military department to  
24 develop technology that is demonstrated to be interoperable between  
25 the 988 crisis hotline system and crisis and emergency response  
26 systems used throughout the state, such as 911 systems, emergency  
27 medical services systems, and other nonbehavioral health crisis  
28 services, as well as the national suicide prevention lifeline, to  
29 assure cohesive interoperability, develop training programs and  
30 operations for both 911 public safety telecommunicators and crisis  
31 line workers, develop suicide and other behavioral health crisis  
32 assessments and intervention strategies, and establish efficient and  
33 equitable access to resources via crisis hotlines.

34 (8) The authority shall:

1 (a) Collaborate with county authorities and behavioral health  
2 administrative services organizations to develop procedures to  
3 dispatch behavioral health crisis services in coordination with  
4 crisis call center hubs to effectuate the intent of this section;

5 (b) Establish formal agreements with managed care organizations  
6 and behavioral health administrative services organizations by  
7 January 1, 2023, to provide for the services, capacities, and  
8 coordination necessary to effectuate the intent of this section,  
9 which shall include a requirement to arrange next-day appointments  
10 for persons contacting the 988 crisis hotline experiencing urgent,  
11 symptomatic behavioral health care needs with geographically,  
12 culturally, and linguistically appropriate primary care or  
13 behavioral health providers within the person's provider network,  
14 or, if uninsured, through the person's behavioral health  
15 administrative services organization;

16 (c) Create best practices guidelines by July 1, 2023, for  
17 deployment of appropriate and available crisis response services by  
18 crisis call center hubs to assist 988 hotline callers to minimize  
19 nonessential reliance on emergency room services and the use of law  
20 enforcement, considering input from relevant stakeholders and  
21 recommendations made by the crisis response improvement strategy  
22 committee created under RCW 71.24.892;

23 (d) Develop procedures to allow appropriate information sharing  
24 and communication between and across crisis and emergency response  
25 systems for the purpose of real-time crisis care coordination  
26 including, but not limited to, deployment of crisis and outgoing  
27 services, follow-up care, and linked, flexible services specific to  
28 crisis response; and

29 (e) Establish guidelines to appropriately serve high-risk  
30 populations who request crisis services. The authority shall design  
31 these guidelines to promote behavioral health equity for all  
32 populations with attention to circumstances of race, ethnicity,  
33 gender, socioeconomic status, sexual orientation, and geographic  
34 location, and include components such as training requirements for

1 call response workers, policies for transferring such callers to an  
2 appropriate specialized center or subnetwork within or external to  
3 the national suicide prevention lifeline network, and procedures for  
4 referring persons who access the 988 crisis hotline to  
5 linguistically and culturally competent care.

6  
7 **Sec. 17.** RCW 10.31.110 and 2021 c 311 s 6 are each amended to  
8 read as follows:

9 (1) When a police officer has reasonable cause to believe that  
10 the individual has committed acts constituting a crime, and the  
11 individual is known by history or consultation with the behavioral  
12 health administrative services organization, managed care  
13 organization, crisis hotline, local crisis services providers, or  
14 community health providers to have a mental disorder or substance  
15 use disorder, in addition to existing authority under state law or  
16 local policy, as an alternative to arrest, the arresting officer is  
17 authorized and encouraged to:

18 (a) Take the individual to a crisis stabilization unit as  
19 defined in RCW 71.05.020. Individuals delivered to a crisis  
20 stabilization unit pursuant to this section may be held by the  
21 facility for a period of up to twelve hours. The individual must be  
22 examined by a mental health professional or substance use disorder  
23 professional within three hours of arrival;

24 (b) Take the individual to a (~~trriage facility~~) 23-hour crisis  
25 relief center as defined in RCW (~~71.05.020~~) 71.24.025 while  
26 participating in the pilot project in section 2 of this act. An  
27 individual delivered to a (~~trriage facility which has elected to~~  
28 ~~operate as an involuntary facility~~) 23-hour crisis relief center  
29 may be held up to a period of twelve hours. The individual must be  
30 examined by a mental health professional or substance use disorder  
31 professional within three hours of arrival;

32 (c) Refer the individual to a designated crisis responder for  
33 evaluation for initial detention and proceeding under chapter 71.05  
34 RCW;

1 (d) Release the individual upon agreement to voluntary  
2 participation in outpatient treatment;

3 (e) Refer the individual to youth, adult, or geriatric mobile  
4 crisis response services, as appropriate; or

5 (f) Refer the individual to the regional entity responsible to  
6 receive referrals in lieu of legal system involvement, including the  
7 recovery navigator program described in RCW 71.24.115.

8 (2) If the individual is released to the community from the  
9 facilities in subsection (1)(a) through (c) of this section, the  
10 mental health provider or substance use disorder professional shall  
11 make reasonable efforts to inform the arresting officer of the  
12 planned release prior to release if the arresting officer has  
13 specifically requested notification and provided contact information  
14 to the provider.

15 (3) In deciding whether to refer the individual to treatment  
16 under this section, the police officer must be guided by local law  
17 enforcement diversion guidelines for behavioral health developed and  
18 mutually agreed upon with the prosecuting authority with an  
19 opportunity for consultation and comment by the defense bar and  
20 disability community. These guidelines must address, at a minimum,  
21 the length, seriousness, and recency of the known criminal history  
22 of the individual, the mental health history of the individual, if  
23 available, the substance use disorder history of the individual, if  
24 available, the opinions of a mental health professional, if  
25 available, the opinions of a substance use disorder professional, if  
26 available, and the circumstances surrounding the commission of the  
27 alleged offense. The guidelines must include a process for clearing  
28 outstanding warrants or referring the individual for assistance in  
29 clearing outstanding warrants, if any, and issuing a new court date,  
30 if appropriate, without booking or incarcerating the individual or  
31 disqualifying the individual from referral to treatment under this  
32 section, and define the circumstances under which such action is  
33 permissible. Referrals to services, care, and treatment for  
34 substance use disorder must be made in accordance with protocols

1 developed for the recovery navigator program described in RCW  
2 71.24.115.

3 (4) Any agreement to participate in treatment or services in  
4 lieu of jail booking or referring a case for prosecution shall not  
5 require individuals to stipulate to any of the alleged facts  
6 regarding the criminal activity as a prerequisite to participation  
7 in the alternative response described in this section. Any agreement  
8 is inadmissible in any criminal or civil proceeding. Such agreements  
9 do not create immunity from prosecution for the alleged criminal  
10 activity.

11 (5) If there are required terms of participation in the services  
12 or treatment to which an individual was referred under this section,  
13 and if the individual violates such terms and is therefore no longer  
14 participating in services:

15 (a) The behavioral health or service provider shall inform the  
16 referring law enforcement agency of the violation, if consistent  
17 with the terms of the program and applicable law; and

18 (b) The original charges may be filed or referred to the  
19 prosecutor, as appropriate, and the matter may proceed accordingly,  
20 unless filing or referring the charges is inconsistent with the  
21 terms of a local diversion program or a recovery navigator program  
22 described in RCW 71.24.115.

23 (6) The police officer is immune from liability for any good  
24 faith conduct under this section.

25

26 **Sec. 18.** RCW 10.77.086 and 2022 c 288 s 4 are each amended to  
27 read as follows:

28 (1) If the defendant is charged with a felony and determined to  
29 be incompetent, until he or she has regained the competency  
30 necessary to understand the proceedings against him or her and  
31 assist in his or her own defense, but in any event for a period of  
32 no longer than 90 days, the court shall commit the defendant to the  
33 custody of the secretary for inpatient competency restoration, or  
34 may alternatively order the defendant to receive outpatient



1 competency restoration based on a recommendation from a forensic  
2 navigator and input from the parties.

3 (a) To be eligible for an order for outpatient competency  
4 restoration, a defendant must be clinically appropriate and be  
5 willing to:

6 (i) Adhere to medications or receive prescribed intramuscular  
7 medication;

8 (ii) Abstain from alcohol and unprescribed drugs; and

9 (iii) Comply with urinalysis or breathalyzer monitoring if needed.

10 (b) If the court orders inpatient competency restoration, the  
11 department shall place the defendant in an appropriate facility of  
12 the department for competency restoration.

13 (c) If the court orders outpatient competency restoration, the  
14 court shall modify conditions of release as needed to authorize the  
15 department to place the person in approved housing, which may  
16 include access to supported housing, affiliated with a contracted  
17 outpatient competency restoration program. The department, in  
18 conjunction with the health care authority, must establish rules for  
19 conditions of participation in the outpatient competency restoration  
20 program, which must include the defendant being subject to  
21 medication management. The court may order regular urinalysis  
22 testing. The outpatient competency restoration program shall monitor  
23 the defendant during the defendant's placement in the program and  
24 report any noncompliance or significant changes with respect to the  
25 defendant to the department and, if applicable, the forensic  
26 navigator.

27 (d) If a defendant fails to comply with the restrictions of the  
28 outpatient restoration program such that restoration is no longer  
29 appropriate in that setting or the defendant is no longer clinically  
30 appropriate for outpatient competency restoration, the director of  
31 the outpatient competency restoration program shall notify the  
32 authority and the department of the need to terminate the outpatient  
33 competency restoration placement and intent to request placement for  
34 the defendant in an appropriate facility of the department for

1 inpatient competency restoration. The outpatient competency  
2 restoration program shall coordinate with the authority, the  
3 department, and any law enforcement personnel under (d)(i) of this  
4 subsection to ensure that the time period between termination and  
5 admission into the inpatient facility is as minimal as possible. The  
6 time period for inpatient competency restoration shall be reduced by  
7 the time period spent in active treatment within the outpatient  
8 competency restoration program, excluding time periods in which the  
9 defendant was absent from the program and all time from notice of  
10 termination of the outpatient competency restoration period through  
11 the defendant's admission to the facility. The department shall  
12 obtain a placement for the defendant within seven days of the notice  
13 of intent to terminate the outpatient competency restoration  
14 placement.

15 (i) The department may authorize a peace officer to detain the  
16 defendant into emergency custody for transport to the designated  
17 inpatient competency restoration facility. If medical clearance is  
18 required by the designated competency restoration facility before  
19 admission, the peace officer must transport the defendant to a  
20 crisis stabilization unit, evaluation and treatment facility, or  
21 emergency department of a local hospital(~~(, or triage facility)~~) for  
22 medical clearance once a bed is available at the designated  
23 inpatient competency restoration facility. The signed outpatient  
24 competency restoration order of the court shall serve as authority  
25 for the detention of the defendant under this subsection. This  
26 subsection does not preclude voluntary transportation of the  
27 defendant to a facility for inpatient competency restoration or for  
28 medical clearance, or authorize admission of the defendant into jail.

29 (ii) The department shall notify the court and parties of the  
30 defendant's admission for inpatient competency restoration before  
31 the close of the next judicial day. The court shall schedule a  
32 hearing within five days to review the conditions of release of the  
33 defendant and anticipated release from treatment and issue  
34 appropriate orders.

1 (e) The court may not issue an order for outpatient competency  
2 restoration unless the department certifies that there is an  
3 available appropriate outpatient competency restoration program that  
4 has adequate space for the person at the time the order is issued or  
5 the court places the defendant under the guidance and control of a  
6 professional person identified in the court order.

7 (2) For a defendant whose highest charge is a class C felony, or  
8 a class B felony that is not classified as violent under RCW 9.94A.  
9 030, the maximum time allowed for the initial competency restoration  
10 period is 45 days if the defendant is referred for inpatient  
11 competency restoration, or 90 days if the defendant is referred for  
12 outpatient competency restoration, provided that if the outpatient  
13 competency restoration placement is terminated and the defendant is  
14 subsequently admitted to an inpatient facility, the period of  
15 inpatient treatment during the first competency restoration period  
16 under this subsection shall not exceed 45 days.

17 (3) If the court determines or the parties agree before the  
18 initial competency restoration period or at any subsequent stage of  
19 the proceedings that the defendant is unlikely to regain competency,  
20 the court may dismiss the charges without prejudice without ordering  
21 the defendant to undergo an initial or further period of competency  
22 restoration treatment, in which case the court shall order that the  
23 defendant be referred for evaluation for civil commitment in the  
24 manner provided in subsection (5) of this section.

25 (4) On or before expiration of the initial competency  
26 restoration period the court shall conduct a hearing to determine  
27 whether the defendant is now competent to stand trial. If the court  
28 finds by a preponderance of the evidence that the defendant is  
29 incompetent to stand trial, the court may order an extension of the  
30 competency restoration period for an additional period of 90 days,  
31 but the court must at the same time set a date for a new hearing to  
32 determine the defendant's competency to stand trial before the  
33 expiration of this second restoration period. The defendant, the  
34 defendant's attorney, and the prosecutor have the right to demand

1 that the hearing be before a jury. No extension shall be ordered for  
2 a second or third competency restoration period if the defendant's  
3 incompetence has been determined by the secretary to be solely the  
4 result of a developmental disability which is such that competence  
5 is not reasonably likely to be regained during an extension.

6 (5) At the hearing upon the expiration of the second competency  
7 restoration period, or at the end of the first competency  
8 restoration period if the defendant is ineligible for a second or  
9 third competency restoration period under subsection (4) of this  
10 section, if the jury or court finds that the defendant is  
11 incompetent to stand trial, the court shall dismiss the charges  
12 without prejudice and order the defendant to be committed to a state  
13 hospital for up to 120 hours if the defendant has not undergone  
14 competency restoration services or has engaged in outpatient  
15 competency restoration services and up to 72 hours if the defendant  
16 engaged in inpatient competency restoration services starting from  
17 admission to the facility, excluding Saturdays, Sundays, and  
18 holidays, for evaluation for the purpose of filing a civil  
19 commitment petition under chapter 71.05 RCW. However, the court  
20 shall not dismiss the charges if the court or jury finds that: (a)  
21 The defendant (i) is a substantial danger to other persons; or (ii)  
22 presents a substantial likelihood of committing criminal acts  
23 jeopardizing public safety or security; and (b) there is a  
24 substantial probability that the defendant will regain competency  
25 within a reasonable period of time. If the court or jury makes such  
26 a finding, the court may extend the period of commitment for up to  
27 an additional six months.

28 (6) Any period of competency restoration treatment under this  
29 section includes only the time the defendant is actually at the  
30 facility or is actively participating in an outpatient competency  
31 restoration program and is in addition to reasonable time for  
32 transport to or from the facility.

33

34

1       **Sec. 19.** RCW 10.77.088 and 2022 c 288 s 5 are each amended to  
2 read as follows:

3       (1) If the defendant is charged with a nonfelony crime which is  
4 a serious offense as identified in RCW 10.77.092 and found by the  
5 court to be not competent, then the court:

6       (a) Shall dismiss the proceedings without prejudice and detain  
7 the defendant for sufficient time to allow the designated crisis  
8 responder to evaluate the defendant and consider initial detention  
9 proceedings under chapter 71.05 RCW, unless the prosecutor objects  
10 to the dismissal and provides notice of a motion for an order for  
11 competency restoration treatment, in which case the court shall  
12 schedule a hearing within seven days.

13       (b) At the hearing, the prosecuting attorney must establish that  
14 there is a compelling state interest to order competency restoration  
15 treatment for the defendant. The court may consider prior criminal  
16 history, prior history in treatment, prior history of violence, the  
17 quality and severity of the pending charges, any history that  
18 suggests whether competency restoration treatment is likely to be  
19 successful, in addition to the factors listed under RCW 10.77.092.  
20 If the prosecuting attorney proves by a preponderance of the  
21 evidence that there is a compelling state interest in ordering  
22 competency restoration treatment, then the court shall issue an  
23 order in accordance with subsection (2) of this section.

24       (2) If a court finds pursuant to subsection (1)(b) of this  
25 section that there is a compelling state interest in pursuing  
26 competency restoration treatment, the court shall commit the  
27 defendant to the custody of the secretary for inpatient competency  
28 restoration, or may alternatively order the defendant to receive  
29 outpatient competency restoration based on a recommendation from a  
30 forensic navigator and input from the parties.

31       (a) To be eligible for an order for outpatient competency  
32 restoration, a defendant must be clinically appropriate and be  
33 willing to:

34

1 (i) Adhere to medications or receive prescribed intramuscular  
2 medication;

3 (ii) Abstain from alcohol and unprescribed drugs; and

4 (iii) Comply with urinalysis or breathalyzer monitoring if needed.

5 (b) If the court orders inpatient competency restoration, the  
6 department shall place the defendant in an appropriate facility of  
7 the department for competency restoration under subsection (3) of  
8 this section.

9 (c) If the court orders outpatient competency restoration, the  
10 court shall modify conditions of release as needed to authorize the  
11 department to place the person in approved housing, which may  
12 include access to supported housing, affiliated with a contracted  
13 outpatient competency restoration program. The department, in  
14 conjunction with the health care authority, must establish rules for  
15 conditions of participation in the outpatient competency restoration  
16 program, which must include the defendant being subject to  
17 medication management. The court may order regular urinalysis  
18 testing. The outpatient competency restoration program shall monitor  
19 the defendant during the defendant's placement in the program and  
20 report any noncompliance or significant changes with respect to the  
21 defendant to the department and, if applicable, the forensic  
22 navigator.

23 (d) If a defendant fails to comply with the restrictions of the  
24 outpatient competency restoration program such that restoration is  
25 no longer appropriate in that setting or the defendant is no longer  
26 clinically appropriate for outpatient competency restoration, the  
27 director of the outpatient competency restoration program shall  
28 notify the authority and the department of the need to terminate the  
29 outpatient competency restoration placement and intent to request  
30 placement for the defendant in an appropriate facility of the  
31 department for inpatient competency restoration. The outpatient  
32 competency restoration program shall coordinate with the authority,  
33 the department, and any law enforcement personnel under (d)(i) of  
34 this subsection to ensure that the time period between termination

1 and admission into the inpatient facility is as minimal as possible.  
2 The time period for inpatient competency restoration shall be  
3 reduced by the time period spent in active treatment within the  
4 outpatient competency restoration program, excluding time periods in  
5 which the defendant was absent from the program and all time from  
6 notice of termination of the outpatient competency restoration  
7 period through the defendant's admission to the facility. The  
8 department shall obtain a placement for the defendant within seven  
9 days of the notice of intent to terminate the outpatient competency  
10 restoration placement.

11 (i) The department may authorize a peace officer to detain the  
12 defendant into emergency custody for transport to the designated  
13 inpatient competency restoration facility. If medical clearance is  
14 required by the designated competency restoration facility before  
15 admission, the peace officer must transport the defendant to a  
16 crisis stabilization unit, evaluation and treatment facility, or  
17 emergency department of a local hospital(~~(, or triage facility)~~) for  
18 medical clearance once a bed is available at the designated  
19 inpatient competency restoration facility. The signed outpatient  
20 competency restoration order of the court shall serve as authority  
21 for the detention of the defendant under this subsection. This  
22 subsection does not preclude voluntary transportation of the  
23 defendant to a facility for inpatient competency restoration or for  
24 medical clearance, or authorize admission of the defendant into jail.

25 (ii) The department shall notify the court and parties of the  
26 defendant's admission for inpatient competency restoration before  
27 the close of the next judicial day. The court shall schedule a  
28 hearing within five days to review the conditions of release of the  
29 defendant and anticipated release from treatment and issue  
30 appropriate orders.

31 (e) The court may not issue an order for outpatient competency  
32 restoration unless the department certifies that there is an  
33 available appropriate outpatient restoration program that has  
34 adequate space for the person at the time the order is issued or the

1 court places the defendant under the guidance and control of a  
2 professional person identified in the court order.

3 (3) The placement under subsection (2) of this section shall not  
4 exceed 29 days if the defendant is ordered to receive inpatient  
5 competency restoration, and shall not exceed 90 days if the  
6 defendant is ordered to receive outpatient competency restoration.  
7 The court may order any combination of this subsection, but the  
8 total period of inpatient competency restoration may not exceed 29  
9 days.

10 (4) If the court has determined or the parties agree that the  
11 defendant is unlikely to regain competency, the court may dismiss  
12 the charges without prejudice without ordering the defendant to  
13 undergo competency restoration treatment, in which case the court  
14 shall order that the defendant be referred for evaluation for civil  
15 commitment in the manner provided in subsection (5) of this section.

16 (5)(a) If the proceedings are dismissed under RCW 10.77.084 and  
17 the defendant was on conditional release at the time of dismissal,  
18 the court shall order the designated crisis responder within that  
19 county to evaluate the defendant pursuant to chapter 71.05 RCW. The  
20 evaluation may be conducted in any location chosen by the  
21 professional.

22 (b) If the defendant was in custody and not on conditional  
23 release at the time of dismissal, the defendant shall be detained  
24 and sent to an evaluation and treatment facility for up to 120 hours  
25 if the defendant has not undergone competency restoration services  
26 or has engaged in outpatient competency restoration services and up  
27 to 72 hours if the defendant engaged in inpatient competency  
28 restoration services, excluding Saturdays, Sundays, and holidays,  
29 for evaluation for purposes of filing a petition under chapter 71.05  
30 RCW. The 120-hour or 72-hour period shall commence upon the next  
31 nonholiday weekday following the court order and shall run to the  
32 end of the last nonholiday weekday within the 120-hour or 72-hour  
33 period.

34



1 (6) If the defendant is charged with a nonfelony crime that is  
2 not a serious offense as defined in RCW 10.77.092 and found by the  
3 court to be not competent, the court may stay or dismiss proceedings  
4 and detain the defendant for sufficient time to allow the designated  
5 crisis responder to evaluate the defendant and consider initial  
6 detention proceedings under chapter 71.05 RCW. The court must give  
7 notice to all parties at least 24 hours before the dismissal of any  
8 proceeding under this subsection, and provide an opportunity for a  
9 hearing on whether to dismiss the proceedings.

10 (7) If at any time the court dismisses charges under subsections  
11 (1) through (6) of this section, the court shall make a finding as  
12 to whether the defendant has a history of one or more violent acts.  
13 If the court so finds, the defendant is barred from the possession  
14 of firearms until a court restores his or her right to possess a  
15 firearm under RCW 9.41.047. The court shall state to the defendant  
16 and provide written notice that the defendant is barred from the  
17 possession of firearms and that the prohibition remains in effect  
18 until a court restores his or her right to possess a firearm under  
19 RCW 9.41.047.

20 (8) Any period of competency restoration treatment under this  
21 section includes only the time the defendant is actually at the  
22 facility or is actively participating in an outpatient competency  
23 restoration program and is in addition to reasonable time for  
24 transport to or from the facility.

25

26 **Sec. 20.** RCW 48.43.005 and 2022 c 263 s 2 are each reenacted  
27 and amended to read as follows:

28 Unless otherwise specifically provided, the definitions in this  
29 section apply throughout this chapter.

30 (1) "Adjusted community rate" means the rating method used to  
31 establish the premium for health plans adjusted to reflect  
32 actuarially demonstrated differences in utilization or cost  
33 attributable to geographic region, age, family size, and use of  
34 wellness activities.

1 (2) "Adverse benefit determination" means a denial, reduction,  
2 or termination of, or a failure to provide or make payment, in whole  
3 or in part, for a benefit, including a denial, reduction,  
4 termination, or failure to provide or make payment that is based on  
5 a determination of an enrollee's or applicant's eligibility to  
6 participate in a plan, and including, with respect to group health  
7 plans, a denial, reduction, or termination of, or a failure to  
8 provide or make payment, in whole or in part, for a benefit  
9 resulting from the application of any utilization review, as well as  
10 a failure to cover an item or service for which benefits are  
11 otherwise provided because it is determined to be experimental or  
12 investigational or not medically necessary or appropriate.

13 (3) "Air ambulance service" has the same meaning as defined in  
14 section 2799A-2 of the public health service act (42 U.S.C. Sec.  
15 300gg-112) and implementing federal regulations in effect on March  
16 31, 2022.

17 (4) "Allowed amount" means the maximum portion of a billed  
18 charge a health carrier will pay, including any applicable enrollee  
19 cost-sharing responsibility, for a covered health care service or  
20 item rendered by a participating provider or facility or by a  
21 nonparticipating provider or facility.

22 (5) "Applicant" means a person who applies for enrollment in an  
23 individual health plan as the subscriber or an enrollee, or the  
24 dependent or spouse of a subscriber or enrollee.

25 (6) "Balance bill" means a bill sent to an enrollee by a  
26 nonparticipating provider or facility for health care services  
27 provided to the enrollee after the provider or facility's billed  
28 amount is not fully reimbursed by the carrier, exclusive of  
29 permitted cost-sharing.

30 (7) "Basic health plan" means the plan described under chapter  
31 70.47 RCW, as revised from time to time.

32 (8) "Basic health plan model plan" means a health plan as  
33 required in RCW 70.47.060(2)(e).

34

1 (9) "Basic health plan services" means that schedule of covered  
2 health services, including the description of how those benefits are  
3 to be administered, that are required to be delivered to an enrollee  
4 under the basic health plan, as revised from time to time.

5 (10) "Behavioral health emergency services provider" means  
6 emergency services provided in the following settings:

7 (a) A crisis stabilization unit as defined in RCW 71.05.020;

8 (b) A 23-hour crisis relief center as defined in RCW 71.24.025;

9 (c) An evaluation and treatment facility that can provide  
10 directly, or by direct arrangement with other public or private  
11 agencies, emergency evaluation and treatment, outpatient care, and  
12 timely and appropriate inpatient care to persons suffering from a  
13 mental disorder, and which is licensed or certified as such by the  
14 department of health;

15 ~~((e))~~ (d) An agency certified by the department of health  
16 under chapter 71.24 RCW to provide outpatient crisis services;

17 ~~((d) A triage facility as defined in RCW 71.05.020;))~~

18 (e) An agency certified by the department of health under  
19 chapter 71.24 RCW to provide medically managed or medically  
20 monitored withdrawal management services; or

21 (f) A mobile rapid response crisis team as defined in RCW  
22 71.24.025 that is contracted with a behavioral health administrative  
23 services organization operating under RCW 71.24.045 to provide  
24 crisis response services in the behavioral health administrative  
25 services organization's service area.

26 (11) "Board" means the governing board of the Washington health  
27 benefit exchange established in chapter 43.71 RCW.

28 (12)(a) For grandfathered health benefit plans issued before  
29 January 1, 2014, and renewed thereafter, "catastrophic health plan"  
30 means:

31 (i) In the case of a contract, agreement, or policy covering a  
32 single enrollee, a health benefit plan requiring a calendar year  
33 deductible of, at a minimum, one thousand seven hundred fifty  
34 dollars and an annual out-of-pocket expense required to be paid

1 under the plan (other than for premiums) for covered benefits of at  
2 least three thousand five hundred dollars, both amounts to be  
3 adjusted annually by the insurance commissioner; and

4 (ii) In the case of a contract, agreement, or policy covering  
5 more than one enrollee, a health benefit plan requiring a calendar  
6 year deductible of, at a minimum, three thousand five hundred  
7 dollars and an annual out-of-pocket expense required to be paid  
8 under the plan (other than for premiums) for covered benefits of at  
9 least six thousand dollars, both amounts to be adjusted annually by  
10 the insurance commissioner.

11 (b) In July 2008, and in each July thereafter, the insurance  
12 commissioner shall adjust the minimum deductible and out-of-pocket  
13 expense required for a plan to qualify as a catastrophic plan to  
14 reflect the percentage change in the consumer price index for  
15 medical care for a preceding twelve months, as determined by the  
16 United States department of labor. For a plan year beginning in  
17 2014, the out-of-pocket limits must be adjusted as specified in  
18 section 1302(c)(1) of P.L. 111-148 of 2010, as amended. The adjusted  
19 amount shall apply on the following January 1st.

20 (c) For health benefit plans issued on or after January 1, 2014,  
21 "catastrophic health plan" means:

22 (i) A health benefit plan that meets the definition of  
23 catastrophic plan set forth in section 1302(e) of P.L. 111-148 of  
24 2010, as amended; or

25 (ii) A health benefit plan offered outside the exchange  
26 marketplace that requires a calendar year deductible or out-of-  
27 pocket expenses under the plan, other than for premiums, for covered  
28 benefits, that meets or exceeds the commissioner's annual adjustment  
29 under (b) of this subsection.

30 (13) "Certification" means a determination by a review  
31 organization that an admission, extension of stay, or other health  
32 care service or procedure has been reviewed and, based on the  
33 information provided, meets the clinical requirements for medical  
34

1 necessity, appropriateness, level of care, or effectiveness under  
2 the auspices of the applicable health benefit plan.

3 (14) "Concurrent review" means utilization review conducted  
4 during a patient's hospital stay or course of treatment.

5 (15) "Covered person" or "enrollee" means a person covered by a  
6 health plan including an enrollee, subscriber, policyholder,  
7 beneficiary of a group plan, or individual covered by any other  
8 health plan.

9 (16) "Dependent" means, at a minimum, the enrollee's legal  
10 spouse and dependent children who qualify for coverage under the  
11 enrollee's health benefit plan.

12 (17) "Emergency medical condition" means a medical, mental  
13 health, or substance use disorder condition manifesting itself by  
14 acute symptoms of sufficient severity including, but not limited to,  
15 severe pain or emotional distress, such that a prudent layperson,  
16 who possesses an average knowledge of health and medicine, could  
17 reasonably expect the absence of immediate medical, mental health,  
18 or substance use disorder treatment attention to result in a  
19 condition (a) placing the health of the individual, or with respect  
20 to a pregnant woman, the health of the woman or her unborn child, in  
21 serious jeopardy, (b) serious impairment to bodily functions, or (c)  
22 serious dysfunction of any bodily organ or part.

23 (18) "Emergency services" means:

24 (a)(i) A medical screening examination, as required under  
25 section 1867 of the social security act (42 U.S.C. Sec. 1395dd),  
26 that is within the capability of the emergency department of a  
27 hospital, including ancillary services routinely available to the  
28 emergency department to evaluate that emergency medical condition;

29 (ii) Medical examination and treatment, to the extent they are  
30 within the capabilities of the staff and facilities available at the  
31 hospital, as are required under section 1867 of the social security  
32 act (42 U.S.C. Sec. 1395dd) to stabilize the patient. Stabilize,  
33 with respect to an emergency medical condition, has the meaning  
34

1 given in section 1867(e)(3) of the social security act (42 U.S.C.  
2 Sec. 1395dd(e)(3)); and

3 (iii) Covered services provided by staff or facilities of a  
4 hospital after the enrollee is stabilized and as part of outpatient  
5 observation or an inpatient or outpatient stay with respect to the  
6 visit during which screening and stabilization services have been  
7 furnished. Poststabilization services relate to medical, mental  
8 health, or substance use disorder treatment necessary in the short  
9 term to avoid placing the health of the individual, or with respect  
10 to a pregnant woman, the health of the woman or her unborn child, in  
11 serious jeopardy, serious impairment to bodily functions, or serious  
12 dysfunction of any bodily organ or part; or

13 (b)(i) A screening examination that is within the capability of  
14 a behavioral health emergency services provider including ancillary  
15 services routinely available to the behavioral health emergency  
16 services provider to evaluate that emergency medical condition;

17 (ii) Examination and treatment, to the extent they are within  
18 the capabilities of the staff and facilities available at the  
19 behavioral health emergency services provider, as are required under  
20 section 1867 of the social security act (42 U.S.C. Sec. 1395dd) or  
21 as would be required under such section if such section applied to  
22 behavioral health emergency services providers, to stabilize the  
23 patient. Stabilize, with respect to an emergency medical condition,  
24 has the meaning given in section 1867(e)(3) of the social security  
25 act (42 U.S.C. Sec. 1395dd(e)(3)); and

26 (iii) Covered behavioral health services provided by staff or  
27 facilities of a behavioral health emergency services provider after  
28 the enrollee is stabilized and as part of outpatient observation or  
29 an inpatient or outpatient stay with respect to the visit during  
30 which screening and stabilization services have been furnished.  
31 Poststabilization services relate to mental health or substance use  
32 disorder treatment necessary in the short term to avoid placing the  
33 health of the individual, or with respect to a pregnant woman, the  
34 health of the woman or her unborn child, in serious jeopardy,

1 serious impairment to bodily functions, or serious dysfunction of  
2 any bodily organ or part.

3 (19) "Employee" has the same meaning given to the term, as of  
4 January 1, 2008, under section 3(6) of the federal employee  
5 retirement income security act of 1974.

6 (20) "Enrollee point-of-service cost-sharing" or "cost-sharing"  
7 means amounts paid to health carriers directly providing services,  
8 health care providers, or health care facilities by enrollees and  
9 may include copayments, coinsurance, or deductibles.

10 (21) "Essential health benefit categories" means:

11 (a) Ambulatory patient services;

12 (b) Emergency services;

13 (c) Hospitalization;

14 (d) Maternity and newborn care;

15 (e) Mental health and substance use disorder services, including  
16 behavioral health treatment;

17 (f) Prescription drugs;

18 (g) Rehabilitative and habilitative services and devices;

19 (h) Laboratory services;

20 (i) Preventive and wellness services and chronic disease  
21 management; and

22 (j) Pediatric services, including oral and vision care.

23 (22) "Exchange" means the Washington health benefit exchange  
24 established under chapter 43.71 RCW.

25 (23) "Final external review decision" means a determination by  
26 an independent review organization at the conclusion of an external  
27 review.

28 (24) "Final internal adverse benefit determination" means an  
29 adverse benefit determination that has been upheld by a health plan  
30 or carrier at the completion of the internal appeals process, or an  
31 adverse benefit determination with respect to which the internal  
32 appeals process has been exhausted under the exhaustion rules  
33 described in RCW 48.43.530 and 48.43.535.

34

1 (25) "Grandfathered health plan" means a group health plan or an  
2 individual health plan that under section 1251 of the patient  
3 protection and affordable care act, P.L. 111-148 (2010) and as  
4 amended by the health care and education reconciliation act, P.L.  
5 111-152 (2010) is not subject to subtitles A or C of the act as  
6 amended.

7 (26) "Grievance" means a written complaint submitted by or on  
8 behalf of a covered person regarding service delivery issues other  
9 than denial of payment for medical services or nonprovision of  
10 medical services, including dissatisfaction with medical care,  
11 waiting time for medical services, provider or staff attitude or  
12 demeanor, or dissatisfaction with service provided by the health  
13 carrier.

14 (27) "Health care facility" or "facility" means hospices  
15 licensed under chapter 70.127 RCW, hospitals licensed under chapter  
16 70.41 RCW, rural health care facilities as defined in RCW  
17 70.175.020, psychiatric hospitals licensed under chapter 71.12 RCW,  
18 nursing homes licensed under chapter 18.51 RCW, community mental  
19 health centers licensed under chapter 71.05 or 71.24 RCW, kidney  
20 disease treatment centers licensed under chapter 70.41 RCW,  
21 ambulatory diagnostic, treatment, or surgical facilities licensed  
22 under chapter 70.41 or 70.230 RCW, drug and alcohol treatment  
23 facilities licensed under chapter 70.96A RCW, and home health  
24 agencies licensed under chapter 70.127 RCW, and includes such  
25 facilities if owned and operated by a political subdivision or  
26 instrumentality of the state and such other facilities as required  
27 by federal law and implementing regulations.

28 (28) "Health care provider" or "provider" means:

29 (a) A person regulated under Title 18 or chapter 70.127 RCW, to  
30 practice health or health-related services or otherwise practicing  
31 health care services in this state consistent with state law; or

32 (b) An employee or agent of a person described in (a) of this  
33 subsection, acting in the course and scope of his or her employment.  
34



1 (29) "Health care service" means that service offered or  
2 provided by health care facilities and health care providers  
3 relating to the prevention, cure, or treatment of illness, injury,  
4 or disease.

5 (30) "Health carrier" or "carrier" means a disability insurer  
6 regulated under chapter 48.20 or 48.21 RCW, a health care service  
7 contractor as defined in RCW 48.44.010, or a health maintenance  
8 organization as defined in RCW 48.46.020, and includes "issuers" as  
9 that term is used in the patient protection and affordable care act  
10 (P.L. 111-148).

11 (31) "Health plan" or "health benefit plan" means any policy,  
12 contract, or agreement offered by a health carrier to provide,  
13 arrange, reimburse, or pay for health care services except the  
14 following:

15 (a) Long-term care insurance governed by chapter 48.84 or 48.83  
16 RCW;

17 (b) Medicare supplemental health insurance governed by chapter  
18 48.66 RCW;

19 (c) Coverage supplemental to the coverage provided under chapter  
20 55, Title 10, United States Code;

21 (d) Limited health care services offered by limited health care  
22 service contractors in accordance with RCW 48.44.035;

23 (e) Disability income;

24 (f) Coverage incidental to a property/casualty liability  
25 insurance policy such as automobile personal injury protection  
26 coverage and homeowner guest medical;

27 (g) Workers' compensation coverage;

28 (h) Accident only coverage;

29 (i) Specified disease or illness-triggered fixed payment  
30 insurance, hospital confinement fixed payment insurance, or other  
31 fixed payment insurance offered as an independent, noncoordinated  
32 benefit;

33 (j) Employer-sponsored self-funded health plans;

34 (k) Dental only and vision only coverage;

1 (l) Plans deemed by the insurance commissioner to have a short-  
2 term limited purpose or duration, or to be a student-only plan that  
3 is guaranteed renewable while the covered person is enrolled as a  
4 regular full-time undergraduate or graduate student at an accredited  
5 higher education institution, after a written request for such  
6 classification by the carrier and subsequent written approval by the  
7 insurance commissioner;

8 (m) Civilian health and medical program for the veterans affairs  
9 administration (CHAMPVA); and

10 (n) Stand-alone prescription drug coverage that exclusively  
11 supplements medicare part D coverage provided through an employer  
12 group waiver plan under federal social security act regulation 42  
13 C.F.R. Sec. 423.458(c).

14 (32) "Individual market" means the market for health insurance  
15 coverage offered to individuals other than in connection with a  
16 group health plan.

17 (33) "In-network" or "participating" means a provider or  
18 facility that has contracted with a carrier or a carrier's  
19 contractor or subcontractor to provide health care services to  
20 enrollees and be reimbursed by the carrier at a contracted rate as  
21 payment in full for the health care services, including applicable  
22 cost-sharing obligations.

23 (34) "Material modification" means a change in the actuarial  
24 value of the health plan as modified of more than five percent but  
25 less than fifteen percent.

26 (35) "Nonemergency health care services performed by  
27 nonparticipating providers at certain participating facilities"  
28 means covered items or services other than emergency services with  
29 respect to a visit at a participating health care facility, as  
30 provided in section 2799A-1(b) of the public health service act (42  
31 U.S.C. Sec. 300gg-111(b)), 45 C.F.R. Sec. 149.30, and 45 C.F.R. Sec.  
32 149.120 as in effect on March 31, 2022.

33 (36) "Open enrollment" means a period of time as defined in rule  
34 to be held at the same time each year, during which applicants may

1 enroll in a carrier's individual health benefit plan without being  
2 subject to health screening or otherwise required to provide  
3 evidence of insurability as a condition for enrollment.

4 (37) "Out-of-network" or "nonparticipating" means a provider or  
5 facility that has not contracted with a carrier or a carrier's  
6 contractor or subcontractor to provide health care services to  
7 enrollees.

8 (38) "Out-of-pocket maximum" or "maximum out-of-pocket" means  
9 the maximum amount an enrollee is required to pay in the form of  
10 cost-sharing for covered benefits in a plan year, after which the  
11 carrier covers the entirety of the allowed amount of covered  
12 benefits under the contract of coverage.

13 (39) "Preexisting condition" means any medical condition,  
14 illness, or injury that existed any time prior to the effective date  
15 of coverage.

16 (40) "Premium" means all sums charged, received, or deposited by  
17 a health carrier as consideration for a health plan or the  
18 continuance of a health plan. Any assessment or any "membership,"  
19 "policy," "contract," "service," or similar fee or charge made by a  
20 health carrier in consideration for a health plan is deemed part of  
21 the premium. "Premium" shall not include amounts paid as enrollee  
22 point-of-service cost-sharing.

23 (41)(a) "Protected individual" means:

24 (i) An adult covered as a dependent on the enrollee's health  
25 benefit plan, including an individual enrolled on the health benefit  
26 plan of the individual's registered domestic partner; or

27 (ii) A minor who may obtain health care without the consent of a  
28 parent or legal guardian, pursuant to state or federal law.

29 (b) "Protected individual" does not include an individual deemed  
30 not competent to provide informed consent for care under RCW  
31 11.88.010(1)(e).

32 (42) "Review organization" means a disability insurer regulated  
33 under chapter 48.20 or 48.21 RCW, health care service contractor as  
34 defined in RCW 48.44.010, or health maintenance organization as

1 defined in RCW 48.46.020, and entities affiliated with, under  
2 contract with, or acting on behalf of a health carrier to perform a  
3 utilization review.

4 (43) "Sensitive health care services" means health services  
5 related to reproductive health, sexually transmitted diseases,  
6 substance use disorder, gender dysphoria, gender affirming care,  
7 domestic violence, and mental health.

8 (44) "Small employer" or "small group" means any person, firm,  
9 corporation, partnership, association, political subdivision, sole  
10 proprietor, or self-employed individual that is actively engaged in  
11 business that employed an average of at least one but no more than  
12 fifty employees, during the previous calendar year and employed at  
13 least one employee on the first day of the plan year, is not formed  
14 primarily for purposes of buying health insurance, and in which a  
15 bona fide employer-employee relationship exists. In determining the  
16 number of employees, companies that are affiliated companies, or  
17 that are eligible to file a combined tax return for purposes of  
18 taxation by this state, shall be considered an employer. Subsequent  
19 to the issuance of a health plan to a small employer and for the  
20 purpose of determining eligibility, the size of a small employer  
21 shall be determined annually. Except as otherwise specifically  
22 provided, a small employer shall continue to be considered a small  
23 employer until the plan anniversary following the date the small  
24 employer no longer meets the requirements of this definition. A  
25 self-employed individual or sole proprietor who is covered as a  
26 group of one must also: (a) Have been employed by the same small  
27 employer or small group for at least twelve months prior to  
28 application for small group coverage, and (b) verify that he or she  
29 derived at least seventy-five percent of his or her income from a  
30 trade or business through which the individual or sole proprietor  
31 has attempted to earn taxable income and for which he or she has  
32 filed the appropriate internal revenue service form 1040, schedule C  
33 or F, for the previous taxable year, except a self-employed  
34 individual or sole proprietor in an agricultural trade or business,

1 must have derived at least fifty-one percent of his or her income  
2 from the trade or business through which the individual or sole  
3 proprietor has attempted to earn taxable income and for which he or  
4 she has filed the appropriate internal revenue service form 1040,  
5 for the previous taxable year.

6 (45) "Special enrollment" means a defined period of time of not  
7 less than thirty-one days, triggered by a specific qualifying event  
8 experienced by the applicant, during which applicants may enroll in  
9 the carrier's individual health benefit plan without being subject  
10 to health screening or otherwise required to provide evidence of  
11 insurability as a condition for enrollment.

12 (46) "Standard health questionnaire" means the standard health  
13 questionnaire designated under chapter 48.41 RCW.

14 (47) "Utilization review" means the prospective, concurrent, or  
15 retrospective assessment of the necessity and appropriateness of the  
16 allocation of health care resources and services of a provider or  
17 facility, given or proposed to be given to an enrollee or group of  
18 enrollees.

19 (48) "Wellness activity" means an explicit program of an  
20 activity consistent with department of health guidelines, such as,  
21 smoking cessation, injury and accident prevention, reduction of  
22 alcohol misuse, appropriate weight reduction, exercise, automobile  
23 and motorcycle safety, blood cholesterol reduction, and nutrition  
24 education for the purpose of improving enrollee health status and  
25 reducing health service costs.

26

27 NEW SECTION. **Sec. 21.** The department of health shall convert  
28 the license or certification of any facility licensed or certified  
29 by the department to operate as a crisis triage facility to a  
30 license or certification for the facility to operate as a crisis  
31 stabilization unit by the start of the next licensing or  
32 certification period following the effective date of this section.

33

34

1        NEW SECTION.    **Sec. 22.**    When making guidelines under section 2  
2 of this act, the department of health shall consult with  
3 stakeholders including, but not limited to: The Washington council  
4 for behavioral health; WAADAC, the voice for Washington state  
5 addiction professionals persons with lived experience of behavioral  
6 health crisis; family members with lived experience of caring for  
7 someone in behavioral health crisis; the Washington state hospital  
8 association; the American college of emergency physicians;  
9 behavioral health administrative services organizations; the  
10 Washington association of designated crisis responders; the  
11 Washington association of sheriffs and police chiefs; and an  
12 individual or entity representing emergency medical services.  
13

14        NEW SECTION.    **Sec. 23.**    RCW 71.24.647 (Standards for  
15 certification or licensure of triage facilities) and 2018 c 201 s  
16 4056 are each repealed.  
17

18        NEW SECTION.    **Sec. 24.**    Sections 6, 8, and 10 of this act expire  
19 July 1, 2026.  
20

21        NEW SECTION.    **Sec. 25.**    Sections 7, 9, and 11 of this act take  
22 effect July 1, 2026.  
23

24        **Sec. 26.**    2022 c 210 s 31 (uncodified) is amended to read as  
25 follows:

26        (1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13  
27 and 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of  
28 2021, (~~and~~) sections 2 and 10, chapter 210, Laws of 2022, and  
29 section 4, chapter . . ., Laws of 2023 (section 4 of this act) take  
30 effect when monthly single-bed certifications authorized under RCW  
31 71.05.745 fall below 200 reports for 3 consecutive months.

32        (2) The health care authority must provide written notice of the  
33 effective date of sections 4 and 28, chapter 302, Laws of 2020,  
34 sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter

1 264, Laws of 2021, (~~and~~) sections 2 and 10, chapter 210, Laws of  
2 2022, and section 4, chapter . . ., Laws of 2023 (section 4 of this  
3 act) to affected parties, the chief clerk of the house of  
4 representatives, the secretary of the senate, the office of the code  
5 reviser, and others as deemed appropriate by the authority.

6  
7 **Sec. 27.** 2021 c 264 s 29 (uncodified) is amended to read as  
8 follows:

9 (1) Sections 64 and 81, chapter 302, Laws of 2020 (~~and, until~~  
10 ~~July 1, 2022, section 27, chapter 264, Laws of 2021 and, beginning~~  
11 ~~July 1, 2022~~)), section 28, chapter 264, Laws of 2021, and section  
12 13, chapter . . ., Laws of 2023 (section 13 of this act) take effect  
13 when the average wait time for children's long-term inpatient  
14 placement admission is 30 days or less for two consecutive quarters.

15 (2) The health care authority must provide written notice of the  
16 effective date of sections 64 and 81, chapter 302, Laws of 2020  
17 (~~and sections 27 and~~), section 28, chapter 264, Laws of 2021, and  
18 section 13, chapter . . ., Laws of 2023 (section 13 of this act) to  
19 affected parties, the chief clerk of the house of representatives,  
20 the secretary of the senate, the office of the code reviser, and  
21 others as deemed appropriate by the authority."

22  
23 Correct the title.

24  
EFFECT: Requires 23-hour crisis relief centers (CRCs) to be  
authorized by the Department of Health (DOH) to participate in a  
pilot program, rather than be licensed or certified by the DOH.  
Limits participation in the program to no more than five CRCs.  
Requires participating CRCs to be located in different geographic  
areas of the state with varying levels of population density. Begins  
the pilot program on January 1, 2024, and concludes the pilot  
program December 31, 2029. Requires the DOH to adopt guidelines,  
rather than rules, for the pilot program according to the same  
parameters as the bill had established for the licensing or  
certification of CRCs.

33

34

Directs the DOH to conduct an assessment of the CRCs pilot program and submit a report and recommendations to the Governor and the Legislature by December 1, 2029.

Changes the authority granted to CRCs to only apply while they are participating in the pilot project, as that authority applies to (1) designated crisis responders sending persons to CRCs; (2) peace officers delivering persons to CRCs; (3) detentions of persons at CRCs by agencies monitoring persons on less restrictive alternative treatment orders or conditional release orders or by designated crisis responders; and (4) police officers taking persons with a behavioral health condition who are believed to have committed a crime to a CRC.

--- END ---