

3SHB 1713 - H AMD 980

By Representative Cody

ADOPTED 03/29/2016

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

3 "PART I

4 CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT PROVISIONS

5 **Sec. 101.** RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted
6 and amended to read as follows:

7 For the purposes of this chapter the following words and phrases
8 shall have the following meanings unless the context clearly requires
9 otherwise:

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

16 (2) "Approved substance use disorder treatment program" means a
17 program for persons with a substance use disorder provided by a
18 treatment program certified by the department of social and health
19 services as meeting standards adopted under this chapter.

20 (3) "Behavioral health organization" means a county authority or
21 group of county authorities or other entity recognized by the
22 secretary in contract in a defined regional service area.

23 (4) "Behavioral health program" has the same meaning as in RCW
24 71.24.025.

25 (5) "Behavioral health services" means mental health services as
26 described in chapters 71.24 and 71.36 RCW and chemical dependency
27 treatment services as described in this chapter.

28 ~~((5))~~ (6) "Chemical dependency" means: (a) Alcoholism; (b) drug
29 addiction; or (c) dependence on alcohol and one or more other
30 psychoactive chemicals, as the context requires.

31 ~~((6))~~ "~~Chemical dependency program~~" means ~~expenditures and~~
32 ~~activities of the department designed and conducted to prevent or~~

1 ~~treat alcoholism and other drug addiction, including reasonable~~
2 ~~administration and overhead.))~~

3 (7) "Department" means the department of social and health
4 services.

5 (8) "Designated chemical dependency specialist" or "specialist"
6 means a person designated by the behavioral health organization or by
7 the county (~~alcoholism and other drug addiction~~) substance use
8 disorder treatment program coordinator designated (~~under RCW~~
9 ~~70.96A.310~~) by the behavioral health organization to perform the
10 commitment duties described in RCW 70.96A.140 and qualified to do so
11 by meeting standards adopted by the department.

12 (9) (~~"Director" means the person administering the substance use~~
13 ~~disorder program within the department.~~

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

20 (~~(11) "Emergency service patrol" means a patrol established~~
21 ~~under RCW 70.96A.170.~~

22 ~~(12)~~) (10) "Gravely disabled by alcohol or other psychoactive
23 chemicals" or "gravely disabled" means that a person, as a result of
24 the use of alcohol or other psychoactive chemicals: (a) Is in danger
25 of serious physical harm resulting from a failure to provide for his
26 or her essential human needs of health or safety; or (b) manifests
27 severe deterioration in routine functioning evidenced by a repeated
28 and escalating loss of cognition or volitional control over his or
29 her actions and is not receiving care as essential for his or her
30 health or safety.

31 (~~(13)~~) (11) "History of one or more violent acts" refers to the
32 period of time ten 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, or a long-term alcoholism or
35 drug treatment facility, or in confinement.

36 (~~(14)~~) (12) "Incapacitated by alcohol or other psychoactive
37 chemicals" means that a person, as a result of the use of alcohol or
38 other psychoactive chemicals, is gravely disabled or presents a
39 likelihood of serious harm to himself or herself, to any other
40 person, or to property.

1 ~~((15))~~ (13) "Incompetent person" means a person who has been
2 adjudged incompetent by the superior court.

3 ~~((16))~~ (14) "Intoxicated person" means a person whose mental or
4 physical functioning is substantially impaired as a result of the use
5 of alcohol or other psychoactive chemicals.

6 ~~((17))~~ (15) "Licensed physician" means a person licensed to
7 practice medicine or osteopathic medicine and surgery in the state of
8 Washington.

9 ~~((18))~~ (16) "Likelihood of serious harm" means:

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

19 (b) The individual has threatened the physical safety of another
20 and has a history of one or more violent acts.

21 ~~((19))~~ (17) "Medical necessity" for inpatient care of a minor
22 means a requested certified inpatient service that is reasonably
23 calculated to: (a) Diagnose, arrest, or alleviate a chemical
24 dependency; or (b) prevent the progression of substance use disorders
25 that endanger life or cause suffering and pain, or result in illness
26 or infirmity or threaten to cause or aggravate a handicap, or cause
27 physical deformity or malfunction, and there is no adequate less
28 restrictive alternative available.

29 ~~((20))~~ (18) "Minor" means a person less than eighteen years of
30 age.

31 ~~((21))~~ (19) "Parent" means the parent or parents who have the
32 legal right to custody of the child. Parent includes custodian or
33 guardian.

34 ~~((22))~~ (20) "Peace officer" means a law enforcement official of
35 a public agency or governmental unit, and includes persons
36 specifically given peace officer powers by any state law, local
37 ordinance, or judicial order of appointment.

38 ~~((23))~~ (21) "Person" means an individual, including a minor.

39 ~~((24))~~ (22) "Professional person in charge" or "professional
40 person" means a physician or chemical dependency counselor as defined

1 in rule by the department, who is empowered by a certified treatment
2 program with authority to make assessment, admission, continuing
3 care, and discharge decisions on behalf of the certified program.

4 ~~((+25))~~ (23) "Secretary" means the secretary of the department
5 of social and health services.

6 ~~((+26))~~ (24) "Substance use disorder" means a cluster of
7 cognitive, behavioral, and physiological symptoms indicating that an
8 individual continues using the substance despite significant
9 substance-related problems. The diagnosis of a substance use disorder
10 is based on a pathological pattern of behaviors related to the use of
11 the substances.

12 ~~((+27))~~ (25) "Treatment" means the broad range of emergency,
13 withdrawal management, residential, and outpatient services and care,
14 including diagnostic evaluation, ~~((chemical dependency))~~ substance
15 use disorder education and counseling, medical, psychiatric,
16 psychological, and social service care, vocational rehabilitation and
17 career counseling, which may be extended to persons with substance
18 use disorders and their families, persons incapacitated by alcohol or
19 other psychoactive chemicals, and intoxicated persons.

20 ~~((+28))~~ (26) "Substance use disorder treatment program" means an
21 organization, institution, or corporation, public or private, engaged
22 in the care, treatment, or rehabilitation of persons with substance
23 use ~~((disorder[s]))~~ disorders.

24 ~~((+29))~~ (27) "Violent act" means behavior that resulted in
25 homicide, attempted suicide, nonfatal injuries, or substantial damage
26 to property.

27 (28) "Commitment" means the determination by a court that a
28 person should be detained for a period of either evaluation or
29 treatment, or both, in an inpatient or a less restrictive setting.

30 (29) "Mental health professional" means a psychiatrist,
31 psychologist, physician assistant working with a supervising
32 psychiatrist, psychiatric advanced registered nurse practitioner,
33 psychiatric nurse, or social worker, and such other mental health
34 professionals as may be defined by rules adopted by the secretary
35 pursuant to the provisions of chapter 71.05 RCW.

36 (30) "Physician assistant" means a person licensed as a physician
37 assistant under chapter 18.57A or 18.71A RCW.

38 (31) "Psychiatric advanced registered nurse practitioner" means a
39 person who is licensed as an advanced registered nurse practitioner

1 pursuant to chapter 18.79 RCW; and who is board certified in advanced
2 practice psychiatric and mental health nursing.

3 **Sec. 102.** RCW 70.96A.140 and 2014 c 225 s 29 are each amended to
4 read as follows:

5 (1)(a) When a designated chemical dependency specialist receives
6 information alleging that a person presents a likelihood of serious
7 harm or is gravely disabled as a result of chemical dependency, the
8 designated chemical dependency specialist, after investigation and
9 evaluation of the specific facts alleged and of the reliability and
10 credibility of the information, may file a petition for commitment of
11 such person with the superior court, district court, or in another
12 court permitted by court rule.

13 If a petition for commitment is not filed in the case of a minor,
14 the parent, guardian, or custodian who has custody of the minor may
15 seek review of that decision made by the designated chemical
16 dependency specialist in superior or district court. The parent,
17 guardian, or custodian shall file notice with the court and provide a
18 copy of the designated chemical dependency specialist's report.

19 If the designated chemical dependency specialist finds that the
20 initial needs of such person would be better served by placement
21 within the mental health system, the person shall be referred to
22 either a designated mental health professional or an evaluation and
23 treatment facility as defined in RCW 71.05.020 or 71.34.020.

24 (b) If placement in a chemical dependency program is available
25 and deemed appropriate, the petition shall allege that: The person is
26 chemically dependent and presents a likelihood of serious harm or is
27 gravely disabled by alcohol or drug addiction, or that the person has
28 twice before in the preceding twelve months been admitted for
29 withdrawal management, sobering services, or chemical dependency
30 treatment pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of
31 a more sustained treatment program, or that the person is chemically
32 dependent and has threatened, attempted, or inflicted physical harm
33 on another and is likely to inflict physical harm on another unless
34 committed. A refusal to undergo treatment, by itself, does not
35 constitute evidence of lack of judgment as to the need for treatment.

36 ~~((The petition shall be accompanied by a certificate of a licensed~~
37 ~~physician who has examined the person within five days before~~
38 ~~submission of the petition, unless the person whose commitment is~~
39 ~~sought has refused to submit to a medical examination, in which case~~

1 ~~the fact of refusal shall be alleged in the petition. The certificate~~
2 ~~shall set forth the licensed physician's findings in support of the~~
3 ~~allegations of the petition. A physician employed by the petitioning~~
4 ~~program or the department is eligible to be the certifying~~
5 ~~physician.))~~

6 (c) If involuntary detention is sought, the petition must state
7 facts that support a finding of the grounds identified in (b) of this
8 subsection and that there are no less restrictive alternatives to
9 detention in the best interest of such person or others. The petition
10 must state specifically that less restrictive alternative treatment
11 was considered and specify why treatment less restrictive than
12 detention is not appropriate. If an involuntary less restrictive
13 alternative is sought, the petition must state facts that support a
14 finding of the grounds for commitment identified in (b) of this
15 subsection and set forth the proposed less restrictive alternative.

16 (d)(i) The petition must be signed by:

17 (A) Two physicians;

18 (B) One physician and a mental health professional;

19 (C) One physician assistant and a mental health professional; or

20 (D) One psychiatric advanced registered nurse practitioner and a
21 mental health professional.

22 (ii) The persons signing the petition must have examined the
23 person.

24 (2) Upon filing the petition, the court shall fix a date for a
25 hearing no less than two and no more than seven days after the date
26 the petition was filed unless the person petitioned against is
27 presently being detained in a program, pursuant to RCW 70.96A.120,
28 71.05.210, or 71.34.710, in which case the hearing shall be held
29 within seventy-two hours of the filing of the petition: PROVIDED,
30 HOWEVER, That the above specified seventy-two hours shall be computed
31 by excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER,
32 That, the court may, upon motion of the person whose commitment is
33 sought, or upon motion of petitioner with written permission of the
34 person whose commitment is sought, or his or her counsel and, upon
35 good cause shown, extend the date for the hearing. A copy of the
36 petition and of the notice of the hearing, including the date fixed
37 by the court, shall be served by the designated chemical dependency
38 specialist on the person whose commitment is sought, his or her next
39 of kin, a parent or his or her legal guardian if he or she is a
40 minor, and any other person the court believes advisable. A copy of

1 the petition and certificate shall be delivered to each person
2 notified.

3 (3) At the hearing the court shall hear all relevant
4 testimony((τ)) including, if possible, the testimony, which may be
5 telephonic, of at least one licensed physician, psychiatric advanced
6 registered nurse practitioner, physician assistant, or mental health
7 professional who has examined the person whose commitment is sought.
8 Communications otherwise deemed privileged under the laws of this
9 state are deemed to be waived in proceedings under this chapter when
10 a court of competent jurisdiction in its discretion determines that
11 the waiver is necessary to protect either the detained person or the
12 public. The waiver of a privilege under this section is limited to
13 records or testimony relevant to evaluation of the detained person
14 for purposes of a proceeding under this chapter. Upon motion by the
15 detained person, or on its own motion, the court shall examine a
16 record or testimony sought by a petitioner to determine whether it is
17 within the scope of the waiver.

18 The record maker shall not be required to testify in order to
19 introduce medical, nursing, or psychological records of detained
20 persons so long as the requirements of RCW 5.45.020 are met, except
21 that portions of the record that contain opinions as to whether the
22 detained person is chemically dependent shall be deleted from the
23 records unless the person offering the opinions is available for
24 cross-examination. The person shall be present unless the court
25 believes that his or her presence is likely to be injurious to him or
26 her; in this event the court may deem it appropriate to appoint a
27 guardian ad litem to represent him or her throughout the proceeding.
28 If deemed advisable, the court may examine the person out of
29 courtroom. If the person has refused to be examined by a licensed
30 physician, psychiatric advanced registered nurse practitioner,
31 physician assistant, or mental health professional, he or she shall
32 be given an opportunity to be examined by a court appointed licensed
33 physician, psychiatric advanced registered nurse practitioner,
34 physician assistant, or other professional person qualified to
35 provide such services. If he or she refuses and there is sufficient
36 evidence to believe that the allegations of the petition are true, or
37 if the court believes that more medical evidence is necessary, the
38 court may make a temporary order committing him or her to the
39 department for a period of not more than five days for purposes of a
40 diagnostic examination.

1 (4)(a) If, after hearing all relevant evidence, including the
2 results of any diagnostic examination, the court finds that grounds
3 for involuntary commitment have been established by ~~((clear, cogent,
4 and convincing proof))~~ a preponderance of the evidence and, after
5 considering less restrictive alternatives to involuntary detention
6 and treatment, finds that no such alternatives are in the best
7 interest of the person or others, it shall make an order of
8 commitment to an approved substance use disorder treatment program.
9 It shall not order commitment of a person unless it determines that
10 an approved substance use disorder treatment program is available and
11 able to provide adequate and appropriate treatment for him or her.

12 (b) If the court finds that the grounds for commitment have been
13 established by a preponderance of the evidence, but that treatment in
14 a less restrictive setting than detention is in the best interest of
15 such person or others, the court shall order an appropriate less
16 restrictive course of treatment. The less restrictive order may
17 impose treatment conditions and other conditions that are in the best
18 interest of the respondent and others. A copy of the less restrictive
19 order must be given to the respondent, the designated chemical
20 dependency specialist, and any program designated to provide less
21 restrictive treatment. If the program designated to provide the less
22 restrictive treatment is other than the program providing the initial
23 involuntary treatment, the program so designated must agree in
24 writing to assume such responsibility. The court may not order
25 commitment of a person to a less restrictive course of treatment
26 unless it determines that an approved substance use disorder
27 treatment program is available and able to provide adequate and
28 appropriate treatment for him or her.

29 (5) A person committed to inpatient treatment under this section
30 shall remain in the program for treatment for a period of ~~((sixty))~~
31 fourteen days unless sooner discharged. A person committed to a less
32 restrictive course of treatment under this section shall remain in
33 the program of treatment for a period of ninety days unless sooner
34 discharged. At the end of the ~~((sixty))~~ fourteen-day period, or
35 ninety-day period in the case of a less restrictive alternative to
36 inpatient treatment, he or she shall be discharged automatically
37 unless the program or the designated chemical dependency specialist,
38 before expiration of the period, files a petition for his or her
39 recommitment upon the grounds set forth in subsection (1) of this
40 section for a further period of ninety days of inpatient treatment or

1 ninety days of less restrictive alternative treatment unless sooner
2 discharged. The petition for ninety-day inpatient or less restrictive
3 alternative treatment must be filed with the clerk of the court at
4 least three days before expiration of the fourteen-day period of
5 intensive treatment.

6 If a petition for recommitment is not filed in the case of a
7 minor, the parent, guardian, or custodian who has custody of the
8 minor may seek review of that decision made by the designated
9 chemical dependency specialist in superior or district court. The
10 parent, guardian, or custodian shall file notice with the court and
11 provide a copy of the treatment progress report.

12 If a person has been committed because he or she is chemically
13 dependent and likely to inflict physical harm on another, the program
14 or designated chemical dependency specialist shall apply for
15 recommitment if after examination it is determined that the
16 likelihood still exists.

17 (6) Upon the filing of a petition for recommitment under
18 subsection (5) of this section, the court shall fix a date for
19 hearing no less than two and no more than seven days after the date
20 the petition was filed: PROVIDED, That, the court may, upon motion of
21 the person whose commitment is sought and upon good cause shown,
22 extend the date for the hearing. A copy of the petition and of the
23 notice of hearing, including the date fixed by the court, shall be
24 served by the treatment program on the person whose commitment is
25 sought, his or her next of kin, the original petitioner under
26 subsection (1) of this section if different from the petitioner for
27 recommitment, one of his or her parents or his or her legal guardian
28 if he or she is a minor, and his or her attorney and any other person
29 the court believes advisable. At the hearing the court shall proceed
30 as provided in subsections (3) and (4) of this section, except that
31 the burden of proof upon a hearing for recommitment must be proof by
32 clear, cogent, and convincing evidence.

33 (7) The approved substance use disorder treatment program shall
34 provide for adequate and appropriate treatment of a person committed
35 to its custody on an inpatient or outpatient basis. A person
36 committed under this section may be transferred from one approved
37 public treatment program to another if transfer is medically
38 advisable.

39 (8) A person committed to (~~the custody of~~) a program for
40 treatment shall be discharged at any time before the end of the

1 period for which he or she has been committed and he or she shall be
2 discharged by order of the court if either of the following
3 conditions are met:

4 (a) In case of a chemically dependent person committed on the
5 grounds of likelihood of infliction of physical harm upon himself,
6 herself, or another, the likelihood no longer exists; or further
7 treatment will not be likely to bring about significant improvement
8 in the person's condition, or treatment is no longer adequate or
9 appropriate.

10 (b) In case of a chemically dependent person committed on the
11 grounds of the need of treatment and incapacity, that the incapacity
12 no longer exists.

13 (9) The court shall inform the person whose commitment or
14 recommitment is sought of his or her right to contest the
15 application, be represented by counsel at every stage of any
16 proceedings relating to his or her commitment and recommitment, and
17 have counsel appointed by the court or provided by the court, if he
18 or she wants the assistance of counsel and is unable to obtain
19 counsel. If the court believes that the person needs the assistance
20 of counsel, the court shall require, by appointment if necessary,
21 counsel for him or her regardless of his or her wishes. The person
22 shall, if he or she is financially able, bear the costs of such legal
23 service; otherwise such legal service shall be at public expense. The
24 person whose commitment or recommitment is sought shall be informed
25 of his or her right to be examined by a licensed physician (~~of his~~
26 ~~or her choice~~), psychiatric advanced registered nurse practitioner,
27 physician assistant, or other professional person of his or her
28 choice who is qualified to provide such services. If the person is
29 unable to obtain a (~~licensed physician~~) qualified person and
30 requests an examination (~~by a physician~~), the court shall employ a
31 licensed physician, psychiatric advanced registered nurse
32 practitioner, physician assistant, or other professional person to
33 conduct an examination and testify on behalf of the person.

34 (10) A person committed under this chapter may at any time seek
35 to be discharged from commitment by writ of habeas corpus in a court
36 of competent jurisdiction.

37 (11) The venue for proceedings under this section is the county
38 in which person to be committed resides or is present.

39 (12) When in the opinion of the professional person in charge of
40 the program providing involuntary inpatient treatment under this

1 chapter, the committed patient can be appropriately served by less
2 restrictive treatment before expiration of the period of commitment,
3 then the less restrictive care may be required as a condition for
4 early release for a period which, when added to the initial treatment
5 period, does not exceed the period of commitment. If the program
6 designated to provide the less restrictive treatment is other than
7 the program providing the initial involuntary treatment, the program
8 so designated must agree in writing to assume such responsibility. A
9 copy of the conditions for early release shall be given to the
10 patient, the designated chemical dependency specialist of original
11 commitment, and the court of original commitment. The program
12 designated to provide less restrictive care may modify the conditions
13 for continued release when the modifications are in the best
14 interests of the patient. If the program providing less restrictive
15 care and the designated chemical dependency specialist determine that
16 a conditionally released patient is failing to adhere to the terms
17 and conditions of his or her release, or that substantial
18 deterioration in the patient's functioning has occurred, then the
19 designated chemical dependency specialist shall notify the court of
20 original commitment and request a hearing to be held no less than two
21 and no more than seven days after the date of the request to
22 determine whether or not the person should be returned to more
23 restrictive care. The designated chemical dependency specialist shall
24 file a petition with the court stating the facts substantiating the
25 need for the hearing along with the treatment recommendations. The
26 patient shall have the same rights with respect to notice, hearing,
27 and counsel as for the original involuntary treatment proceedings.
28 The issues to be determined at the hearing are whether the
29 conditionally released patient did or did not adhere to the terms and
30 conditions of his or her release to less restrictive care or that
31 substantial deterioration of the patient's functioning has occurred
32 and whether the conditions of release should be modified or the
33 person should be returned to a more restrictive program. The hearing
34 may be waived by the patient and his or her counsel and his or her
35 guardian or conservator, if any, but may not be waived unless all
36 such persons agree to the waiver. Upon waiver, the person may be
37 returned for involuntary treatment or continued on conditional
38 release on the same or modified conditions. The grounds and
39 procedures for revocation of less restrictive alternative treatment
40 ordered by the court must be the same as those set forth in this

1 section for less restrictive care arranged by an approved substance
2 use disorder treatment program as a condition for early release.

3 **Sec. 103.** RCW 70.96A.145 and 1993 c 137 s 1 are each amended to
4 read as follows:

5 The prosecuting attorney of the county in which such action is
6 taken (~~may, at the discretion of the prosecuting attorney,~~) shall
7 represent the designated chemical dependency specialist or treatment
8 program in judicial proceedings under RCW 70.96A.140 for the
9 involuntary commitment or recommitment of an individual, including
10 any judicial proceeding where the individual sought to be committed
11 or recommitted challenges the action. The costs of mandated
12 representation shall be reimbursed by the behavioral health
13 organization or full integration region.

14 **Sec. 104.** RCW 70.96A.230 and 1998 c 296 s 24 are each amended to
15 read as follows:

16 Any provider of outpatient treatment who provides outpatient
17 treatment to a minor thirteen years of age or older shall provide
18 notice of the minor's request for treatment to the minor's parents
19 if: (1) The minor signs a written consent authorizing the disclosure;
20 or (2) the treatment program director determines that the minor lacks
21 capacity to make a rational choice regarding consenting to
22 disclosure. ((The)) A provider of outpatient treatment may, at his or
23 her discretion, provide notice of a minor's request for treatment to
24 the minor's parents if the provider determines that notice is in the
25 best interest of the minor in achieving recovery. Any notice under
26 this section shall be made within seven days of the request for
27 treatment, excluding Saturdays, Sundays, and holidays, and shall
28 contain the name, location, and telephone number of the facility
29 providing treatment, and the name of a professional person on the
30 staff of the facility providing treatment who is designated to
31 discuss the minor's need for treatment with the parent.

32 PART II

33 INTEGRATED SYSTEM

34 NEW SECTION. **Sec. 201.** A new section is added to chapter 71.05
35 RCW to read as follows:

1 (1)(a) By April 1, 2018, the department, by rule, must combine
2 the functions of a designated mental health professional and
3 designated chemical dependency specialist by establishing a
4 designated crisis responder who is authorized to conduct
5 investigations, detain persons up to seventy-two hours to the proper
6 facility, and carry out the other functions identified in this
7 chapter and chapter 71.34 RCW. The behavioral health organizations
8 shall provide training to the designated crisis responders as
9 required by the department.

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

13 (A) Psychiatrist, psychologist, psychiatric advanced registered
14 nurse practitioner, or social worker;

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

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

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

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

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

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

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

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

7 (b) If, at any time during the implementation of secure
8 detoxification facility capacity, federal funding becomes unavailable
9 for federal match for services provided in secure detoxification
10 facilities, then the department must cease any expansion of secure
11 detoxification facilities until further direction is provided by the
12 legislature.

13 NEW SECTION. **Sec. 202.** A new section is added to chapter 71.05
14 RCW to read as follows:

15 (1) The Washington state institute for public policy shall
16 evaluate the effect of the integration of the involuntary treatment
17 systems for substance use disorders and mental health and make
18 preliminary reports to appropriate committees of the legislature by
19 December 1, 2020, and June 30, 2021, and a final report by June 30,
20 2023.

21 (2) The evaluation must include an assessment of whether the
22 integrated system:

23 (a) Has increased efficiency of evaluation and treatment of
24 persons involuntarily detained for substance use disorders;

25 (b) Is cost-effective, including impacts on health care, housing,
26 employment, and criminal justice costs;

27 (c) Results in better outcomes for persons involuntarily
28 detained;

29 (d) Increases the effectiveness of the crisis response system
30 statewide;

31 (e) Has an impact on commitments based upon mental disorders;

32 (f) Has been sufficiently resourced with enough involuntary
33 treatment beds, less restrictive alternative treatment options, and
34 state funds to provide timely and appropriate treatment for all
35 individuals interacting with the integrated involuntary treatment
36 system; and

37 (g) Has diverted from the mental health involuntary treatment
38 system a significant number of individuals whose risk results from
39 substance abuse, including an estimate of the net savings from

1 serving these clients into the appropriate substance abuse treatment
2 system.

3 (3) This section expires August 1, 2023.

4 **Sec. 203.** RCW 71.05.010 and 2015 c 269 s 1 are each amended to
5 read as follows:

6 (1) The provisions of this chapter are intended by the
7 legislature:

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

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

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

18 (d) To safeguard individual rights;

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

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

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

26 (2) When construing the requirements of this chapter the court
27 must focus on the merits of the petition, except where requirements
28 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d
29 259, 281 (2002). A presumption in favor of deciding petitions on
30 their merits furthers both public and private interests because the
31 mental and physical well-being of individuals as well as public
32 safety may be implicated by the decision to release an individual and
33 discontinue his or her treatment.

34 **Sec. 204.** RCW 71.05.020 and 2015 c 269 s 14 and 2015 c 250 s 2
35 are each reenacted and amended to read as follows:

36 The definitions in this section apply throughout this chapter
37 unless the context clearly requires otherwise.

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

4 (2) "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 limited
7 to atypical antipsychotic medications;

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

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

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

16 (6) "Crisis stabilization unit" means a short-term facility or a
17 portion of a facility licensed by the department of health and
18 certified by the department of social and health services under RCW
19 71.24.035, such as an evaluation and treatment facility or a
20 hospital, which has been designed to assess, diagnose, and treat
21 individuals experiencing an acute crisis without the use of long-term
22 hospitalization;

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

27 (8) "Department" means the department of social and health
28 services;

29 (~~(9) ("Designated chemical dependency specialist" means a person
30 designated by the county alcoholism and other drug addiction program
31 coordinator designated under RCW 70.96A.310 to perform the commitment
32 duties described in chapters 70.96A and 70.96B RCW;~~

33 ~~(10))~~ (10) "Designated crisis responder" means a mental health
34 professional appointed by ~~((the county or))~~ the behavioral health
35 organization to perform the duties specified in this chapter;

36 ~~((11) "Designated mental health professional" means a mental
37 health professional designated by the county or other authority
38 authorized in rule to perform the duties specified in this chapter;~~

39 ~~(12))~~ (10) "Detention" or "detain" means the lawful confinement
40 of a person, under the provisions of this chapter;

1 (~~(13)~~) (11) "Developmental disabilities professional" means a
2 person 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, psychologist, psychiatric
5 advanced registered nurse practitioner, or social worker, and such
6 other developmental disabilities professionals as may be defined by
7 rules adopted by the secretary;

8 (~~(14)~~) (12) "Developmental disability" means that condition
9 defined in RCW 71A.10.020(5);

10 (~~(15)~~) (13) "Discharge" means the termination of hospital
11 medical authority. The commitment may remain in place, be terminated,
12 or be amended by court order;

13 (~~(16)~~) (14) "Evaluation and treatment facility" means any
14 facility which can provide directly, or by direct arrangement with
15 other public or private agencies, emergency evaluation and treatment,
16 outpatient care, and timely and appropriate inpatient care to persons
17 suffering from a mental disorder, and which is certified as such by
18 the department. The department may certify single beds as temporary
19 evaluation and treatment beds under RCW 71.05.745. A physically
20 separate and separately operated portion of a state hospital may be
21 designated as an evaluation and treatment facility. A facility which
22 is part of, or operated by, the department or any federal agency will
23 not require certification. No correctional institution or facility,
24 or jail, shall be an evaluation and treatment facility within the
25 meaning of this chapter;

26 (~~(17)~~) (15) "Gravely disabled" means a condition in which a
27 person, as a result of a mental disorder, or as a result of the use
28 of alcohol or other psychoactive chemicals: (a) Is in danger of
29 serious physical harm resulting from a failure to provide for his or
30 her essential human needs of health or safety; or (b) manifests
31 severe deterioration in routine functioning evidenced by repeated and
32 escalating loss of cognitive or volitional control over his or her
33 actions and is not receiving such care as is essential for his or her
34 health or safety;

35 (~~(18)~~) (16) "Habilitative services" means those services
36 provided by program personnel to assist persons in acquiring and
37 maintaining life skills and in raising their levels of physical,
38 mental, social, and vocational functioning. Habilitative services
39 include education, training for employment, and therapy. The
40 habilitative process shall be undertaken with recognition of the risk

1 to the public safety presented by the person being assisted as
2 manifested by prior charged criminal conduct;

3 ~~((19))~~ (17) "History of one or more violent acts" refers to the
4 period of time ten years prior to the filing of a petition under this
5 chapter, excluding any time spent, but not any violent acts
6 committed, in a mental health facility, a long-term alcoholism or
7 drug treatment facility, or in confinement as a result of a criminal
8 conviction;

9 ~~((20))~~ (18) "Imminent" means the state or condition of being
10 likely to occur at any moment or near at hand, rather than distant or
11 remote;

12 ~~((21))~~ (19) "Individualized service plan" means a plan prepared
13 by a developmental disabilities professional with other professionals
14 as a team, for a person with developmental disabilities, which shall
15 state:

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

18 (b) The conditions and strategies necessary to achieve the
19 purposes of habilitation;

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

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

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

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

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

32 ~~((22))~~ (20) "Information related to mental health services"
33 means all information and records compiled, obtained, or maintained
34 in the course of providing services to either voluntary or
35 involuntary recipients of services by a mental health service
36 provider. This may include documents of legal proceedings under this
37 chapter or chapter 71.34 or 10.77 RCW, or somatic health care
38 information;

39 ~~((23))~~ (21) "In need of assisted outpatient mental health
40 treatment" means that a person, as a result of a mental disorder: (a)

1 Has been committed by a court to detention for involuntary mental
2 health treatment at least twice during the preceding thirty-six
3 months, or, if the person is currently committed for involuntary
4 mental health treatment, the person has been committed to detention
5 for involuntary mental health treatment at least once during the
6 thirty-six months preceding the date of initial detention of the
7 current commitment cycle; (b) is unlikely to voluntarily participate
8 in outpatient treatment without an order for less restrictive
9 alternative treatment, in view of the person's treatment history or
10 current behavior; (c) is unlikely to survive safely in the community
11 without supervision; (d) is likely to benefit from less restrictive
12 alternative treatment; and (e) requires less restrictive alternative
13 treatment to prevent a relapse, decompensation, or deterioration that
14 is likely to result in the person presenting a likelihood of serious
15 harm or the person becoming gravely disabled within a reasonably
16 short period of time. For purposes of (a) of this subsection, time
17 spent in a mental health facility or in confinement as a result of a
18 criminal conviction is excluded from the thirty-six month
19 calculation;

20 ~~((+24))~~ (22) "Judicial commitment" means a commitment by a court
21 pursuant to the provisions of this chapter;

22 ~~((+25))~~ (23) "Legal counsel" means attorneys and staff employed
23 by county prosecutor offices or the state attorney general acting in
24 their capacity as legal representatives of public mental health and
25 substance use disorder service providers under RCW 71.05.130;

26 ~~((+26))~~ (24) "Less restrictive alternative treatment" means a
27 program of individualized treatment in a less restrictive setting
28 than inpatient treatment that includes the services described in RCW
29 71.05.585;

30 ~~((+27))~~ (25) "Likelihood of serious harm" means:

31 (a) A substantial risk that: (i) Physical harm will be inflicted
32 by a person upon his or her own person, as evidenced by threats or
33 attempts to commit suicide or inflict physical harm on oneself; (ii)
34 physical harm will be inflicted by a person upon another, as
35 evidenced by behavior which has caused such harm or which places
36 another person or persons in reasonable fear of sustaining such harm;
37 or (iii) physical harm will be inflicted by a person upon the
38 property of others, as evidenced by behavior which has caused
39 substantial loss or damage to the property of others; or

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

3 ~~((+28+))~~ (26) "Medical clearance" means a physician or other
4 health care provider has determined that a person is medically stable
5 and ready for referral to the designated ~~((mental—health~~
6 ~~professional))~~ crisis responder;

7 ~~((+29+))~~ (27) "Mental disorder" means any organic, mental, or
8 emotional impairment which has substantial adverse effects on a
9 person's cognitive or volitional functions;

10 ~~((+30+))~~ (28) "Mental health professional" means a psychiatrist,
11 psychologist, psychiatric advanced registered nurse practitioner,
12 psychiatric nurse, or social worker, and such other mental health
13 professionals as may be defined by rules adopted by the secretary
14 pursuant to the provisions of this chapter;

15 ~~((+31+))~~ (29) "Mental health service provider" means a public or
16 private agency that provides mental health services to persons with
17 mental disorders or substance use disorders as defined under this
18 section and receives funding from public sources. This includes, but
19 is not limited to, hospitals licensed under chapter 70.41 RCW,
20 evaluation and treatment facilities as defined in this section,
21 community mental health service delivery systems or ~~((community~~
22 ~~mental))~~ behavioral health programs as defined in RCW 71.24.025,
23 facilities conducting competency evaluations and restoration under
24 chapter 10.77 RCW, approved substance use disorder treatment programs
25 as defined in this section, secure detoxification facilities as
26 defined in this section, and correctional facilities operated by
27 state and local governments;

28 ~~((+32+))~~ (30) "Peace officer" means a law enforcement official of
29 a 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 ~~((+33+))~~ (31) "Private agency" means any person, partnership,
33 corporation, or association that is not a public agency, whether or
34 not financed in whole or in part by public funds, which constitutes
35 an evaluation and treatment facility or private institution, or
36 hospital, or approved substance use disorder treatment program, which
37 is conducted for, or includes a department or ward conducted for, the
38 care and treatment of persons ~~((who are mentally ill))~~ with mental
39 illness, substance use disorders, or both mental illness and
40 substance use disorders;

1 ~~((34))~~ (32) "Professional person" means a mental health
2 professional or designated crisis responder and shall also mean a
3 physician, psychiatric advanced registered nurse practitioner,
4 registered nurse, and such others as may be defined by rules adopted
5 by the secretary pursuant to the provisions of this chapter;

6 ~~((35))~~ (33) "Psychiatric advanced registered nurse
7 practitioner" means a person who is licensed as an advanced
8 registered nurse practitioner pursuant to chapter 18.79 RCW; and who
9 is board certified in advanced practice psychiatric and mental health
10 nursing;

11 ~~((36))~~ (34) "Psychiatrist" means a person having a license as a
12 physician and surgeon in this state who has in addition completed
13 three years of graduate training in psychiatry in a program approved
14 by the American medical association or the American osteopathic
15 association and is certified or eligible to be certified by the
16 American board of psychiatry and neurology;

17 ~~((37))~~ (35) "Psychologist" means a person who has been licensed
18 as a psychologist pursuant to chapter 18.83 RCW;

19 ~~((38))~~ (36) "Public agency" means any evaluation and treatment
20 facility or institution, secure detoxification facility, approved
21 substance use disorder treatment program, or hospital which is
22 conducted for, or includes a department or ward conducted for, the
23 care and treatment of persons with mental illness, substance use
24 disorders, or both mental illness and substance use disorders, if the
25 agency is operated directly by~~((7))~~ federal, state, county, or
26 municipal government, or a combination of such governments;

27 ~~((39))~~ (37) "Registration records" include all the records of
28 the department, behavioral health organizations, treatment
29 facilities, and other persons providing services to the department,
30 county departments, or facilities which identify persons who are
31 receiving or who at any time have received services for mental
32 illness or substance use disorders;

33 ~~((40))~~ (38) "Release" means legal termination of the commitment
34 under the provisions of this chapter;

35 ~~((41))~~ (39) "Resource management services" has the meaning
36 given in chapter 71.24 RCW;

37 ~~((42))~~ (40) "Secretary" means the secretary of the department
38 of social and health services, or his or her designee;

39 ~~((43))~~ (41) "Serious violent offense" has the same meaning as
40 provided in RCW 9.94A.030;

1 ~~((44))~~ (42) "Social worker" means a person with a master's or
2 further advanced degree from a social work educational program
3 accredited and approved as provided in RCW 18.320.010;

4 ~~((45))~~ (43) "Therapeutic court personnel" means the staff of a
5 mental health court or other therapeutic court which has jurisdiction
6 over defendants who are dually diagnosed with mental disorders,
7 including court personnel, probation officers, a court monitor,
8 prosecuting attorney, or defense counsel acting within the scope of
9 therapeutic court duties;

10 ~~((46))~~ (44) "Treatment records" include registration and all
11 other records concerning persons who are receiving or who at any time
12 have received services for mental illness, which are maintained by
13 the department, by behavioral health organizations and their staffs,
14 and by treatment facilities. Treatment records include mental health
15 information contained in a medical bill including but not limited to
16 mental health drugs, a mental health diagnosis, provider name, and
17 dates of service stemming from a medical service. Treatment records
18 do not include notes or records maintained for personal use by a
19 person providing treatment services for the department, behavioral
20 health organizations, or a treatment facility if the notes or records
21 are not available to others;

22 ~~((47))~~ (45) "Triage facility" means a short-term facility or a
23 portion of a facility licensed by the department of health and
24 certified by the department of social and health services under RCW
25 71.24.035, which is designed as a facility to assess and stabilize an
26 individual or determine the need for involuntary commitment of an
27 individual, and must meet department of health residential treatment
28 facility standards. A triage facility may be structured as a
29 voluntary or involuntary placement facility;

30 ~~((48))~~ (46) "Violent act" means behavior that resulted in
31 homicide, attempted suicide, nonfatal injuries, or substantial damage
32 to property;

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

39 (48) "Approved substance use disorder treatment program" means a
40 program for persons with a substance use disorder provided by a

1 treatment program certified by the department as meeting standards
2 adopted under chapter 71.24 RCW;

3 (49) "Chemical dependency" means:

4 (a) Alcoholism;

5 (b) Drug addiction; or

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

8 (50) "Chemical dependency professional" means a person certified
9 as a chemical dependency professional by the department of health
10 under chapter 18.205 RCW;

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

17 (52) "Intoxicated person" means a person whose mental or physical
18 functioning is substantially impaired as a result of the use of
19 alcohol or other psychoactive chemicals;

20 (53) "Licensed physician" means a person licensed to practice
21 medicine or osteopathic medicine and surgery in the state of
22 Washington;

23 (54) "Secure detoxification facility" means a facility operated
24 by either a public or private agency or by the program of an agency
25 that:

26 (a) Provides for intoxicated persons:

27 (i) Evaluation and assessment, provided by certified chemical
28 dependency professionals;

29 (ii) Acute or subacute detoxification services; and

30 (iii) Discharge assistance provided by certified chemical
31 dependency professionals, including facilitating transitions to
32 appropriate voluntary or involuntary inpatient services or to less
33 restrictive alternatives as appropriate for the individual;

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

36 (c) Is certified as such by the department;

37 (55) "Substance use disorder" means a cluster of cognitive,
38 behavioral, and physiological symptoms indicating that an individual
39 continues using the substance despite significant substance-related
40 problems. The diagnosis of a substance use disorder is based on a

1 pathological pattern of behaviors related to the use of the
2 substances.

3 **Sec. 205.** RCW 71.05.025 and 2014 c 225 s 80 are each amended to
4 read as follows:

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

21 **Sec. 206.** RCW 71.05.026 and 2014 c 225 s 81 are each amended to
22 read as follows:

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

27 (2) Except as expressly provided in contracts entered into
28 between the department and the behavioral health organizations after
29 March 29, 2006, the entities identified in subsection (3) of this
30 section shall have no claim for declaratory relief, injunctive
31 relief, judicial review under chapter 34.05 RCW, or civil liability
32 against the state or state agencies for actions or inactions
33 performed pursuant to the administration of this chapter with regard
34 to the following: (a) The allocation or payment of federal or state
35 funds; (b) the use or allocation of state hospital beds; or (c)
36 financial responsibility for the provision of inpatient mental health
37 care or inpatient substance use disorder treatment.

1 (3) This section applies to counties, behavioral health
2 organizations, and entities which contract to provide behavioral
3 health organization services and their subcontractors, agents, or
4 employees.

5 **Sec. 207.** RCW 71.05.050 and 2015 c 269 s 5 are each amended to
6 read as follows:

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

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

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

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

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

19 **Sec. 208.** RCW 71.05.120 and 2000 c 94 s 4 are each amended to
20 read as follows:

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

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

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

6 **Sec. 209.** RCW 71.05.132 and 2004 c 166 s 12 are each amended to
7 read as follows:

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

19 **Sec. 210.** RCW 71.05.150 and 2015 c 250 s 3 are each amended to
20 read as follows:

21 (1)(a) When a designated (~~mental health professional~~) crisis
22 responder receives information alleging that a person, as a result of
23 a mental disorder(~~(+)(i)~~), substance use disorder, or both presents
24 a likelihood of serious harm(~~(+)(ii)~~) or is gravely disabled(~~(+)~~)
25 or (~~(+)(iii)~~) that a person is in need of assisted outpatient mental
26 health treatment; the designated (~~mental health professional~~)
27 crisis responder may, after investigation and evaluation of the
28 specific facts alleged and of the reliability and credibility of any
29 person providing information to initiate detention or involuntary
30 outpatient evaluation, if satisfied that the allegations are true and
31 that the person will not voluntarily seek appropriate treatment, file
32 a petition for initial detention or involuntary outpatient
33 evaluation. If the petition is filed solely on the grounds that the
34 person is in need of assisted outpatient mental health treatment, the
35 petition may only be for an involuntary outpatient evaluation. An
36 involuntary outpatient evaluation may be conducted by any combination
37 of licensed professionals authorized to petition for involuntary
38 commitment under RCW 71.05.230 and must include involvement or

1 consultation with the agency or facility which will provide
2 monitoring or services under the proposed less restrictive
3 alternative treatment order. If the petition is for an involuntary
4 outpatient evaluation and the person is being held in a hospital
5 emergency department, the person may be released once the hospital
6 has satisfied federal and state legal requirements for appropriate
7 screening and stabilization of patients.

8 (b) Before filing the petition, the designated (~~mental health~~
9 ~~professional~~) crisis responder must personally interview the person,
10 unless the person refuses an interview, and determine whether the
11 person will voluntarily receive appropriate evaluation and treatment
12 at an evaluation and treatment facility, crisis stabilization unit,
13 (~~or~~) triage facility, or approved substance use disorder treatment
14 program.

15 (2)(a) An order to detain (~~to~~) a person with a mental disorder
16 to a designated evaluation and treatment facility, or to detain a
17 person with a substance use disorder to a secure detoxification
18 facility or approved substance use disorder treatment program, for
19 not more than a seventy-two-hour evaluation and treatment period, or
20 an order for an involuntary outpatient evaluation, may be issued by a
21 judge of the superior court upon request of a designated (~~mental~~
22 ~~health professional~~) crisis responder, subject to (d) of this
23 subsection, whenever it appears to the satisfaction of a judge of the
24 superior court:

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

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

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

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

36 (d) A court may not issue an order to detain a person to a secure
37 detoxification facility or approved substance use disorder treatment
38 program unless there is an available secure detoxification facility
39 or approved substance use disorder treatment program that has
40 adequate space for the person.

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

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

34 **Sec. 211.** RCW 71.05.150 and 2016 1st sp.s. c ... s 210 (section
35 210 of this act) are each amended to read as follows:

36 (1)(a) When a designated crisis responder receives information
37 alleging that a person, as a result of a mental disorder, substance
38 use disorder, or both presents a likelihood of serious harm or is
39 gravely disabled, or that a person is in need of assisted outpatient

1 mental health treatment; the designated crisis responder may, after
2 investigation and evaluation of the specific facts alleged and of the
3 reliability and credibility of any person providing information to
4 initiate detention or involuntary outpatient evaluation, if satisfied
5 that the allegations are true and that the person will not
6 voluntarily seek appropriate treatment, file a petition for initial
7 detention or involuntary outpatient evaluation. If the petition is
8 filed solely on the grounds that the person is in need of assisted
9 outpatient mental health treatment, the petition may only be for an
10 involuntary outpatient evaluation. An involuntary outpatient
11 evaluation may be conducted by any combination of licensed
12 professionals authorized to petition for involuntary commitment under
13 RCW 71.05.230 and must include involvement or consultation with the
14 agency or facility which will provide monitoring or services under
15 the proposed less restrictive alternative treatment order. If the
16 petition is for an involuntary outpatient evaluation and the person
17 is being held in a hospital emergency department, the person may be
18 released once the hospital has satisfied federal and state legal
19 requirements for appropriate screening and stabilization of patients.

20 (b) Before filing the petition, the designated crisis responder
21 must personally interview the person, unless the person refuses an
22 interview, and determine whether the person will voluntarily receive
23 appropriate evaluation and treatment at an evaluation and treatment
24 facility, crisis stabilization unit, triage facility, or approved
25 substance use disorder treatment program.

26 (2)(a) An order to detain a person with a mental disorder to a
27 designated evaluation and treatment facility, or to detain a person
28 with a substance use disorder to a secure detoxification facility or
29 approved substance use disorder treatment program, for not more than
30 a seventy-two-hour evaluation and treatment period, or an order for
31 an involuntary outpatient evaluation, may be issued by a judge of the
32 superior court upon request of a designated crisis responder(~~(~~
33 ~~subject to (d) of this subsection,~~) whenever it appears to the
34 satisfaction of a judge of the superior court:

- 35 (i) That there is probable cause to support the petition; and
36 (ii) That the person has refused or failed to accept appropriate
37 evaluation and treatment voluntarily.

38 (b) The petition for initial detention or involuntary outpatient
39 evaluation, signed under penalty of perjury, or sworn telephonic

1 testimony may be considered by the court in determining whether there
2 are sufficient grounds for issuing the order.

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

7 ~~((d) A court may not issue an order to detain a person to a
8 secure detoxification facility or approved substance use disorder
9 treatment program unless there is an available secure detoxification
10 facility or approved substance use disorder treatment program that
11 has adequate space for the person.))~~

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

35 (4) The designated crisis responder may notify a peace officer to
36 take such person or cause such person to be taken into custody and
37 placed in an evaluation and treatment facility, secure detoxification
38 facility, or approved substance use disorder treatment program. At
39 the time such person is taken into custody there shall commence to be
40 served on such person, his or her guardian, and conservator, if any,

1 a copy of the original order together with a notice of rights and a
2 petition for initial detention.

3 **Sec. 212.** RCW 71.05.153 and 2015 c 269 s 6 are each amended to
4 read as follows:

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

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

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

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

1 ~~((3))~~ (b) A peace officer's delivery of a person, based on a
2 substance use disorder, to a secure detoxification facility or
3 approved substance use disorder treatment program is subject to the
4 availability of a secure detoxification facility or approved
5 substance use disorder treatment program with adequate space for the
6 person.

7 (4) Persons delivered to a crisis stabilization unit, evaluation
8 and treatment facility, emergency department of a local hospital,
9 ~~((or))~~ triage facility that has elected to operate as an involuntary
10 facility, secure detoxification facility, or approved substance use
11 disorder treatment program by peace officers pursuant to subsection
12 ~~((2))~~ (3) of this section may be held by the facility for a period
13 of up to twelve hours, not counting time periods prior to medical
14 clearance.

15 ~~((4))~~ (5) Within three hours after arrival, not counting time
16 periods prior to medical clearance, the person must be examined by a
17 mental health professional. Within twelve hours of notice of the need
18 for evaluation, not counting time periods prior to medical clearance,
19 the designated ~~((mental health professional))~~ crisis responder must
20 determine whether the individual meets detention criteria. If the
21 individual is detained, the designated ~~((mental health professional))~~
22 crisis responder shall file a petition for detention or a
23 supplemental petition as appropriate and commence service on the
24 designated attorney for the detained person. If the individual is
25 released to the community, the mental health service provider shall
26 inform the peace officer of the release within a reasonable period of
27 time after the release if the peace officer has specifically
28 requested notification and provided contact information to the
29 provider.

30 ~~((5))~~ (6) Dismissal of a commitment petition is not the
31 appropriate remedy for a violation of the timeliness requirements of
32 this 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 mental
34 health professional has totally disregarded the requirements of this
35 section.

36 **Sec. 213.** RCW 71.05.153 and 2016 1st sp.s. c ... s 212 (section
37 212 of this act) are each amended to read as follows:

38 (1) When a designated crisis responder receives information
39 alleging that a person, as the result of a mental disorder, presents

1 an imminent likelihood of serious harm, or is in imminent danger
2 because of being gravely disabled, after investigation and evaluation
3 of the specific facts alleged and of the reliability and credibility
4 of the person or persons providing the information if any, the
5 designated crisis responder may take such person, or cause by oral or
6 written order such person to be taken into emergency custody in an
7 evaluation and treatment facility for not more than seventy-two hours
8 as described in RCW 71.05.180.

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

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

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

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

39 (4) Persons delivered to a crisis stabilization unit, evaluation
40 and treatment facility, emergency department of a local hospital,

1 triage facility that has elected to operate as an involuntary
2 facility, secure detoxification facility, or approved substance use
3 disorder treatment program by peace officers pursuant to subsection
4 (3) of this section may be held by the facility for a period of up to
5 twelve hours, not counting time periods prior to medical clearance.

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

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

26 **Sec. 214.** RCW 71.05.154 and 2013 c 334 s 1 are each amended to
27 read as follows:

28 A designated (~~mental health professional~~) crisis responder
29 conducting an evaluation of a person under RCW 71.05.150 or 71.05.153
30 must consult with any examining emergency room physician regarding
31 the physician's observations and opinions relating to the person's
32 condition, and whether, in the view of the physician, detention is
33 appropriate. The designated (~~mental health professional~~) crisis
34 responder shall take serious consideration of observations and
35 opinions by examining emergency room physicians in determining
36 whether detention under this chapter is appropriate. The designated
37 (~~mental health professional~~) crisis responder must document the
38 consultation with an examining emergency room physician, including

1 the physician's observations or opinions regarding whether detention
2 of the person is appropriate.

3 **Sec. 215.** RCW 71.05.156 and 2015 c 250 s 4 are each amended to
4 read as follows:

5 A designated ((~~mental health professional~~)) crisis responder who
6 conducts an evaluation for imminent likelihood of serious harm or
7 imminent danger because of being gravely disabled under RCW 71.05.153
8 must also evaluate the person under RCW 71.05.150 for likelihood of
9 serious harm or grave disability that does not meet the imminent
10 standard for emergency detention, and to determine whether the person
11 is in need of assisted outpatient mental health treatment.

12 **Sec. 216.** RCW 71.05.157 and 2007 c 375 s 9 are each amended to
13 read as follows:

14 (1) When a designated ((~~mental health professional~~)) crisis
15 responder is notified by a jail that a defendant or offender who was
16 subject to a discharge review under RCW 71.05.232 is to be released
17 to the community, the designated ((~~mental health professional~~))
18 crisis responder shall evaluate the person within seventy-two hours
19 of release.

20 (2) When an offender is under court-ordered treatment in the
21 community and the supervision of the department of corrections, and
22 the treatment provider becomes aware that the person is in violation
23 of the terms of the court order, the treatment provider shall notify
24 the designated ((~~mental health professional~~)) crisis responder and
25 the department of corrections of the violation and request an
26 evaluation for purposes of revocation of the less restrictive
27 alternative.

28 (3) When a designated ((~~mental health professional~~)) crisis
29 responder becomes aware that an offender who is under court-ordered
30 treatment in the community and the supervision of the department of
31 corrections is in violation of a treatment order or a condition of
32 supervision that relates to public safety, or the designated ((~~mental~~
33 ~~health professional~~)) crisis responder detains a person under this
34 chapter, the designated ((~~mental health professional~~)) crisis
35 responder shall notify the person's treatment provider and the
36 department of corrections.

37 (4) When an offender who is confined in a state correctional
38 facility or is under supervision of the department of corrections in

1 the community is subject to a petition for involuntary treatment
2 under this chapter, the petitioner shall notify the department of
3 corrections and the department of corrections shall provide
4 documentation of its risk assessment or other concerns to the
5 petitioner and the court if the department of corrections classified
6 the offender as a high risk or high needs offender.

7 (5) Nothing in this section creates a duty on any treatment
8 provider or designated (~~mental health professional~~) crisis
9 responder to provide offender supervision.

10 (6) No jail or state correctional facility may be considered a
11 less restrictive alternative to an evaluation and treatment facility,
12 secure detoxification facility, or approved substance use disorder
13 treatment program.

14 **Sec. 217.** RCW 71.05.160 and 2007 c 375 s 13 are each amended to
15 read as follows:

16 Any facility receiving a person pursuant to RCW 71.05.150 or
17 71.05.153 shall require the designated (~~mental health professional~~)
18 crisis responder to prepare a petition for initial detention stating
19 the circumstances under which the person's condition was made known
20 and stating that there is evidence, as a result of his or her
21 personal observation or investigation, that the actions of the person
22 for which application is made constitute a likelihood of serious
23 harm, or that he or she is gravely disabled, and stating the specific
24 facts known to him or her as a result of his or her personal
25 observation or investigation, upon which he or she bases the belief
26 that such person should be detained for the purposes and under the
27 authority of this chapter.

28 If a person is involuntarily placed in an evaluation and
29 treatment facility, secure detoxification facility, or approved
30 substance use disorder treatment program pursuant to RCW 71.05.150 or
31 71.05.153, on the next judicial day following the initial detention,
32 the designated (~~mental health professional~~) crisis responder shall
33 file with the court and serve the designated attorney of the detained
34 person the petition or supplemental petition for initial detention,
35 proof of service of notice, and a copy of a notice of emergency
36 detention.

37 **Sec. 218.** RCW 71.05.170 and 2000 c 94 s 5 are each amended to
38 read as follows:

1 Whenever the ((~~county~~)) designated ((~~mental health professional~~))
2 crisis responder petitions for detention of a person whose actions
3 constitute a likelihood of serious harm, or who is gravely disabled,
4 the facility providing seventy-two hour evaluation and treatment must
5 immediately accept on a provisional basis the petition and the
6 person. The facility shall then evaluate the person's condition and
7 admit, detain, transfer, or discharge such person in accordance with
8 RCW 71.05.210. The facility shall notify in writing the court and the
9 ((~~county~~)) designated ((~~mental health professional~~)) crisis responder
10 of the date and time of the initial detention of each person
11 involuntarily detained in order that a probable cause hearing shall
12 be held no later than seventy-two hours after detention.

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

15 **Sec. 219.** RCW 71.05.180 and 1997 c 112 s 12 are each amended to
16 read as follows:

17 If the evaluation and treatment facility, secure detoxification
18 facility, or approved substance use disorder treatment program admits
19 the person, it may detain him or her for evaluation and treatment for
20 a period not to exceed seventy-two hours from the time of acceptance
21 as set forth in RCW 71.05.170. The computation of such seventy-two
22 hour period shall exclude Saturdays, Sundays and holidays.

23 **Sec. 220.** RCW 71.05.190 and 2011 c 305 s 3 are each amended to
24 read as follows:

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

1 **Sec. 221.** RCW 71.05.195 and 2010 c 208 s 1 are each amended to
2 read as follows:

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

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

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

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

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

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

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

8 **Sec. 222.** RCW 71.05.201 and 2015 c 258 s 2 are each amended to
9 read as follows:

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

19 (2)(a) The petition must be submitted on forms developed by the
20 administrative office of the courts for this purpose. The petition
21 must be accompanied by a sworn declaration from the petitioner, and
22 other witnesses if desired, describing why the person should be
23 detained for evaluation and treatment. The description of why the
24 person should be detained may contain, but is not limited to, the
25 information identified in RCW 71.05.212.

26 (b) The petition must contain:

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

29 (ii) The date on which an investigation was requested from the
30 designated (~~mental health professional~~) crisis responder.

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

1 (4) Following the filing of the petition and before the court
2 reaches a decision, any person, including a mental health
3 professional, may submit a sworn declaration to the court in support
4 of or in opposition to initial detention.

5 (5) The court shall dismiss the petition at any time if it finds
6 that a designated (~~mental health professional~~) crisis responder has
7 filed a petition for the person's initial detention under RCW
8 71.05.150 or 71.05.153 or that the person has voluntarily accepted
9 appropriate treatment.

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

18 (7) If the court enters an order for initial detention, it shall
19 provide the order to the designated (~~mental health professional~~)
20 crisis responder agency, which shall execute the order without delay.
21 An order for initial detention under this section expires one hundred
22 eighty days from issuance.

23 (8) Except as otherwise expressly stated in this chapter, all
24 procedures must be followed as if the order had been entered under
25 RCW 71.05.150. RCW 71.05.160 does not apply if detention was
26 initiated under the process set forth in this section.

27 (9) For purposes of this section, "immediate family member" means
28 a spouse, domestic partner, child, stepchild, parent, stepparent,
29 grandparent, or sibling.

30 **Sec. 223.** RCW 71.05.203 and 2015 c 258 s 3 are each amended to
31 read as follows:

32 (1) The department and each (~~regional support network~~)
33 behavioral health organization or agency employing designated
34 (~~mental health professionals~~) crisis responders shall publish
35 information in an easily accessible format describing the process for
36 an immediate family member, guardian, or conservator to petition for
37 court review of a detention decision under RCW 71.05.201.

38 (2) A designated (~~mental health professional~~) crisis responder
39 or designated (~~mental health professional~~) crisis responder agency

1 that receives a request for investigation for possible detention
2 under this chapter must inquire whether the request comes from an
3 immediate family member, guardian, or conservator who would be
4 eligible to petition under RCW 71.05.201. If the designated (~~mental~~
5 ~~health professional~~) crisis responder decides not to detain the
6 person for evaluation and treatment under RCW 71.05.150 or 71.05.153
7 or forty-eight hours have elapsed since the request for investigation
8 was received and the designated (~~mental health professional~~) crisis
9 responder has not taken action to have the person detained, the
10 designated (~~mental health professional~~) crisis responder or
11 designated (~~mental health professional~~) crisis responder agency
12 must inform the immediate family member, guardian, or conservator who
13 made the request for investigation about the process to petition for
14 court review under RCW 71.05.201.

15 **Sec. 224.** RCW 71.05.210 and 2015 c 269 s 7 and 2015 c 250 s 20
16 are each reenacted and amended to read as follows:

17 Each person involuntarily detained and accepted or admitted at an
18 evaluation and treatment facility, secure detoxification facility, or
19 approved substance use disorder treatment program (1) shall, within
20 twenty-four hours of his or her admission or acceptance at the
21 facility, not counting time periods prior to medical clearance, be
22 examined and evaluated by (a) a licensed physician who may be
23 assisted by a physician assistant according to chapter 18.71A RCW and
24 a mental health professional, (b) an advanced registered nurse
25 practitioner according to chapter 18.79 RCW and a mental health
26 professional, or (c) a licensed physician and a psychiatric advanced
27 registered nurse practitioner and (2) shall receive such treatment
28 and care as his or her condition requires including treatment on an
29 outpatient basis for the period that he or she is detained, except
30 that, beginning twenty-four hours prior to a trial or hearing
31 pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320,
32 71.05.590, or 71.05.217, the individual may refuse psychiatric
33 medications, but may not refuse: (a) Any other medication previously
34 prescribed by a person licensed under Title 18 RCW; or (b) emergency
35 lifesaving treatment, and the individual shall be informed at an
36 appropriate time of his or her right of such refusal. The person
37 shall be detained up to seventy-two hours, if, in the opinion of the
38 professional person in charge of the facility, or his or her
39 professional designee, the person presents a likelihood of serious

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

6 If, after examination and evaluation, the mental health
7 professional and licensed physician or psychiatric advanced
8 registered nurse practitioner determine that the initial needs of the
9 person, if detained to an evaluation and treatment facility, would be
10 better served by placement in a (~~chemical dependency~~) substance use
11 disorder treatment facility, or, if detained to a secure
12 detoxification facility or approved substance use disorder treatment
13 program, would be better served in an evaluation and treatment
14 facility then the person shall be referred to (~~an approved treatment~~
15 ~~program defined under RCW 70.96A.020~~) the more appropriate
16 placement; however, a person may only be referred to a secure
17 detoxification facility or approved substance use disorder treatment
18 program if there is an available secure detoxification facility or
19 approved substance use disorder treatment program with adequate space
20 for the person.

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

32 **Sec. 225.** RCW 71.05.210 and 2016 1st sp.s. c ... s 224 (section
33 224 of this act) are each amended to read as follows:

34 Each person involuntarily detained and accepted or admitted at an
35 evaluation and treatment facility, secure detoxification facility, or
36 approved substance use disorder treatment program (1) shall, within
37 twenty-four hours of his or her admission or acceptance at the
38 facility, not counting time periods prior to medical clearance, be
39 examined and evaluated by (a) a licensed physician who may be

1 assisted by a physician assistant according to chapter 18.71A RCW and
2 a mental health professional, (b) an advanced registered nurse
3 practitioner according to chapter 18.79 RCW and a mental health
4 professional, or (c) a licensed physician and a psychiatric advanced
5 registered nurse practitioner and (2) shall receive such treatment
6 and care as his or her condition requires including treatment on an
7 outpatient basis for the period that he or she is detained, except
8 that, beginning twenty-four hours prior to a trial or hearing
9 pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320,
10 71.05.590, or 71.05.217, the individual may refuse psychiatric
11 medications, but may not refuse: (a) Any other medication previously
12 prescribed by a person licensed under Title 18 RCW; or (b) emergency
13 lifesaving treatment, and the individual shall be informed at an
14 appropriate time of his or her right of such refusal. The person
15 shall be detained up to seventy-two hours, if, in the opinion of the
16 professional person in charge of the facility, or his or her
17 professional designee, the person presents a likelihood of serious
18 harm, or is gravely disabled. A person who has been detained for
19 seventy-two hours shall no later than the end of such period be
20 released, unless referred for further care on a voluntary basis, or
21 detained pursuant to court order for further treatment as provided in
22 this chapter.

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

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

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

6 **Sec. 226.** RCW 71.05.212 and 2015 c 250 s 5 are each amended to
7 read as follows:

8 (1) Whenever a designated (~~mental health professional~~) crisis
9 responder or professional person is conducting an evaluation under
10 this chapter, consideration shall include all reasonably available
11 information from credible witnesses and records regarding:

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

15 (b) Historical behavior, including history of one or more violent
16 acts;

17 (c) Prior determinations of incompetency or insanity under
18 chapter 10.77 RCW; and

19 (d) Prior commitments under this chapter.

20 (2) Credible witnesses may include family members, landlords,
21 neighbors, or others with significant contact and history of
22 involvement with the person. If the designated (~~mental health~~
23 ~~professional~~) crisis responder relies upon information from a
24 credible witness in reaching his or her decision to detain the
25 individual, then he or she must provide contact information for any
26 such witness to the prosecutor. The designated (~~mental health~~
27 ~~professional~~) crisis responder or prosecutor shall provide notice of
28 the date, time, and location of the probable cause hearing to such a
29 witness.

30 (3) Symptoms and behavior of the respondent which standing alone
31 would not justify civil commitment may support a finding of grave
32 disability or likelihood of serious harm, or a finding that the
33 person is in need of assisted outpatient mental health treatment,
34 when:

35 (a) Such symptoms or behavior are closely associated with
36 symptoms or behavior which preceded and led to a past incident of
37 involuntary hospitalization, severe deterioration, or one or more
38 violent acts;

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

3 (c) Without treatment, the continued deterioration of the
4 respondent is probable.

5 (4) When conducting an evaluation for offenders identified under
6 RCW 72.09.370, the designated (~~(mental health professional)~~) crisis
7 responder or professional person shall consider an offender's history
8 of judicially required or administratively ordered antipsychotic
9 medication while in confinement.

10 **Sec. 227.** RCW 71.05.214 and 1998 c 297 s 26 are each amended to
11 read as follows:

12 The department shall develop statewide protocols to be utilized
13 by professional persons and (~~(county)~~) designated (~~(mental health~~
14 ~~professionals)~~) crisis responders in administration of this chapter
15 and chapter 10.77 RCW. The protocols shall be updated at least every
16 three years. The protocols shall provide uniform development and
17 application of criteria in evaluation and commitment recommendations,
18 of persons who have, or are alleged to have, mental disorders or
19 substance use disorders and are subject to this chapter.

20 The initial protocols shall be developed not later than September
21 1, 1999. The department shall develop and update the protocols in
22 consultation with representatives of (~~(county)~~) designated (~~(mental~~
23 ~~health professionals)~~) crisis responders, local government, law
24 enforcement, county and city prosecutors, public defenders, and
25 groups concerned with mental illness and substance use disorders. The
26 protocols shall be submitted to the governor and legislature upon
27 adoption by the department.

28 **Sec. 228.** RCW 71.05.215 and 2008 c 156 s 2 are each amended to
29 read as follows:

30 (1) A person found to be gravely disabled or presents a
31 likelihood of serious harm as a result of a mental disorder or
32 substance use disorder has a right to refuse antipsychotic medication
33 unless it is determined that the failure to medicate may result in a
34 likelihood of serious harm or substantial deterioration or
35 substantially prolong the length of involuntary commitment and there
36 is no less intrusive course of treatment than medication in the best
37 interest of that person.

1 (2) The department shall adopt rules to carry out the purposes of
2 this chapter. These rules shall include:

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

5 (b) For short-term treatment up to thirty days, the right to
6 refuse antipsychotic medications unless there is an additional
7 concurring medical opinion approving medication by a psychiatrist,
8 psychiatric advanced registered nurse practitioner, or physician in
9 consultation with a mental health professional with prescriptive
10 authority.

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

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

24 (e) Documentation in the medical record of the attempt by the
25 physician or psychiatric advanced registered nurse practitioner to
26 obtain informed consent and the reasons why antipsychotic medication
27 is being administered over the person's objection or lack of consent.

28 **Sec. 229.** RCW 71.05.220 and 1997 c 112 s 17 are each amended to
29 read as follows:

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

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

5 **Sec. 230.** RCW 71.05.230 and 2015 c 250 s 6 are each amended to
6 read as follows:

7 A person detained or committed for seventy-two hour evaluation
8 and treatment or for an outpatient evaluation for the purpose of
9 filing a petition for a less restrictive alternative treatment order
10 may be committed for not more than fourteen additional days of
11 involuntary intensive treatment or ninety additional days of a less
12 restrictive alternative to involuntary intensive treatment. A
13 petition may only be filed if the following conditions are met:

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

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

24 (3) The agency or facility providing intensive treatment or which
25 proposes to supervise the less restrictive alternative is certified
26 to provide such treatment by the department; and

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

32 (a) Two physicians;

33 (b) One physician and a mental health professional;

34 (c) Two psychiatric advanced registered nurse practitioners;

35 (d) One psychiatric advanced registered nurse practitioner and a
36 mental health professional; or

37 (e) A physician and a psychiatric advanced registered nurse
38 practitioner. The persons signing the petition must have examined the
39 person. If involuntary detention is sought the petition shall state

1 facts that support the finding that such person, as a result of a
2 mental disorder or substance use disorder, presents a likelihood of
3 serious harm, or is gravely disabled and that there are no less
4 restrictive alternatives to detention in the best interest of such
5 person or others. The petition shall state specifically that less
6 restrictive alternative treatment was considered and specify why
7 treatment less restrictive than detention is not appropriate. If an
8 involuntary less restrictive alternative is sought, the petition
9 shall state facts that support the finding that such person, as a
10 result of a mental disorder or as a result of a substance use
11 disorder, presents a likelihood of serious harm, is gravely disabled,
12 or is in need of assisted outpatient mental health treatment, and
13 shall set forth a plan for the less restrictive alternative treatment
14 proposed by the facility in accordance with RCW 71.05.585; and

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

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

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

24 (8) At the conclusion of the initial commitment period, the
25 professional staff of the agency or facility or the designated
26 (~~mental health professional~~) crisis responder may petition for an
27 additional period of either ninety days of less restrictive
28 alternative treatment or ninety days of involuntary intensive
29 treatment as provided in RCW 71.05.290; and

30 (9) If the hospital or facility designated to provide less
31 restrictive alternative treatment is other than the facility
32 providing involuntary treatment, the outpatient facility so
33 designated to provide less restrictive alternative treatment has
34 agreed to assume such responsibility.

35 **Sec. 231.** RCW 71.05.235 and 2015 1st sp.s. c 7 s 14 are each
36 amended to read as follows:

37 (1) If an individual is referred to a designated (~~mental health~~
38 ~~professional~~) crisis responder under RCW 10.77.088(1)(c)(i), the
39 designated (~~mental health professional~~) crisis responder shall

1 examine the individual within forty-eight hours. If the designated
2 (~~mental health professional~~) crisis responder determines it is not
3 appropriate to detain the individual or petition for a ninety-day
4 less restrictive alternative under RCW 71.05.230(4), that decision
5 shall be immediately presented to the superior court for hearing. The
6 court shall hold a hearing to consider the decision of the designated
7 (~~mental health professional~~) crisis responder not later than the
8 next judicial day. At the hearing the superior court shall review the
9 determination of the designated (~~mental health professional~~) crisis
10 responder and determine whether an order should be entered requiring
11 the person to be evaluated at an evaluation and treatment facility.
12 No person referred to an evaluation and treatment facility may be
13 held at the facility longer than seventy-two hours.

14 (2) If an individual is placed in an evaluation and treatment
15 facility under RCW 10.77.088(1)(c)(ii), a professional person shall
16 evaluate the individual for purposes of determining whether to file a
17 ninety-day inpatient or outpatient petition under this chapter
18 (~~(71.05 RCW)~~). Before expiration of the seventy-two hour evaluation
19 period authorized under RCW 10.77.088(1)(c)(ii), the professional
20 person shall file a petition or, if the recommendation of the
21 professional person is to release the individual, present his or her
22 recommendation to the superior court of the county in which the
23 criminal charge was dismissed. The superior court shall review the
24 recommendation not later than forty-eight hours, excluding Saturdays,
25 Sundays, and holidays, after the recommendation is presented. If the
26 court rejects the recommendation to unconditionally release the
27 individual, the court may order the individual detained at a
28 designated evaluation and treatment facility for not more than a
29 seventy-two hour evaluation and treatment period and direct the
30 individual to appear at a surety hearing before that court within
31 seventy-two hours, or the court may release the individual but direct
32 the individual to appear at a surety hearing set before that court
33 within eleven days, at which time the prosecutor may file a petition
34 under this chapter for ninety-day inpatient or outpatient treatment.
35 If a petition is filed by the prosecutor, the court may order that
36 the person named in the petition be detained at the evaluation and
37 treatment facility that performed the evaluation under this
38 subsection or order the respondent to be in outpatient treatment. If
39 a petition is filed but the individual fails to appear in court for
40 the surety hearing, the court shall order that a mental health

1 professional or peace officer shall take such person or cause such
2 person to be taken into custody and placed in an evaluation and
3 treatment facility to be brought before the court the next judicial
4 day after detention. Upon the individual's first appearance in court
5 after a petition has been filed, proceedings under RCW 71.05.310 and
6 71.05.320 shall commence. For an individual subject to this
7 subsection, the prosecutor or professional person may directly file a
8 petition for ninety-day inpatient or outpatient treatment and no
9 petition for initial detention or fourteen-day detention is required
10 before such a petition may be filed.

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

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

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

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

38 **Sec. 232.** RCW 71.05.240 and 2015 c 250 s 7 are each amended to
39 read as follows:

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

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

17 (3)(a) Subject to (b) of this subsection, at the conclusion of
18 the probable cause hearing((

19 (a)), if the court finds by a preponderance of the evidence that
20 such person, as the result of a mental disorder or substance use
21 disorder, presents a likelihood of serious harm, or is gravely
22 disabled, and, after considering less restrictive alternatives to
23 involuntary detention and treatment, finds that no such alternatives
24 are in the best interests of such person or others, the court shall
25 order that such person be detained for involuntary treatment not to
26 exceed fourteen days in a facility certified to provide treatment by
27 the department.

28 (b) Commitment for up to fourteen days based on a substance use
29 disorder must be to either a secure detoxification facility or an
30 approved substance use disorder treatment program. A court may only
31 enter a commitment order based on a substance use disorder if there
32 is an available secure detoxification facility or approved substance
33 use disorder treatment program with adequate space for the person.

34 (c) At the conclusion of the probable cause hearing, if the court
35 finds by a preponderance of the evidence that such person, as the
36 result of a mental disorder or substance use disorder, presents a
37 likelihood of serious harm, or is gravely disabled, but that
38 treatment in a less restrictive setting than detention is in the best
39 interest of such person or others, the court shall order an

1 appropriate less restrictive alternative course of treatment for not
2 to exceed ninety days(~~(+)~~).

3 ~~((b))~~ (d) If the court finds by a preponderance of the evidence
4 that such person, as the result of a mental disorder, is in need of
5 assisted outpatient mental health treatment, and that the person does
6 not present a likelihood of serious harm or grave disability, the
7 court shall order an appropriate less restrictive alternative course
8 of treatment not to exceed ninety days, and may not order inpatient
9 treatment.

10 ~~((c))~~ (e) An order for less restrictive alternative treatment
11 must identify the services the person will receive, in accordance
12 with RCW 71.05.585. The court may order additional evaluation of the
13 person if necessary to identify appropriate services.

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

24 **Sec. 233.** RCW 71.05.240 and 2016 1st sp.s. c ... s 232 (section
25 232 of this act) are each amended to read as follows:

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

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

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

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

13 (b) Commitment for up to fourteen days based on a substance use
14 disorder must be to either a secure detoxification facility or an
15 approved substance use disorder treatment program. (~~A court may only
16 enter a commitment order based on a substance use disorder if there
17 is an available secure detoxification facility or approved substance
18 use disorder treatment program with adequate space for the person.~~)

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

27 (d) If the court finds by a preponderance of the evidence that
28 such person, as the result of a mental disorder, is in need of
29 assisted outpatient mental health treatment, and that the person does
30 not present a likelihood of serious harm or grave disability, the
31 court shall order an appropriate less restrictive alternative course
32 of treatment not to exceed ninety days, and may not order inpatient
33 treatment.

34 (e) An order for less restrictive alternative treatment must
35 identify the services the person will receive, in accordance with RCW
36 71.05.585 The court may order additional evaluation of the person if
37 necessary to identify appropriate services.

38 (4) The court shall specifically state to such person and give
39 such person notice in writing that if involuntary treatment beyond
40 the fourteen day period or beyond the ninety days of less restrictive

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

8 **Sec. 234.** RCW 71.05.280 and 2015 c 250 s 9 are each amended to
9 read as follows:

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

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

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

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

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

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

37 (4) Such person is gravely disabled; or

38 (5) Such person is in need of assisted outpatient mental health
39 treatment.

1 **Sec. 235.** RCW 71.05.290 and 2015 c 250 s 10 are each amended to
2 read as follows:

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

10 (2) The petition shall summarize the facts which support the need
11 for further commitment and shall be supported by affidavits signed
12 by:

13 (a) Two examining physicians;

14 (b) One examining physician and examining mental health
15 professional;

16 (c) Two psychiatric advanced registered nurse practitioners;

17 (d) One psychiatric advanced registered nurse practitioner and a
18 mental health professional; or

19 (e) An examining physician and an examining psychiatric advanced
20 registered nurse practitioner. The affidavits shall describe in
21 detail the behavior of the detained person which supports the
22 petition and shall explain what, if any, less restrictive treatments
23 which are alternatives to detention are available to such person, and
24 shall state the willingness of the affiant to testify to such facts
25 in subsequent judicial proceedings under this chapter. If less
26 restrictive alternative treatment is sought, the petition shall set
27 forth a proposed plan for less restrictive alternative treatment in
28 accordance with RCW 71.05.585.

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

36 **Sec. 236.** RCW 71.05.300 and 2014 c 225 s 84 are each amended to
37 read as follows:

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

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

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

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

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

36 **Sec. 237.** RCW 71.05.320 and 2015 c 250 s 11 are each amended to
37 read as follows:

38 (1)(a) Subject to (b) of this subsection, if the court or jury
39 finds that grounds set forth in RCW 71.05.280 have been proven and

1 that the best interests of the person or others will not be served by
2 a less restrictive treatment which is an alternative to detention,
3 the court shall remand him or her to the custody of the department or
4 to a facility certified for ninety day treatment by the department
5 for a further period of intensive treatment not to exceed ninety days
6 from the date of judgment.

7 (b) If the order for inpatient treatment is based on a substance
8 use disorder, treatment must take place at an approved substance use
9 disorder treatment program. The court may only enter an order for
10 commitment based on a substance use disorder if there is an available
11 approved substance use disorder treatment program with adequate space
12 for the person.

13 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of
14 commitment, then the period of treatment may be up to but not exceed
15 one hundred eighty days from the date of judgment in a facility
16 certified for one hundred eighty day treatment by the department.

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

34 (3) An order for less restrictive alternative treatment entered
35 under subsection (2) of this section must identify the services the
36 person will receive, in accordance with RCW 71.05.585. The court may
37 order additional evaluation of the person if necessary to identify
38 appropriate services.

39 (4) The person shall be released from involuntary treatment at
40 the expiration of the period of commitment imposed under subsection

1 (1) or (2) of this section unless the superintendent or professional
2 person in charge of the facility in which he or she is confined, or
3 in the event of a less restrictive alternative, the designated
4 (~~mental health professional~~) crisis responder, files a new petition
5 for involuntary treatment on the grounds that the committed person:

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

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

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

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

36 (d) Continues to be gravely disabled; or

37 (e) Is in need of assisted outpatient mental health treatment.

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

1 If less restrictive alternative treatment is sought, the petition
2 shall set forth a proposed plan for less restrictive alternative
3 services in accordance with RCW 71.05.585.

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

10 (6)(a) The hearing shall be held as provided in RCW 71.05.310,
11 and if the court or jury finds that the grounds for additional
12 confinement as set forth in this section are present, subject to
13 subsection (1)(b) of this section, the court may order the committed
14 person returned for an additional period of treatment not to exceed
15 one hundred eighty days from the date of judgment, except as provided
16 in subsection (7) of this section. If the court's order is based
17 solely on the grounds identified in subsection (4)(e) of this
18 section, the court may enter an order for less restrictive
19 alternative treatment not to exceed one hundred eighty days from the
20 date of judgment, and may not enter an order for inpatient treatment.
21 An order for less restrictive alternative treatment must identify the
22 services the person will receive, in accordance with RCW 71.05.585.
23 The court may order additional evaluation of the person if necessary
24 to identify appropriate services.

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

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

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

1 **Sec. 238.** RCW 71.05.320 and 2016 1st sp.s. c ... s 237 (section
2 237 of this act) are each amended to read as follows:

3 (1)~~((a) Subject to (b) of this subsection,)~~ If the court or
4 jury finds that grounds set forth in RCW 71.05.280 have been proven
5 and that the best interests of the person or others will not be
6 served by a less restrictive treatment which is an alternative to
7 detention, the court shall remand him or her to the custody of the
8 department or to a facility certified for ninety day treatment by the
9 department for a further period of intensive treatment not to exceed
10 ninety days from the date of judgment.

11 ~~((b))~~ If the order for inpatient treatment is based on a
12 substance use disorder, treatment must take place at an approved
13 substance use disorder treatment program. ~~((The court may only enter
14 an order for commitment based on a substance use disorder if there is
15 an available approved substance use disorder treatment program with
16 adequate space for the person.~~

17 ~~(c))~~ If the grounds set forth in RCW 71.05.280(3) are the basis
18 of commitment, then the period of treatment may be up to but not
19 exceed one hundred eighty days from the date of judgment in a
20 facility certified for one hundred eighty day treatment by the
21 department.

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

39 (3) An order for less restrictive alternative treatment entered
40 under subsection (2) of this section must identify the services the

1 person will receive, in accordance with RCW 71.05.585. The court may
2 order additional evaluation of the person if necessary to identify
3 appropriate services.

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

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

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

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

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

1 (d) Continues to be gravely disabled; or

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

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

6 If less restrictive alternative treatment is sought, the petition
7 shall set forth a proposed plan for less restrictive alternative
8 services in accordance with RCW 71.05.585.

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

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

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

38 (7) An order for less restrictive treatment entered under
39 subsection (6) of this section may be for up to one year when the

1 person's previous commitment term was for intensive inpatient
2 treatment in a state hospital.

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

7 **Sec. 239.** RCW 71.05.325 and 2000 c 94 s 7 are each amended to
8 read as follows:

9 (1) Before a person committed under grounds set forth in RCW
10 71.05.280(3) is released because a new petition for involuntary
11 treatment has not been filed under RCW 71.05.320(~~(+2)~~) (3), the
12 superintendent, professional person, or designated (~~(mental health~~
13 ~~professional)~~) crisis responder responsible for the decision whether
14 to file a new petition shall in writing notify the prosecuting
15 attorney of the county in which the criminal charges against the
16 committed person were dismissed, of the decision not to file a new
17 petition for involuntary treatment. Notice shall be provided at least
18 forty-five days before the period of commitment expires.

19 (2)(a) Before a person committed under grounds set forth in RCW
20 71.05.280(3) is permitted temporarily to leave a treatment facility
21 pursuant to RCW 71.05.270 for any period of time without constant
22 accompaniment by facility staff, the superintendent, professional
23 person in charge of a treatment facility, or his or her professional
24 designee shall in writing notify the prosecuting attorney of any
25 county of the person's destination and the prosecuting attorney of
26 the county in which the criminal charges against the committed person
27 were dismissed. The notice shall be provided at least forty-five days
28 before the anticipated leave and shall describe the conditions under
29 which the leave is to occur.

30 (b) The provisions of RCW 71.05.330(2) apply to proposed leaves,
31 and either or both prosecuting attorneys receiving notice under this
32 subsection may petition the court under RCW 71.05.330(2).

33 (3) Nothing in this section shall be construed to authorize
34 detention of a person unless a valid order of commitment is in
35 effect.

36 (4) The existence of the notice requirements in this section will
37 not require any extension of the leave date in the event the leave
38 plan changes after notification.

1 (5) The notice requirements contained in this section shall not
2 apply to emergency medical transfers.

3 (6) The notice provisions of this section are in addition to
4 those provided in RCW 71.05.425.

5 **Sec. 240.** RCW 71.05.340 and 2015 c 250 s 12 are each amended to
6 read as follows:

7 (1)(a) When, in the opinion of the superintendent or the
8 professional person in charge of the hospital or facility providing
9 involuntary treatment, the committed person can be appropriately
10 served by outpatient treatment prior to or at the expiration of the
11 period of commitment, then such outpatient care may be required as a
12 term of conditional release for a period which, when added to the
13 inpatient treatment period, shall not exceed the period of
14 commitment. If the facility or agency designated to provide
15 outpatient treatment is other than the facility providing involuntary
16 treatment, the outpatient facility so designated must agree in
17 writing to assume such responsibility. A copy of the terms of
18 conditional release shall be given to the patient, the designated
19 (~~mental health professional~~) crisis responder in the county in
20 which the patient is to receive outpatient treatment, and to the
21 court of original commitment.

22 (b) Before a person committed under grounds set forth in RCW
23 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a)
24 of this subsection, the superintendent or professional person in
25 charge of the hospital or facility providing involuntary treatment
26 shall in writing notify the prosecuting attorney of the county in
27 which the criminal charges against the committed person were
28 dismissed, of the decision to conditionally release the person.
29 Notice and a copy of the terms of conditional release shall be
30 provided at least thirty days before the person is released from
31 inpatient care. Within twenty days after receiving notice, the
32 prosecuting attorney may petition the court in the county that issued
33 the commitment order to hold a hearing to determine whether the
34 person may be conditionally released and the terms of the conditional
35 release. The prosecuting attorney shall provide a copy of the
36 petition to the superintendent or professional person in charge of
37 the hospital or facility providing involuntary treatment, the
38 attorney, if any, and guardian or conservator of the committed
39 person, and the court of original commitment. If the county in which

1 the committed person is to receive outpatient treatment is the same
2 county in which the criminal charges against the committed person
3 were dismissed, then the court shall, upon the motion of the
4 prosecuting attorney, transfer the proceeding to the court in that
5 county. The court shall conduct a hearing on the petition within ten
6 days of the filing of the petition. The committed person shall have
7 the same rights with respect to notice, hearing, and counsel as for
8 an involuntary treatment proceeding, except as set forth in this
9 subsection and except that there shall be no right to jury trial. The
10 issue to be determined at the hearing is whether or not the person
11 may be conditionally released without substantial danger to other
12 persons, or substantial likelihood of committing criminal acts
13 jeopardizing public safety or security. If the court disapproves of
14 the conditional release, it may do so only on the basis of
15 substantial evidence. Pursuant to the determination of the court upon
16 the hearing, the conditional release of the person shall be approved
17 by the court on the same or modified conditions or the person shall
18 be returned for involuntary treatment on an inpatient basis subject
19 to release at the end of the period for which he or she was
20 committed, or otherwise in accordance with the provisions of this
21 chapter.

22 (2) The facility or agency designated to provide outpatient care
23 or the secretary may modify the conditions for continued release when
24 such modification is in the best interest of the person. Notification
25 of such changes shall be sent to all persons receiving a copy of the
26 original conditions. Enforcement or revocation proceedings related to
27 a conditional release order may occur as provided under RCW
28 71.05.590.

29 **Sec. 241.** RCW 71.05.585 and 2015 c 250 s 16 are each amended to
30 read as follows:

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

33 (a) Assignment of a care coordinator;

34 (b) An intake evaluation with the provider of the less
35 restrictive alternative treatment;

36 (c) A psychiatric evaluation;

37 (d) Medication management;

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

4 (f) A transition plan addressing access to continued services at
5 the expiration of the order; and

6 (g) An individual crisis plan.

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

9 (a) Psychotherapy;

10 (b) Nursing;

11 (c) Substance abuse counseling;

12 (d) Residential treatment; and

13 (e) Support for housing, benefits, education, and employment.

14 (3) Less restrictive alternative treatment must be administered
15 by a provider that is certified or licensed to provide or coordinate
16 the full scope of services required under the less restrictive
17 alternative order and that has agreed to assume this responsibility.

18 (4) For the purpose of this section, "care coordinator" means a
19 clinical practitioner who coordinates the activities of less
20 restrictive alternative treatment. The care coordinator coordinates
21 activities with the designated (~~mental health professionals~~) crisis
22 responders that are necessary for enforcement and continuation of
23 less restrictive alternative orders and is responsible for
24 coordinating service activities with other agencies and establishing
25 and maintaining a therapeutic relationship with the individual on a
26 continuing basis.

27 **Sec. 242.** RCW 71.05.590 and 2015 c 250 s 13 are each amended to
28 read as follows:

29 (1) An agency or facility designated to monitor or provide
30 services under a less restrictive alternative or conditional release
31 order or a designated (~~mental health professional~~) crisis responder
32 may take action to enforce, modify, or revoke a less restrictive
33 alternative or conditional release order if the agency, facility, or
34 designated (~~mental health professional~~) crisis responder determines
35 that:

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

38 (b) Substantial deterioration in the person's functioning has
39 occurred;

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

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

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

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

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

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

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

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

11 (e) To initiate revocation procedures under subsection (4) of
12 this section.

13 (3) The facility or agency designated to provide outpatient
14 treatment shall notify the secretary or designated (~~mental health~~
15 ~~professional~~) crisis responder when a person fails to adhere to
16 terms and conditions of court ordered treatment or experiences
17 substantial deterioration in his or her condition and, as a result,
18 presents an increased likelihood of serious harm.

19 (4)(a) A designated (~~mental health professional~~) crisis
20 responder or the secretary may upon their own motion or notification
21 by the facility or agency designated to provide outpatient care order
22 a person subject to a court order under this (~~section~~) chapter to
23 be apprehended and taken into custody and temporary detention in an
24 evaluation and treatment facility in or near the county in which he
25 or she is receiving outpatient treatment(~~, or initiate~~) if the
26 person is committed for mental health treatment, or, if the person is
27 committed for substance use disorder treatment, in a secure
28 detoxification facility or approved substance use disorder treatment
29 program if either is available in or near the county in which he or
30 she is receiving outpatient treatment and has adequate space.
31 Proceedings under this subsection (4) may be initiated without
32 ordering the apprehension and detention of the person.

33 (b) A person detained under this subsection (4) must be held
34 until such time, not exceeding five days, as a hearing can be
35 scheduled to determine whether or not the person should be returned
36 to the hospital or facility from which he or she had been released.
37 If the person is not detained, the hearing must be scheduled within
38 five days of service on the person. The designated (~~mental health~~
39 ~~professional~~) crisis responder or the secretary may modify or

1 rescind the order at any time prior to commencement of the court
2 hearing.

3 (c) The designated (~~mental health professional~~) crisis
4 responder or secretary shall notify the court that originally ordered
5 commitment within two judicial days of a person's detention and file
6 a revocation petition and order of apprehension and detention with
7 the court and serve the person and their attorney, guardian, and
8 conservator, if any. The person has the same rights with respect to
9 notice, hearing, and counsel as in any involuntary treatment
10 proceeding, except as specifically set forth in this section. There
11 is no right to jury trial. The venue for proceedings regarding a
12 petition for modification or revocation must be in the county in
13 which the petition was filed.

14 (d) The issues for the court to determine are whether: (i) The
15 person adhered to the terms and conditions of the court order; (ii)
16 substantial deterioration in the person's functioning has occurred;
17 (iii) there is evidence of substantial decompensation with a
18 reasonable probability that the decompensation can be reversed by
19 further inpatient treatment; or (iv) there is a likelihood of serious
20 harm; and, if any of the above conditions apply, whether the court
21 should reinstate or modify the person's less restrictive alternative
22 or conditional release order or order the person's detention for
23 inpatient treatment. The person may waive the court hearing and allow
24 the court to enter a stipulated order upon the agreement of all
25 parties. If the court orders detention for inpatient treatment, the
26 treatment period may be for no longer than the period authorized in
27 the original court order. A court may not issue an order to detain a
28 person for inpatient treatment in a secure detoxification facility or
29 approved substance use disorder treatment program under this
30 subsection unless there is a secure detoxification facility or
31 approved substance use disorder treatment program available and with
32 adequate space for the person.

33 (e) Revocation proceedings under this subsection (4) are not
34 allowable if the current commitment is solely based on the person
35 being in need of assisted outpatient mental health treatment. In
36 order to obtain a court order for detention for inpatient treatment
37 under this circumstance, a petition must be filed under RCW 71.05.150
38 or 71.05.153.

39 (5) In determining whether or not to take action under this
40 section the designated (~~mental health professional~~) crisis

1 responder, agency, or facility must consider the factors specified
2 under RCW 71.05.212 and the court must consider the factors specified
3 under RCW 71.05.245 as they apply to the question of whether to
4 enforce, modify, or revoke a court order for involuntary treatment.

5 **Sec. 243.** RCW 71.05.590 and 2016 1st sp.s. c ... s 242 (section
6 242 of this act) are each amended to read as follows:

7 (1) An agency or facility designated to monitor or provide
8 services under a less restrictive alternative or conditional release
9 order or a designated crisis responder may take action to enforce,
10 modify, or revoke a less restrictive alternative or conditional
11 release order if the agency, facility, or designated crisis responder
12 determines that:

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

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

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

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

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

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

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

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

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

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

27 (e) To initiate revocation procedures under subsection (4) of
28 this section.

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

35 (4)(a) A designated crisis responder or the secretary may upon
36 their own motion or notification by the facility or agency designated
37 to provide outpatient care order a person subject to a court order
38 under this chapter to be apprehended and taken into custody and
39 temporary detention in an evaluation and treatment facility in or
40 near the county in which he or she is receiving outpatient treatment

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

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

16 (c) The designated crisis responder or secretary shall notify the
17 court that originally ordered commitment within two judicial days of
18 a person's detention and file a revocation petition and order of
19 apprehension and detention with the court and serve the person and
20 their attorney, guardian, and conservator, if any. The person has the
21 same rights with respect to notice, hearing, and counsel as in any
22 involuntary treatment proceeding, except as specifically set forth in
23 this section. There is no right to jury trial. The venue for
24 proceedings regarding a petition for modification or revocation must
25 be in the county in which the petition was filed.

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

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

5 (e) Revocation proceedings under this subsection (4) are not
6 allowable if the current commitment is solely based on the person
7 being in need of assisted outpatient mental health treatment. In
8 order to obtain a court order for detention for inpatient treatment
9 under this circumstance, a petition must be filed under RCW 71.05.150
10 or 71.05.153.

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

17 **Sec. 244.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to
18 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (d) To remain silent;

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

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

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

38 The record maker shall not be required to testify in order to
39 introduce medical or psychological records of the detained person so
40 long as the requirements of RCW 5.45.020 are met except that portions

1 of the record which contain opinions as to the detained person's
2 mental state must be deleted from such records unless the person
3 making such conclusions is available for cross-examination.

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

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

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

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

16 (d) To have visitors at reasonable times;

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

20 (f) To have ready access to letter writing materials, including
21 stamps, and to send and receive uncensored correspondence through the
22 mails;

23 (g) To discuss treatment plans and decisions with professional
24 persons;

25 (h) Not to consent to the administration of antipsychotic
26 medications and not to thereafter be administered antipsychotic
27 medications unless ordered by a court under RCW 71.05.217 or pursuant
28 to an administrative hearing under RCW 71.05.215;

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

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

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

37 (11) Every person involuntarily detained shall immediately be
38 informed of his or her right to a hearing to review the legality of
39 his or her detention and of his or her right to counsel, by the
40 professional person in charge of the facility providing evaluation

1 and treatment, or his or her designee, and, when appropriate, by the
2 court. If the person so elects, the court shall immediately appoint
3 an attorney to assist him or her.

4 (12) A person challenging his or her detention or his or her
5 attorney shall have the right to designate and have the court appoint
6 a reasonably available independent physician, psychiatric advanced
7 registered nurse practitioner, or licensed mental health professional
8 to examine the person detained, the results of which examination may
9 be used in the proceeding. The person shall, if he or she is
10 financially able, bear the cost of such expert examination, otherwise
11 such expert examination shall be at public expense.

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

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

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

22 **Sec. 245.** RCW 71.05.380 and 1973 1st ex.s. c 142 s 43 are each
23 amended to read as follows:

24 All persons voluntarily entering or remaining in any facility,
25 institution, or hospital providing evaluation and treatment for
26 mental disorders or substance use disorders shall have no less than
27 all rights secured to involuntarily detained persons by RCW 71.05.360
28 and ~~((71.05.370))~~ 71.05.217.

29 **Sec. 246.** RCW 71.05.435 and 2010 c 280 s 4 are each amended to
30 read as follows:

31 (1) Whenever a person who is the subject of an involuntary
32 commitment order under this chapter is discharged from an evaluation
33 and treatment facility ~~((or))~~ state hospital, ~~((the evaluation and
34 treatment facility or state hospital shall provide notice of the
35 person's discharge to the designated mental health professional))~~
36 secure detoxification facility, or approved substance use disorder
37 treatment program providing involuntary treatment services, the
38 entity discharging the person shall provide notice of the person's

1 discharge to the designated crisis responder office responsible for
2 the initial commitment and the designated ((~~mental—health~~
3 ~~professional~~)) crisis responder office that serves the county in
4 which the person is expected to reside. The ((~~evaluation—and~~
5 ~~treatment facility or state hospital~~)) entity discharging the person
6 must also provide these offices with a copy of any less restrictive
7 order or conditional release order entered in conjunction with the
8 discharge of the person, unless the ((~~evaluation—and—treatment~~
9 ~~facility—or—state—hospital~~)) entity discharging the person has
10 entered into a memorandum of understanding obligating another entity
11 to provide these documents.

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

18 (3) The department shall maintain and make available an updated
19 list of contact information for designated ((~~mental—health~~
20 ~~professional~~)) crisis responder offices around the state.

21 **Sec. 247.** RCW 71.05.530 and 1998 c 297 s 23 are each amended to
22 read as follows:

23 Evaluation and treatment facilities and secure detoxification
24 facilities authorized pursuant to this chapter may be part of the
25 comprehensive community mental health services program conducted in
26 counties pursuant to chapter 71.24 RCW, and may receive funding
27 pursuant to the provisions thereof.

28 **Sec. 248.** RCW 71.05.560 and 1998 c 297 s 24 are each amended to
29 read as follows:

30 The department shall adopt such rules as may be necessary to
31 effectuate the intent and purposes of this chapter, which shall
32 include but not be limited to evaluation of the quality of the
33 program and facilities operating pursuant to this chapter, evaluation
34 of the effectiveness and cost effectiveness of such programs and
35 facilities, and procedures and standards for certification and other
36 action relevant to evaluation and treatment facilities, secure
37 detoxification facilities, and approved substance use disorder
38 treatment programs.

1 **Sec. 249.** RCW 71.05.620 and 2015 c 269 s 16 are each amended to
2 read as follows:

3 (1) The files and records of court proceedings under this chapter
4 and chapter(~~(s 70.96A,)~~) 71.34(~~(, and 70.96B)~~) RCW shall be closed
5 but shall be accessible to:

6 (a) The department;

7 (b) The state hospitals as defined in RCW 72.23.010;

8 (c) Any person who is the subject of a petition;

9 (d) The (~~person's~~) attorney or guardian of the person;

10 (e) Resource management services for that person; and

11 (f) Service providers authorized to receive such information by
12 resource management services.

13 (2) The department shall adopt rules to implement this section.

14 **Sec. 250.** RCW 71.05.700 and 2007 c 360 s 2 are each amended to
15 read as follows:

16 No designated (~~mental health professional~~) crisis responder or
17 crisis intervention worker shall be required to respond to a private
18 home or other private location to stabilize or treat a person in
19 crisis, or to evaluate a person for potential detention under the
20 state's involuntary treatment act, unless a second trained
21 individual, determined by the clinical team supervisor, on-call
22 supervisor, or individual professional acting alone based on a risk
23 assessment for potential violence, accompanies them. The second
24 individual may be a law enforcement officer, a mental health
25 professional, a mental health paraprofessional who has received
26 training under RCW 71.05.715, or other first responder, such as fire
27 or ambulance personnel. No retaliation may be taken against a worker
28 who, following consultation with the clinical team, refuses to go on
29 a home visit alone.

30 **Sec. 251.** RCW 71.05.705 and 2007 c 360 s 3 are each amended to
31 read as follows:

32 Each provider of designated (~~mental health professional~~) crisis
33 responder or crisis outreach services shall maintain a written policy
34 that, at a minimum, describes the organization's plan for training,
35 staff backup, information sharing, and communication for crisis
36 outreach staff who respond to private homes or nonpublic settings.

1 **Sec. 252.** RCW 71.05.745 and 2015 c 269 s 2 are each amended to
2 read as follows:

3 (1) The department may use a single bed certification process as
4 outlined in rule to provide additional treatment capacity for a
5 person suffering from a mental disorder for whom an evaluation and
6 treatment bed is not available. The facility that is the proposed
7 site of the single bed certification must be a facility that is
8 willing and able to provide the person with timely and appropriate
9 treatment either directly or by arrangement with other public or
10 private agencies.

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

13 (3) A designated (~~mental health professional~~) crisis responder
14 who submits an application for a single bed certification for
15 treatment at a facility that is willing and able to provide timely
16 and appropriate mental health treatment in good faith belief that the
17 single bed certification is appropriate may presume that the single
18 bed certification will be approved for the purpose of completing the
19 detention process and responding to other emergency calls.

20 (4) The department may adopt rules implementing this section and
21 continue to enforce rules it has already adopted except where
22 inconsistent with this section.

23 **Sec. 253.** RCW 71.05.750 and 2015 c 269 s 3 are each amended to
24 read as follows:

25 (1) A designated (~~mental health professional~~) crisis responder
26 shall make a report to the department when he or she determines a
27 person meets detention criteria under RCW 71.05.150, 71.05.153,
28 71.34.700, or 71.34.710 and there are not any beds available at an
29 evaluation and treatment facility, the person has not been
30 provisionally accepted for admission by a facility, and the person
31 cannot be served on a single bed certification or less restrictive
32 alternative. Starting at the time when the designated (~~mental health~~
33 ~~professional~~) crisis responder determines a person meets detention
34 criteria and the investigation has been completed, the designated
35 (~~mental health professional~~) crisis responder has twenty-four hours
36 to submit a completed report to the department.

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

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

1 (b) The identity of the responsible (~~regional support network~~
2 ~~or~~) behavioral health organization;

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

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

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

7 (3) The department shall develop a standardized reporting form or
8 modify the current form used for single bed certifications for the
9 report required under subsection (2) of this section and may require
10 additional reporting elements as it determines are necessary or
11 supportive. The department shall also determine the method for the
12 transmission of the completed report from the designated (~~mental~~
13 ~~health professional~~) crisis responder to the department.

14 (4) The department shall create quarterly reports displayed on
15 its web site that summarize the information reported under subsection
16 (2) of this section. At a minimum, the reports must display data by
17 county and by month. The reports must also include the number of
18 single bed certifications granted by category. The categories must
19 include all of the reasons that the department recognizes for issuing
20 a single bed certification, as identified in rule.

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

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

31 (a) Not certified as an inpatient evaluation and treatment
32 facility; or

33 (b) A certified inpatient evaluation and treatment facility that
34 is already at capacity.

35 **Sec. 254.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to
36 read as follows:

37 Unless the context clearly requires otherwise, the definitions in
38 this section apply throughout this chapter.

1 (1) "Child psychiatrist" means a person having a license as a
2 physician and surgeon in this state, who has had graduate training in
3 child psychiatry in a program approved by the American Medical
4 Association or the American Osteopathic Association, and who is board
5 eligible or board certified in child psychiatry.

6 (2) "Children's mental health specialist" means:

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

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

14 (3) "Commitment" means a determination by a judge or court
15 commissioner, made after a commitment hearing, that the minor is in
16 need of inpatient diagnosis, evaluation, or treatment or that the
17 minor is in need of less restrictive alternative treatment.

18 (4) "Department" means the department of social and health
19 services.

20 (5) (~~"Designated mental health professional" means a mental~~
21 ~~health professional designated by one or more counties to perform the~~
22 ~~functions of a designated mental health professional described in~~
23 ~~this chapter.~~

24 (+6)) "Evaluation and treatment facility" means a public or
25 private facility or unit that is certified by the department to
26 provide emergency, inpatient, residential, or outpatient mental
27 health evaluation and treatment services for minors. A physically
28 separate and separately-operated portion of a state hospital may be
29 designated as an evaluation and treatment facility for minors. A
30 facility which is part of or operated by the department or federal
31 agency does not require certification. No correctional institution or
32 facility, juvenile court detention facility, or jail may be an
33 evaluation and treatment facility within the meaning of this chapter.

34 ((+7)) (6) "Evaluation and treatment program" means the total
35 system of services and facilities coordinated and approved by a
36 county or combination of counties for the evaluation and treatment of
37 minors under this chapter.

38 ((+8)) (7) "Gravely disabled minor" means a minor who, as a
39 result of a mental disorder, or as a result of the use of alcohol or
40 other psychoactive chemicals, is in danger of serious physical harm

1 resulting from a failure to provide for his or her essential human
2 needs of health or safety, or manifests severe deterioration in
3 routine functioning evidenced by repeated and escalating loss of
4 cognitive or volitional control over his or her actions and is not
5 receiving such care as is essential for his or her health or safety.

6 ~~((9))~~ (8) "Inpatient treatment" means twenty-four-hour-per-day
7 mental health care provided within a general hospital, psychiatric
8 hospital, ~~((or))~~ residential treatment facility certified by the
9 department as an evaluation and treatment facility for minors, secure
10 detoxification facility for minors, or approved substance use
11 disorder treatment program for minors.

12 ~~((10))~~ (9) "Less restrictive alternative" or "less restrictive
13 setting" means outpatient treatment provided to a minor who is not
14 residing in a facility providing inpatient treatment as defined in
15 this chapter.

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

27 ~~((12))~~ (11) "Medical necessity" for inpatient care means a
28 requested service which is reasonably calculated to: (a) Diagnose,
29 correct, cure, or alleviate a mental disorder or substance use
30 disorder; or (b) prevent the ~~((worsening of mental conditions))~~
31 progression of a substance use disorder that endangers life or causes
32 suffering and pain, or results in illness or infirmity or threatens
33 to cause or aggravate a handicap, or causes physical deformity or
34 malfunction, and there is no adequate less restrictive alternative
35 available.

36 ~~((13))~~ (12) "Mental disorder" means any organic, mental, or
37 emotional impairment that has substantial adverse effects on an
38 individual's cognitive or volitional functions. The presence of
39 alcohol abuse, drug abuse, juvenile criminal history, antisocial
40 behavior, or intellectual disabilities alone is insufficient to

1 justify a finding of "mental disorder" within the meaning of this
2 section.

3 ~~((14))~~ (13) "Mental health professional" means a psychiatrist,
4 psychologist, psychiatric nurse, or social worker, and such other
5 mental health professionals as may be defined by rules adopted by the
6 secretary under this chapter.

7 ~~((15))~~ (14) "Minor" means any person under the age of eighteen
8 years.

9 ~~((16))~~ (15) "Outpatient treatment" means any of the
10 nonresidential services mandated under chapter 71.24 RCW and provided
11 by licensed service~~(s)~~ providers as identified by RCW 71.24.025.

12 ~~((17))~~ (16) "Parent" means:

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

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

18 ~~((18))~~ (17) "Professional person in charge" or "professional
19 person" means a physician ~~((or))~~ other mental health professional,
20 or other person empowered by an evaluation and treatment facility,
21 secure detoxification facility, or approved substance use disorder
22 treatment program with authority to make admission and discharge
23 decisions on behalf of that facility.

24 ~~((19))~~ (18) "Psychiatric nurse" means a registered nurse who
25 has a bachelor's degree from an accredited college or university, and
26 who has had, in addition, at least two years' experience in the
27 direct treatment of persons who have a mental illness or who are
28 emotionally disturbed, such experience gained under the supervision
29 of a mental health professional. "Psychiatric nurse" shall also mean
30 any other registered nurse who has three years of such experience.

31 ~~((20))~~ (19) "Psychiatrist" means a person having a license as a
32 physician in this state who has completed residency training in
33 psychiatry in a program approved by the American Medical Association
34 or the American Osteopathic Association, and is board eligible or
35 board certified in psychiatry.

36 ~~((21))~~ (20) "Psychologist" means a person licensed as a
37 psychologist under chapter 18.83 RCW.

38 ~~((22))~~ (21) "Responsible other" means the minor, the minor's
39 parent or estate, or any other person legally responsible for support
40 of the minor.

1 ~~((23))~~ (22) "Secretary" means the secretary of the department
2 or secretary's designee.

3 ~~((24))~~ (23) "Social worker" means a person with a master's or
4 further advanced degree from a social work educational program
5 accredited and approved as provided in RCW 18.320.010.

6 ~~((25))~~ (24) "Start of initial detention" means the time of
7 arrival of the minor at the first evaluation and treatment facility,
8 secure detoxification facility, or approved substance use disorder
9 treatment program offering inpatient treatment if the minor is being
10 involuntarily detained at the time. With regard to voluntary
11 patients, "start of initial detention" means the time at which the
12 minor gives notice of intent to leave under the provisions of this
13 chapter.

14 (25) "Alcoholism" means a disease, characterized by a dependency
15 on alcoholic beverages, loss of control over the amount and
16 circumstances of use, symptoms of tolerance, physiological or
17 psychological withdrawal, or both, if use is reduced or discontinued,
18 and impairment of health or disruption of social or economic
19 functioning.

20 (26) "Approved substance use disorder treatment program" means a
21 program for minors with substance use disorders provided by a
22 treatment program certified by the department as meeting standards
23 adopted under chapter 71.24 RCW.

24 (27) "Chemical dependency" means:

25 (a) Alcoholism;

26 (b) Drug addiction; or

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

29 (28) "Chemical dependency professional" means a person certified
30 as a chemical dependency professional by the department of health
31 under chapter 18.205 RCW.

32 (29) "Designated crisis responder" means a person designated by a
33 behavioral health organization to perform the duties specified in
34 this chapter.

35 (30) "Drug addiction" means a disease, characterized by a
36 dependency on psychoactive chemicals, loss of control over the amount
37 and circumstances of use, symptoms of tolerance, physiological or
38 psychological withdrawal, or both, if use is reduced or discontinued,
39 and impairment of health or disruption of social or economic
40 functioning.

1 (31) "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 (32) "Private agency" means any person, partnership, corporation,
5 or association that is not a public agency, whether or not financed
6 in whole or in part by public funds, that constitutes an evaluation
7 and treatment facility or private institution, or hospital, or
8 approved substance use disorder treatment program, that is conducted
9 for, or includes a department or ward conducted for, the care and
10 treatment of persons with mental illness, substance use disorders, or
11 both mental illness and substance use disorders.

12 (33) "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 department or
15 ward conducted for, the care and treatment of persons with mental
16 illness, substance use disorders, or both mental illness and
17 substance use disorders if the agency is operated directly by
18 federal, state, county, or municipal government, or a combination of
19 such governments.

20 (34) "Secure detoxification facility" means a facility operated
21 by either a public or private agency or by the program of an agency
22 that:

23 (a) Provides for intoxicated minors:

24 (i) Evaluation and assessment, provided by certified chemical
25 dependency professionals;

26 (ii) Acute or subacute detoxification services; and

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

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

33 (c) Is certified as such by the department.

34 (35) "Substance use disorder" means a cluster of cognitive,
35 behavioral, and physiological symptoms indicating that an individual
36 continues using the substance despite significant substance-related
37 problems. The diagnosis of a substance use disorder is based on a
38 pathological pattern of behaviors related to the use of the
39 substances.

1 **Sec. 255.** RCW 71.34.305 and 1996 c 133 s 6 are each amended to
2 read as follows:

3 School district personnel who contact a mental health or
4 substance use disorder inpatient treatment program or provider for
5 the purpose of referring a student to inpatient treatment shall
6 provide the parents with notice of the contact within forty-eight
7 hours.

8 **Sec. 256.** RCW 71.34.375 and 2011 c 302 s 1 are each amended to
9 read as follows:

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

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

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

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

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

35 **Sec. 257.** RCW 71.34.385 and 1992 c 205 s 304 are each amended to
36 read as follows:

37 The department shall ensure that the provisions of this chapter
38 are applied by the counties in a consistent and uniform manner. The

1 department shall also ensure that, to the extent possible within
2 available funds, the ~~((county designated mental health~~
3 ~~professionals))~~ designated crisis responders are specifically trained
4 in adolescent mental health issues, the mental health and substance
5 use disorder civil commitment laws, and the criteria for civil
6 commitment.

7 **Sec. 258.** RCW 71.34.400 and 1998 c 296 s 11 are each amended to
8 read as follows:

9 For purposes of eligibility for medical assistance under chapter
10 74.09 RCW, minors in inpatient mental health or inpatient substance
11 use disorder treatment shall be considered to be part of their
12 parent's or legal guardian's household, unless the minor has been
13 assessed by the department or its designee as likely to require such
14 treatment for at least ninety consecutive days, or is in out-of-home
15 care in accordance with chapter 13.34 RCW, or the parents are found
16 to not be exercising responsibility for care and control of the
17 minor. Payment for such care by the department shall be made only in
18 accordance with rules, guidelines, and clinical criteria applicable
19 to inpatient treatment of minors established by the department.

20 **Sec. 259.** RCW 71.34.410 and 2005 c 371 s 5 are each amended to
21 read as follows:

22 No public or private agency or governmental entity, nor officer
23 of a public or private agency, nor the superintendent, or
24 professional person in charge, his or her professional designee or
25 attending staff of any such agency, nor any public official
26 performing functions necessary to the administration of this chapter,
27 nor peace officer responsible for detaining a person under this
28 chapter, nor any ~~((county))~~ designated ~~((mental health professional))~~
29 crisis responder, nor professional person, nor evaluation and
30 treatment facility, nor secure detoxification facility, nor approved
31 substance use disorder treatment program shall be civilly or
32 criminally liable for performing actions authorized in this chapter
33 with regard to the decision of whether to admit, release, or detain a
34 person for evaluation and treatment: PROVIDED, That such duties were
35 performed in good faith and without gross negligence.

36 **Sec. 260.** RCW 71.34.420 and 2015 c 269 s 12 are each amended to
37 read as follows:

1 (1) The department may use a single bed certification process as
2 outlined in rule to provide additional treatment capacity for a minor
3 suffering from a mental disorder for whom an evaluation and treatment
4 bed is not available. The facility that is the proposed site of the
5 single bed certification must be a facility that is willing and able
6 to provide the person with timely and appropriate treatment either
7 directly or by arrangement with other public or private agencies.

8 (2) A single bed certification must be specific to the minor
9 receiving treatment.

10 (3) A designated (~~mental health professional~~) crisis responder
11 who submits an application for a single bed certification for
12 treatment at a facility that is willing and able to provide timely
13 and appropriate mental health treatment in good faith belief that the
14 single bed certification is appropriate may presume that the single
15 bed certification will be approved for the purpose of completing the
16 detention process and responding to other emergency calls.

17 (4) The department may adopt rules implementing this section and
18 continue to enforce rules it has already adopted except where
19 inconsistent with this section.

20 **Sec. 261.** RCW 71.34.500 and 2006 c 93 s 3 are each amended to
21 read as follows:

22 (1) A minor thirteen years or older may admit himself or herself
23 to an evaluation and treatment facility for inpatient mental health
24 treatment or an approved substance use disorder treatment program for
25 inpatient (~~mental~~) substance use disorder treatment(~~(7)~~) without
26 parental consent. The admission shall occur only if the professional
27 person in charge of the facility concurs with the need for inpatient
28 treatment. Parental authorization, or authorization from a person who
29 may consent on behalf of the minor pursuant to RCW 7.70.065, is
30 required for inpatient treatment of a minor under the age of
31 thirteen.

32 (2) When, in the judgment of the professional person in charge of
33 an evaluation and treatment facility or approved substance use
34 disorder treatment program, there is reason to believe that a minor
35 is in need of inpatient treatment because of a mental disorder or
36 substance use disorder, and the facility provides the type of
37 evaluation and treatment needed by the minor, and it is not feasible
38 to treat the minor in any less restrictive setting or the minor's

1 home, the minor may be admitted to (~~(an evaluation and treatment)~~)
2 the facility.

3 (3) Written renewal of voluntary consent must be obtained from
4 the applicant no less than once every twelve months. The minor's need
5 for continued inpatient treatments shall be reviewed and documented
6 no less than every one hundred eighty days.

7 **Sec. 262.** RCW 71.34.520 and 2003 c 106 s 1 are each amended to
8 read as follows:

9 (1) Any minor thirteen years or older voluntarily admitted to an
10 evaluation and treatment facility or approved substance use disorder
11 treatment program under RCW 71.34.500 may give notice of intent to
12 leave at any time. The notice need not follow any specific form so
13 long as it is written and the intent of the minor can be discerned.

14 (2) The staff member receiving the notice shall date it
15 immediately, record its existence in the minor's clinical record, and
16 send copies of it to the minor's attorney, if any, the (~~county-~~
17 ~~designated mental health professional~~) designated crisis responders,
18 and the parent.

19 (3) The professional person shall discharge the minor, thirteen
20 years or older, from the facility by the second judicial day
21 following receipt of the minor's notice of intent to leave.

22 **Sec. 263.** RCW 71.34.600 and 2007 c 375 s 11 are each amended to
23 read as follows:

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

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

30 (b) A secure detoxification facility or approved substance use
31 disorder treatment program and request that a substance use disorder
32 assessment be conducted by a professional person to determine whether
33 the minor has a substance use disorder and is in need of inpatient
34 treatment.

35 (2) The consent of the minor is not required for admission,
36 evaluation, and treatment if the parent brings the minor to the
37 facility.

1 (3) An appropriately trained professional person may evaluate
2 whether the minor has a mental disorder or has a substance use
3 disorder. The evaluation shall be completed within twenty-four hours
4 of the time the minor was brought to the facility, unless the
5 professional person determines that the condition of the minor
6 necessitates additional time for evaluation. In no event shall a
7 minor be held longer than seventy-two hours for evaluation. If, in
8 the judgment of the professional person, it is determined it is a
9 medical necessity for the minor to receive inpatient treatment, the
10 minor may be held for treatment. The facility shall limit treatment
11 to that which the professional person determines is medically
12 necessary to stabilize the minor's condition until the evaluation has
13 been completed. Within twenty-four hours of completion of the
14 evaluation, the professional person shall notify the department if
15 the child is held for treatment and of the date of admission.

16 (4) No provider is obligated to provide treatment to a minor
17 under the provisions of this section except that no provider may
18 refuse to treat a minor under the provisions of this section solely
19 on the basis that the minor has not consented to the treatment. No
20 provider may admit a minor to treatment under this section unless it
21 is medically necessary.

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

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

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

29 **Sec. 264.** RCW 71.34.630 and 1998 c 296 s 20 are each amended to
30 read as follows:

31 If the minor is not released as a result of the petition filed
32 under RCW 71.34.620, he or she shall be released not later than
33 thirty days following the later of: (1) The date of the department's
34 determination under RCW 71.34.610(2); or (2) the filing of a petition
35 for judicial review under RCW 71.34.620, unless a professional person
36 or the ((county)) designated ((~~mental health professional~~)) crisis
37 responder initiates proceedings under this chapter.

1 **Sec. 265.** RCW 71.34.650 and 1998 c 296 s 18 are each amended to
2 read as follows:

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

5 (a) A provider of outpatient mental health treatment and request
6 that an appropriately trained professional person examine the minor
7 to determine whether the minor has a mental disorder and is in need
8 of outpatient treatment; or

9 (b) A provider of outpatient substance use disorder treatment and
10 request that an appropriately trained professional person examine the
11 minor to determine whether the minor has a substance use disorder and
12 is in need of outpatient treatment.

13 (2) The consent of the minor is not required for evaluation if
14 the parent brings the minor to the provider.

15 (3) The professional person may evaluate whether the minor has a
16 mental disorder or substance use disorder and is in need of
17 outpatient treatment.

18 (4) Any minor admitted to inpatient treatment under RCW 71.34.500
19 or 71.34.600 shall be discharged immediately from inpatient treatment
20 upon written request of the parent.

21 **Sec. 266.** RCW 71.34.660 and 2005 c 371 s 3 are each amended to
22 read as follows:

23 A minor child shall have no cause of action against an evaluation
24 and treatment facility, secure detoxification facility, approved
25 substance use disorder treatment program, inpatient facility, or
26 provider of outpatient mental health treatment or outpatient
27 substance use disorder treatment for admitting or accepting the minor
28 in good faith for evaluation or treatment under RCW 71.34.600 or
29 71.34.650 based solely upon the fact that the minor did not consent
30 to evaluation or treatment if the minor's parent has consented to the
31 evaluation or treatment.

32 **Sec. 267.** RCW 71.34.700 and 1985 c 354 s 4 are each amended to
33 read as follows:

34 (1) If a minor, thirteen years or older, is brought to an
35 evaluation and treatment facility or hospital emergency room for
36 immediate mental health services, the professional person in charge
37 of the facility shall evaluate the minor's mental condition,

1 determine whether the minor suffers from a mental disorder, and
2 whether the minor is in need of immediate inpatient treatment.

3 (2) If a minor, thirteen years or older, is brought to a secure
4 detoxification facility with available space, or a hospital emergency
5 room for immediate substance use disorder treatment, the professional
6 person in charge of the facility shall evaluate the minor's
7 condition, determine whether the minor suffers from substance use
8 disorder, and whether the minor is in need of immediate inpatient
9 treatment.

10 (3) If it is determined under subsection (1) or (2) of this
11 section that the minor suffers from a mental disorder or substance
12 use disorder, inpatient treatment is required, the minor is unwilling
13 to consent to voluntary admission, and the professional person
14 believes that the minor meets the criteria for initial detention set
15 forth herein, the facility may detain or arrange for the detention of
16 the minor for up to twelve hours in order to enable a ((~~county-~~
17 designated mental health professional)) designated crisis responder
18 to evaluate the minor and commence initial detention proceedings
19 under the provisions of this chapter.

20 **Sec. 268.** RCW 71.34.700 and 2016 1st sp.s. c ... s 267 (section
21 267 of this act) are each amended to read as follows:

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

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

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

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

5 **Sec. 269.** RCW 71.34.710 and 1995 c 312 s 53 are each amended to
6 read as follows:

7 (1)(a)(i) When a (~~county-designated mental health professional~~)
8 designated crisis responder receives information that a minor,
9 thirteen years or older, as a result of a mental disorder presents a
10 likelihood of serious harm or is gravely disabled, has investigated
11 the specific facts alleged and of the credibility of the person or
12 persons providing the information, and has determined that voluntary
13 admission for inpatient treatment is not possible, the (~~county-~~
14 ~~designated mental health professional~~) designated crisis responder
15 may take the minor, or cause the minor to be taken, into custody and
16 transported to an evaluation and treatment facility providing
17 inpatient treatment.

18 (ii) When a designated crisis responder receives information that
19 a minor, thirteen years or older, as a result of substance use
20 disorder presents a likelihood of serious harm or is gravely
21 disabled, has investigated the specific facts alleged and of the
22 credibility of the person or persons providing the information, and
23 has determined that voluntary admission for inpatient treatment is
24 not possible, the designated crisis responder may take the minor, or
25 cause the minor to be taken, into custody and transported to a secure
26 detoxification facility or approved substance use disorder treatment
27 program, if a secure detoxification facility or approved substance
28 use disorder treatment program is available and has adequate space
29 for the minor.

30 (b) If the minor is not taken into custody for evaluation and
31 treatment, the parent who has custody of the minor may seek review of
32 that decision made by the (~~county-designated mental health~~
33 ~~professional~~) designated crisis responder in court. The parent shall
34 file notice with the court and provide a copy of the (~~county~~
35 ~~designated mental health professional's~~) designated crisis
36 responder's report or notes.

37 (2) Within twelve hours of the minor's arrival at the evaluation
38 and treatment facility, secure detoxification facility, or approved
39 substance use disorder treatment program, the (~~county-designated~~

1 ~~mental health professional~~) designated crisis responder shall serve
2 on the minor a copy of the petition for initial detention, notice of
3 initial detention, and statement of rights. The (~~county-designated~~
4 ~~mental health professional~~) designated crisis responder shall file
5 with the court on the next judicial day following the initial
6 detention the original petition for initial detention, notice of
7 initial detention, and statement of rights along with an affidavit of
8 service. The (~~county-designated mental health professional~~)
9 designated crisis responder shall commence service of the petition
10 for initial detention and notice of the initial detention on the
11 minor's parent and the minor's attorney as soon as possible following
12 the initial detention.

13 (3) At the time of initial detention, the (~~county-designated~~
14 ~~mental health professional~~) designated crisis responder shall advise
15 the minor both orally and in writing that if admitted to the
16 evaluation and treatment facility, secure detoxification facility, or
17 approved substance use disorder treatment program for inpatient
18 treatment, a commitment hearing shall be held within seventy-two
19 hours of the minor's provisional acceptance to determine whether
20 probable cause exists to commit the minor for further (~~mental~~
21 ~~health~~) treatment.

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

26 (4) Subject to subsection (5) of this section, whenever the
27 (~~county-designated mental health professional~~) designated crisis
28 responder petitions for detention of a minor under this chapter, an
29 evaluation and treatment facility, secure detoxification facility, or
30 approved substance use disorder treatment program providing seventy-
31 two hour evaluation and treatment must immediately accept on a
32 provisional basis the petition and the person. Within twenty-four
33 hours of the minor's arrival, the facility must evaluate the minor's
34 condition and either admit or release the minor in accordance with
35 this chapter.

36 (5) A designated crisis responder may not petition for detention
37 of a minor to a secure detoxification facility or approved substance
38 use disorder treatment program unless there is a secure
39 detoxification facility or approved substance use disorder treatment
40 program available and that has adequate space for the minor.

1 (6) If a minor is not approved for admission by the inpatient
2 evaluation and treatment facility, secure detoxification facility, or
3 approved substance use disorder treatment program, the facility shall
4 make such recommendations and referrals for further care and
5 treatment of the minor as necessary.

6 **Sec. 270.** RCW 71.34.710 and 2016 1st sp.s. c ... s 269 (section
7 269 of this act) are each amended to read as follows:

8 (1)(a)(i) When a designated crisis responder receives information
9 that a minor, thirteen years or older, as a result of a mental
10 disorder presents a likelihood of serious harm or is gravely
11 disabled, has investigated the specific facts alleged and of the
12 credibility of the person or persons providing the information, and
13 has determined that voluntary admission for inpatient treatment is
14 not possible, the designated crisis responder may take the minor, or
15 cause the minor to be taken, into custody and transported to an
16 evaluation and treatment facility providing inpatient treatment.

17 (ii) When a designated crisis responder receives information that
18 a minor, thirteen years or older, as a result of substance use
19 disorder presents a likelihood of serious harm or is gravely
20 disabled, has investigated the specific facts alleged and of the
21 credibility of the person or persons providing the information, and
22 has determined that voluntary admission for inpatient treatment is
23 not possible, the designated crisis responder may take the minor, or
24 cause the minor to be taken, into custody and transported to a secure
25 detoxification facility or approved substance use disorder treatment
26 program(~~(, if a secure detoxification facility or approved substance~~
27 ~~use disorder treatment program is available and has adequate space~~
28 ~~for the minor)~~).

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

34 (2) Within twelve hours of the minor's arrival at the evaluation
35 and treatment facility, secure detoxification facility, or approved
36 substance use disorder treatment program, the designated crisis
37 responder shall serve on the minor a copy of the petition for initial
38 detention, notice of initial detention, and statement of rights. The
39 designated crisis responder shall file with the court on the next

1 judicial day following the initial detention the original petition
2 for initial detention, notice of initial detention, and statement of
3 rights along with an affidavit of service. The designated crisis
4 responder shall commence service of the petition for initial
5 detention and notice of the initial detention on the minor's parent
6 and the minor's attorney as soon as possible following the initial
7 detention.

8 (3) At the time of initial detention, the designated crisis
9 responder shall advise the minor both orally and in writing that if
10 admitted to the evaluation and treatment facility, secure
11 detoxification facility, or approved substance use disorder treatment
12 program for inpatient treatment, a commitment hearing shall be held
13 within seventy-two hours of the minor's provisional acceptance to
14 determine whether probable cause exists to commit the minor for
15 further treatment.

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

20 (4) (~~Subject to subsection (5) of this section,~~) Whenever the
21 designated crisis responder petitions for detention of a minor under
22 this chapter, an evaluation and treatment facility, secure
23 detoxification facility, or approved substance use disorder treatment
24 program providing seventy-two hour evaluation and treatment must
25 immediately accept on a provisional basis the petition and the
26 person. Within twenty-four hours of the minor's arrival, the facility
27 must evaluate the minor's condition and either admit or release the
28 minor in accordance with this chapter.

29 (5) (~~A designated crisis responder may not petition for
30 detention of a minor to a secure detoxification facility or approved
31 substance use disorder treatment program unless there is a secure
32 detoxification facility or approved substance use disorder treatment
33 program available and that has adequate space for the minor.~~

34 ~~(6))~~) If a minor is not approved for admission by the inpatient
35 evaluation and treatment facility, secure detoxification facility, or
36 approved substance use disorder treatment program, the facility shall
37 make such recommendations and referrals for further care and
38 treatment of the minor as necessary.

1 **Sec. 271.** RCW 71.34.720 and 2009 c 217 s 16 are each amended to
2 read as follows:

3 (1) Each minor approved by the facility for inpatient admission
4 shall be examined and evaluated by a children's mental health
5 specialist, for minors admitted as a result of a mental disorder, or
6 by a chemical dependency professional, for minors admitted as a
7 result of a substance use disorder, as to the child's mental
8 condition and by a physician or psychiatric advanced registered nurse
9 practitioner as to the child's physical condition within twenty-four
10 hours of admission. Reasonable measures shall be taken to ensure
11 medical treatment is provided for any condition requiring immediate
12 medical attention.

13 (2) If, after examination and evaluation, the children's mental
14 health specialist or substance use disorder specialist and the
15 physician or psychiatric advanced registered nurse practitioner
16 determine that the initial needs of the minor, if detained to an
17 evaluation and treatment facility, would be better served by
18 placement in a ~~((chemical dependency))~~ substance use disorder
19 treatment facility or, if detained to a secure detoxification
20 facility or approved substance use disorder treatment program, would
21 be better served in an evaluation and treatment facility, then the
22 minor shall be referred to ~~((an approved treatment program defined~~
23 ~~under RCW 70.96A.020))~~ the more appropriate placement; however a
24 minor may only be referred to a secure detoxification facility or
25 approved substance use disorder treatment program if there is a
26 secure detoxification facility or approved substance use disorder
27 treatment program available and that has adequate space for the
28 minor.

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

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

38 (5) If the evaluation and treatment facility, secure
39 detoxification facility, or approved substance use disorder treatment
40 program admits the minor, it may detain the minor for evaluation and

1 treatment for a period not to exceed seventy-two hours from the time
2 of provisional acceptance. The computation of such seventy-two hour
3 period shall exclude Saturdays, Sundays, and holidays. This initial
4 treatment period shall not exceed seventy-two hours except when an
5 application for voluntary inpatient treatment is received or a
6 petition for fourteen-day commitment is filed.

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

9 **Sec. 272.** RCW 71.34.720 and 2016 1st sp.s. c ... s 271 (section
10 271 of this act) are each amended to read as follows:

11 (1) Each minor approved by the facility for inpatient admission
12 shall be examined and evaluated by a children's mental health
13 specialist, for minors admitted as a result of a mental disorder, or
14 by a chemical dependency professional, for minors admitted as a
15 result of a substance use disorder, as to the child's mental
16 condition and by a physician or psychiatric advanced registered nurse
17 practitioner as to the child's physical condition within twenty-four
18 hours of admission. Reasonable measures shall be taken to ensure
19 medical treatment is provided for any condition requiring immediate
20 medical attention.

21 (2) If, after examination and evaluation, the children's mental
22 health specialist or substance use disorder specialist and the
23 physician or psychiatric advanced registered nurse practitioner
24 determine that the initial needs of the minor, if detained to an
25 evaluation and treatment facility, would be better served by
26 placement in a substance use disorder treatment facility or, if
27 detained to a secure detoxification facility or approved substance
28 use disorder treatment program, would be better served in an
29 evaluation and treatment facility, then the minor shall be referred
30 to the more appropriate placement(~~(; however a minor may only be~~
31 ~~referred to a secure detoxification facility or approved substance~~
32 ~~use disorder treatment program if there is a secure detoxification~~
33 ~~facility or approved substance use disorder treatment program~~
34 ~~available and that has adequate space for the minor)).~~

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

37 (4) During the initial seventy-two hour treatment period, the
38 minor has a right to associate or receive communications from parents
39 or others unless the professional person in charge determines that

1 such communication would be seriously detrimental to the minor's
2 condition or treatment and so indicates in the minor's clinical
3 record, and notifies the minor's parents of this determination. In no
4 event may the minor be denied the opportunity to consult an attorney.

5 (5) If the evaluation and treatment facility, secure
6 detoxification facility, or approved substance use disorder treatment
7 program admits the minor, it may detain the minor for evaluation and
8 treatment for a period not to exceed seventy-two hours from the time
9 of provisional acceptance. The computation of such seventy-two hour
10 period shall exclude Saturdays, Sundays, and holidays. This initial
11 treatment period shall not exceed seventy-two hours except when an
12 application for voluntary inpatient treatment is received or a
13 petition for fourteen-day commitment is filed.

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

16 **Sec. 273.** RCW 71.34.730 and 2009 c 293 s 6 and 2009 c 217 s 17
17 are each reenacted and amended to read as follows:

18 (1) The professional person in charge of an evaluation and
19 treatment facility, secure detoxification facility, or approved
20 substance use disorder treatment program where a minor has been
21 admitted involuntarily for the initial seventy-two hour treatment
22 period under this chapter may petition to have a minor committed to
23 an evaluation and treatment facility or, in the case of a minor with
24 a substance use disorder, to a secure detoxification facility or
25 approved substance use disorder treatment program for fourteen-day
26 diagnosis, evaluation, and treatment.

27 If the professional person in charge of the (~~treatment and~~
28 ~~evaluation~~)) facility does not petition to have the minor committed,
29 the parent who has custody of the minor may seek review of that
30 decision in court. The parent shall file notice with the court and
31 provide a copy of the treatment and evaluation facility's report.

32 (2) A petition for commitment of a minor under this section shall
33 be filed with the superior court in the county where the minor is
34 residing or being detained.

35 (a) A petition for a fourteen-day commitment shall be signed by
36 (i) two physicians, (ii) two psychiatric advanced registered nurse
37 practitioners, (iii) a mental health professional and either a
38 physician or a psychiatric advanced registered nurse practitioner, or
39 (iv) a physician and a psychiatric advanced registered nurse

1 practitioner. The person signing the petition must have examined the
2 minor, and the petition must contain the following:

3 (A) The name and address of the petitioner;

4 (B) The name of the minor alleged to meet the criteria for
5 fourteen-day commitment;

6 (C) The name, telephone number, and address if known of every
7 person believed by the petitioner to be legally responsible for the
8 minor;

9 (D) A statement that the petitioner has examined the minor and
10 finds that the minor's condition meets required criteria for
11 fourteen-day commitment and the supporting facts therefor;

12 (E) A statement that the minor has been advised of the need for
13 voluntary treatment but has been unwilling or unable to consent to
14 necessary treatment;

15 (F) If the petition is for mental health treatment, a statement
16 that the minor has been advised of the loss of firearm rights if
17 involuntarily committed;

18 (G) A statement recommending the appropriate facility or
19 facilities to provide the necessary treatment; and

20 (H) A statement concerning whether a less restrictive alternative
21 to inpatient treatment is in the best interests of the minor.

22 (b) A copy of the petition shall be personally delivered to the
23 minor by the petitioner or petitioner's designee. A copy of the
24 petition shall be sent to the minor's attorney and the minor's
25 parent.

26 **Sec. 274.** RCW 71.34.740 and 2009 c 293 s 7 are each amended to
27 read as follows:

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

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

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

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

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

4 (6) At the commitment hearing, the minor shall have the following
5 rights:

6 (a) To be represented by an attorney;

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

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

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

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

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

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

23 (a) The minor has a mental disorder or substance use disorder and
24 presents a ((=))likelihood of serious harm((=)) or is ((=))gravely
25 disabled((=));

26 (b) The minor is in need of evaluation and treatment of the type
27 provided by the inpatient evaluation and treatment facility, secure
28 detoxification facility, or approved substance use disorder treatment
29 program to which continued inpatient care is sought or is in need of
30 less restrictive alternative treatment found to be in the best
31 interests of the minor; ((and))

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

34 (d) If commitment is for a substance use disorder, there is an
35 available secure detoxification facility or approved substance use
36 disorder treatment program with adequate space for the minor.

37 (11) If the court finds that the minor meets the criteria for a
38 fourteen-day commitment, the court shall either authorize commitment
39 of the minor for inpatient treatment or for less restrictive
40 alternative treatment upon such conditions as are necessary. If the

1 court determines that the minor does not meet the criteria for a
2 fourteen-day commitment, the minor shall be released.

3 (12) Nothing in this section prohibits the professional person in
4 charge of the ((~~evaluation and treatment~~)) facility from releasing
5 the minor at any time, when, in the opinion of the professional
6 person in charge of the facility, further inpatient treatment is no
7 longer necessary. The release may be subject to reasonable conditions
8 if appropriate.

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

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

15 **Sec. 275.** RCW 71.34.740 and 2016 1st sp.s. c ... s 274 (section
16 274 of this act) are each amended to read as follows:

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

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

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

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

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

32 (6) At the commitment hearing, the minor shall have the following
33 rights:

34 (a) To be represented by an attorney;

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

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

37 (7) If the hearing is for commitment for mental health treatment,
38 the court at the time of the commitment hearing and before an order
39 of commitment is entered shall inform the minor both orally and in

1 writing that the failure to make a good faith effort to seek
2 voluntary treatment as provided in RCW 71.34.730 will result in the
3 loss of his or her firearm rights if the minor is subsequently
4 detained for involuntary treatment under this section.

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

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

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

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

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

20 (c) The minor is unwilling or unable in good faith to consent to
21 voluntary treatment(~~(; and~~

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

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

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

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

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

4 **Sec. 276.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to
5 read as follows:

6 (1) At any time during the minor's period of fourteen-day
7 commitment, the professional person in charge may petition the court
8 for an order requiring the minor to undergo an additional one hundred
9 eighty-day period of treatment. The evidence in support of the
10 petition shall be presented by the county prosecutor unless the
11 petition is filed by the professional person in charge of a state-
12 operated facility in which case the evidence shall be presented by
13 the attorney general.

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

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

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

19 (c) A statement that the petitioner is the professional person in
20 charge of the evaluation and treatment facility, secure
21 detoxification facility, or approved substance use disorder treatment
22 program responsible for the treatment of the minor;

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

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

25 (3) The petition shall be supported by accompanying affidavits
26 signed by (a) two examining physicians, one of whom shall be a child
27 psychiatrist, or two psychiatric advanced registered nurse
28 practitioners, one of whom shall be a child and adolescent or family
29 psychiatric advanced registered nurse practitioner, (b) one
30 children's mental health specialist and either an examining physician
31 or a psychiatric advanced registered nurse practitioner, or (c) an
32 examining physician and a psychiatric advanced registered nurse
33 practitioner, one of which needs to be a child psychiatrist or a
34 child and adolescent psychiatric nurse practitioner. The affidavits
35 shall describe in detail the behavior of the detained minor which
36 supports the petition and shall state whether a less restrictive
37 alternative to inpatient treatment is in the best interests of the
38 minor.

1 (4) The petition for one hundred eighty-day commitment shall be
2 filed with the clerk of the court at least three days before the
3 expiration of the fourteen-day commitment period. The petitioner or
4 the petitioner's designee shall within twenty-four hours of filing
5 serve a copy of the petition on the minor and notify the minor's
6 attorney and the minor's parent. A copy of the petition shall be
7 provided to such persons at least twenty-four hours prior to the
8 hearing.

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

15 (6) For one hundred eighty-day commitment((7)):

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

18 ((a)) (i) Is suffering from a mental disorder or substance use
19 disorder;

20 ((b)) (ii) Presents a likelihood of serious harm or is gravely
21 disabled; and

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

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

27 (7) If the court finds that the criteria for commitment are met
28 and that less restrictive treatment in a community setting is not
29 appropriate or available, the court shall order the minor committed
30 to the custody of the secretary for further inpatient mental health
31 treatment ((to the custody of the secretary)), to an approved
32 substance use disorder treatment program for further substance use
33 disorder treatment, or to a private treatment and evaluation facility
34 for inpatient mental health or substance use disorder treatment if
35 the minor's parents have assumed responsibility for payment for the
36 treatment. If the court finds that a less restrictive alternative is
37 in the best interest of the minor, the court shall order less
38 restrictive alternative treatment upon such conditions as necessary.

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

1 (8) Successive one hundred eighty-day commitments are permissible
2 on the same grounds and under the same procedures as the original one
3 hundred eighty-day commitment. Such petitions shall be filed at least
4 five days prior to the expiration of the previous one hundred eighty-
5 day commitment order.

6 **Sec. 277.** RCW 71.34.750 and 2016 1st sp.s. c ... s 276 (section
7 276 of this act) are each amended to read as follows:

8 (1) At any time during the minor's period of fourteen-day
9 commitment, the professional person in charge may petition the court
10 for an order requiring the minor to undergo an additional one hundred
11 eighty-day period of treatment. The evidence in support of the
12 petition shall be presented by the county prosecutor unless the
13 petition is filed by the professional person in charge of a state-
14 operated facility in which case the evidence shall be presented by
15 the attorney general.

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

- 18 (a) The name and address of the petitioner or petitioners;
- 19 (b) The name of the minor alleged to meet the criteria for one
20 hundred eighty-day commitment;
- 21 (c) A statement that the petitioner is the professional person in
22 charge of the evaluation and treatment facility, secure
23 detoxification facility, or approved substance use disorder treatment
24 program responsible for the treatment of the minor;
- 25 (d) The date of the fourteen-day commitment order; and
- 26 (e) A summary of the facts supporting the petition.

27 (3) The petition shall be supported by accompanying affidavits
28 signed by (a) two examining physicians, one of whom shall be a child
29 psychiatrist, or two psychiatric advanced registered nurse
30 practitioners, one of whom shall be a child and adolescent or family
31 psychiatric advanced registered nurse practitioner, (b) one
32 children's mental health specialist and either an examining physician
33 or a psychiatric advanced registered nurse practitioner, or (c) an
34 examining physician and a psychiatric advanced registered nurse
35 practitioner, one of which needs to be a child psychiatrist or a
36 child and adolescent psychiatric nurse practitioner. The affidavits
37 shall describe in detail the behavior of the detained minor which
38 supports the petition and shall state whether a less restrictive

1 alternative to inpatient treatment is in the best interests of the
2 minor.

3 (4) The petition for one hundred eighty-day commitment shall be
4 filed with the clerk of the court at least three days before the
5 expiration of the fourteen-day commitment period. The petitioner or
6 the petitioner's designee shall within twenty-four hours of filing
7 serve a copy of the petition on the minor and notify the minor's
8 attorney and the minor's parent. A copy of the petition shall be
9 provided to such persons at least twenty-four hours prior to the
10 hearing.

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

17 (6) For one hundred eighty-day commitment(~~(+~~
18 ~~(a))~~), the court must find by clear, cogent, and convincing
19 evidence that the minor:

20 ~~((+i))~~ (a) Is suffering from a mental disorder or substance use
21 disorder;

22 ~~((+ii))~~ (b) Presents a likelihood of serious harm or is gravely
23 disabled; and

24 ~~((+iii))~~ (c) Is in need of further treatment that only can be
25 provided in a one hundred eighty-day commitment.

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

29 (7) If the court finds that the criteria for commitment are met
30 and that less restrictive treatment in a community setting is not
31 appropriate or available, the court shall order the minor committed
32 to the custody of the secretary for further inpatient mental health
33 treatment, to an approved substance use disorder treatment program
34 for further substance use disorder treatment, or to a private
35 treatment and evaluation facility for inpatient mental health or
36 substance use disorder treatment if the minor's parents have assumed
37 responsibility for payment for the treatment. If the court finds that
38 a less restrictive alternative is in the best interest of the minor,
39 the court shall order less restrictive alternative treatment upon
40 such conditions as necessary.

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

3 (8) Successive one hundred eighty-day commitments are permissible
4 on the same grounds and under the same procedures as the original one
5 hundred eighty-day commitment. Such petitions shall be filed at least
6 five days prior to the expiration of the previous one hundred eighty-
7 day commitment order.

8 **Sec. 278.** RCW 71.34.760 and 1985 c 354 s 10 are each amended to
9 read as follows:

10 (1) If a minor is committed for one hundred eighty-day inpatient
11 treatment and is to be placed in a state-supported program, the
12 secretary shall accept immediately and place the minor in a state-
13 funded long-term evaluation and treatment facility or state-funded
14 approved substance use disorder treatment program.

15 (2) The secretary's placement authority shall be exercised
16 through a designated placement committee appointed by the secretary
17 and composed of children's mental health specialists and chemical
18 dependency professionals, including at least one child psychiatrist
19 who represents the state-funded, long-term, evaluation and treatment
20 facility for minors and one chemical dependency professional who
21 represents the state-funded approved substance use disorder treatment
22 program. The responsibility of the placement committee will be to:

23 (a) Make the long-term placement of the minor in the most
24 appropriate, available state-funded evaluation and treatment facility
25 or approved substance use disorder treatment program, having
26 carefully considered factors including the treatment needs of the
27 minor, the most appropriate facility able to respond to the minor's
28 identified treatment needs, the geographic proximity of the facility
29 to the minor's family, the immediate availability of bed space, and
30 the probable impact of the placement on other residents of the
31 facility;

32 (b) Approve or deny requests from treatment facilities for
33 transfer of a minor to another facility;

34 (c) Receive and monitor reports required under this section;

35 (d) Receive and monitor reports of all discharges.

36 (3) The secretary may authorize transfer of minors among
37 treatment facilities if the transfer is in the best interests of the
38 minor or due to treatment priorities.

1 (4) The responsible state-funded evaluation and treatment
2 facility or approved substance use disorder treatment program shall
3 submit a report to the department's designated placement committee
4 within ninety days of admission and no less than every one hundred
5 eighty days thereafter, setting forth such facts as the department
6 requires, including the minor's individual treatment plan and
7 progress, recommendations for future treatment, and possible less
8 restrictive treatment.

9 **Sec. 279.** RCW 71.34.780 and 1985 c 354 s 11 are each amended to
10 read as follows:

11 (1) If the professional person in charge of an outpatient
12 treatment program, a (~~county-designated mental health professional~~)
13 designated crisis responder, or the secretary determines that a minor
14 is failing to adhere to the conditions of the court order for less
15 restrictive alternative treatment or the conditions for the
16 conditional release, or that substantial deterioration in the minor's
17 functioning has occurred, the (~~county-designated mental health~~
18 ~~professional~~) designated crisis responder, or the secretary may
19 order that the minor, if committed for mental health treatment, be
20 taken into custody and transported to an inpatient evaluation and
21 treatment facility or, if committed for substance use disorder
22 treatment, be taken into custody and transported to a secure
23 detoxification facility or approved substance use disorder treatment
24 program if there is an available secure detoxification facility or
25 approved substance use disorder treatment program that has adequate
26 space for the minor.

27 (2) The (~~county-designated mental health professional~~)
28 designated crisis responder or the secretary shall file the order of
29 apprehension and detention and serve it upon the minor and notify the
30 minor's parent and the minor's attorney, if any, of the detention
31 within two days of return. At the time of service the minor shall be
32 informed of the right to a hearing and to representation by an
33 attorney. The (~~county-designated mental health professional~~)
34 designated crisis responder or the secretary may modify or rescind
35 the order of apprehension and detention at any time prior to the
36 hearing.

37 (3) A petition for revocation of less restrictive alternative
38 treatment shall be filed by the (~~county-designated mental health~~
39 ~~professional~~) designated crisis responder or the secretary with the

1 court in the county ordering the less restrictive alternative
2 treatment. The court shall conduct the hearing in that county. A
3 petition for revocation of conditional release may be filed with the
4 court in the county ordering inpatient treatment or the county where
5 the minor on conditional release is residing. A petition shall
6 describe the behavior of the minor indicating violation of the
7 conditions or deterioration of routine functioning and a
8 dispositional recommendation. Upon motion for good cause, the hearing
9 may be transferred to the county of the minor's residence or to the
10 county in which the alleged violations occurred. The hearing shall be
11 held within seven days of the minor's return. The issues to be
12 determined are whether the minor did or did not adhere to the
13 conditions of the less restrictive alternative treatment or
14 conditional release, or whether the minor's routine functioning has
15 substantially deteriorated, and, if so, whether the conditions of
16 less restrictive alternative treatment or conditional release should
17 be modified or, subject to subsection (4) of this section, whether
18 the minor should be returned to inpatient treatment. Pursuant to the
19 determination of the court, the minor shall be returned to less
20 restrictive alternative treatment or conditional release on the same
21 or modified conditions or shall be returned to inpatient treatment.
22 If the minor is returned to inpatient treatment, RCW 71.34.760
23 regarding the secretary's placement responsibility shall apply. The
24 hearing may be waived by the minor and the minor returned to
25 inpatient treatment or to less restrictive alternative treatment or
26 conditional release on the same or modified conditions.

27 (4) A court may not order the return of a minor to inpatient
28 treatment in a secure detoxification facility or approved substance
29 use disorder treatment program unless there is a secure
30 detoxification facility or approved substance use disorder treatment
31 program available with adequate space for the minor.

32 **Sec. 280.** RCW 71.34.780 and 2016 1st sp.s. c ... s 279 (section
33 279 of this act) are each amended to read as follows:

34 (1) If the professional person in charge of an outpatient
35 treatment program, a designated crisis responder, or the secretary
36 determines that a minor is failing to adhere to the conditions of the
37 court order for less restrictive alternative treatment or the
38 conditions for the conditional release, or that substantial
39 deterioration in the minor's functioning has occurred, the designated

1 crisis responder, or the secretary may order that the minor, if
2 committed for mental health treatment, be taken into custody and
3 transported to an inpatient evaluation and treatment facility or, if
4 committed for substance use disorder treatment, be taken into custody
5 and transported to a secure detoxification facility or approved
6 substance use disorder treatment program (~~((if there is an available
7 secure detoxification facility or approved substance use disorder
8 treatment program that has adequate space for the minor))~~).

9 (2) The designated crisis responder or the secretary shall file
10 the order of apprehension and detention and serve it upon the minor
11 and notify the minor's parent and the minor's attorney, if any, of
12 the detention within two days of return. At the time of service the
13 minor shall be informed of the right to a hearing and to
14 representation by an attorney. The designated crisis responder or the
15 secretary may modify or rescind the order of apprehension and
16 detention at any time prior to the hearing.

17 (3) A petition for revocation of less restrictive alternative
18 treatment shall be filed by the designated crisis responder or the
19 secretary with the court in the county ordering the less restrictive
20 alternative treatment. The court shall conduct the hearing in that
21 county. A petition for revocation of conditional release may be filed
22 with the court in the county ordering inpatient treatment or the
23 county where the minor on conditional release is residing. A petition
24 shall describe the behavior of the minor indicating violation of the
25 conditions or deterioration of routine functioning and a
26 dispositional recommendation. Upon motion for good cause, the hearing
27 may be transferred to the county of the minor's residence or to the
28 county in which the alleged violations occurred. The hearing shall be
29 held within seven days of the minor's return. The issues to be
30 determined are whether the minor did or did not adhere to the
31 conditions of the less restrictive alternative treatment or
32 conditional release, or whether the minor's routine functioning has
33 substantially deteriorated, and, if so, whether the conditions of
34 less restrictive alternative treatment or conditional release should
35 be modified or(~~(, subject to subsection (4) of this section,~~)
36 whether the minor should be returned to inpatient treatment. Pursuant
37 to the determination of the court, the minor shall be returned to
38 less restrictive alternative treatment or conditional release on the
39 same or modified conditions or shall be returned to inpatient
40 treatment. If the minor is returned to inpatient treatment, RCW

1 71.34.760 regarding the secretary's placement responsibility shall
2 apply. The hearing may be waived by the minor and the minor returned
3 to inpatient treatment or to less restrictive alternative treatment
4 or conditional release on the same or modified conditions.

5 ~~((4) A court may not order the return of a minor to inpatient
6 treatment in a secure detoxification facility or approved substance
7 use disorder treatment program unless there is a secure
8 detoxification facility or approved substance use disorder treatment
9 program available with adequate space for the minor.))~~

10 **Sec. 281.** RCW 9.41.098 and 2003 c 39 s 5 are each amended to
11 read as follows:

12 (1) The superior courts and the courts of limited jurisdiction of
13 the state may order forfeiture of a firearm which is proven to be:

14 (a) Found concealed on a person not authorized by RCW 9.41.060 or
15 9.41.070 to carry a concealed pistol: PROVIDED, That it is an
16 absolute defense to forfeiture if the person possessed a valid
17 Washington concealed pistol license within the preceding two years
18 and has not become ineligible for a concealed pistol license in the
19 interim. Before the firearm may be returned, the person must pay the
20 past due renewal fee and the current renewal fee;

21 (b) Commercially sold to any person without an application as
22 required by RCW 9.41.090;

23 (c) In the possession of a person prohibited from possessing the
24 firearm under RCW 9.41.040 or 9.41.045;

25 (d) In the possession or under the control of a person at the
26 time the person committed or was arrested for committing a felony or
27 committing a nonfelony crime in which a firearm was used or
28 displayed;

29 (e) In the possession of a person who is in any place in which a
30 concealed pistol license is required, and who is under the influence
31 of any drug or under the influence of intoxicating liquor, as defined
32 in chapter 46.61 RCW;

33 (f) In the possession of a person free on bail or personal
34 recognizance pending trial, appeal, or sentencing for a felony or for
35 a nonfelony crime in which a firearm was used or displayed, except
36 that violations of Title 77 RCW shall not result in forfeiture under
37 this section;

38 (g) In the possession of a person found to have been mentally
39 incompetent while in possession of a firearm when apprehended or who

1 is thereafter committed pursuant to chapter 10.77 RCW or committed
2 for mental health treatment under chapter 71.05 RCW;

3 (h) Used or displayed by a person in the violation of a proper
4 written order of a court of general jurisdiction; or

5 (i) Used in the commission of a felony or of a nonfelony crime in
6 which a firearm was used or displayed.

7 (2) Upon order of forfeiture, the court in its discretion may
8 order destruction of any forfeited firearm. A court may temporarily
9 retain forfeited firearms needed for evidence.

10 (a) Except as provided in (b), (c), and (d) of this subsection,
11 firearms that are: (i) Judicially forfeited and no longer needed for
12 evidence; or (ii) forfeited due to a failure to make a claim under
13 RCW 63.32.010 or 63.40.010; may be disposed of in any manner
14 determined by the local legislative authority. Any proceeds of an
15 auction or trade may be retained by the legislative authority. This
16 subsection (2)(a) applies only to firearms that come into the
17 possession of the law enforcement agency after June 30, 1993.

18 By midnight, June 30, 1993, every law enforcement agency shall
19 prepare an inventory, under oath, of every firearm that has been
20 judicially forfeited, has been seized and may be subject to judicial
21 forfeiture, or that has been, or may be, forfeited due to a failure
22 to make a claim under RCW 63.32.010 or 63.40.010.

23 (b) Except as provided in (c) of this subsection, of the
24 inventoried firearms a law enforcement agency shall destroy illegal
25 firearms, may retain a maximum of ten percent of legal forfeited
26 firearms for agency use, and shall either:

27 (i) Comply with the provisions for the auction of firearms in RCW
28 9.41.098 that were in effect immediately preceding May 7, 1993; or

29 (ii) Trade, auction, or arrange for the auction of, rifles and
30 shotguns. In addition, the law enforcement agency shall either trade,
31 auction, or arrange for the auction of, short firearms, or shall pay
32 a fee of twenty-five dollars to the state treasurer for every short
33 firearm neither auctioned nor traded, to a maximum of fifty thousand
34 dollars. The fees shall be accompanied by an inventory, under oath,
35 of every short firearm listed in the inventory required by (a) of
36 this subsection, that has been neither traded nor auctioned. The
37 state treasurer shall credit the fees to the firearms range account
38 established in RCW 79A.25.210. All trades or auctions of firearms
39 under this subsection shall be to licensed dealers. Proceeds of any
40 auction less costs, including actual costs of storage and sale, shall

1 be forwarded to the firearms range account established in RCW
2 79A.25.210.

3 (c) Antique firearms and firearms recognized as curios, relics,
4 and firearms of particular historical significance by the United
5 States treasury department bureau of alcohol, tobacco, ~~((and))~~
6 firearms, and explosives are exempt from destruction and shall be
7 disposed of by auction or trade to licensed dealers.

8 (d) Firearms in the possession of the Washington state patrol on
9 or after May 7, 1993, that are judicially forfeited and no longer
10 needed for evidence, or forfeited due to a failure to make a claim
11 under RCW 63.35.020, must be disposed of as follows: (i) Firearms
12 illegal for any person to possess must be destroyed; (ii) the
13 Washington state patrol may retain a maximum of ten percent of legal
14 firearms for agency use; and (iii) all other legal firearms must be
15 auctioned or traded to licensed dealers. The Washington state patrol
16 may retain any proceeds of an auction or trade.

17 (3) The court shall order the firearm returned to the owner upon
18 a showing that there is no probable cause to believe a violation of
19 subsection (1) of this section existed or the firearm was stolen from
20 the owner or the owner neither had knowledge of nor consented to the
21 act or omission involving the firearm which resulted in its
22 forfeiture.

23 (4) A law enforcement officer of the state or of any county or
24 municipality may confiscate a firearm found to be in the possession
25 of a person under circumstances specified in subsection (1) of this
26 section. After confiscation, the firearm shall not be surrendered
27 except: (a) To the prosecuting attorney for use in subsequent legal
28 proceedings; (b) for disposition according to an order of a court
29 having jurisdiction as provided in subsection (1) of this section; or
30 (c) to the owner if the proceedings are dismissed or as directed in
31 subsection (3) of this section.

32 **PART III**
33 **REPEALERS FOR INTEGRATED SYSTEM**

34 NEW SECTION. **Sec. 301.** The following acts or parts of acts, as
35 now existing or hereafter amended, are each repealed, effective April
36 1, 2018:

37 (1) RCW 70.96A.011 (Legislative finding and intent—Purpose of
38 chapter) and 2014 c 225 s 19 & 1989 c 270 s 1;

1 (2) RCW 70.96A.020 (Definitions) and 2016 1st sp.s. c . . . s 101
2 (section 101 of this act), 2014 c 225 s 20, 2001 c 13 s 1, & 1998 c
3 296 s 22;

4 (3) RCW 70.96A.095 (Age of consent—Outpatient treatment of minors
5 for chemical dependency) and 1998 c 296 s 23, 1996 c 133 s 34, 1995 c
6 312 s 47, 1991 c 364 s 9, & 1989 c 270 s 24;

7 (4) RCW 70.96A.096 (Notice to parents, school contacts for
8 referring students to inpatient treatment) and 1996 c 133 s 5;

9 (5) RCW 70.96A.097 (Review of admission and inpatient treatment
10 of minors—Determination of medical necessity—Department review—
11 Minor declines necessary treatment—At-risk youth petition—Costs—
12 Public funds) and 1998 c 296 s 28, & 1995 c 312 s 48;

13 (6) RCW 70.96A.110 (Voluntary treatment of individuals with a
14 substance use disorder) and 2014 c 225 s 28, 1990 c 151 s 7, 1989 c
15 270 s 25, & 1972 ex.s. c 122 s 11;

16 (7) RCW 70.96A.120 (Treatment programs and facilities—Admissions
17 —Peace officer duties—Protective custody) and 1991 c 290 s 6, 1990 c
18 151 s 8, 1989 c 271 s 306, 1987 c 439 s 13, 1977 ex.s. c 62 s 1, 1974
19 ex.s. c 175 s 1, & 1972 ex.s. c 122 s 12;

20 (8) RCW 70.96A.140 (Involuntary commitment) and 2016 1st sp.s.
21 c . . . s 102 (section 102 of this act), 2014 c 225 s 29, 2001 c 13 s
22 3, 1995 c 312 s 49, 1993 c 362 s 1, 1991 c 364 s 10, 1990 c 151 s 3,
23 1989 c 271 s 307, 1987 c 439 s 14, 1977 ex.s. c 129 s 1, 1974 ex.s. c
24 175 s 2, & 1972 ex.s. c 122 s 14;

25 (9) RCW 70.96A.141 (Joinder of petitions for commitment) and 2005
26 c 504 s 304;

27 (10) RCW 70.96A.142 (Evaluation by designated chemical dependency
28 specialist—When required—Required notifications) and 2004 c 166 s
29 15;

30 (11) RCW 70.96A.145 (Involuntary commitment proceedings—
31 Prosecuting attorney may represent specialist or program) and 2016
32 1st sp.s. c . . . s 103 (section 103 of this act) & 1993 c 137 s 1;

33 (12) RCW 70.96A.148 (Detention, commitment duties—Designation of
34 county designated mental health professional) and 2001 c 13 s 4;

35 (13) RCW 70.96A.155 (Court-ordered treatment—Required
36 notifications) and 2004 c 166 s 13;

37 (14) RCW 70.96A.157 (Persons subject to court-ordered treatment
38 or supervision—Documentation) and 2005 c 504 s 508;

- 1 (15) RCW 70.96A.160 (Visitation and communication with patients)
2 and 1989 c 270 s 29 & 1972 ex.s. c 122 s 16;
- 3 (16) RCW 70.96A.180 (Payment for treatment—Financial ability of
4 patients) and 2012 c 117 s 413, 1990 c 151 s 6, 1989 c 270 s 31, &
5 1972 ex.s. c 122 s 18;
- 6 (17) RCW 70.96A.230 (Minor—When outpatient treatment provider
7 must give notice to parents) and 2016 1st sp.s. c . . . s 104
8 (section 104 of this act) & 1998 c 296 s 24;
- 9 (18) RCW 70.96A.235 (Minor—Parental consent for inpatient
10 treatment—Exception) and 1998 c 296 s 25;
- 11 (19) RCW 70.96A.240 (Minor—Parent not liable for payment unless
12 consented to treatment—No right to public funds) and 1998 c 296 s 26;
- 13 (20) RCW 70.96A.245 (Minor—Parent may request determination
14 whether minor has chemical dependency requiring inpatient treatment—
15 Minor consent not required—Duties and obligations of professional
16 person and facility) and 1998 c 296 s 27;
- 17 (21) RCW 70.96A.250 (Minor—Parent may request determination
18 whether minor has chemical dependency requiring outpatient treatment—
19 Consent of minor not required—Discharge of minor) and 1998 c 296 s
20 29;
- 21 (22) RCW 70.96A.255 (Minor—Petition to superior court for release
22 from facility) and 1998 c 296 s 30;
- 23 (23) RCW 70.96A.260 (Minor—Not released by petition under RCW
24 70.96A.255—Release within thirty days—Professional may initiate
25 proceedings to stop release) and 1998 c 296 s 31;
- 26 (24) RCW 70.96A.265 (Minor—Eligibility for medical assistance
27 under chapter 74.09 RCW—Payment by department) and 1998 c 296 s 32;
- 28 (25) RCW 70.96A.910 (Application—Construction—1972 ex.s. c 122)
29 and 1972 ex.s. c 122 s 22;
- 30 (26) RCW 70.96A.915 (Department allocation of funds—Construction)
31 and 1989 c 271 s 309;
- 32 (27) RCW 70.96A.920 (Severability—1972 ex.s. c 122) and 1972
33 ex.s. c 122 s 20;
- 34 (28) RCW 70.96A.930 (Section, subsection headings not part of
35 law) and 1972 ex.s. c 122 s 27;
- 36 (29) RCW 70.96B.010 (Definitions) and 2014 c 225 s 74, 2011 c 89
37 s 10, 2008 c 320 s 3, & 2005 c 504 s 202;
- 38 (30) RCW 70.96B.020 (Selection of areas for pilot programs—Pilot
39 program requirements) and 2014 c 225 s 75 & 2005 c 504 s 203;

1 (31) RCW 70.96B.030 (Designated crisis responder—Qualifications)
2 and 2014 c 225 s 76 & 2005 c 504 s 204;
3 (32) RCW 70.96B.040 (Powers of designated crisis responder) and
4 2005 c 504 s 205;
5 (33) RCW 70.96B.045 (Emergency custody—Procedure) and 2007 c 120
6 s 2;
7 (34) RCW 70.96B.050 (Petition for initial detention—Order to
8 detain for evaluation and treatment period—Procedure) and 2008 c 320
9 s 5, 2007 c 120 s 1, & 2005 c 504 s 206;
10 (35) RCW 70.96B.060 (Exemption from liability) and 2005 c 504 s
11 207;
12 (36) RCW 70.96B.070 (Detention period for evaluation and
13 treatment) and 2005 c 504 s 208;
14 (37) RCW 70.96B.080 (Detention for evaluation and treatment of
15 mental disorder—Chapter 71.05 RCW applies) and 2005 c 504 s 209;
16 (38) RCW 70.96B.090 (Procedures for additional chemical
17 dependency treatment) and 2005 c 504 s 210;
18 (39) RCW 70.96B.100 (Detention for involuntary chemical
19 dependency treatment—Petition for less restrictive treatment—
20 Appearance before court—Representation—Hearing—Less restrictive
21 order—Failure to adhere to terms of less restrictive order) and 2008
22 c 320 s 6 & 2005 c 504 s 211;
23 (40) RCW 70.96B.110 (Involuntary chemical dependency treatment
24 proceedings—Prosecuting attorney shall represent petitioner) and 2005
25 c 504 s 212;
26 (41) RCW 70.96B.120 (Rights of involuntarily detained persons)
27 and 2005 c 504 s 213;
28 (42) RCW 70.96B.130 (Evaluation by designated crisis responder—
29 When required—Required notifications) and 2005 c 504 s 214;
30 (43) RCW 70.96B.140 (Secretary may adopt rules) and 2005 c 504 s
31 215;
32 (44) RCW 70.96B.150 (Application of RCW 71.05.550) and 2005 c 504
33 s 216;
34 (45) RCW 70.96B.800 (Evaluation of pilot programs—Reports) and
35 2008 c 320 s 2 & 2005 c 504 s 217; and
36 (46) RCW 71.05.032 (Joinder of petitions for commitment) and 2005
37 c 504 s 115.

38

PART IV

1 **CORRECTIONS TO REFERENCES FOR INTEGRATED SYSTEM**

2 **Sec. 401.** RCW 4.24.558 and 2004 c 166 s 21 are each amended to
3 read as follows:

4 Information shared and actions taken without gross negligence and
5 in good faith compliance with RCW 71.05.445, 72.09.585,
6 (~~70.96A.142~~) 71.05.157, or 72.09.315 are not a basis for any
7 private civil cause of action.

8 **Sec. 402.** RCW 5.60.060 and 2012 c 29 s 12 are each amended to
9 read as follows:

10 (1) A spouse or domestic partner shall not be examined for or
11 against his or her spouse or domestic partner, without the consent of
12 the spouse or domestic partner; nor can either during marriage or
13 during the domestic partnership or afterward, be without the consent
14 of the other, examined as to any communication made by one to the
15 other during the marriage or the domestic partnership. But this
16 exception shall not apply to a civil action or proceeding by one
17 against the other, nor to a criminal action or proceeding for a crime
18 committed by one against the other, nor to a criminal action or
19 proceeding against a spouse or domestic partner if the marriage or
20 the domestic partnership occurred subsequent to the filing of formal
21 charges against the defendant, nor to a criminal action or proceeding
22 for a crime committed by said spouse or domestic partner against any
23 child of whom said spouse or domestic partner is the parent or
24 guardian, nor to a proceeding under chapter (~~70.96A, 70.96B~~)
25 71.05(~~(7)~~) or 71.09 RCW: PROVIDED, That the spouse or the domestic
26 partner of a person sought to be detained under chapter (~~70.96A,~~
27 ~~70.96B~~) 71.05(~~(7)~~) or 71.09 RCW may not be compelled to testify and
28 shall be so informed by the court prior to being called as a witness.

29 (2)(a) An attorney or counselor shall not, without the consent of
30 his or her client, be examined as to any communication made by the
31 client to him or her, or his or her advice given thereon in the
32 course of professional employment.

33 (b) A parent or guardian of a minor child arrested on a criminal
34 charge may not be examined as to a communication between the child
35 and his or her attorney if the communication was made in the presence
36 of the parent or guardian. This privilege does not extend to
37 communications made prior to the arrest.

1 (3) A member of the clergy, a Christian Science practitioner
2 listed in the Christian Science Journal, or a priest shall not,
3 without the consent of a person making the confession or sacred
4 confidence, be examined as to any confession or sacred confidence
5 made to him or her in his or her professional character, in the
6 course of discipline enjoined by the church to which he or she
7 belongs.

8 (4) Subject to the limitations under RCW (~~(70.96A.140 or)~~)
9 71.05.360 (8) and (9), a physician or surgeon or osteopathic
10 physician or surgeon or podiatric physician or surgeon shall not,
11 without the consent of his or her patient, be examined in a civil
12 action as to any information acquired in attending such patient,
13 which was necessary to enable him or her to prescribe or act for the
14 patient, except as follows:

15 (a) In any judicial proceedings regarding a child's injury,
16 neglect, or sexual abuse or the cause thereof; and

17 (b) Ninety days after filing an action for personal injuries or
18 wrongful death, the claimant shall be deemed to waive the physician-
19 patient privilege. Waiver of the physician-patient privilege for any
20 one physician or condition constitutes a waiver of the privilege as
21 to all physicians or conditions, subject to such limitations as a
22 court may impose pursuant to court rules.

23 (5) A public officer shall not be examined as a witness as to
24 communications made to him or her in official confidence, when the
25 public interest would suffer by the disclosure.

26 (6)(a) A peer support group counselor shall not, without consent
27 of the law enforcement officer or firefighter making the
28 communication, be compelled to testify about any communication made
29 to the counselor by the officer or firefighter while receiving
30 counseling. The counselor must be designated as such by the sheriff,
31 police chief, fire chief, or chief of the Washington state patrol,
32 prior to the incident that results in counseling. The privilege only
33 applies when the communication was made to the counselor while acting
34 in his or her capacity as a peer support group counselor. The
35 privilege does not apply if the counselor was an initial responding
36 officer or firefighter, a witness, or a party to the incident which
37 prompted the delivery of peer support group counseling services to
38 the law enforcement officer or firefighter.

39 (b) For purposes of this section, "peer support group counselor"
40 means a:

1 (i) Law enforcement officer, firefighter, civilian employee of a
2 law enforcement agency, or civilian employee of a fire department,
3 who has received training to provide emotional and moral support and
4 counseling to an officer or firefighter who needs those services as a
5 result of an incident in which the officer or firefighter was
6 involved while acting in his or her official capacity; or

7 (ii) Nonemployee counselor who has been designated by the
8 sheriff, police chief, fire chief, or chief of the Washington state
9 patrol to provide emotional and moral support and counseling to an
10 officer or firefighter who needs those services as a result of an
11 incident in which the officer or firefighter was involved while
12 acting in his or her official capacity.

13 (7) A sexual assault advocate may not, without the consent of the
14 victim, be examined as to any communication made between the victim
15 and the sexual assault advocate.

16 (a) For purposes of this section, "sexual assault advocate" means
17 the employee or volunteer from a community sexual assault program or
18 underserved populations provider, victim assistance unit, program, or
19 association, that provides information, medical or legal advocacy,
20 counseling, or support to victims of sexual assault, who is
21 designated by the victim to accompany the victim to the hospital or
22 other health care facility and to proceedings concerning the alleged
23 assault, including police and prosecution interviews and court
24 proceedings.

25 (b) A sexual assault advocate may disclose a confidential
26 communication without the consent of the victim if failure to
27 disclose is likely to result in a clear, imminent risk of serious
28 physical injury or death of the victim or another person. Any sexual
29 assault advocate participating in good faith in the disclosing of
30 records and communications under this section shall have immunity
31 from any liability, civil, criminal, or otherwise, that might result
32 from the action. In any proceeding, civil or criminal, arising out of
33 a disclosure under this section, the good faith of the sexual assault
34 advocate who disclosed the confidential communication shall be
35 presumed.

36 (8) A domestic violence advocate may not, without the consent of
37 the victim, be examined as to any communication between the victim
38 and the domestic violence advocate.

39 (a) For purposes of this section, "domestic violence advocate"
40 means an employee or supervised volunteer from a community-based

1 domestic violence program or human services program that provides
2 information, advocacy, counseling, crisis intervention, emergency
3 shelter, or support to victims of domestic violence and who is not
4 employed by, or under the direct supervision of, a law enforcement
5 agency, a prosecutor's office, or the child protective services
6 section of the department of social and health services as defined in
7 RCW 26.44.020.

8 (b) A domestic violence advocate may disclose a confidential
9 communication without the consent of the victim if failure to
10 disclose is likely to result in a clear, imminent risk of serious
11 physical injury or death of the victim or another person. This
12 section does not relieve a domestic violence advocate from the
13 requirement to report or cause to be reported an incident under RCW
14 26.44.030(1) or to disclose relevant records relating to a child as
15 required by RCW 26.44.030(~~(12)~~) (14). Any domestic violence
16 advocate participating in good faith in the disclosing of
17 communications under this subsection is immune from liability, civil,
18 criminal, or otherwise, that might result from the action. In any
19 proceeding, civil or criminal, arising out of a disclosure under this
20 subsection, the good faith of the domestic violence advocate who
21 disclosed the confidential communication shall be presumed.

22 (9) A mental health counselor, independent clinical social
23 worker, or marriage and family therapist licensed under chapter
24 18.225 RCW may not disclose, or be compelled to testify about, any
25 information acquired from persons consulting the individual in a
26 professional capacity when the information was necessary to enable
27 the individual to render professional services to those persons
28 except:

29 (a) With the written authorization of that person or, in the case
30 of death or disability, the person's personal representative;

31 (b) If the person waives the privilege by bringing charges
32 against the mental health counselor licensed under chapter 18.225
33 RCW;

34 (c) In response to a subpoena from the secretary of health. The
35 secretary may subpoena only records related to a complaint or report
36 under RCW 18.130.050;

37 (d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360
38 (8) and (9); or

39 (e) To any individual if the mental health counselor, independent
40 clinical social worker, or marriage and family therapist licensed

1 under chapter 18.225 RCW reasonably believes that disclosure will
2 avoid or minimize an imminent danger to the health or safety of the
3 individual or any other individual; however, there is no obligation
4 on the part of the provider to so disclose.

5 **Sec. 403.** RCW 9.41.280 and 2014 c 225 s 56 are each amended to
6 read as follows:

7 (1) It is unlawful for a person to carry onto, or to possess on,
8 public or private elementary or secondary school premises, school-
9 provided transportation, or areas of facilities while being used
10 exclusively by public or private schools:

11 (a) Any firearm;

12 (b) Any other dangerous weapon as defined in RCW 9.41.250;

13 (c) Any device commonly known as "nun-chu-ka sticks," consisting
14 of two or more lengths of wood, metal, plastic, or similar substance
15 connected with wire, rope, or other means;

16 (d) Any device, commonly known as "throwing stars," which are
17 multipointed, metal objects designed to embed upon impact from any
18 aspect;

19 (e) Any air gun, including any air pistol or air rifle, designed
20 to propel a BB, pellet, or other projectile by the discharge of
21 compressed air, carbon dioxide, or other gas; or

22 (f)(i) Any portable device manufactured to function as a weapon
23 and which is commonly known as a stun gun, including a projectile
24 stun gun which projects wired probes that are attached to the device
25 that emit an electrical charge designed to administer to a person or
26 an animal an electric shock, charge, or impulse; or

27 (ii) Any device, object, or instrument which is used or intended
28 to be used as a weapon with the intent to injure a person by an
29 electric shock, charge, or impulse.

30 (2) Any such person violating subsection (1) of this section is
31 guilty of a gross misdemeanor. If any person is convicted of a
32 violation of subsection (1)(a) of this section, the person shall have
33 his or her concealed pistol license, if any revoked for a period of
34 three years. Anyone convicted under this subsection is prohibited
35 from applying for a concealed pistol license for a period of three
36 years. The court shall send notice of the revocation to the
37 department of licensing, and the city, town, or county which issued
38 the license.

1 Any violation of subsection (1) of this section by elementary or
2 secondary school students constitutes grounds for expulsion from the
3 state's public schools in accordance with RCW 28A.600.010. An
4 appropriate school authority shall promptly notify law enforcement
5 and the student's parent or guardian regarding any allegation or
6 indication of such violation.

7 Upon the arrest of a person at least twelve years of age and not
8 more than twenty-one years of age for violating subsection (1)(a) of
9 this section, the person shall be detained or confined in a juvenile
10 or adult facility for up to seventy-two hours. The person shall not
11 be released within the seventy-two hours until after the person has
12 been examined and evaluated by the designated (~~mental health~~
13 ~~professional~~) crisis responder unless the court in its discretion
14 releases the person sooner after a determination regarding probable
15 cause or on probation bond or bail.

16 Within twenty-four hours of the arrest, the arresting law
17 enforcement agency shall refer the person to the designated (~~mental~~
18 ~~health professional~~) crisis responder for examination and evaluation
19 under chapter 71.05 or 71.34 RCW and inform a parent or guardian of
20 the person of the arrest, detention, and examination. The designated
21 (~~mental health professional~~) crisis responder shall examine and
22 evaluate the person subject to the provisions of chapter 71.05 or
23 71.34 RCW. The examination shall occur at the facility in which the
24 person is detained or confined. If the person has been released on
25 probation, bond, or bail, the examination shall occur wherever is
26 appropriate.

27 (~~The designated mental health professional may determine whether~~
28 ~~to refer the person to the county designated chemical dependency~~
29 ~~specialist for examination and evaluation in accordance with chapter~~
30 ~~70.96A RCW. The county designated chemical dependency specialist~~
31 ~~shall examine the person subject to the provisions of chapter 70.96A~~
32 ~~RCW. The examination shall occur at the facility in which the person~~
33 ~~is detained or confined. If the person has been released on~~
34 ~~probation, bond, or bail, the examination shall occur wherever is~~
35 ~~appropriate.))~~

36 Upon completion of any examination by the designated (~~mental~~
37 ~~health professional or the county designated chemical dependency~~
38 ~~specialist~~) crisis responder, the results of the examination shall
39 be sent to the court, and the court shall consider those results in
40 making any determination about the person.

1 The designated (~~mental health professional and county-designated~~
2 ~~chemical dependency specialist~~) crisis responder shall, to the
3 extent permitted by law, notify a parent or guardian of the person
4 that an examination and evaluation has taken place and the results of
5 the examination. Nothing in this subsection prohibits the delivery of
6 additional, appropriate mental health examinations to the person
7 while the person is detained or confined.

8 If the designated (~~mental health professional~~) crisis responder
9 determines it is appropriate, the designated (~~mental health~~
10 ~~professional~~) crisis responder may refer the person to the local
11 behavioral health organization for follow-up services or the
12 department of social and health services or other community providers
13 for other services to the family and individual.

14 (3) Subsection (1) of this section does not apply to:

15 (a) Any student or employee of a private military academy when on
16 the property of the academy;

17 (b) Any person engaged in military, law enforcement, or school
18 district security activities. However, a person who is not a
19 commissioned law enforcement officer and who provides school security
20 services under the direction of a school administrator may not
21 possess a device listed in subsection (1)(f) of this section unless
22 he or she has successfully completed training in the use of such
23 devices that is equivalent to the training received by commissioned
24 law enforcement officers;

25 (c) Any person who is involved in a convention, showing,
26 demonstration, lecture, or firearms safety course authorized by
27 school authorities in which the firearms of collectors or instructors
28 are handled or displayed;

29 (d) Any person while the person is participating in a firearms or
30 air gun competition approved by the school or school district;

31 (e) Any person in possession of a pistol who has been issued a
32 license under RCW 9.41.070, or is exempt from the licensing
33 requirement by RCW 9.41.060, while picking up or dropping off a
34 student;

35 (f) Any nonstudent at least eighteen years of age legally in
36 possession of a firearm or dangerous weapon that is secured within an
37 attended vehicle or concealed from view within a locked unattended
38 vehicle while conducting legitimate business at the school;

1 (g) Any nonstudent at least eighteen years of age who is in
2 lawful possession of an unloaded firearm, secured in a vehicle while
3 conducting legitimate business at the school; or

4 (h) Any law enforcement officer of the federal, state, or local
5 government agency.

6 (4) Subsections (1)(c) and (d) of this section do not apply to
7 any person who possesses nun-chu-ka sticks, throwing stars, or other
8 dangerous weapons to be used in martial arts classes authorized to be
9 conducted on the school premises.

10 (5) Subsection (1)(f)(i) of this section does not apply to any
11 person who possesses a device listed in subsection (1)(f)(i) of this
12 section, if the device is possessed and used solely for the purpose
13 approved by a school for use in a school authorized event, lecture,
14 or activity conducted on the school premises.

15 (6) Except as provided in subsection (3)(b), (c), (f), and (h) of
16 this section, firearms are not permitted in a public or private
17 school building.

18 (7) "GUN-FREE ZONE" signs shall be posted around school
19 facilities giving warning of the prohibition of the possession of
20 firearms on school grounds.

21 **Sec. 404.** RCW 9.95.143 and 2004 c 166 s 10 are each amended to
22 read as follows:

23 When an offender receiving court-ordered mental health or
24 chemical dependency treatment or treatment ordered by the department
25 of corrections presents for treatment from a mental health or
26 chemical dependency treatment provider, the offender must disclose to
27 the mental health or chemical dependency treatment provider whether
28 he or she is subject to supervision by the department of corrections.
29 If an offender has received relief from disclosure pursuant to RCW
30 9.94A.562(~~(, 70.96A.155,)~~) or 71.05.132, the offender must provide
31 the mental health or chemical dependency treatment provider with a
32 copy of the order granting the relief.

33 **Sec. 405.** RCW 10.77.010 and 2014 c 225 s 58 are each amended to
34 read as follows:

35 As used in this chapter:

36 (1) "Admission" means acceptance based on medical necessity, of a
37 person as a patient.

1 (2) "Commitment" means the determination by a court that a person
2 should be detained for a period of either evaluation or treatment, or
3 both, in an inpatient or a less-restrictive setting.

4 (3) "Conditional release" means modification of a court-ordered
5 commitment, which may be revoked upon violation of any of its terms.

6 (4) A "criminally insane" person means any person who has been
7 acquitted of a crime charged by reason of insanity, and thereupon
8 found to be a substantial danger to other persons or to present a
9 substantial likelihood of committing criminal acts jeopardizing
10 public safety or security unless kept under further control by the
11 court or other persons or institutions.

12 (5) "Department" means the state department of social and health
13 services.

14 (6) "Designated (~~(mental health professional)~~) crisis responder"
15 has the same meaning as provided in RCW 71.05.020.

16 (7) "Detention" or "detain" means the lawful confinement of a
17 person, under the provisions of this chapter, pending evaluation.

18 (8) "Developmental disabilities professional" means a person who
19 has specialized training and three years of experience in directly
20 treating or working with persons with developmental disabilities and
21 is a psychiatrist or psychologist, or a social worker, and such other
22 developmental disabilities professionals as may be defined by rules
23 adopted by the secretary.

24 (9) "Developmental disability" means the condition as defined in
25 RCW 71A.10.020(~~(+4)~~) (5).

26 (10) "Discharge" means the termination of hospital medical
27 authority. The commitment may remain in place, be terminated, or be
28 amended by court order.

29 (11) "Furlough" means an authorized leave of absence for a
30 resident of a state institution operated by the department designated
31 for the custody, care, and treatment of the criminally insane,
32 consistent with an order of conditional release from the court under
33 this chapter, without any requirement that the resident be
34 accompanied by, or be in the custody of, any law enforcement or
35 institutional staff, while on such unescorted leave.

36 (12) "Habilitative services" means those services provided by
37 program personnel to assist persons in acquiring and maintaining life
38 skills and in raising their levels of physical, mental, social, and
39 vocational functioning. Habilitative services include education,
40 training for employment, and therapy. The habilitative process shall

1 be undertaken with recognition of the risk to the public safety
2 presented by the person being assisted as manifested by prior charged
3 criminal conduct.

4 (13) "History of one or more violent acts" means violent acts
5 committed during: (a) The ten-year period of time prior to the filing
6 of criminal charges; plus (b) the amount of time equal to time spent
7 during the ten-year period in a mental health facility or in
8 confinement as a result of a criminal conviction.

9 (14) "Immediate family member" means a spouse, child, stepchild,
10 parent, stepparent, grandparent, sibling, or domestic partner.

11 (15) "Incompetency" means a person lacks the capacity to
12 understand the nature of the proceedings against him or her or to
13 assist in his or her own defense as a result of mental disease or
14 defect.

15 (16) "Indigent" means any person who is financially unable to
16 obtain counsel or other necessary expert or professional services
17 without causing substantial hardship to the person or his or her
18 family.

19 (17) "Individualized service plan" means a plan prepared by a
20 developmental disabilities professional with other professionals as a
21 team, for an individual with developmental disabilities, which shall
22 state:

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

25 (b) The conditions and strategies necessary to achieve the
26 purposes of habilitation;

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

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

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

32 (f) Where relevant in light of past criminal behavior and due
33 consideration for public safety, the criteria for proposed movement
34 to less-restrictive settings, criteria for proposed eventual release,
35 and a projected possible date for release; and

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

38 (18) "Professional person" means:

39 (a) A psychiatrist licensed as a physician and surgeon in this
40 state who has, in addition, completed three years of graduate

1 training in psychiatry in a program approved by the American medical
2 association or the American osteopathic association and is certified
3 or eligible to be certified by the American board of psychiatry and
4 neurology or the American osteopathic board of neurology and
5 psychiatry;

6 (b) A psychologist licensed as a psychologist pursuant to chapter
7 18.83 RCW; or

8 (c) A social worker with a master's or further advanced degree
9 from a social work educational program accredited and approved as
10 provided in RCW 18.320.010.

11 (19) "Registration records" include all the records of the
12 department, behavioral health organizations, treatment facilities,
13 and other persons providing services to the department, county
14 departments, or facilities which identify persons who are receiving
15 or who at any time have received services for mental illness.

16 (20) "Release" means legal termination of the court-ordered
17 commitment under the provisions of this chapter.

18 (21) "Secretary" means the secretary of the department of social
19 and health services or his or her designee.

20 (22) "Treatment" means any currently standardized medical or
21 mental health procedure including medication.

22 (23) "Treatment records" include registration and all other
23 records concerning persons who are receiving or who at any time have
24 received services for mental illness, which are maintained by the
25 department, by behavioral health organizations and their staffs, and
26 by treatment facilities. Treatment records do not include notes or
27 records maintained for personal use by a person providing treatment
28 services for the department, behavioral health organizations, or a
29 treatment facility if the notes or records are not available to
30 others.

31 (24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)
32 if completed as intended would have resulted in; or (iii) was
33 threatened to be carried out by a person who had the intent and
34 opportunity to carry out the threat and would have resulted in,
35 homicide, nonfatal injuries, or substantial damage to property; or
36 (b) recklessly creates an immediate risk of serious physical injury
37 to another person. As used in this subsection, "nonfatal injuries"
38 means physical pain or injury, illness, or an impairment of physical
39 condition. "Nonfatal injuries" shall be construed to be consistent
40 with the definition of "bodily injury," as defined in RCW 9A.04.110.

1 **Sec. 406.** RCW 10.77.025 and 2000 c 94 s 13 are each amended to
2 read as follows:

3 (1) Whenever any person has been: (a) Committed to a correctional
4 facility or inpatient treatment under any provision of this chapter;
5 or (b) ordered to undergo alternative treatment following his or her
6 acquittal by reason of insanity of a crime charged, such commitment
7 or treatment cannot exceed the maximum possible penal sentence for
8 any offense charged for which the person was committed, or was
9 acquitted by reason of insanity.

10 (2) Whenever any person committed under any provision of this
11 chapter has not been released within seven days of the maximum
12 possible penal sentence under subsection (1) of this section, and the
13 professional person in charge of the facility believes that the
14 person presents a likelihood of serious harm or is gravely disabled
15 due to a mental disorder, the professional person shall, prior to the
16 expiration of the maximum penal sentence, notify the appropriate
17 ((county)) designated ((~~mental health professional~~)) crisis responder
18 of the impending expiration and provide a copy of all relevant
19 information regarding the person, including the likely release date
20 and shall indicate why the person should not be released.

21 (3) A ((county)) designated ((~~mental health professional~~)) crisis
22 responder who receives notice and records under subsection (2) of
23 this section shall, prior to the date of the expiration of the
24 maximum sentence, determine whether to initiate proceedings under
25 chapter 71.05 RCW.

26 **Sec. 407.** RCW 10.77.027 and 2004 c 166 s 3 are each amended to
27 read as follows:

28 When a ((county)) designated ((~~mental health professional~~))
29 crisis responder or a professional person has determined that a
30 person has a mental disorder, and is otherwise committable, the cause
31 of the person's mental disorder shall not make the person ineligible
32 for commitment under chapter 71.05 RCW.

33 **Sec. 408.** RCW 10.77.060 and 2012 c 256 s 3 are each amended to
34 read as follows:

35 (1)(a) Whenever a defendant has pleaded not guilty by reason of
36 insanity, or there is reason to doubt his or her competency, the
37 court on its own motion or on the motion of any party shall either
38 appoint or request the secretary to designate a qualified expert or

1 professional person, who shall be approved by the prosecuting
2 attorney, to evaluate and report upon the mental condition of the
3 defendant.

4 (b) The signed order of the court shall serve as authority for
5 the evaluator to be given access to all records held by any mental
6 health, medical, educational, or correctional facility that relate to
7 the present or past mental, emotional, or physical condition of the
8 defendant. If the court is advised by any party that the defendant
9 may have a developmental disability, the evaluation must be performed
10 by a developmental disabilities professional.

11 (c) The evaluator shall assess the defendant in a jail, detention
12 facility, in the community, or in court to determine whether a period
13 of inpatient commitment will be necessary to complete an accurate
14 evaluation. If inpatient commitment is needed, the signed order of
15 the court shall serve as authority for the evaluator to request the
16 jail or detention facility to transport the defendant to a hospital
17 or secure mental health facility for a period of commitment not to
18 exceed fifteen days from the time of admission to the facility.
19 Otherwise, the evaluator shall complete the evaluation.

20 (d) The court may commit the defendant for evaluation to a
21 hospital or secure mental health facility without an assessment if:
22 (i) The defendant is charged with murder in the first or second
23 degree; (ii) the court finds that it is more likely than not that an
24 evaluation in the jail will be inadequate to complete an accurate
25 evaluation; or (iii) the court finds that an evaluation outside the
26 jail setting is necessary for the health, safety, or welfare of the
27 defendant. The court shall not order an initial inpatient evaluation
28 for any purpose other than a competency evaluation.

29 (e) The order shall indicate whether, in the event the defendant
30 is committed to a hospital or secure mental health facility for
31 evaluation, all parties agree to waive the presence of the defendant
32 or to the defendant's remote participation at a subsequent competency
33 hearing or presentation of an agreed order if the recommendation of
34 the evaluator is for continuation of the stay of criminal
35 proceedings, or if the opinion of the evaluator is that the defendant
36 remains incompetent and there is no remaining restoration period, and
37 the hearing is held prior to the expiration of the authorized
38 commitment period.

39 (f) When a defendant is ordered to be committed for inpatient
40 evaluation under this subsection (1), the court may delay granting

1 bail until the defendant has been evaluated for competency or sanity
2 and appears before the court. Following the evaluation, in
3 determining bail the court shall consider: (i) Recommendations of the
4 evaluator regarding the defendant's competency, sanity, or diminished
5 capacity; (ii) whether the defendant has a recent history of one or
6 more violent acts; (iii) whether the defendant has previously been
7 acquitted by reason of insanity or found incompetent; (iv) whether it
8 is reasonably likely the defendant will fail to appear for a future
9 court hearing; and (v) whether the defendant is a threat to public
10 safety.

11 (2) The court may direct that a qualified expert or professional
12 person retained by or appointed for the defendant be permitted to
13 witness the evaluation authorized by subsection (1) of this section,
14 and that the defendant shall have access to all information obtained
15 by the court appointed experts or professional persons. The
16 defendant's expert or professional person shall have the right to
17 file his or her own report following the guidelines of subsection (3)
18 of this section. If the defendant is indigent, the court shall upon
19 the request of the defendant assist him or her in obtaining an expert
20 or professional person.

21 (3) The report of the evaluation shall include the following:

22 (a) A description of the nature of the evaluation;

23 (b) A diagnosis or description of the current mental status of
24 the defendant;

25 (c) If the defendant suffers from a mental disease or defect, or
26 has a developmental disability, an opinion as to competency;

27 (d) If the defendant has indicated his or her intention to rely
28 on the defense of insanity pursuant to RCW 10.77.030, and an
29 evaluation and report by an expert or professional person has been
30 provided concluding that the defendant was criminally insane at the
31 time of the alleged offense, an opinion as to the defendant's sanity
32 at the time of the act, and an opinion as to whether the defendant
33 presents a substantial danger to other persons, or presents a
34 substantial likelihood of committing criminal acts jeopardizing
35 public safety or security, unless kept under further control by the
36 court or other persons or institutions, provided that no opinion
37 shall be rendered under this subsection (3)(d) unless the evaluator
38 or court determines that the defendant is competent to stand trial;

39 (e) When directed by the court, if an evaluation and report by an
40 expert or professional person has been provided concluding that the

1 defendant lacked the capacity at the time of the offense to form the
2 mental state necessary to commit the charged offense, an opinion as
3 to the capacity of the defendant to have a particular state of mind
4 which is an element of the offense charged;

5 (f) An opinion as to whether the defendant should be evaluated by
6 a designated (~~(mental health professional)~~) crisis responder under
7 chapter 71.05 RCW.

8 (4) The secretary may execute such agreements as appropriate and
9 necessary to implement this section and may choose to designate more
10 than one evaluator.

11 **Sec. 409.** RCW 10.77.065 and 2015 1st sp.s. c 7 s 16 are each
12 amended to read as follows:

13 (1)(a)(i) The expert conducting the evaluation shall provide his
14 or her report and recommendation to the court in which the criminal
15 proceeding is pending. For a competency evaluation of a defendant who
16 is released from custody, if the evaluation cannot be completed
17 within twenty-one days due to a lack of cooperation by the defendant,
18 the evaluator shall notify the court that he or she is unable to
19 complete the evaluation because of such lack of cooperation.

20 (ii) A copy of the report and recommendation shall be provided to
21 the designated (~~(mental health professional)~~) crisis responder, the
22 prosecuting attorney, the defense attorney, and the professional
23 person at the local correctional facility where the defendant is
24 being held, or if there is no professional person, to the person
25 designated under (a)(iv) of this subsection. Upon request, the
26 evaluator shall also provide copies of any source documents relevant
27 to the evaluation to the designated (~~(mental health professional)~~)
28 crisis responder.

29 (iii) Any facility providing inpatient services related to
30 competency shall discharge the defendant as soon as the facility
31 determines that the defendant is competent to stand trial. Discharge
32 shall not be postponed during the writing and distribution of the
33 evaluation report. Distribution of an evaluation report by a facility
34 providing inpatient services shall ordinarily be accomplished within
35 two working days or less following the final evaluation of the
36 defendant. If the defendant is discharged to the custody of a local
37 correctional facility, the local correctional facility must continue
38 the medication regimen prescribed by the facility, when clinically
39 appropriate, unless the defendant refuses to cooperate with

1 medication and an involuntary medication order by the court has not
2 been entered.

3 (iv) If there is no professional person at the local correctional
4 facility, the local correctional facility shall designate a
5 professional person as defined in RCW 71.05.020 or, in cooperation
6 with the behavioral health organization, a professional person at the
7 behavioral health organization to receive the report and
8 recommendation.

9 (v) Upon commencement of a defendant's evaluation in the local
10 correctional facility, the local correctional facility must notify
11 the evaluator of the name of the professional person, or person
12 designated under (a)(iv) of this subsection, to receive the report
13 and recommendation.

14 (b) If the evaluator concludes, under RCW 10.77.060(3)(f), the
15 person should be evaluated by a designated (~~mental—health~~
16 ~~professional~~) crisis responder under chapter 71.05 RCW, the court
17 shall order such evaluation be conducted prior to release from
18 confinement when the person is acquitted or convicted and sentenced
19 to confinement for twenty-four months or less, or when charges are
20 dismissed pursuant to a finding of incompetent to stand trial.

21 (2) The designated (~~mental—health—professional~~) crisis
22 responder shall provide written notification within twenty-four hours
23 of the results of the determination whether to commence proceedings
24 under chapter 71.05 RCW. The notification shall be provided to the
25 persons identified in subsection (1)(a) of this section.

26 (3) The prosecuting attorney shall provide a copy of the results
27 of any proceedings commenced by the designated (~~mental—health~~
28 ~~professional~~) crisis responder under subsection (2) of this section
29 to the secretary.

30 (4) A facility conducting a civil commitment evaluation under RCW
31 10.77.086(4) or 10.77.088(1)(~~(b)~~) (c)(ii) that makes a
32 determination to release the person instead of filing a civil
33 commitment petition must provide written notice to the prosecutor and
34 defense attorney at least twenty-four hours prior to release. The
35 notice may be given by (~~electronic mail~~) email, facsimile, or other
36 means reasonably likely to communicate the information immediately.

37 (5) The fact of admission and all information and records
38 compiled, obtained, or maintained in the course of providing services
39 under this chapter may also be disclosed to the courts solely to

1 prevent the entry of any evaluation or treatment order that is
2 inconsistent with any order entered under chapter 71.05 RCW.

3 **Sec. 410.** RCW 10.77.084 and 2015 1st sp.s. c 7 s 4 are each
4 amended to read as follows:

5 (1)(a) If at any time during the pendency of an action and prior
6 to judgment the court finds, following a report as provided in RCW
7 10.77.060, a defendant is incompetent, the court shall order the
8 proceedings against the defendant be stayed except as provided in
9 subsection (4) of this section.

10 (b) The court may order a defendant who has been found to be
11 incompetent to undergo competency restoration treatment at a facility
12 designated by the department if the defendant is eligible under RCW
13 10.77.086 or 10.77.088. At the end of each competency restoration
14 period or at any time a professional person determines competency has
15 been, or is unlikely to be, restored, the defendant shall be returned
16 to court for a hearing, except that if the opinion of the
17 professional person is that the defendant remains incompetent and the
18 hearing is held before the expiration of the current competency
19 restoration period, the parties may agree to waive the defendant's
20 presence, to remote participation by the defendant at a hearing, or
21 to presentation of an agreed order in lieu of a hearing. The facility
22 shall promptly notify the court and all parties of the date on which
23 the competency restoration period commences and expires so that a
24 timely hearing date may be scheduled.

25 (c) If, following notice and hearing or entry of an agreed order
26 under (b) of this subsection, the court finds that competency has
27 been restored, the court shall lift the stay entered under (a) of
28 this subsection. If the court finds that competency has not been
29 restored, the court shall dismiss the proceedings without prejudice,
30 except that the court may order a further period of competency
31 restoration treatment if it finds that further treatment within the
32 time limits established by RCW 10.77.086 or 10.77.088 is likely to
33 restore competency, and a further period of treatment is allowed
34 under RCW 10.77.086 or 10.77.088.

35 (d) If at any time during the proceeding the court finds,
36 following notice and hearing, a defendant is not likely to regain
37 competency, the court shall dismiss the proceedings without prejudice
38 and refer the defendant for civil commitment evaluation or

1 proceedings if appropriate under RCW 10.77.065, 10.77.086, or
2 10.77.088.

3 (2) If the defendant is referred for evaluation by a designated
4 (~~mental health professional~~) crisis responder under this chapter,
5 the designated (~~mental health professional~~) crisis responder shall
6 provide prompt written notification of the results of the evaluation
7 and whether the person was detained. The notification shall be
8 provided to the court in which the criminal action was pending, the
9 prosecutor, the defense attorney in the criminal action, and the
10 facility that evaluated the defendant for competency.

11 (3) The fact that the defendant is unfit to proceed does not
12 preclude any pretrial proceedings which do not require the personal
13 participation of the defendant.

14 (4) A defendant receiving medication for either physical or
15 mental problems shall not be prohibited from standing trial, if the
16 medication either enables the defendant to understand the proceedings
17 against him or her and to assist in his or her own defense, or does
18 not disable him or her from so understanding and assisting in his or
19 her own defense.

20 (5) At or before the conclusion of any commitment period provided
21 for by this section, the facility providing evaluation and treatment
22 shall provide to the court a written report of evaluation which meets
23 the requirements of RCW 10.77.060(3). For defendants charged with a
24 felony, the report following the second competency restoration period
25 or first competency restoration period if the defendant's
26 incompetence is determined to be solely due to a developmental
27 disability or the evaluator concludes that the defendant is not
28 likely to regain competency must include an assessment of the
29 defendant's future dangerousness which is evidence-based regarding
30 predictive validity.

31 **Sec. 411.** RCW 10.77.088 and 2015 1st sp.s. c 7 s 6 are each
32 amended to read as follows:

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

36 (i) Shall commit the defendant to the custody of the secretary
37 who shall place such defendant in an appropriate facility of the
38 department for evaluation and treatment;

1 (ii) May alternatively order the defendant to undergo evaluation
2 and treatment at some other facility or provider as determined by the
3 department, or under the guidance and control of a professional
4 person. The facilities or providers may include community mental
5 health providers or other local facilities that contract with the
6 department and are willing and able to provide treatment under this
7 section. During the 2015-2017 fiscal biennium, the department may
8 contract with one or more cities or counties to provide competency
9 restoration services in a city or county jail if the city or county
10 jail is willing and able to serve as a location for competency
11 restoration services and if the secretary determines that there is an
12 emergent need for beds and documents the justification, including a
13 plan to address the emergency. Patients receiving competency
14 restoration services in a city or county jail must be physically
15 separated from other populations at the jail and restoration
16 treatment services must be provided as much as possible within a
17 therapeutic environment. The placement under (a)(i) and (ii) of this
18 subsection shall not exceed fourteen days in addition to any unused
19 time of the evaluation under RCW 10.77.060. The court shall compute
20 this total period and include its computation in the order. The
21 fourteen-day period plus any unused time of the evaluation under RCW
22 10.77.060 shall be considered to include only the time the defendant
23 is actually at the facility and shall be in addition to reasonable
24 time for transport to or from the facility;

25 (iii) May alternatively order that the defendant be placed on
26 conditional release for up to ninety days for mental health treatment
27 and restoration of competency; or

28 (iv) May order any combination of this subsection.

29 (b) If the court has determined or the parties agree that the
30 defendant is unlikely to regain competency, the court may dismiss the
31 charges without prejudice without ordering the defendant to undergo
32 restoration treatment, in which case the court shall order that the
33 defendant be referred for evaluation for civil commitment in the
34 manner provided in (c) of this subsection.

35 (c)(i) If the proceedings are dismissed under RCW 10.77.084 and
36 the defendant was on conditional release at the time of dismissal,
37 the court shall order the designated (~~mental health professional~~)
38 crisis responder within that county to evaluate the defendant
39 pursuant to chapter 71.05 RCW. The evaluation may be conducted in any
40 location chosen by the professional.

1 (ii) If the defendant was in custody and not on conditional
2 release at the time of dismissal, the defendant shall be detained and
3 sent to an evaluation and treatment facility for up to seventy-two
4 hours, excluding Saturdays, Sundays, and holidays, for evaluation for
5 purposes of filing a petition under chapter 71.05 RCW. The seventy-
6 two-hour period shall commence upon the next nonholiday weekday
7 following the court order and shall run to the end of the last
8 nonholiday weekday within the seventy-two-hour period.

9 (2) If the defendant is charged with a nonfelony crime that is
10 not a serious offense as defined in RCW 10.77.092:

11 The court may stay or dismiss proceedings and detain the
12 defendant for sufficient time to allow the designated (~~mental health~~
13 ~~professional~~) crisis responder to evaluate the defendant and
14 consider initial detention proceedings under chapter 71.05 RCW. The
15 court must give notice to all parties at least twenty-four hours
16 before the dismissal of any proceeding under this subsection, and
17 provide an opportunity for a hearing on whether to dismiss the
18 proceedings.

19 **Sec. 412.** RCW 11.92.190 and 1996 c 249 s 11 are each amended to
20 read as follows:

21 No residential treatment facility which provides nursing or other
22 care may detain a person within such facility against their will. Any
23 court order, other than an order issued in accordance with the
24 involuntary treatment provisions of chapters 10.77, 71.05, and 72.23
25 RCW, which purports to authorize such involuntary detention or
26 purports to authorize a guardian or limited guardian to consent to
27 such involuntary detention on behalf of an incapacitated person shall
28 be void and of no force or effect. This section does not apply to the
29 detention of a minor as provided in chapter (~~70.96A or~~) 71.34 RCW.

30 Nothing in this section shall be construed to require a court
31 order authorizing placement of an incapacitated person in a
32 residential treatment facility if such order is not otherwise
33 required by law: PROVIDED, That notice of any residential placement
34 of an incapacitated person shall be served, either before or after
35 placement, by the guardian or limited guardian on such person, the
36 guardian ad litem of record, and any attorney of record.

37 **Sec. 413.** RCW 43.185C.255 and 2015 c 69 s 12 are each amended to
38 read as follows:

1 (1) The purpose of the multidisciplinary team is to assist in a
2 coordinated referral of the family to available social and health-
3 related services.

4 (2) The team shall have the authority to evaluate the juvenile,
5 and family members, if appropriate and agreed to by the parent, and
6 shall:

7 (a) With parental input, develop a plan of appropriate available
8 services and assist the family in obtaining those services;

9 (b) Make a referral to the designated(~~(—chemical—dependency~~
10 ~~specialist or the county designated mental health professional))~~
11 crisis responder, if appropriate;

12 (c) Recommend no further intervention because the juvenile and
13 his or her family have resolved the problem causing the family
14 conflict; or

15 (d) With the parent's consent, work with them to achieve
16 reconciliation of the child and family.

17 (3) At the first meeting of the multidisciplinary team, it shall
18 choose a member to coordinate the team's efforts. The parent member
19 of the multidisciplinary team must agree with the choice of
20 coordinator. The team shall meet or communicate as often as necessary
21 to assist the family.

22 (4) The coordinator of the multidisciplinary team may assist in
23 filing a child in need of services petition when requested by the
24 parent or child or an at-risk youth petition when requested by the
25 parent. The multidisciplinary team shall have no standing as a party
26 in any action under this title.

27 (5) If the administrator is unable to contact the child's parent,
28 the multidisciplinary team may be used for assistance. If the parent
29 has not been contacted within five days the administrator shall
30 contact the department of social and health services and request the
31 case be reviewed for a dependency filing under chapter 13.34 RCW.

32 **Sec. 414.** RCW 18.83.110 and 2005 c 504 s 706 are each amended to
33 read as follows:

34 Confidential communications between a client and a psychologist
35 shall be privileged against compulsory disclosure to the same extent
36 and subject to the same conditions as confidential communications
37 between attorney and client, but this exception is subject to the
38 limitations under RCW (~~(70.96A.140 and))~~ 71.05.360 (8) and (9).

1 **Sec. 415.** RCW 43.20A.025 and 1998 c 296 s 34 are each amended to
2 read as follows:

3 The department of social and health services shall adopt rules
4 defining "appropriately trained professional person" for the purposes
5 of conducting mental health and chemical dependency evaluations under
6 RCW ((~~71.34.052(3)~~, ~~71.34.054(1)~~, ~~70.96A.245(3)~~, and ~~70.96A.250(1)~~))
7 71.34.600(3) and 71.34.650(1).

8 **Sec. 416.** RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4
9 are each reenacted and amended to read as follows:

10 The definitions in this section apply throughout this chapter
11 unless the context clearly requires otherwise.

12 (1) "Admission" has the same meaning as in RCW 71.05.020.

13 (2) "Audit" means an assessment, evaluation, determination, or
14 investigation of a health care provider by a person not employed by
15 or affiliated with the provider to determine compliance with:

16 (a) Statutory, regulatory, fiscal, medical, or scientific
17 standards;

18 (b) A private or public program of payments to a health care
19 provider; or

20 (c) Requirements for licensing, accreditation, or certification.

21 (3) "Commitment" has the same meaning as in RCW 71.05.020.

22 (4) "Custody" has the same meaning as in RCW 71.05.020.

23 (5) "Deidentified" means health information that does not
24 identify an individual and with respect to which there is no
25 reasonable basis to believe that the information can be used to
26 identify an individual.

27 (6) "Department" means the department of social and health
28 services.

29 (7) "Designated ((~~mental health professional~~)) crisis responder"
30 has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

31 (8) "Detention" or "detain" has the same meaning as in RCW
32 71.05.020.

33 (9) "Directory information" means information disclosing the
34 presence, and for the purpose of identification, the name, location
35 within a health care facility, and the general health condition of a
36 particular patient who is a patient in a health care facility or who
37 is currently receiving emergency health care in a health care
38 facility.

39 (10) "Discharge" has the same meaning as in RCW 71.05.020.

1 (11) "Evaluation and treatment facility" has the same meaning as
2 in RCW 71.05.020 or 71.34.020, as applicable.

3 (12) "Federal, state, or local law enforcement authorities" means
4 an officer of any agency or authority in the United States, a state,
5 a tribe, a territory, or a political subdivision of a state, a tribe,
6 or a territory who is empowered by law to: (a) Investigate or conduct
7 an official inquiry into a potential criminal violation of law; or
8 (b) prosecute or otherwise conduct a criminal proceeding arising from
9 an alleged violation of law.

10 (13) "General health condition" means the patient's health status
11 described in terms of "critical," "poor," "fair," "good,"
12 "excellent," or terms denoting similar conditions.

13 (14) "Health care" means any care, service, or procedure provided
14 by a health care provider:

15 (a) To diagnose, treat, or maintain a patient's physical or
16 mental condition; or

17 (b) That affects the structure or any function of the human body.

18 (15) "Health care facility" means a hospital, clinic, nursing
19 home, laboratory, office, or similar place where a health care
20 provider provides health care to patients.

21 (16) "Health care information" means any information, whether
22 oral or recorded in any form or medium, that identifies or can
23 readily be associated with the identity of a patient and directly
24 relates to the patient's health care, including a patient's
25 deoxyribonucleic acid and identified sequence of chemical base pairs.
26 The term includes any required accounting of disclosures of health
27 care information.

28 (17) "Health care operations" means any of the following
29 activities of a health care provider, health care facility, or third-
30 party payor to the extent that the activities are related to
31 functions that make an entity a health care provider, a health care
32 facility, or a third-party payor:

33 (a) Conducting: Quality assessment and improvement activities,
34 including outcomes evaluation and development of clinical guidelines,
35 if the obtaining of generalizable knowledge is not the primary
36 purpose of any studies resulting from such activities; population-
37 based activities relating to improving health or reducing health care
38 costs, protocol development, case management and care coordination,
39 contacting of health care providers and patients with information

1 about treatment alternatives; and related functions that do not
2 include treatment;

3 (b) Reviewing the competence or qualifications of health care
4 professionals, evaluating practitioner and provider performance and
5 third-party payor performance, conducting training programs in which
6 students, trainees, or practitioners in areas of health care learn
7 under supervision to practice or improve their skills as health care
8 providers, training of nonhealth care professionals, accreditation,
9 certification, licensing, or credentialing activities;

10 (c) Underwriting, premium rating, and other activities relating
11 to the creation, renewal, or replacement of a contract of health
12 insurance or health benefits, and ceding, securing, or placing a
13 contract for reinsurance of risk relating to claims for health care,
14 including stop-loss insurance and excess of loss insurance, if any
15 applicable legal requirements are met;

16 (d) Conducting or arranging for medical review, legal services,
17 and auditing functions, including fraud and abuse detection and
18 compliance programs;

19 (e) Business planning and development, such as conducting cost-
20 management and planning-related analyses related to managing and
21 operating the health care facility or third-party payor, including
22 formulary development and administration, development, or improvement
23 of methods of payment or coverage policies; and

24 (f) Business management and general administrative activities of
25 the health care facility, health care provider, or third-party payor
26 including, but not limited to:

27 (i) Management activities relating to implementation of and
28 compliance with the requirements of this chapter;

29 (ii) Customer service, including the provision of data analyses
30 for policy holders, plan sponsors, or other customers, provided that
31 health care information is not disclosed to such policy holder, plan
32 sponsor, or customer;

33 (iii) Resolution of internal grievances;

34 (iv) The sale, transfer, merger, or consolidation of all or part
35 of a health care provider, health care facility, or third-party payor
36 with another health care provider, health care facility, or third-
37 party payor or an entity that following such activity will become a
38 health care provider, health care facility, or third-party payor, and
39 due diligence related to such activity; and

1 (v) Consistent with applicable legal requirements, creating
2 deidentified health care information or a limited dataset for the
3 benefit of the health care provider, health care facility, or third-
4 party payor.

5 (18) "Health care provider" means a person who is licensed,
6 certified, registered, or otherwise authorized by the law of this
7 state to provide health care in the ordinary course of business or
8 practice of a profession.

9 (19) "Human immunodeficiency virus" or "HIV" has the same meaning
10 as in RCW 70.24.017.

11 (20) "Imminent" has the same meaning as in RCW 71.05.020.

12 (21) "Information and records related to mental health services"
13 means a type of health care information that relates to all
14 information and records compiled, obtained, or maintained in the
15 course of providing services by a mental health service agency or
16 mental health professional to persons who are receiving or have
17 received services for mental illness. The term includes mental health
18 information contained in a medical bill, registration records, as
19 defined in RCW 71.05.020, and all other records regarding the person
20 maintained by the department, by regional support networks and their
21 staff, and by treatment facilities. The term further includes
22 documents of legal proceedings under chapter 71.05, 71.34, or 10.77
23 RCW, or somatic health care information. For health care information
24 maintained by a hospital as defined in RCW 70.41.020 or a health care
25 facility or health care provider that participates with a hospital in
26 an organized health care arrangement defined under federal law,
27 "information and records related to mental health services" is
28 limited to information and records of services provided by a mental
29 health professional or information and records of services created by
30 a hospital-operated (~~community mental~~) behavioral health program as
31 defined in RCW 71.24.025(~~(+6)~~). The term does not include
32 psychotherapy notes.

33 (22) "Information and records related to sexually transmitted
34 diseases" means a type of health care information that relates to the
35 identity of any person upon whom an HIV antibody test or other
36 sexually transmitted infection test is performed, the results of such
37 tests, and any information relating to diagnosis of or treatment for
38 any confirmed sexually transmitted infections.

39 (23) "Institutional review board" means any board, committee, or
40 other group formally designated by an institution, or authorized

1 under federal or state law, to review, approve the initiation of, or
2 conduct periodic review of research programs to assure the protection
3 of the rights and welfare of human research subjects.

4 (24) "Legal counsel" has the same meaning as in RCW 71.05.020.

5 (25) "Local public health officer" has the same meaning as in RCW
6 70.24.017.

7 (26) "Maintain," as related to health care information, means to
8 hold, possess, preserve, retain, store, or control that information.

9 (27) "Mental health professional" means a psychiatrist,
10 psychologist, psychiatric advanced registered nurse practitioner,
11 psychiatric nurse, or social worker, and such other mental health
12 professionals as may be defined by rules adopted by the secretary of
13 social and health services under chapter 71.05 RCW, whether that
14 person works in a private or public setting.

15 (28) "Mental health service agency" means a public or private
16 agency that provides services to persons with mental disorders as
17 defined under RCW 71.05.020 or 71.34.020 and receives funding from
18 public sources. This includes evaluation and treatment facilities as
19 defined in RCW 71.34.020, community mental health service delivery
20 systems, or (~~community mental~~) behavioral health programs, as
21 defined in RCW 71.24.025, and facilities conducting competency
22 evaluations and restoration under chapter 10.77 RCW.

23 (29) "Minor" has the same meaning as in RCW 71.34.020.

24 (30) "Parent" has the same meaning as in RCW 71.34.020.

25 (31) "Patient" means an individual who receives or has received
26 health care. The term includes a deceased individual who has received
27 health care.

28 (32) "Payment" means:

29 (a) The activities undertaken by:

30 (i) A third-party payor to obtain premiums or to determine or
31 fulfill its responsibility for coverage and provision of benefits by
32 the third-party payor; or

33 (ii) A health care provider, health care facility, or third-party
34 payor, to obtain or provide reimbursement for the provision of health
35 care; and

36 (b) The activities in (a) of this subsection that relate to the
37 patient to whom health care is provided and that include, but are not
38 limited to:

1 (i) Determinations of eligibility or coverage, including
2 coordination of benefits or the determination of cost-sharing
3 amounts, and adjudication or subrogation of health benefit claims;

4 (ii) Risk adjusting amounts due based on enrollee health status
5 and demographic characteristics;

6 (iii) Billing, claims management, collection activities,
7 obtaining payment under a contract for reinsurance, including stop-
8 loss insurance and excess of loss insurance, and related health care
9 data processing;

10 (iv) Review of health care services with respect to medical
11 necessity, coverage under a health plan, appropriateness of care, or
12 justification of charges;

13 (v) Utilization review activities, including precertification and
14 preauthorization of services, and concurrent and retrospective review
15 of services; and

16 (vi) Disclosure to consumer reporting agencies of any of the
17 following health care information relating to collection of premiums
18 or reimbursement:

19 (A) Name and address;

20 (B) Date of birth;

21 (C) Social security number;

22 (D) Payment history;

23 (E) Account number; and

24 (F) Name and address of the health care provider, health care
25 facility, and/or third-party payor.

26 (33) "Person" means an individual, corporation, business trust,
27 estate, trust, partnership, association, joint venture, government,
28 governmental subdivision or agency, or any other legal or commercial
29 entity.

30 (34) "Professional person" has the same meaning as in RCW
31 71.05.020.

32 (35) "Psychiatric advanced registered nurse practitioner" has the
33 same meaning as in RCW 71.05.020.

34 (36) "Psychotherapy notes" means notes recorded, in any medium,
35 by a mental health professional documenting or analyzing the contents
36 of conversations during a private counseling session or group, joint,
37 or family counseling session, and that are separated from the rest of
38 the individual's medical record. The term excludes mediation
39 prescription and monitoring, counseling session start and stop times,
40 the modalities and frequencies of treatment furnished, results of

1 clinical tests, and any summary of the following items: Diagnosis,
2 functional status, the treatment plan, symptoms, prognosis, and
3 progress to date.

4 (37) "Reasonable fee" means the charges for duplicating or
5 searching the record, but shall not exceed sixty-five cents per page
6 for the first thirty pages and fifty cents per page for all other
7 pages. In addition, a clerical fee for searching and handling may be
8 charged not to exceed fifteen dollars. These amounts shall be
9 adjusted biennially in accordance with changes in the consumer price
10 index, all consumers, for Seattle-Tacoma metropolitan statistical
11 area as determined by the secretary of health. However, where editing
12 of records by a health care provider is required by statute and is
13 done by the provider personally, the fee may be the usual and
14 customary charge for a basic office visit.

15 (38) "Release" has the same meaning as in RCW 71.05.020.

16 (39) "Resource management services" has the same meaning as in
17 RCW 71.05.020.

18 (40) "Serious violent offense" has the same meaning as in RCW
19 71.05.020.

20 (41) "Sexually transmitted infection" or "sexually transmitted
21 disease" has the same meaning as "sexually transmitted disease" in
22 RCW 70.24.017.

23 (42) "Test for a sexually transmitted disease" has the same
24 meaning as in RCW 70.24.017.

25 (43) "Third-party payor" means an insurer regulated under Title
26 48 RCW authorized to transact business in this state or other
27 jurisdiction, including a health care service contractor, and health
28 maintenance organization; or an employee welfare benefit plan,
29 excluding fitness or wellness plans; or a state or federal health
30 benefit program.

31 (44) "Treatment" means the provision, coordination, or management
32 of health care and related services by one or more health care
33 providers or health care facilities, including the coordination or
34 management of health care by a health care provider or health care
35 facility with a third party; consultation between health care
36 providers or health care facilities relating to a patient; or the
37 referral of a patient for health care from one health care provider
38 or health care facility to another.

1 **Sec. 417.** RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9
2 are each reenacted and amended to read as follows:

3 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
4 (~~(70.96A.150,)~~) 74.09.295, 70.02.210, 70.02.240, 70.02.250, and
5 70.02.260, or pursuant to a valid authorization under RCW 70.02.030,
6 the fact of admission to a provider for mental health services and
7 all information and records compiled, obtained, or maintained in the
8 course of providing mental health services to either voluntary or
9 involuntary recipients of services at public or private agencies must
10 be confidential.

11 (2) Information and records related to mental health services,
12 other than those obtained through treatment under chapter 71.34 RCW,
13 may be disclosed only:

14 (a) In communications between qualified professional persons to
15 meet the requirements of chapter 71.05 RCW, in the provision of
16 services or appropriate referrals, or in the course of guardianship
17 proceedings if provided to a professional person:

18 (i) Employed by the facility;

19 (ii) Who has medical responsibility for the patient's care;

20 (iii) Who is a designated (~~(mental health professional)~~) crisis
21 responder;

22 (iv) Who is providing services under chapter 71.24 RCW;

23 (v) Who is employed by a state or local correctional facility
24 where the person is confined or supervised; or

25 (vi) Who is providing evaluation, treatment, or follow-up
26 services under chapter 10.77 RCW;

27 (b) When the communications regard the special needs of a patient
28 and the necessary circumstances giving rise to such needs and the
29 disclosure is made by a facility providing services to the operator
30 of a facility in which the patient resides or will reside;

31 (c)(i) When the person receiving services, or his or her
32 guardian, designates persons to whom information or records may be
33 released, or if the person is a minor, when his or her parents make
34 such a designation;

35 (ii) A public or private agency shall release to a person's next
36 of kin, attorney, personal representative, guardian, or conservator,
37 if any:

38 (A) The information that the person is presently a patient in the
39 facility or that the person is seriously physically ill;

1 (B) A statement evaluating the mental and physical condition of
2 the patient, and a statement of the probable duration of the
3 patient's confinement, if such information is requested by the next
4 of kin, attorney, personal representative, guardian, or conservator;
5 and

6 (iii) Other information requested by the next of kin or attorney
7 as may be necessary to decide whether or not proceedings should be
8 instituted to appoint a guardian or conservator;

9 (d)(i) To the courts as necessary to the administration of
10 chapter 71.05 RCW or to a court ordering an evaluation or treatment
11 under chapter 10.77 RCW solely for the purpose of preventing the
12 entry of any evaluation or treatment order that is inconsistent with
13 any order entered under chapter 71.05 RCW.

14 (ii) To a court or its designee in which a motion under chapter
15 10.77 RCW has been made for involuntary medication of a defendant for
16 the purpose of competency restoration.

17 (iii) Disclosure under this subsection is mandatory for the
18 purpose of the federal health insurance portability and
19 accountability act;

20 (e)(i) When a mental health professional or designated crisis
21 responder is requested by a representative of a law enforcement or
22 corrections agency, including a police officer, sheriff, community
23 corrections officer, a municipal attorney, or prosecuting attorney to
24 undertake an investigation or provide treatment under RCW 71.05.150,
25 10.31.110, or 71.05.153, the mental health professional or designated
26 crisis responder shall, if requested to do so, advise the
27 representative in writing of the results of the investigation
28 including a statement of reasons for the decision to detain or
29 release the person investigated. The written report must be submitted
30 within seventy-two hours of the completion of the investigation or
31 the request from the law enforcement or corrections representative,
32 whichever occurs later.

33 (ii) Disclosure under this subsection is mandatory for the
34 purposes of the federal health insurance portability and
35 accountability act;

36 (f) To the attorney of the detained person;

37 (g) To the prosecuting attorney as necessary to carry out the
38 responsibilities of the office under RCW 71.05.330(2),
39 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
40 access to records regarding the committed person's treatment and

1 prognosis, medication, behavior problems, and other records relevant
2 to the issue of whether treatment less restrictive than inpatient
3 treatment is in the best interest of the committed person or others.
4 Information must be disclosed only after giving notice to the
5 committed person and the person's counsel;

6 (h)(i) To appropriate law enforcement agencies and to a person,
7 when the identity of the person is known to the public or private
8 agency, whose health and safety has been threatened, or who is known
9 to have been repeatedly harassed, by the patient. The person may
10 designate a representative to receive the disclosure. The disclosure
11 must be made by the professional person in charge of the public or
12 private agency or his or her designee and must include the dates of
13 commitment, admission, discharge, or release, authorized or
14 unauthorized absence from the agency's facility, and only any other
15 information that is pertinent to the threat or harassment. The agency
16 or its employees are not civilly liable for the decision to disclose
17 or not, so long as the decision was reached in good faith and without
18 gross negligence.

19 (ii) Disclosure under this subsection is mandatory for the
20 purposes of the federal health insurance portability and
21 accountability act;

22 (i)(i) To appropriate corrections and law enforcement agencies
23 all necessary and relevant information in the event of a crisis or
24 emergent situation that poses a significant and imminent risk to the
25 public. The mental health service agency or its employees are not
26 civilly liable for the decision to disclose or not so long as the
27 decision was reached in good faith and without gross negligence.

28 (ii) Disclosure under this subsection is mandatory for the
29 purposes of the health insurance portability and accountability act;

30 (j) To the persons designated in RCW 71.05.425 for the purposes
31 described in those sections;

32 (k) Upon the death of a person. The person's next of kin,
33 personal representative, guardian, or conservator, if any, must be
34 notified. Next of kin who are of legal age and competent must be
35 notified under this section in the following order: Spouse, parents,
36 children, brothers and sisters, and other relatives according to the
37 degree of relation. Access to all records and information compiled,
38 obtained, or maintained in the course of providing services to a
39 deceased patient are governed by RCW 70.02.140;

1 (l) To mark headstones or otherwise memorialize patients interred
2 at state hospital cemeteries. The department of social and health
3 services shall make available the name, date of birth, and date of
4 death of patients buried in state hospital cemeteries fifty years
5 after the death of a patient;

6 (m) To law enforcement officers and to prosecuting attorneys as
7 are necessary to enforce RCW 9.41.040(2)(a)((~~ii~~)) (iii). The extent
8 of information that may be released is limited as follows:

9 (i) Only the fact, place, and date of involuntary commitment, an
10 official copy of any order or orders of commitment, and an official
11 copy of any written or oral notice of ineligibility to possess a
12 firearm that was provided to the person pursuant to RCW 9.41.047(1),
13 must be disclosed upon request;

14 (ii) The law enforcement and prosecuting attorneys may only
15 release the information obtained to the person's attorney as required
16 by court rule and to a jury or judge, if a jury is waived, that
17 presides over any trial at which the person is charged with violating
18 RCW 9.41.040(2)(a)((~~ii~~)) (iii);

19 (iii) Disclosure under this subsection is mandatory for the
20 purposes of the federal health insurance portability and
21 accountability act;

22 (n) When a patient would otherwise be subject to the provisions
23 of this section and disclosure is necessary for the protection of the
24 patient or others due to his or her unauthorized disappearance from
25 the facility, and his or her whereabouts is unknown, notice of the
26 disappearance, along with relevant information, may be made to
27 relatives, the department of corrections when the person is under the
28 supervision of the department, and governmental law enforcement
29 agencies designated by the physician or psychiatric advanced
30 registered nurse practitioner in charge of the patient or the
31 professional person in charge of the facility, or his or her
32 professional designee;

33 (o) Pursuant to lawful order of a court;

34 (p) To qualified staff members of the department, to the director
35 of behavioral health organizations, to resource management services
36 responsible for serving a patient, or to service providers designated
37 by resource management services as necessary to determine the
38 progress and adequacy of treatment and to determine whether the
39 person should be transferred to a less restrictive or more
40 appropriate treatment modality or facility;

1 (q) Within the mental health service agency where the patient is
2 receiving treatment, confidential information may be disclosed to
3 persons employed, serving in bona fide training programs, or
4 participating in supervised volunteer programs, at the facility when
5 it is necessary to perform their duties;

6 (r) Within the department as necessary to coordinate treatment
7 for mental illness, developmental disabilities, alcoholism, or drug
8 abuse of persons who are under the supervision of the department;

9 (s) To a licensed physician or psychiatric advanced registered
10 nurse practitioner who has determined that the life or health of the
11 person is in danger and that treatment without the information and
12 records related to mental health services could be injurious to the
13 patient's health. Disclosure must be limited to the portions of the
14 records necessary to meet the medical emergency;

15 (t) Consistent with the requirements of the federal health
16 information portability and accountability act, to a licensed mental
17 health professional or a health care professional licensed under
18 chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is
19 providing care to a person, or to whom a person has been referred for
20 evaluation or treatment, to assure coordinated care and treatment of
21 that person. Psychotherapy notes may not be released without
22 authorization of the person who is the subject of the request for
23 release of information;

24 (u) To administrative and office support staff designated to
25 obtain medical records for those licensed professionals listed in (t)
26 of this subsection;

27 (v) To a facility that is to receive a person who is
28 involuntarily committed under chapter 71.05 RCW, or upon transfer of
29 the person from one evaluation and treatment facility to another. The
30 release of records under this subsection is limited to the
31 information and records related to mental health services required by
32 law, a record or summary of all somatic treatments, and a discharge
33 summary. The discharge summary may include a statement of the
34 patient's problem, the treatment goals, the type of treatment which
35 has been provided, and recommendation for future treatment, but may
36 not include the patient's complete treatment record;

37 (w) To the person's counsel or guardian ad litem, without
38 modification, at any time in order to prepare for involuntary
39 commitment or recommitment proceedings, reexaminations, appeals, or

1 other actions relating to detention, admission, commitment, or
2 patient's rights under chapter 71.05 RCW;

3 (x) To staff members of the protection and advocacy agency or to
4 staff members of a private, nonprofit corporation for the purpose of
5 protecting and advocating the rights of persons with mental disorders
6 or developmental disabilities. Resource management services may limit
7 the release of information to the name, birthdate, and county of
8 residence of the patient, information regarding whether the patient
9 was voluntarily admitted, or involuntarily committed, the date and
10 place of admission, placement, or commitment, the name and address of
11 a guardian of the patient, and the date and place of the guardian's
12 appointment. Any staff member who wishes to obtain additional
13 information must notify the patient's resource management services in
14 writing of the request and of the resource management services' right
15 to object. The staff member shall send the notice by mail to the
16 guardian's address. If the guardian does not object in writing within
17 fifteen days after the notice is mailed, the staff member may obtain
18 the additional information. If the guardian objects in writing within
19 fifteen days after the notice is mailed, the staff member may not
20 obtain the additional information;

21 (y) To all current treating providers of the patient with
22 prescriptive authority who have written a prescription for the
23 patient within the last twelve months. For purposes of coordinating
24 health care, the department may release without written authorization
25 of the patient, information acquired for billing and collection
26 purposes as described in RCW 70.02.050(1)(d). The department shall
27 notify the patient that billing and collection information has been
28 released to named providers, and provide the substance of the
29 information released and the dates of such release. The department
30 may not release counseling, inpatient psychiatric hospitalization, or
31 drug and alcohol treatment information without a signed written
32 release from the client;

33 (z)(i) To the secretary of social and health services for either
34 program evaluation or research, or both so long as the secretary
35 adopts rules for the conduct of the evaluation or research, or both.
36 Such rules must include, but need not be limited to, the requirement
37 that all evaluators and researchers sign an oath of confidentiality
38 substantially as follows:

1 "As a condition of conducting evaluation or research concerning
2 persons who have received services from (fill in the facility,
3 agency, or person) I,, agree not to divulge, publish, or
4 otherwise make known to unauthorized persons or the public any
5 information obtained in the course of such evaluation or research
6 regarding persons who have received services such that the person who
7 received such services is identifiable.

8 I recognize that unauthorized release of confidential information
9 may subject me to civil liability under the provisions of state law.
10 /s/"

11 (ii) Nothing in this chapter may be construed to prohibit the
12 compilation and publication of statistical data for use by government
13 or researchers under standards, including standards to assure
14 maintenance of confidentiality, set forth by the secretary.

15 (3) Whenever federal law or federal regulations restrict the
16 release of information contained in the information and records
17 related to mental health services of any patient who receives
18 treatment for chemical dependency, the department may restrict the
19 release of the information as necessary to comply with federal law
20 and regulations.

21 (4) Civil liability and immunity for the release of information
22 about a particular person who is committed to the department of
23 social and health services under RCW 71.05.280(3) and
24 71.05.320(~~(3)~~) (4)(c) after dismissal of a sex offense as defined
25 in RCW 9.94A.030, is governed by RCW 4.24.550.

26 (5) The fact of admission to a provider of mental health
27 services, as well as all records, files, evidence, findings, or
28 orders made, prepared, collected, or maintained pursuant to chapter
29 71.05 RCW are not admissible as evidence in any legal proceeding
30 outside that chapter without the written authorization of the person
31 who was the subject of the proceeding except as provided in RCW
32 70.02.260, in a subsequent criminal prosecution of a person committed
33 pursuant to RCW 71.05.280(3) or 71.05.320(~~(3)~~) (4)(c) on charges
34 that were dismissed pursuant to chapter 10.77 RCW due to incompetency
35 to stand trial, in a civil commitment proceeding pursuant to chapter
36 71.09 RCW, or, in the case of a minor, a guardianship or dependency
37 proceeding. The records and files maintained in any court proceeding
38 pursuant to chapter 71.05 RCW must be confidential and available
39 subsequent to such proceedings only to the person who was the subject

1 of the proceeding or his or her attorney. In addition, the court may
2 order the subsequent release or use of such records or files only
3 upon good cause shown if the court finds that appropriate safeguards
4 for strict confidentiality are and will be maintained.

5 (6)(a) Except as provided in RCW 4.24.550, any person may bring
6 an action against an individual who has willfully released
7 confidential information or records concerning him or her in
8 violation of the provisions of this section, for the greater of the
9 following amounts:

10 (i) One thousand dollars; or

11 (ii) Three times the amount of actual damages sustained, if any.

12 (b) It is not a prerequisite to recovery under this subsection
13 that the plaintiff suffered or was threatened with special, as
14 contrasted with general, damages.

15 (c) Any person may bring an action to enjoin the release of
16 confidential information or records concerning him or her or his or
17 her ward, in violation of the provisions of this section, and may in
18 the same action seek damages as provided in this subsection.

19 (d) The court may award to the plaintiff, should he or she
20 prevail in any action authorized by this subsection, reasonable
21 attorney fees in addition to those otherwise provided by law.

22 (e) If an action is brought under this subsection, no action may
23 be brought under RCW 70.02.170.

24 **Sec. 418.** RCW 70.48.475 and 2004 c 166 s 14 are each amended to
25 read as follows:

26 (1) A person having charge of a jail, or that person's designee,
27 shall notify the (~~county designated mental health professional or~~
28 ~~the designated chemical dependency specialist~~) designated crisis
29 responder seventy-two hours prior to the release to the community of
30 an offender or defendant who was subject to a discharge review under
31 RCW 71.05.232. If the person having charge of the jail does not
32 receive seventy-two hours notice of the release, the notification to
33 the (~~county designated mental health professional or the designated~~
34 ~~chemical dependency specialist~~) designated crisis responder shall be
35 made as soon as reasonably possible, but not later than the actual
36 release to the community of the defendant or offender.

37 (2) When a person having charge of a jail, or that person's
38 designee, releases an offender or defendant who was the subject of a
39 discharge review under RCW 71.05.232, the person having charge of a

1 jail, or that person's designee, shall notify the state hospital from
2 which the offender or defendant was released.

3 **Sec. 419.** RCW 70.97.010 and 2014 c 225 s 78 are each amended to
4 read as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Antipsychotic medications" means that class of drugs
8 primarily used to treat serious manifestations of mental illness
9 associated with thought disorders, which includes but is not limited
10 to atypical antipsychotic medications.

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

14 (3) "Chemical dependency" means alcoholism, drug addiction, or
15 dependence on alcohol and one or more other psychoactive chemicals,
16 as the context requires and as those terms are defined in chapter
17 ~~((70.96A))~~ 71.05 RCW.

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

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

24 (6) "Conditional release" means a modification of a commitment
25 that may be revoked upon violation of any of its terms.

26 (7) "Custody" means involuntary detention under chapter 71.05
27 ~~((or 70.96A))~~ RCW, uninterrupted by any period of unconditional
28 release from commitment from a facility providing involuntary care
29 and treatment.

30 (8) "Department" means the department of social and health
31 services.

32 (9) "Designated crisis responder" ~~((means a designated mental
33 health professional, a designated chemical dependency specialist, or
34 a designated crisis responder as those terms are defined in chapter
35 70.96A, 71.05, or 70.96B RCW))~~ has the same meaning as in chapter
36 71.05 RCW.

37 (10) "Detention" or "detain" means the lawful confinement of an
38 individual under chapter ~~((70.96A or))~~ 71.05 RCW.

1 (11) "Discharge" means the termination of facility authority. The
2 commitment may remain in place, be terminated, or be amended by court
3 order.

4 (12) "Enhanced services facility" means a facility that provides
5 treatment and services to persons for whom acute inpatient treatment
6 is not medically necessary and who have been determined by the
7 department to be inappropriate for placement in other licensed
8 facilities due to the complex needs that result in behavioral and
9 security issues.

10 (13) "Expanded community services program" means a nonsecure
11 program of enhanced behavioral and residential support provided to
12 long-term and residential care providers serving specifically
13 eligible clients who would otherwise be at risk for hospitalization
14 at state hospital geriatric units.

15 (14) "Facility" means an enhanced services facility.

16 (15) "Gravely disabled" means a condition in which an individual,
17 as a result of a mental disorder, as a result of the use of alcohol
18 or other psychoactive chemicals, or both:

19 (a) Is in danger of serious physical harm resulting from a
20 failure to provide for his or her essential human needs of health or
21 safety; or

22 (b) Manifests severe deterioration in routine functioning
23 evidenced by repeated and escalating loss of cognitive or volitional
24 control over his or her actions and is not receiving such care as is
25 essential for his or her health or safety.

26 (16) "History of one or more violent acts" refers to the period
27 of time ten years before the filing of a petition under this
28 chapter((~~7~~)) or chapter ((~~70.96A-01~~)) 71.05 RCW, excluding any time
29 spent, but not any violent acts committed, in a mental health
30 facility or a long-term alcoholism or drug treatment facility, or in
31 confinement as a result of a criminal conviction.

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

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

36 (a) A substantial risk that:

37 (i) Physical harm will be inflicted by an individual upon his or
38 her own person, as evidenced by threats or attempts to commit suicide
39 or inflict physical harm on oneself;

1 (ii) Physical harm will be inflicted by an individual upon
2 another, as evidenced by behavior that has caused such harm or that
3 places another person or persons in reasonable fear of sustaining
4 such harm; or

5 (iii) Physical harm will be inflicted by an individual upon the
6 property of others, as evidenced by behavior that has caused
7 substantial loss or damage to the property of others; or

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

10 (19) "Mental disorder" means any organic, mental, or emotional
11 impairment that has substantial adverse effects on an individual's
12 cognitive or volitional functions.

13 (20) "Mental health professional" means a psychiatrist,
14 psychologist, psychiatric nurse, or social worker, and such other
15 mental health professionals as may be defined by rules adopted by the
16 secretary under the authority of chapter 71.05 RCW.

17 (21) "Professional person" means a mental health professional and
18 also means a physician, registered nurse, and such others as may be
19 defined in rules adopted by the secretary pursuant to the provisions
20 of this chapter.

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

27 (23) "Psychologist" means a person who has been licensed as a
28 psychologist under chapter 18.83 RCW.

29 (24) "Registration records" include all the records of the
30 department, behavioral health organizations, treatment facilities,
31 and other persons providing services to the department, county
32 departments, or facilities which identify individuals who are
33 receiving or who at any time have received services for mental
34 illness.

35 (25) "Release" means legal termination of the commitment under
36 chapter ((70.96A or)) 71.05 RCW.

37 (26) "Resident" means a person admitted to an enhanced services
38 facility.

39 (27) "Secretary" means the secretary of the department or the
40 secretary's designee.

1 (28) "Significant change" means:

2 (a) A deterioration in a resident's physical, mental, or
3 psychosocial condition that has caused or is likely to cause clinical
4 complications or life-threatening conditions; or

5 (b) An improvement in the resident's physical, mental, or
6 psychosocial condition that may make the resident eligible for
7 release or for treatment in a less intensive or less secure setting.

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

11 (30) "Treatment" means the broad range of emergency,
12 detoxification, residential, inpatient, and outpatient services and
13 care, including diagnostic evaluation, mental health or chemical
14 dependency education and counseling, medical, psychiatric,
15 psychological, and social service care, vocational rehabilitation,
16 and career counseling, which may be extended to persons with mental
17 disorders, chemical dependency disorders, or both, and their
18 families.

19 (31) "Treatment records" include registration and all other
20 records concerning individuals who are receiving or who at any time
21 have received services for mental illness, which are maintained by
22 the department, by behavioral health organizations and their staffs,
23 and by treatment facilities. "Treatment records" do not include notes
24 or records maintained for personal use by an individual providing
25 treatment services for the department, behavioral health
26 organizations, or a treatment facility if the notes or records are
27 not available to others.

28 (32) "Violent act" means behavior that resulted in homicide,
29 attempted suicide, nonfatal injuries, or substantial damage to
30 property.

31 **Sec. 420.** RCW 71.05.660 and 2013 c 200 s 21 are each amended to
32 read as follows:

33 Nothing in this chapter or chapter 70.02(~~(, 70.96A,)~~) or 71.34(~~(, 70.96B)~~)
34 ~~or 70.96B~~) RCW shall be construed to interfere with communications
35 between physicians, psychiatric advanced registered nurse
36 practitioners, or psychologists and patients and attorneys and
37 clients.

1 **Sec. 421.** RCW 71.24.045 and 2014 c 225 s 13 are each amended to
2 read as follows:

3 The behavioral health organization shall:

4 (1) Contract as needed with licensed service providers. The
5 behavioral health organization may, in the absence of a licensed
6 service provider entity, become a licensed service provider entity
7 pursuant to minimum standards required for licensing by the
8 department for the purpose of providing services not available from
9 licensed service providers;

10 (2) Operate as a licensed service provider if it deems that doing
11 so is more efficient and cost effective than contracting for
12 services. When doing so, the behavioral health organization shall
13 comply with rules promulgated by the secretary that shall provide
14 measurements to determine when a behavioral health organization
15 provided service is more efficient and cost effective;

16 (3) Monitor and perform biennial fiscal audits of licensed
17 service providers who have contracted with the behavioral health
18 organization to provide services required by this chapter. The
19 monitoring and audits shall be performed by means of a formal process
20 which insures that the licensed service providers and professionals
21 designated in this subsection meet the terms of their contracts;

22 (4) Establish reasonable limitations on administrative costs for
23 agencies that contract with the behavioral health organization;

24 (5) Assure that the special needs of minorities, older adults,
25 individuals with disabilities, children, and low-income persons are
26 met within the priorities established in this chapter;

27 (6) Maintain patient tracking information in a central location
28 as required for resource management services and the department's
29 information system;

30 (7) Collaborate to ensure that policies do not result in an
31 adverse shift of persons with mental illness into state and local
32 correctional facilities;

33 (8) Work with the department to expedite the enrollment or
34 reenrollment of eligible persons leaving state or local correctional
35 facilities and institutions for mental diseases;

36 (9) Work closely with the (~~county designated mental health~~
37 ~~professional or county~~) designated crisis responder to maximize
38 appropriate placement of persons into community services; and

39 (10) Coordinate services for individuals who have received
40 services through the community mental health system and who become

1 patients at a state psychiatric hospital to ensure they are
2 transitioned into the community in accordance with mutually agreed
3 upon discharge plans and upon determination by the medical director
4 of the state psychiatric hospital that they no longer need intensive
5 inpatient care.

6 **Sec. 422.** RCW 71.24.330 and 2015 c 250 s 19 are each amended to
7 read as follows:

8 (1)(a) Contracts between a behavioral health organization and the
9 department shall include mechanisms for monitoring performance under
10 the contract and remedies for failure to substantially comply with
11 the requirements of the contract including, but not limited to,
12 financial penalties, termination of the contract, and reprocurement
13 of the contract.

14 (b) The department shall incorporate the criteria to measure the
15 performance of service coordination organizations into contracts with
16 behavioral health organizations as provided in chapter 70.320 RCW.

17 (2) The behavioral health organization procurement processes
18 shall encourage the preservation of infrastructure previously
19 purchased by the community mental health service delivery system, the
20 maintenance of linkages between other services and delivery systems,
21 and maximization of the use of available funds for services versus
22 profits. However, a behavioral health organization selected through
23 the procurement process is not required to contract for services with
24 any county-owned or operated facility. The behavioral health
25 organization procurement process shall provide that public funds
26 appropriated by the legislature shall not be used to promote or
27 deter, encourage, or discourage employees from exercising their
28 rights under Title 29, chapter 7, subchapter II, United States Code
29 or chapter 41.56 RCW.

30 (3) In addition to the requirements of RCW 71.24.035, contracts
31 shall:

32 (a) Define administrative costs and ensure that the behavioral
33 health organization does not exceed an administrative cost of ten
34 percent of available funds;

35 (b) Require effective collaboration with law enforcement,
36 criminal justice agencies, and the chemical dependency treatment
37 system;

1 (c) Require substantial implementation of department adopted
2 integrated screening and assessment process and matrix of best
3 practices;

4 (d) Maintain the decision-making independence of designated
5 (~~mental health professionals~~) crisis responders;

6 (e) Except at the discretion of the secretary or as specified in
7 the biennial budget, require behavioral health organizations to pay
8 the state for the costs associated with individuals who are being
9 served on the grounds of the state hospitals and who are not
10 receiving long-term inpatient care as defined in RCW 71.24.025;

11 (f) Include a negotiated alternative dispute resolution clause;

12 (g) Include a provision requiring either party to provide one
13 hundred eighty days' notice of any issue that may cause either party
14 to voluntarily terminate, refuse to renew, or refuse to sign a
15 mandatory amendment to the contract to act as a behavioral health
16 organization. If either party decides to voluntarily terminate,
17 refuse to renew, or refuse to sign a mandatory amendment to the
18 contract to serve as a behavioral health organization they shall
19 provide ninety days' advance notice in writing to the other party;

20 (h) Require behavioral health organizations to provide services
21 as identified in RCW 71.05.585 to individuals committed for
22 involuntary commitment under less restrictive alternative court
23 orders when:

24 (i) The individual is enrolled in the medicaid program and meets
25 behavioral health organization access to care standards; or

26 (ii) The individual is not enrolled in medicaid, does not have
27 other insurance which can pay for the services, and the behavioral
28 health organization has adequate available resources to provide the
29 services; and

30 (i) Establish caseload guidelines for care coordinators who
31 supervise less restrictive alternative orders and guidelines for
32 response times during and immediately following periods of
33 hospitalization or incarceration.

34 **Sec. 423.** RCW 71.32.080 and 2006 c 108 s 5 are each amended to
35 read as follows:

36 (1)(a) A principal with capacity may, by written statement by the
37 principal or at the principal's direction in the principal's
38 presence, revoke a directive in whole or in part.

1 (b) An incapacitated principal may revoke a directive only if he
2 or she elected at the time of executing the directive to be able to
3 revoke when incapacitated.

4 (2) The revocation need not follow any specific form so long as
5 it is written and the intent of the principal can be discerned. In
6 the case of a directive that is stored in the health care
7 declarations registry created by RCW 70.122.130, the revocation may
8 be by an online method established by the department of health.
9 Failure to use the online method of revocation for a directive that
10 is stored in the registry does not invalidate a revocation that is
11 made by another method described under this section.

12 (3) The principal shall provide a copy of his or her written
13 statement of revocation to his or her agent, if any, and to each
14 health care provider, professional person, or health care facility
15 that received a copy of the directive from the principal.

16 (4) The written statement of revocation is effective:

17 (a) As to a health care provider, professional person, or health
18 care facility, upon receipt. The professional person, health care
19 provider, or health care facility, or persons acting under their
20 direction shall make the statement of revocation part of the
21 principal's medical record; and

22 (b) As to the principal's agent, upon receipt. The principal's
23 agent shall notify the principal's health care provider, professional
24 person, or health care facility of the revocation and provide them
25 with a copy of the written statement of revocation.

26 (5) A directive also may:

27 (a) Be revoked, in whole or in part, expressly or to the extent
28 of any inconsistency, by a subsequent directive; or

29 (b) Be superseded or revoked by a court order, including any
30 order entered in a criminal matter. A directive may be superseded by
31 a court order regardless of whether the order contains an explicit
32 reference to the directive. To the extent a directive is not in
33 conflict with a court order, the directive remains effective, subject
34 to the provisions of RCW 71.32.150. A directive shall not be
35 interpreted in a manner that interferes with: (i) Incarceration or
36 detention by the department of corrections, in a city or county jail,
37 or by the department of social and health services; or (ii) treatment
38 of a principal who is subject to involuntary treatment pursuant to
39 chapter 10.77, (~~(70.96A,)~~) 71.05, 71.09, or 71.34 RCW.

1 (6) A directive that would have otherwise expired but is
2 effective because the principal is incapacitated remains effective
3 until the principal is no longer incapacitated unless the principal
4 has elected to be able to revoke while incapacitated and has revoked
5 the directive.

6 (7) When a principal with capacity consents to treatment that
7 differs from, or refuses treatment consented to in, the provisions of
8 his or her directive, the consent or refusal constitutes a waiver of
9 that provision and does not constitute a revocation of the provision
10 or directive unless the principal also revokes the directive or
11 provision.

12 **Sec. 424.** RCW 71.32.140 and 2009 c 217 s 12 are each amended to
13 read as follows:

14 (1) A principal who:

15 (a) Chose not to be able to revoke his or her directive during
16 any period of incapacity;

17 (b) Consented to voluntary admission to inpatient mental health
18 treatment, or authorized an agent to consent on the principal's
19 behalf; and

20 (c) At the time of admission to inpatient treatment, refuses to
21 be admitted,
22 may only be admitted into inpatient mental health treatment under
23 subsection (2) of this section.

24 (2) A principal may only be admitted to inpatient mental health
25 treatment under his or her directive if, prior to admission, a member
26 of the treating facility's professional staff who is a physician or
27 psychiatric advanced registered nurse practitioner:

28 (a) Evaluates the principal's mental condition, including a
29 review of reasonably available psychiatric and psychological history,
30 diagnosis, and treatment needs, and determines, in conjunction with
31 another health care provider or mental health professional, that the
32 principal is incapacitated;

33 (b) Obtains the informed consent of the agent, if any, designated
34 in the directive;

35 (c) Makes a written determination that the principal needs an
36 inpatient evaluation or is in need of inpatient treatment and that
37 the evaluation or treatment cannot be accomplished in a less
38 restrictive setting; and

1 (d) Documents in the principal's medical record a summary of the
2 physician's or psychiatric advanced registered nurse practitioner's
3 findings and recommendations for treatment or evaluation.

4 (3) In the event the admitting physician is not a psychiatrist,
5 or the advanced registered nurse practitioner is not a psychiatric
6 advanced registered nurse practitioner, the principal shall receive a
7 complete psychological assessment by a mental health professional
8 within twenty-four hours of admission to determine the continued need
9 for inpatient evaluation or treatment.

10 (4)(a) If it is determined that the principal has capacity, then
11 the principal may only be admitted to, or remain in, inpatient
12 treatment if he or she consents at the time or is detained under the
13 involuntary treatment provisions of chapter ((70.96A,)) 71.05((7)) or
14 71.34 RCW.

15 (b) If a principal who is determined by two health care providers
16 or one mental health professional and one health care provider to be
17 incapacitated continues to refuse inpatient treatment, the principal
18 may immediately seek injunctive relief for release from the facility.

19 (5) If, at the end of the period of time that the principal or
20 the principal's agent, if any, has consented to voluntary inpatient
21 treatment, but no more than fourteen days after admission, the
22 principal has not regained capacity or has regained capacity but
23 refuses to consent to remain for additional treatment, the principal
24 must be released during reasonable daylight hours, unless detained
25 under chapter ((70.96A,)) 71.05((7)) or 71.34 RCW.

26 (6)(a) Except as provided in (b) of this subsection, any
27 principal who is voluntarily admitted to inpatient mental health
28 treatment under this chapter shall have all the rights provided to
29 individuals who are voluntarily admitted to inpatient treatment under
30 chapter 71.05, 71.34, or 72.23 RCW.

31 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
32 treatment for a specified length of time, the choices an
33 incapacitated principal expressed in his or her directive shall
34 control, provided, however, that a principal who takes action
35 demonstrating a desire to be discharged, in addition to making
36 statements requesting to be discharged, shall be discharged, and no
37 principal shall be restrained in any way in order to prevent his or
38 her discharge. Nothing in this subsection shall be construed to
39 prevent detention and evaluation for civil commitment under chapter
40 71.05 RCW.

1 (7) Consent to inpatient admission in a directive is effective
2 only while the professional person, health care provider, and health
3 care facility are in substantial compliance with the material
4 provisions of the directive related to inpatient treatment.

5 **Sec. 425.** RCW 71.32.150 and 2003 c 283 s 15 are each amended to
6 read as follows:

7 (1) Upon receiving a directive, a health care provider,
8 professional person, or health care facility providing treatment to
9 the principal, or persons acting under the direction of the health
10 care provider, professional person, or health care facility, shall
11 make the directive a part of the principal's medical record and shall
12 be deemed to have actual knowledge of the directive's contents.

13 (2) When acting under authority of a directive, a health care
14 provider, professional person, or health care facility shall act in
15 accordance with the provisions of the directive to the fullest extent
16 possible, unless in the determination of the health care provider,
17 professional person, or health care facility:

18 (a) Compliance with the provision would violate the accepted
19 standard of care established in RCW 7.70.040;

20 (b) The requested treatment is not available;

21 (c) Compliance with the provision would violate applicable law;
22 or

23 (d) It is an emergency situation and compliance would endanger
24 any person's life or health.

25 (3)(a) In the case of a principal committed or detained under the
26 involuntary treatment provisions of chapter 10.77, (~~(70.96A,)~~) 71.05,
27 71.09, or 71.34 RCW, those provisions of a principal's directive
28 that, in the determination of the health care provider, professional
29 person, or health care facility, are inconsistent with the purpose of
30 the commitment or with any order of the court relating to the
31 commitment are invalid during the commitment.

32 (b) Remaining provisions of a principal's directive are advisory
33 while the principal is committed or detained.

34 The treatment provider is encouraged to follow the remaining
35 provisions of the directive, except as provided in (a) of this
36 subsection or subsection (2) of this section.

37 (4) In the case of a principal who is incarcerated or committed
38 in a state or local correctional facility, provisions of the
39 principal's directive that are inconsistent with reasonable

1 penological objectives or administrative hearings regarding
2 involuntary medication are invalid during the period of incarceration
3 or commitment. In addition, treatment may be given despite refusal of
4 the principal or the provisions of the directive: (a) For any reason
5 under subsection (2) of this section; or (b) if, without the benefit
6 of the specific treatment measure, there is a significant possibility
7 that the person will harm self or others before an improvement of the
8 person's condition occurs.

9 (5)(a) If the health care provider, professional person, or
10 health care facility is, at the time of receiving the directive,
11 unable or unwilling to comply with any part or parts of the directive
12 for any reason, the health care provider, professional person, or
13 health care facility shall promptly notify the principal and, if
14 applicable, his or her agent and shall document the reason in the
15 principal's medical record.

16 (b) If the health care provider, professional person, or health
17 care facility is acting under authority of a directive and is unable
18 to comply with any part or parts of the directive for the reasons
19 listed in subsection (2) or (3) of this section, the health care
20 provider, professional person, or health care facility shall promptly
21 notify the principal and if applicable, his or her agent, and shall
22 document the reason in the principal's medical record.

23 (6) In the event that one or more parts of the directive are not
24 followed because of one or more of the reasons set forth in
25 subsection (2) or (4) of this section, all other parts of the
26 directive shall be followed.

27 (7) If no provider-patient relationship has previously been
28 established, nothing in this chapter requires the establishment of a
29 provider-patient relationship.

30 **Sec. 426.** RCW 72.09.315 and 2004 c 166 s 17 are each amended to
31 read as follows:

32 (1) When an offender is under court-ordered mental health or
33 chemical dependency treatment in the community and the supervision of
34 the department of corrections, and the community corrections officer
35 becomes aware that the person is in violation of the terms of the
36 court's treatment order, the community corrections officer shall
37 notify the (~~county designated mental health professional or the~~
38 ~~designated chemical dependency specialist~~) designated crisis
39 responder, as appropriate, of the violation and request an evaluation

1 for purposes of revocation of the less restrictive alternative or
2 conditional release.

3 (2) When a (~~county designated mental health professional or the~~
4 ~~designated chemical dependency specialist~~) designated crisis
5 responder notifies the department that an offender in a state
6 correctional facility is the subject of a petition for involuntary
7 treatment under chapter 71.05 (~~or 70.96A~~) RCW, the department shall
8 provide documentation of its risk assessment or other concerns to the
9 petitioner and the court if the department classified the offender as
10 a high risk or high needs offender.

11 **Sec. 427.** RCW 72.09.370 and 2014 c 225 s 95 are each amended to
12 read as follows:

13 (1) The offender reentry community safety program is established
14 to provide intensive services to offenders identified under this
15 subsection and to thereby promote public safety. The secretary shall
16 identify offenders in confinement or partial confinement who: (a) Are
17 reasonably believed to be dangerous to themselves or others; and (b)
18 have a mental disorder. In determining an offender's dangerousness,
19 the secretary shall consider behavior known to the department and
20 factors, based on research, that are linked to an increased risk for
21 dangerousness of offenders with mental illnesses and shall include
22 consideration of an offender's chemical dependency or abuse.

23 (2) Prior to release of an offender identified under this
24 section, a team consisting of representatives of the department of
25 corrections, the division of mental health, and, as necessary, the
26 indeterminate sentence review board, other divisions or
27 administrations within the department of social and health services,
28 specifically including the division of alcohol and substance abuse
29 and the division of developmental disabilities, the appropriate
30 behavioral health organization, and the providers, as appropriate,
31 shall develop a plan, as determined necessary by the team, for
32 delivery of treatment and support services to the offender upon
33 release. In developing the plan, the offender shall be offered
34 assistance in executing a mental health directive under chapter 71.32
35 RCW, after being fully informed of the benefits, scope, and purposes
36 of such directive. The team may include a school district
37 representative for offenders under the age of twenty-one. The team
38 shall consult with the offender's counsel, if any, and, as
39 appropriate, the offender's family and community. The team shall

1 notify the crime victim/witness program, which shall provide notice
2 to all people registered to receive notice under RCW 72.09.712 of the
3 proposed release plan developed by the team. Victims, witnesses, and
4 other interested people notified by the department may provide
5 information and comments to the department on potential safety risk
6 to specific individuals or classes of individuals posed by the
7 specific offender. The team may recommend: (a) That the offender be
8 evaluated by the designated (~~mental health professional~~) crisis
9 responder, as defined in chapter 71.05 RCW; (b) department-supervised
10 community treatment; or (c) voluntary community mental health or
11 chemical dependency or abuse treatment.

12 (3) Prior to release of an offender identified under this
13 section, the team shall determine whether or not an evaluation by a
14 designated (~~mental health professional~~) crisis responder is needed.
15 If an evaluation is recommended, the supporting documentation shall
16 be immediately forwarded to the appropriate designated (~~mental~~
17 ~~health professional~~) crisis responder. The supporting documentation
18 shall include the offender's criminal history, history of judicially
19 required or administratively ordered involuntary antipsychotic
20 medication while in confinement, and any known history of involuntary
21 civil commitment.

22 (4) If an evaluation by a designated (~~mental health~~
23 ~~professional~~) crisis responder is recommended by the team, such
24 evaluation shall occur not more than ten days, nor less than five
25 days, prior to release.

26 (5) A second evaluation by a designated (~~mental health~~
27 ~~professional~~) crisis responder shall occur on the day of release if
28 requested by the team, based upon new information or a change in the
29 offender's mental condition, and the initial evaluation did not
30 result in an emergency detention or a summons under chapter 71.05
31 RCW.

32 (6) If the designated (~~mental health professional~~) crisis
33 responder determines an emergency detention under chapter 71.05 RCW
34 is necessary, the department shall release the offender only to a
35 state hospital or to a consenting evaluation and treatment facility.
36 The department shall arrange transportation of the offender to the
37 hospital or facility.

38 (7) If the designated (~~mental health professional~~) crisis
39 responder believes that a less restrictive alternative treatment is
40 appropriate, he or she shall seek a summons, pursuant to the

1 provisions of chapter 71.05 RCW, to require the offender to appear at
2 an evaluation and treatment facility. If a summons is issued, the
3 offender shall remain within the corrections facility until
4 completion of his or her term of confinement and be transported, by
5 corrections personnel on the day of completion, directly to the
6 identified evaluation and treatment facility.

7 (8) The secretary shall adopt rules to implement this section.

8 **Sec. 428.** RCW 43.185C.305 and 2015 c 69 s 20 are each amended to
9 read as follows:

10 (1) If a resident of a crisis residential center becomes by his
11 or her behavior disruptive to the facility's program, such resident
12 may be immediately removed to a separate area within the facility and
13 counseled on an individual basis until such time as the child regains
14 his or her composure. The department may set rules and regulations
15 establishing additional procedures for dealing with severely
16 disruptive children on the premises.

17 (2) When the juvenile resides in this facility, all services
18 deemed necessary to the juvenile's reentry to normal family life
19 shall be made available to the juvenile as required by chapter 13.32A
20 RCW. In assessing the child and providing these services, the
21 facility staff shall:

22 (a) Interview the juvenile as soon as possible;

23 (b) Contact the juvenile's parents and arrange for a counseling
24 interview with the juvenile and his or her parents as soon as
25 possible;

26 (c) Conduct counseling interviews with the juvenile and his or
27 her parents, to the end that resolution of the child/parent conflict
28 is attained and the child is returned home as soon as possible;

29 (d) Provide additional crisis counseling as needed, to the end
30 that placement of the child in the crisis residential center will be
31 required for the shortest time possible, but not to exceed fifteen
32 consecutive days; and

33 (e) Convene, when appropriate, a multidisciplinary team.

34 (3) Based on the assessments done under subsection (2) of this
35 section the center staff may refer any child who, as the result of a
36 mental or emotional disorder, or intoxication by alcohol or other
37 drugs, is suicidal, seriously assaultive, or seriously destructive
38 toward others, or otherwise similarly evidences an immediate need for
39 emergency medical evaluation and possible care, for evaluation

1 pursuant to chapter 71.34 RCW(~~(7)~~) or to a (~~mental health~~
2 ~~professional~~) designated crisis responder pursuant to chapter 71.05
3 RCW(~~(, or to a chemical dependency specialist pursuant to chapter~~
4 ~~70.96A~~ RCW)) whenever such action is deemed appropriate and
5 consistent with law.

6 (4) A juvenile taking unauthorized leave from a facility shall be
7 apprehended and returned to it by law enforcement officers or other
8 persons designated as having this authority as provided in RCW
9 43.185C.260. If returned to the facility after having taken
10 unauthorized leave for a period of more than twenty-four hours a
11 juvenile shall be supervised by such a facility for a period,
12 pursuant to this chapter, which, unless where otherwise provided, may
13 not exceed fifteen consecutive days. Costs of housing juveniles
14 admitted to crisis residential centers shall be assumed by the
15 department for a period not to exceed fifteen consecutive days.

16 **Sec. 429.** RCW 74.50.070 and 1987 c 406 s 8 are each amended to
17 read as follows:

18 (1) If a county elects to establish a multipurpose diagnostic
19 center or detention center, the alcoholism and drug addiction
20 assessment service under RCW 74.50.040 may be integrated into the
21 services provided by such a center.

22 (2) The center may be financed from funds made available by the
23 department for alcoholism and drug addiction assessments under this
24 chapter and funds contained in the department's budget for
25 detoxification, involuntary detention, and involuntary treatment
26 under chapter(~~(s 70.96A and)~~) 71.05 RCW. The center may be operated
27 by the county or pursuant to contract between the county and a
28 qualified organization.

29 **PART V**
30 **INTEGRATION OF CHEMICAL DEPENDENCY AND MENTAL HEALTH ADMINISTRATIVE**
31 **PROVISIONS**

32 **Sec. 501.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted
33 and amended to read as follows:

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

36 (1) "Acutely mentally ill" means a condition which is limited to
37 a short-term severe crisis episode of:

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

3 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
4 case of a child, a gravely disabled minor as defined in RCW
5 71.34.020; or

6 (c) Presenting a likelihood of serious harm as defined in RCW
7 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

17 (3) "Behavioral health organization" means any county authority
18 or group of county authorities or other entity recognized by the
19 secretary in contract in a defined region.

20 (4) "Behavioral health services" means mental health services as
21 described in this chapter and chapter 71.36 RCW and (~~chemical~~
22 ~~dependency~~) substance use disorder treatment services as described
23 in this chapter and chapter 70.96A RCW.

24 (5) "Child" means a person under the age of eighteen years.

25 (6) "Chronically mentally ill adult" or "adult who is chronically
26 mentally ill" means an adult who has a mental disorder and meets at
27 least one of the following criteria:

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

30 (b) Has experienced a continuous psychiatric hospitalization or
31 residential treatment exceeding six months' duration within the
32 preceding year; or

33 (c) Has been unable to engage in any substantial gainful activity
34 by reason of any mental disorder which has lasted for a continuous
35 period of not less than twelve months. "Substantial gainful activity"
36 shall be defined by the department by rule consistent with Public Law
37 92-603, as amended.

38 (7) "Clubhouse" means a community-based program that provides
39 rehabilitation services and is certified by the department of social
40 and health services.

1 (8) (~~"Community mental health program" means all mental health~~
2 ~~services, activities, or programs using available resources.~~

3 ~~(9))~~ "Community mental health service delivery system" means
4 public, private, or tribal agencies that provide services
5 specifically to persons with mental disorders as defined under RCW
6 71.05.020 and receive funding from public sources.

7 ~~((10))~~ (9) "Community support services" means services
8 authorized, planned, and coordinated through resource management
9 services including, at a minimum, assessment, diagnosis, emergency
10 crisis intervention available twenty-four hours, seven days a week,
11 prescreening determinations for persons who are mentally ill being
12 considered for placement in nursing homes as required by federal law,
13 screening for patients being considered for admission to residential
14 services, diagnosis and treatment for children who are acutely
15 mentally ill or severely emotionally disturbed discovered under
16 screening through the federal Title XIX early and periodic screening,
17 diagnosis, and treatment program, investigation, legal, and other
18 nonresidential services under chapter 71.05 RCW, case management
19 services, psychiatric treatment including medication supervision,
20 counseling, psychotherapy, assuring transfer of relevant patient
21 information between service providers, recovery services, and other
22 services determined by behavioral health organizations.

23 ~~((11))~~ (10) "Consensus-based" means a program or practice that
24 has general support among treatment providers and experts, based on
25 experience or professional literature, and may have anecdotal or case
26 study support, or that is agreed but not possible to perform studies
27 with random assignment and controlled groups.

28 ~~((12))~~ (11) "County authority" means the board of county
29 commissioners, county council, or county executive having authority
30 to establish a community mental health program, or two or more of the
31 county authorities specified in this subsection which have entered
32 into an agreement to provide a community mental health program.

33 ~~((13))~~ (12) "Department" means the department of social and
34 health services.

35 ~~((14))~~ (13) "Designated mental health professional" means a
36 mental health professional designated by the county or other
37 authority authorized in rule to perform the duties specified in this
38 chapter.

39 ~~((15))~~ (14) "Emerging best practice" or "promising practice"
40 means a program or practice that, based on statistical analyses or a

1 well established theory of change, shows potential for meeting the
2 evidence-based or research-based criteria, which may include the use
3 of a program that is evidence-based for outcomes other than those
4 listed in subsection ~~((16))~~ (15) of this section.

5 ~~((16))~~ (15) "Evidence-based" means a program or practice that
6 has been tested in heterogeneous or intended populations with
7 multiple randomized, or statistically controlled evaluations, or
8 both; or one large multiple site randomized, or statistically
9 controlled evaluation, or both, where the weight of the evidence from
10 a systemic review demonstrates sustained improvements in at least one
11 outcome. "Evidence-based" also means a program or practice that can
12 be implemented with a set of procedures to allow successful
13 replication in Washington and, when possible, is determined to be
14 cost-beneficial.

15 ~~((17))~~ (16) "Licensed service provider" means an entity
16 licensed according to this chapter or chapter 71.05 or 70.96A RCW or
17 an entity deemed to meet state minimum standards as a result of
18 accreditation by a recognized behavioral health accrediting body
19 recognized and having a current agreement with the department, or
20 tribal attestation that meets state minimum standards, or persons
21 licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it
22 applies to registered nurses and advanced registered nurse
23 practitioners.

24 ~~((18))~~ (17) "Long-term inpatient care" means inpatient services
25 for persons committed for, or voluntarily receiving intensive
26 treatment for, periods of ninety days or greater under chapter 71.05
27 RCW. "Long-term inpatient care" as used in this chapter does not
28 include: (a) Services for individuals committed under chapter 71.05
29 RCW who are receiving services pursuant to a conditional release or a
30 court-ordered less restrictive alternative to detention; or (b)
31 services for individuals voluntarily receiving less restrictive
32 alternative treatment on the grounds of the state hospital.

33 ~~((19))~~ (18) "Mental health services" means all services
34 provided by behavioral health organizations and other services
35 provided by the state for persons who are mentally ill.

36 ~~((20))~~ (19) "Mentally ill persons," "persons who are mentally
37 ill," and "the mentally ill" mean persons and conditions defined in
38 subsections (1), (6), (27), and (28)~~((, and (29))~~ of this section.

1 ~~((+21+))~~ (20) "Recovery" means the process in which people are
2 able to live, work, learn, and participate fully in their
3 communities.

4 ~~((+22+))~~ (21) "Registration records" include all the records of
5 the department, behavioral health organizations, treatment
6 facilities, and other persons providing services to the department,
7 county departments, or facilities which identify persons who are
8 receiving or who at any time have received services for mental
9 illness.

10 ~~((+23+))~~ (22) "Research-based" means a program or practice that
11 has been tested with a single randomized, or statistically controlled
12 evaluation, or both, demonstrating sustained desirable outcomes; or
13 where the weight of the evidence from a systemic review supports
14 sustained outcomes as described in subsection ~~((+16+))~~ (15) of this
15 section but does not meet the full criteria for evidence-based.

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

35 ~~((+25+))~~ (24) "Resilience" means the personal and community
36 qualities that enable individuals to rebound from adversity, trauma,
37 tragedy, threats, or other stresses, and to live productive lives.

38 ~~((+26+))~~ (25) "Resource management services" mean the planning,
39 coordination, and authorization of residential services and community
40 support services administered pursuant to an individual service plan

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

15 ~~((+27))~~ (26) "Secretary" means the secretary of social and
16 health services.

17 ~~((+28))~~ (27) "Seriously disturbed person" means a person who:

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

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

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

27 (d) Exhibits suicidal preoccupation or attempts; or

28 (e) Is a child diagnosed by a mental health professional, as
29 defined in chapter 71.34 RCW, as experiencing a mental disorder which
30 is clearly interfering with the child's functioning in family or
31 school or with peers or is clearly interfering with the child's
32 personality development and learning.

33 ~~((+29))~~ (28) "Severely emotionally disturbed child" or "child
34 who is severely emotionally disturbed" means a child who has been
35 determined by the behavioral health organization to be experiencing a
36 mental disorder as defined in chapter 71.34 RCW, including those
37 mental disorders that result in a behavioral or conduct disorder,
38 that is clearly interfering with the child's functioning in family or
39 school or with peers and who meets at least one of the following
40 criteria:

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

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

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

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

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

11 (ii) Changes in custodial adult;

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

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

17 (v) Drug or alcohol abuse; or

18 (vi) Homelessness.

19 (~~(+30+)~~) (29) "State minimum standards" means minimum
20 requirements established by rules adopted by the secretary and
21 necessary to implement this chapter for: (a) Delivery of mental
22 health services; (b) licensed service providers for the provision of
23 mental health services; (c) residential services; and (d) community
24 support services and resource management services.

25 (~~(+31+)~~) (30) Mental health "treatment records" include
26 registration and all other records concerning persons who are
27 receiving or who at any time have received services for mental
28 illness, which are maintained by the department, by behavioral health
29 organizations and their staffs, and by treatment facilities.
30 Treatment records do not include notes or records maintained for
31 personal use by a person providing treatment services for the
32 department, behavioral health organizations, or a treatment facility
33 if the notes or records are not available to others.

34 (~~(+32+)~~) (31) "Tribal authority," for the purposes of this
35 section and RCW 71.24.300 only, means: The federally recognized
36 Indian tribes and the major Indian organizations recognized by the
37 secretary insofar as these organizations do not have a financial
38 relationship with any behavioral health organization that would
39 present a conflict of interest.

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

7 (33) "Approved substance use disorder treatment program" means a
8 program for persons with a substance use disorder provided by a
9 treatment program certified by the department of social and health
10 services as meeting standards adopted under this chapter.

11 (34) "Behavioral health program" means all expenditures,
12 services, activities, or programs, including reasonable
13 administration and overhead, designed and conducted to prevent or
14 treat chemical dependency and mental illness.

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

21 (36) "Designated chemical dependency specialist" means a person
22 designated by the behavioral health organization or by the county
23 alcoholism and other drug addiction program coordinator designated by
24 the behavioral health organization to perform the commitment duties
25 described in RCW 70.96A.140 and qualified to do so by meeting
26 standards adopted by the department.

27 (37) "Drug addiction" means a disease characterized by a
28 dependency on psychoactive chemicals, loss of control over the amount
29 and circumstances of use, symptoms of tolerance, physiological or
30 psychological withdrawal, or both, if use is reduced or discontinued,
31 and impairment of health or disruption of social or economic
32 functioning.

33 (38) "Early adopter" means a regional service area for which all
34 of the county authorities have requested that the department and the
35 health care authority jointly purchase medical and behavioral health
36 services through a managed care health system as defined under RCW
37 71.24.380(6).

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

1 **Sec. 502.** RCW 71.24.025 and 2016 1st sp.s. c ... s 501 (section
2 501 of this act) are each amended to read as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Acutely mentally ill" means a condition which is limited to
6 a short-term severe crisis episode of:

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

9 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
10 case of a child, a gravely disabled minor as defined in RCW
11 71.34.020; or

12 (c) Presenting a likelihood of serious harm as defined in RCW
13 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

14 (2) "Available resources" means funds appropriated for the
15 purpose of providing community mental health programs, federal funds,
16 except those provided according to Title XIX of the Social Security
17 Act, and state funds appropriated under this chapter or chapter 71.05
18 RCW by the legislature during any biennium for the purpose of
19 providing residential services, resource management services,
20 community support services, and other mental health services. This
21 does not include funds appropriated for the purpose of operating and
22 administering the state psychiatric hospitals.

23 (3) "Behavioral health organization" means any county authority
24 or group of county authorities or other entity recognized by the
25 secretary in contract in a defined region.

26 (4) "Behavioral health services" means mental health services as
27 described in this chapter and chapter 71.36 RCW and substance use
28 disorder treatment services as described in this chapter (~~and~~
29 ~~chapter 70.96A RCW~~).

30 (5) "Child" means a person under the age of eighteen years.

31 (6) "Chronically mentally ill adult" or "adult who is chronically
32 mentally ill" means an adult who has a mental disorder and meets at
33 least one of the following criteria:

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

36 (b) Has experienced a continuous psychiatric hospitalization or
37 residential treatment exceeding six months' duration within the
38 preceding year; or

39 (c) Has been unable to engage in any substantial gainful activity
40 by reason of any mental disorder which has lasted for a continuous

1 period of not less than twelve months. "Substantial gainful activity"
2 shall be defined by the department by rule consistent with Public Law
3 92-603, as amended.

4 (7) "Clubhouse" means a community-based program that provides
5 rehabilitation services and is certified by the department of social
6 and health services.

7 (8) "Community mental health service delivery system" means
8 public, private, or tribal agencies that provide services
9 specifically to persons with mental disorders as defined under RCW
10 71.05.020 and receive funding from public sources.

11 (9) "Community support services" means services authorized,
12 planned, and coordinated through resource management services
13 including, at a minimum, assessment, diagnosis, emergency crisis
14 intervention available twenty-four hours, seven days a week,
15 prescreening determinations for persons who are mentally ill being
16 considered for placement in nursing homes as required by federal law,
17 screening for patients being considered for admission to residential
18 services, diagnosis and treatment for children who are acutely
19 mentally ill or severely emotionally disturbed discovered under
20 screening through the federal Title XIX early and periodic screening,
21 diagnosis, and treatment program, investigation, legal, and other
22 nonresidential services under chapter 71.05 RCW, case management
23 services, psychiatric treatment including medication supervision,
24 counseling, psychotherapy, assuring transfer of relevant patient
25 information between service providers, recovery services, and other
26 services determined by behavioral health organizations.

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

32 (11) "County authority" means the board of county commissioners,
33 county council, or county executive having authority to establish a
34 community mental health program, or two or more of the county
35 authorities specified in this subsection which have entered into an
36 agreement to provide a community mental health program.

37 (12) "Department" means the department of social and health
38 services.

39 (13) "Designated (~~(mental health professional)~~) crisis responder"
40 means a mental health professional designated by the county or other

1 authority authorized in rule to perform the duties specified in this
2 chapter.

3 (14) "Emerging best practice" or "promising practice" means a
4 program or practice that, based on statistical analyses or a well
5 established theory of change, shows potential for meeting the
6 evidence-based or research-based criteria, which may include the use
7 of a program that is evidence-based for outcomes other than those
8 listed in subsection (15) of this section.

9 (15) "Evidence-based" means a program or practice that has been
10 tested in heterogeneous or intended populations with multiple
11 randomized, or statistically controlled evaluations, or both; or one
12 large multiple site randomized, or statistically controlled
13 evaluation, or both, where the weight of the evidence from a systemic
14 review demonstrates sustained improvements in at least one outcome.
15 "Evidence-based" also means a program or practice that can be
16 implemented with a set of procedures to allow successful replication
17 in Washington and, when possible, is determined to be cost-
18 beneficial.

19 (16) "Licensed service provider" means an entity licensed
20 according to this chapter or chapter 71.05 (~~or 70.96A~~) RCW or an
21 entity deemed to meet state minimum standards as a result of
22 accreditation by a recognized behavioral health accrediting body
23 recognized and having a current agreement with the department, or
24 tribal attestation that meets state minimum standards, or persons
25 licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it
26 applies to registered nurses and advanced registered nurse
27 practitioners.

28 (17) "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
35 for individuals voluntarily receiving less restrictive alternative
36 treatment on the grounds of the state hospital.

37 (18) "Mental health services" means all services provided by
38 behavioral health organizations and other services provided by the
39 state for persons who are mentally ill.

1 (19) "Mentally ill persons," "persons who are mentally ill," and
2 "the mentally ill" mean persons and conditions defined in subsections
3 (1), (6), (27), and (28) of this section.

4 (20) "Recovery" means the process in which people are able to
5 live, work, learn, and participate fully in their communities.

6 (21) "Registration records" include all the records of the
7 department, behavioral health organizations, treatment facilities,
8 and other persons providing services to the department, county
9 departments, or facilities which identify persons who are receiving
10 or who at any time have received services for mental illness.

11 (22) "Research-based" means a program or practice that has been
12 tested with a single randomized, or statistically controlled
13 evaluation, or both, demonstrating sustained desirable outcomes; or
14 where the weight of the evidence from a systemic review supports
15 sustained outcomes as described in subsection (15) of this section
16 but does not meet the full criteria for evidence-based.

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

36 (24) "Resilience" means the personal and community qualities that
37 enable individuals to rebound from adversity, trauma, tragedy,
38 threats, or other stresses, and to live productive lives.

39 (25) "Resource management services" mean the planning,
40 coordination, and authorization of residential services and community

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

16 (26) "Secretary" means the secretary of social and health
17 services.

18 (27) "Seriously disturbed person" means a person who:

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

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

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

28 (d) Exhibits suicidal preoccupation or attempts; or

29 (e) Is a child diagnosed by a mental health professional, as
30 defined in chapter 71.34 RCW, as experiencing a mental disorder which
31 is clearly interfering with the child's functioning in family or
32 school or with peers or is clearly interfering with the child's
33 personality development and learning.

34 (28) "Severely emotionally disturbed child" or "child who is
35 severely emotionally disturbed" means a child who has been determined
36 by the behavioral health organization to be experiencing a mental
37 disorder as defined in chapter 71.34 RCW, including those mental
38 disorders that result in a behavioral or conduct disorder, that is
39 clearly interfering with the child's functioning in family or school
40 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

11 (ii) Changes in custodial adult;

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

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

17 (v) Drug or alcohol abuse; or

18 (vi) Homelessness.

19 (29) "State minimum standards" means minimum requirements
20 established by rules adopted by the secretary and necessary to
21 implement this chapter for: (a) Delivery of mental health services;
22 (b) licensed service providers for the provision of mental health
23 services; (c) residential services; and (d) community support
24 services and resource management services.

25 (30) Mental health "treatment records" include registration and
26 all other records concerning persons who are receiving or who at any
27 time have received services for mental illness, which are maintained
28 by the department, by behavioral health organizations and their
29 staffs, and by treatment facilities. Treatment records do not include
30 notes or records maintained for personal use by a person providing
31 treatment services for the department, behavioral health
32 organizations, or a treatment facility if the notes or records are
33 not available to others.

34 (31) "Tribal authority," for the purposes of this section and RCW
35 71.24.300 only, means: The federally recognized Indian tribes and the
36 major Indian organizations recognized by the secretary insofar as
37 these organizations do not have a financial relationship with any
38 behavioral health organization that would present a conflict of
39 interest.

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

7 (33) "Approved substance use disorder treatment program" means a
8 program for persons with a substance use disorder provided by a
9 treatment program certified by the department of social and health
10 services as meeting standards adopted under this chapter.

11 (34) "Behavioral health program" means all expenditures,
12 services, activities, or programs, including reasonable
13 administration and overhead, designed and conducted to prevent or
14 treat chemical dependency and mental illness.

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

21 ~~(36) ("Designated chemical dependency specialist" means a person
22 designated by the behavioral health organization or by the county
23 alcoholism and other drug addiction program coordinator designated by
24 the behavioral health organization to perform the commitment duties
25 described in RCW 70.96A.140 and qualified to do so by meeting
26 standards adopted by the department.~~

27 ~~(37))~~ (37) "Drug addiction" means a disease characterized by a
28 dependency on psychoactive chemicals, loss of control over the amount
29 and circumstances of use, symptoms of tolerance, physiological or
30 psychological withdrawal, or both, if use is reduced or discontinued,
31 and impairment of health or disruption of social or economic
32 functioning.

33 ~~((38))~~ (37) "Early adopter" means a regional service area for
34 which all of the county authorities have requested that the
35 department and the health care authority jointly purchase medical and
36 behavioral health services through a managed care health system as
37 defined under RCW 71.24.380(6).

38 ~~((39))~~ (38) "Licensed physician" means a person licensed to
39 practice medicine or osteopathic medicine and surgery in the state of
40 Washington.

1 **Sec. 503.** RCW 71.24.035 and 2015 c 269 s 8 are each amended to
2 read as follows:

3 (1) The department is designated as the state (~~mental~~)
4 behavioral health authority which includes recognition as the single
5 state authority for substance use disorders and state mental health
6 authority.

7 (2) The secretary shall provide for public, client, tribal, and
8 licensed service provider participation in developing the state
9 (~~mental~~) behavioral health program, developing contracts with
10 behavioral health organizations, and any waiver request to the
11 federal government under medicaid.

12 (3) The secretary shall provide for participation in developing
13 the state (~~mental~~) behavioral health program for children and other
14 underserved populations, by including representatives on any
15 committee established to provide oversight to the state (~~mental~~)
16 behavioral health program.

17 (4) The secretary shall be designated as the behavioral health
18 organization if the behavioral health organization fails to meet
19 state minimum standards or refuses to exercise responsibilities under
20 its contract or RCW 71.24.045, until such time as a new behavioral
21 health organization is designated.

22 (5) The secretary shall:

23 (a) Develop a biennial state (~~mental~~) behavioral health program
24 that incorporates regional biennial needs assessments and regional
25 mental health service plans and state services for adults and
26 children with mental (~~illness~~) disorders or substance use disorders
27 or both;

28 (b) Assure that any behavioral health organization or county
29 community (~~mental~~) behavioral health program provides medically
30 necessary services to medicaid recipients consistent with the state's
31 medicaid state plan or federal waiver authorities, and nonmedicaid
32 services consistent with priorities established by the department;

33 (c) Develop and adopt rules establishing state minimum standards
34 for the delivery of (~~mental~~) behavioral health services pursuant to
35 RCW 71.24.037 including, but not limited to:

36 (i) Licensed service providers. These rules shall permit a
37 county-operated (~~mental~~) behavioral health program to be licensed
38 as a service provider subject to compliance with applicable statutes
39 and rules. The secretary shall provide for deeming of compliance with
40 state minimum standards for those entities accredited by recognized

1 behavioral health accrediting bodies recognized and having a current
2 agreement with the department;

3 (ii) Inpatient services, an adequate network of evaluation and
4 treatment services and facilities under chapter 71.05 RCW to ensure
5 access to treatment, resource management services, and community
6 support services;

7 (d) Assure that the special needs of persons who are minorities,
8 elderly, disabled, children, low-income, and parents who are
9 respondents in dependency cases are met within the priorities
10 established in this section;

11 (e) Establish a standard contract or contracts, consistent with
12 state minimum standards which shall be used in contracting with
13 behavioral health organizations. The standard contract shall include
14 a maximum fund balance, which shall be consistent with that required
15 by federal regulations or waiver stipulations;

16 (f) Make contracts necessary or incidental to the performance of
17 its duties and the execution of its powers, including managed care
18 contracts for behavioral health services, contracts entered into
19 under RCW 74.09.522, and contracts with public and private agencies,
20 organizations, and individuals to pay them for behavioral health
21 services;

22 (g) Establish, to the extent possible, a standardized auditing
23 procedure which is designed to assure compliance with contractual
24 agreements authorized by this chapter and minimizes paperwork
25 requirements of behavioral health organizations and licensed service
26 providers. The audit procedure shall focus on the outcomes of service
27 as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

28 ((g)) (h) Develop and maintain an information system to be used
29 by the state and behavioral health organizations that includes a
30 tracking method which allows the department and behavioral health
31 organizations to identify ((mental)) behavioral health clients'
32 participation in any ((mental)) behavioral health service or public
33 program on an immediate basis. The information system shall not
34 include individual patient's case history files. Confidentiality of
35 client information and records shall be maintained as provided in
36 this chapter and chapter 70.02 RCW;

37 ((h)) (i) License service providers who meet state minimum
38 standards;

39 ((i)) (j) Periodically monitor the compliance of behavioral
40 health organizations and their network of licensed service providers

1 for compliance with the contract between the department, the
2 behavioral health organization, and federal and state rules at
3 reasonable times and in a reasonable manner;

4 ~~((+j))~~ (k) Fix fees to be paid by evaluation and treatment
5 centers to the secretary for the required inspections;

6 ~~((+k))~~ (l) Monitor and audit behavioral health organizations and
7 licensed service providers as needed to assure compliance with
8 contractual agreements authorized by this chapter;

9 ~~((+l))~~ (m) Adopt such rules as are necessary to implement the
10 department's responsibilities under this chapter;

11 ~~((+m))~~ (n) License or certify crisis stabilization units that
12 meet state minimum standards;

13 ~~((+n))~~ (o) License or certify clubhouses that meet state minimum
14 standards; ~~((and~~

15 ~~(+o))~~ (p) License or certify triage facilities that meet state
16 minimum standards; and

17 (q) Administer or supervise the administration of the provisions
18 relating to persons with substance use disorders and intoxicated
19 persons of any state plan submitted for federal funding pursuant to
20 federal health, welfare, or treatment legislation.

21 (6) The secretary shall use available resources only for
22 behavioral health organizations, except:

23 (a) To the extent authorized, and in accordance with any
24 priorities or conditions specified, in the biennial appropriations
25 act; or

26 (b) To incentivize improved performance with respect to the
27 client outcomes established in RCW 43.20A.895, 70.320.020, and
28 71.36.025, integration of behavioral health and medical services at
29 the clinical level, and improved care coordination for individuals
30 with complex care needs.

31 (7) Each behavioral health organization and licensed service
32 provider shall file with the secretary, on request, such data,
33 statistics, schedules, and information as the secretary reasonably
34 requires. A behavioral health organization or licensed service
35 provider which, without good cause, fails to furnish any data,
36 statistics, schedules, or information as requested, or files
37 fraudulent reports thereof, may be subject to the behavioral health
38 organization contractual remedies in RCW 43.20A.894 or may have its
39 service provider certification or license revoked or suspended.

1 (8) The secretary may suspend, revoke, limit, or restrict a
2 certification or license, or refuse to grant a certification or
3 license for failure to conform to: (a) The law; (b) applicable rules
4 and regulations; (c) applicable standards; or (d) state minimum
5 standards.

6 (9) The superior court may restrain any behavioral health
7 organization or service provider from operating without a contract,
8 certification, or a license or any other violation of this section.
9 The court may also review, pursuant to procedures contained in
10 chapter 34.05 RCW, any denial, suspension, limitation, restriction,
11 or revocation of certification or license, and grant other relief
12 required to enforce the provisions of this chapter.

13 (10) Upon petition by the secretary, and after hearing held upon
14 reasonable notice to the facility, the superior court may issue a
15 warrant to an officer or employee of the secretary authorizing him or
16 her to enter at reasonable times, and examine the records, books, and
17 accounts of any behavioral health organization or service provider
18 refusing to consent to inspection or examination by the authority.

19 (11) Notwithstanding the existence or pursuit of any other
20 remedy, the secretary may file an action for an injunction or other
21 process against any person or governmental unit to restrain or
22 prevent the establishment, conduct, or operation of a behavioral
23 health organization or service provider without a contract,
24 certification, or a license under this chapter.

25 ~~(12) ((The standards for certification or licensure of evaluation~~
26 ~~and treatment facilities shall include standards relating to~~
27 ~~maintenance of good physical and mental health and other services to~~
28 ~~be afforded persons pursuant to this chapter and chapters 71.05 and~~
29 ~~71.34 RCW, and shall otherwise assure the effectuation of the~~
30 ~~purposes of these chapters.~~

31 ~~(13) The standards for certification or licensure of crisis~~
32 ~~stabilization units shall include standards that:~~

33 ~~(a) Permit location of the units at a jail facility if the unit~~
34 ~~is physically separate from the general population of the jail;~~

35 ~~(b) Require administration of the unit by mental health~~
36 ~~professionals who direct the stabilization and rehabilitation~~
37 ~~efforts; and~~

38 ~~(c) Provide an environment affording security appropriate with~~
39 ~~the alleged criminal behavior and necessary to protect the public~~
40 ~~safety.~~

1 ~~(14) The standards for certification or licensure of a clubhouse~~
2 ~~shall at a minimum include:~~

3 ~~(a) The facilities may be peer-operated and must be recovery-~~
4 ~~focused;~~

5 ~~(b) Members and employees must work together;~~

6 ~~(c) Members must have the opportunity to participate in all the~~
7 ~~work of the clubhouse, including administration, research, intake and~~
8 ~~orientation, outreach, hiring, training and evaluation of staff,~~
9 ~~public relations, advocacy, and evaluation of clubhouse~~
10 ~~effectiveness;~~

11 ~~(d) Members and staff and ultimately the clubhouse director must~~
12 ~~be responsible for the operation of the clubhouse, central to this~~
13 ~~responsibility is the engagement of members and staff in all aspects~~
14 ~~of clubhouse operations;~~

15 ~~(e) Clubhouse programs must be comprised of structured activities~~
16 ~~including but not limited to social skills training, vocational~~
17 ~~rehabilitation, employment training and job placement, and community~~
18 ~~resource development;~~

19 ~~(f) Clubhouse programs must provide in-house educational programs~~
20 ~~that significantly utilize the teaching and tutoring skills of~~
21 ~~members and assist members by helping them to take advantage of adult~~
22 ~~education opportunities in the community;~~

23 ~~(g) Clubhouse programs must focus on strengths, talents, and~~
24 ~~abilities of its members;~~

25 ~~(h) The work-ordered day may not include medication clinics, day~~
26 ~~treatment, or other therapy programs within the clubhouse.~~

27 ~~(15))~~ The department shall distribute appropriated state and
28 federal funds in accordance with any priorities, terms, or conditions
29 specified in the appropriations act.

30 ~~((16))~~ (13) The secretary shall assume all duties assigned to
31 the nonparticipating behavioral health organizations under chapters
32 71.05 and 71.34 RCW and this chapter. Such responsibilities shall
33 include those which would have been assigned to the nonparticipating
34 counties in regions where there are not participating behavioral
35 health organizations.

36 The behavioral health organizations, or the secretary's
37 assumption of all responsibilities under chapters 71.05 and 71.34 RCW
38 and this chapter, shall be included in all state and federal plans
39 affecting the state ~~((mental))~~ behavioral health program including at
40 least those required by this chapter, the medicaid program, and P.L.

1 99-660. Nothing in these plans shall be inconsistent with the intent
2 and requirements of this chapter.

3 ~~((17))~~ (14) The secretary shall:

4 (a) Disburse funds for the behavioral health organizations within
5 sixty days of approval of the biennial contract. The department must
6 either approve or reject the biennial contract within sixty days of
7 receipt.

8 (b) Enter into biennial contracts with behavioral health
9 organizations. The contracts shall be consistent with available
10 resources. No contract shall be approved that does not include
11 progress toward meeting the goals of this chapter by taking
12 responsibility for: (i) Short-term commitments; (ii) residential
13 care; and (iii) emergency response systems.

14 (c) Notify behavioral health organizations of their allocation of
15 available resources at least sixty days prior to the start of a new
16 biennial contract period.

17 (d) Deny all or part of the funding allocations to behavioral
18 health organizations based solely upon formal findings of
19 noncompliance with the terms of the behavioral health organization's
20 contract with the department. Behavioral health organizations
21 disputing the decision of the secretary to withhold funding
22 allocations are limited to the remedies provided in the department's
23 contracts with the behavioral health organizations.

24 ~~((18))~~ (15) The department, in cooperation with the state
25 congressional delegation, shall actively seek waivers of federal
26 requirements and such modifications of federal regulations as are
27 necessary to allow federal medicaid reimbursement for services
28 provided by freestanding evaluation and treatment facilities
29 certified under chapter 71.05 RCW. The department shall periodically
30 report its efforts to the appropriate committees of the senate and
31 the house of representatives.

32 (16) The department may:

33 (a) Plan, establish, and maintain substance use disorder
34 prevention and substance use disorder treatment programs as necessary
35 or desirable;

36 (b) Coordinate its activities and cooperate with behavioral
37 programs in this and other states, and make contracts and other joint
38 or cooperative arrangements with state, local, or private agencies in
39 this and other states for behavioral health services and for the
40 common advancement of substance use disorder programs;

1 (c) Solicit and accept for use any gift of money or property made
2 by will or otherwise, and any grant of money, services, or property
3 from the federal government, the state, or any political subdivision
4 thereof or any private source, and do all things necessary to
5 cooperate with the federal government or any of its agencies in
6 making an application for any grant;

7 (d) Keep records and engage in research and the gathering of
8 relevant statistics; and

9 (e) Acquire, hold, or dispose of real property or any interest
10 therein, and construct, lease, or otherwise provide substance use
11 disorder treatment programs.

12 **Sec. 504.** RCW 70.96A.050 and 2014 c 225 s 23 are each amended to
13 read as follows:

14 The department shall:

15 (1) Develop, encourage, and foster statewide, regional, and local
16 plans and programs for the prevention of alcoholism and other drug
17 addiction, treatment of persons with substance use disorders and
18 their families, persons incapacitated by alcohol or other
19 psychoactive chemicals, and intoxicated persons in cooperation with
20 public and private agencies, organizations, and individuals and
21 provide technical assistance and consultation services for these
22 purposes;

23 (2) Assure that any behavioral health organization managed care
24 contract, or managed care contract under RCW 74.09.522 for behavioral
25 health services or programs for the treatment of persons with
26 substance use disorders and their families, persons incapacitated by
27 alcohol or other psychoactive chemicals, and intoxicated persons
28 provides medically necessary services to medicaid recipients. This
29 must include a continuum of mental health and (~~chemical dependency~~)
30 substance use disorder services consistent with the state's medicaid
31 plan or federal waiver authorities, and nonmedicaid services
32 consistent with priorities established by the department;

33 (3) Coordinate the efforts and enlist the assistance of all
34 public and private agencies, organizations, and individuals
35 interested in prevention of alcoholism and drug addiction, and
36 treatment of persons with substance use disorders and their families,
37 persons incapacitated by alcohol or other psychoactive chemicals, and
38 intoxicated persons;

1 (4) Cooperate with public and private agencies in establishing
2 and conducting programs to provide treatment for persons with
3 substance use disorders and their families, persons incapacitated by
4 alcohol or other psychoactive chemicals, and intoxicated persons who
5 are clients of the correctional system;

6 (5) Cooperate with the superintendent of public instruction,
7 state board of education, schools, police departments, courts, and
8 other public and private agencies, organizations and individuals in
9 establishing programs for the prevention of (~~alcoholism and other~~
10 ~~drug addiction~~) substance use disorders, treatment of persons with
11 substance use disorders and their families, persons incapacitated by
12 alcohol or other psychoactive chemicals, and intoxicated persons, and
13 preparing curriculum materials thereon for use at all levels of
14 school education;

15 (6) Prepare, publish, evaluate, and disseminate educational
16 material dealing with the nature and effects of alcohol and other
17 psychoactive chemicals and the consequences of their use;

18 (7) Develop and implement, as an integral part of substance use
19 disorder treatment programs, an educational program for use in the
20 treatment of persons with substance use disorders, persons
21 incapacitated by alcohol or other psychoactive chemicals, and
22 intoxicated persons, which program shall include the dissemination of
23 information concerning the nature and effects of alcohol and other
24 psychoactive chemicals, the consequences of their use, the principles
25 of recovery, and HIV and AIDS;

26 (8) Organize and foster training programs for persons engaged in
27 treatment of persons with substance use disorders, persons
28 incapacitated by alcohol or other psychoactive chemicals, and
29 intoxicated persons;

30 (9) Sponsor and encourage research into the causes and nature of
31 (~~alcoholism and other drug addiction~~) substance use disorders,
32 treatment of persons with substance use disorders, persons
33 incapacitated by alcohol or other psychoactive chemicals, and
34 intoxicated persons, and serve as a clearinghouse for information
35 relating to (~~alcoholism or other drug addiction~~) substance use
36 disorders;

37 (10) Specify uniform methods for keeping statistical information
38 by public and private agencies, organizations, and individuals, and
39 collect and make available relevant statistical information,

1 including number of persons treated, frequency of admission and
2 readmission, and frequency and duration of treatment;

3 (11) Advise the governor in the preparation of a comprehensive
4 plan for treatment of persons with substance use disorders, persons
5 incapacitated by alcohol or other psychoactive chemicals, and
6 intoxicated persons for inclusion in the state's comprehensive health
7 plan;

8 (12) Review all state health, welfare, and treatment plans to be
9 submitted for federal funding under federal legislation, and advise
10 the governor on provisions to be included relating to substance use
11 disorders;

12 (13) Assist in the development of, and cooperate with, programs
13 for alcohol and other psychoactive chemical education and treatment
14 for employees of state and local governments and businesses and
15 industries in the state;

16 (14) Use the support and assistance of interested persons in the
17 community to encourage persons with substance use disorders
18 voluntarily to undergo treatment;

19 (15) Cooperate with public and private agencies in establishing
20 and conducting programs designed to deal with the problem of persons
21 operating motor vehicles while intoxicated;

22 (16) Encourage general hospitals and other appropriate health
23 facilities to admit without discrimination persons with substance use
24 disorders, persons incapacitated by alcohol or other psychoactive
25 chemicals, and intoxicated persons and to provide them with adequate
26 and appropriate treatment;

27 (17) Encourage all health and disability insurance programs to
28 include ((~~alcoholism and other drug addiction~~)) substance use
29 disorders as a covered illness; and

30 (18) Organize and sponsor a statewide program to help court
31 personnel, including judges, better understand ((~~the disease of~~
32 ~~alcoholism and other drug addiction~~)) substance use disorders and the
33 uses of ((~~chemical dependency~~)) substance use disorder treatment
34 programs.

35 **Sec. 505.** RCW 71.24.037 and 2001 c 323 s 11 are each amended to
36 read as follows:

37 (1) The secretary shall by rule establish state minimum standards
38 for licensed behavioral health service providers and services,
39 whether those service providers and services are licensed to provide

1 solely mental health services, substance use disorder treatment
2 services, or services to persons with co-occurring disorders.

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

14 (3) Minimum standards for community support services and resource
15 management services shall include at least qualifications for
16 resource management services, client tracking systems, and the
17 transfer of patient information between behavioral health service
18 providers.

19 (4) The department may suspend, revoke, limit, restrict, or
20 modify an approval, or refuse to grant approval, for failure to meet
21 the provisions of this chapter, or the standards adopted under this
22 chapter. RCW 43.20A.205 governs notice of a license denial,
23 revocation, suspension, or modification and provides the right to an
24 adjudicative proceeding.

25 (5) No licensed behavioral health service provider may advertise
26 or represent itself as a licensed behavioral health service provider
27 if approval has not been granted, has been denied, suspended,
28 revoked, or canceled.

29 (6) Licensure as a behavioral health service provider is
30 effective for one calendar year from the date of issuance of the
31 license. The license must specify the types of services provided by
32 the behavioral health service provider that meet the standards
33 adopted under this chapter. Renewal of a license must be made in
34 accordance with this section for initial approval and in accordance
35 with the standards set forth in rules adopted by the secretary.

36 (7) Licensure as a licensed behavioral health service provider
37 must specify the types of services provided that meet the standards
38 adopted under this chapter. Renewal of a license must be made in
39 accordance with this section for initial approval and in accordance
40 with the standards set forth in rules adopted by the secretary.

1 (8) Licensed behavioral health service providers may not provide
2 types of services for which the licensed behavioral health service
3 provider has not been certified. Licensed behavioral health service
4 providers may provide services for which approval has been sought and
5 is pending, if approval for the services has not been previously
6 revoked or denied.

7 (9) The department periodically shall inspect licensed behavioral
8 health service providers at reasonable times and in a reasonable
9 manner.

10 (10) Upon petition of the department and after a hearing held
11 upon reasonable notice to the facility, the superior court may issue
12 a warrant to an officer or employee of the department authorizing him
13 or her to enter and inspect at reasonable times, and examine the
14 books and accounts of, any licensed behavioral health service
15 provider refusing to consent to inspection or examination by the
16 department or which the department has reasonable cause to believe is
17 operating in violation of this chapter.

18 (11) The department shall maintain and periodically publish a
19 current list of licensed behavioral health service providers.

20 (12) Each licensed behavioral health service provider shall file
21 with the department upon request, data, statistics, schedules, and
22 information the department reasonably requires. A licensed behavioral
23 health service provider that without good cause fails to furnish any
24 data, statistics, schedules, or information as requested, or files
25 fraudulent returns thereof, may have its license revoked or
26 suspended.

27 (13) The department shall use the data provided in subsection
28 (12) of this section to evaluate each program that admits children to
29 inpatient substance use disorder treatment upon application of their
30 parents. The evaluation must be done at least once every twelve
31 months. In addition, the department shall randomly select and review
32 the information on individual children who are admitted on
33 application of the child's parent for the purpose of determining
34 whether the child was appropriately placed into substance use
35 disorder treatment based on an objective evaluation of the child's
36 condition and the outcome of the child's treatment.

37 **Sec. 506.** RCW 70.96A.090 and 2005 c 70 s 2 are each amended to
38 read as follows:

1 (1) ~~((The department shall adopt rules establishing standards for~~
2 ~~approved treatment programs, the process for the review and~~
3 ~~inspection program applying to the department for certification as an~~
4 ~~approved treatment program, and fixing the fees to be charged by the~~
5 ~~department for the required inspections. The standards may concern~~
6 ~~the health standards to be met and standards of services and~~
7 ~~treatment to be afforded patients.~~

8 (2) ~~The department may suspend, revoke, limit, restrict, or~~
9 ~~modify an approval, or refuse to grant approval, for failure to meet~~
10 ~~the provisions of this chapter, or the standards adopted under this~~
11 ~~chapter. RCW 43.20A.205 governs notice of a license denial,~~
12 ~~revocation, suspension, or modification and provides the right to an~~
13 ~~adjudicative proceeding.~~

14 (3) ~~No treatment program may advertise or represent itself as an~~
15 ~~approved treatment program if approval has not been granted, has been~~
16 ~~denied, suspended, revoked, or canceled.~~

17 (4) ~~Certification as an approved treatment program is effective~~
18 ~~for one calendar year from the date of issuance of the certificate.~~
19 ~~The certification shall specify the types of services provided by the~~
20 ~~approved treatment program that meet the standards adopted under this~~
21 ~~chapter. Renewal of certification shall be made in accordance with~~
22 ~~this section for initial approval and in accordance with the~~
23 ~~standards set forth in rules adopted by the secretary.~~

24 (5) ~~Approved treatment programs shall not provide alcoholism or~~
25 ~~other drug addiction treatment services for which the approved~~
26 ~~treatment program has not been certified. Approved treatment programs~~
27 ~~may provide services for which approval has been sought and is~~
28 ~~pending, if approval for the services has not been previously revoked~~
29 ~~or denied.~~

30 (6) ~~The department periodically shall inspect approved public and~~
31 ~~private treatment programs at reasonable times and in a reasonable~~
32 ~~manner.~~

33 (7) ~~The department shall maintain and periodically publish a~~
34 ~~current list of approved treatment programs.~~

35 (8) ~~Each approved treatment program shall file with the~~
36 ~~department on request, data, statistics, schedules, and information~~
37 ~~the department reasonably requires. An approved treatment program~~
38 ~~that without good cause fails to furnish any data, statistics,~~
39 ~~schedules, or information as requested, or files fraudulent returns~~

1 ~~thereof, may be removed from the list of approved treatment programs,~~
2 ~~and its certification revoked or suspended.~~

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

12 ~~(10) Upon petition of the department and after a hearing held~~
13 ~~upon reasonable notice to the facility, the superior court may issue~~
14 ~~a warrant to an officer or employee of the department authorizing him~~
15 ~~or her to enter and inspect at reasonable times, and examine the~~
16 ~~books and accounts of, any approved public or private treatment~~
17 ~~program refusing to consent to inspection or examination by the~~
18 ~~department or which the department has reasonable cause to believe is~~
19 ~~operating in violation of this chapter.~~

20 ~~(11)(a))~~ All approved opiate substitution treatment programs
21 that provide services to women who are pregnant are required to
22 disseminate up-to-date and accurate health education information to
23 all their pregnant clients concerning the possible addiction and
24 health risks that their opiate substitution treatment may have on
25 their baby. All pregnant clients must also be advised of the risks to
26 both them and their baby associated with not remaining on the opiate
27 substitute program. The information must be provided to these clients
28 both verbally and in writing. The health education information
29 provided to the pregnant clients must include referral options for
30 the addicted baby.

31 ~~((b))~~ (2) The department shall adopt rules that require all
32 opiate treatment programs to educate all pregnant women in their
33 program on the benefits and risks of methadone treatment to their
34 fetus before they are provided these medications, as part of their
35 addiction treatment. The department shall meet the requirements under
36 this subsection within the appropriations provided for opiate
37 treatment programs. The department, working with treatment providers
38 and medical experts, shall develop and disseminate the educational
39 materials to all certified opiate treatment programs.

1 NEW SECTION. **Sec. 507.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 The standards for certification or licensure of evaluation and
4 treatment facilities must include standards relating to maintenance
5 of good physical and mental health and other services to be afforded
6 persons pursuant to this chapter and chapters 71.05 and 71.34 RCW,
7 and must otherwise assure the effectuation of the purposes of these
8 chapters.

9 NEW SECTION. **Sec. 508.** A new section is added to chapter 71.24
10 RCW to read as follows:

11 The standards for certification or licensure of crisis
12 stabilization units must include standards that:

13 (1) Permit location of the units at a jail facility if the unit
14 is physically separate from the general population of the jail;

15 (2) Require administration of the unit by mental health
16 professionals who direct the stabilization and rehabilitation
17 efforts; and

18 (3) Provide an environment affording security appropriate with
19 the alleged criminal behavior and necessary to protect the public
20 safety.

21 NEW SECTION. **Sec. 509.** A new section is added to chapter 71.24
22 RCW to read as follows:

23 The standards for certification or licensure of a clubhouse must
24 at a minimum include:

25 (1) The facilities may be peer-operated and must be
26 recovery-focused;

27 (2) Members and employees must work together;

28 (3) Members must have the opportunity to participate in all the
29 work of the clubhouse, including administration, research, intake and
30 orientation, outreach, hiring, training and evaluation of staff,
31 public relations, advocacy, and evaluation of clubhouse
32 effectiveness;

33 (4) Members and staff and ultimately the clubhouse director must
34 be responsible for the operation of the clubhouse, central to this
35 responsibility is the engagement of members and staff in all aspects
36 of clubhouse operations;

37 (5) Clubhouse programs must be comprised of structured activities
38 including but not limited to social skills training, vocational

1 rehabilitation, employment training and job placement, and community
2 resource development;

3 (6) Clubhouse programs must provide in-house educational programs
4 that significantly utilize the teaching and tutoring skills of
5 members and assist members by helping them to take advantage of adult
6 education opportunities in the community;

7 (7) Clubhouse programs must focus on strengths, talents, and
8 abilities of its members;

9 (8) The work-ordered day may not include medication clinics, day
10 treatment, or other therapy programs within the clubhouse.

11 **Sec. 510.** RCW 71.24.385 and 2014 c 225 s 9 are each amended to
12 read as follows:

13 (1) Within funds appropriated by the legislature for this
14 purpose, behavioral health organizations shall develop the means to
15 serve the needs of people:

16 (a) With mental disorders residing within the boundaries of their
17 regional service area. Elements of the program may include:

18 ~~((a))~~ (i) Crisis diversion services;

19 ~~((b))~~ (ii) Evaluation and treatment and community hospital
20 beds;

21 ~~((c))~~ (iii) Residential treatment;

22 ~~((d))~~ (iv) Programs for intensive community treatment;

23 ~~((e))~~ (v) Outpatient services;

24 ~~((f))~~ (vi) Peer support services;

25 ~~((g))~~ (vii) Community support services;

26 ~~((h))~~ (viii) Resource management services; and

27 ~~((i))~~ (ix) Supported housing and supported employment services.

28 (b) With substance use disorders and their families, people
29 incapacitated by alcohol or other psychoactive chemicals, and
30 intoxicated people.

31 (i) Elements of the program shall include, but not necessarily be
32 limited to, a continuum of substance use disorder treatment services
33 that includes:

34 (A) Withdrawal management;

35 (B) Residential treatment; and

36 (C) Outpatient treatment.

37 (ii) The program may include peer support, supported housing,
38 supported employment, crisis diversion, or recovery support services.

1 (iii) The department may contract for the use of an approved
2 substance use disorder treatment program or other individual or
3 organization if the secretary considers this to be an effective and
4 economical course to follow.

5 (2) The behavioral health organization shall have the
6 flexibility, within the funds appropriated by the legislature for
7 this purpose and the terms of their contract, to design the mix of
8 services that will be most effective within their service area of
9 meeting the needs of people with ~~((mental))~~ behavioral health
10 disorders and avoiding placement of such individuals at the state
11 mental hospital. Behavioral health organizations are encouraged to
12 maximize the use of evidence-based practices and alternative
13 resources with the goal of substantially reducing and potentially
14 eliminating the use of institutions for mental diseases.

15 (3)(a) Treatment provided under this chapter must be purchased
16 primarily through managed care contracts.

17 (b) Consistent with RCW 70.96A.350 (as recodified by this act),
18 services and funding provided through the criminal justice treatment
19 account are intended to be exempted from managed care contracting.

20 **Sec. 511.** RCW 70.96A.350 and 2015 3rd sp.s. c 4 s 968 and 2015 c
21 291 s 10 are each reenacted and amended to read as follows:

22 (1) The criminal justice treatment account is created in the
23 state treasury. Moneys in the account may be expended solely for: (a)
24 Substance ~~((abuse))~~ use disorder treatment and treatment support
25 services for offenders with ~~((an addiction or a substance abuse~~
26 ~~problem))~~ a substance use disorder that, if not treated, would result
27 in addiction, against whom charges are filed by a prosecuting
28 attorney in Washington state; (b) the provision of ~~((drug and~~
29 ~~alcohol))~~ substance use disorder treatment services and treatment
30 support services for nonviolent offenders within a drug court
31 program; and (c) the administrative and overhead costs associated
32 with the operation of a drug court. ~~((This amount is not subject to~~
33 ~~the requirements of subsections (5) through (9) of this section.~~
34 ~~During the 2013-2015 fiscal biennium, the legislature may transfer~~
35 ~~from the criminal justice treatment account to the state general fund~~
36 ~~amounts as reflect the state savings associated with the~~
37 ~~implementation of the medicaid expansion of the federal affordable~~
38 ~~care act.))~~ During the 2015-2017 fiscal biennium, the legislature may
39 transfer from the criminal justice treatment account to the state

1 general fund amounts as reflect the state savings associated with the
2 implementation of the medicaid expansion of the federal affordable
3 care act and the excess fund balance of the account. Moneys in the
4 account may be spent only after appropriation.

5 (2) For purposes of this section:

6 (a) "Treatment" means services that are critical to a
7 participant's successful completion of his or her substance ((~~abuse~~)
8 use disorder treatment program, but does not include the following
9 services: Housing other than that provided as part of an inpatient
10 substance ((~~abuse~~) use disorder treatment program, vocational
11 training, and mental health counseling; and

12 (b) "Treatment support" means transportation to or from inpatient
13 or outpatient treatment services when no viable alternative exists,
14 and child care services that are necessary to ensure a participant's
15 ability to attend outpatient treatment sessions.

16 (3) Revenues to the criminal justice treatment account consist
17 of: (a) Funds transferred to the account pursuant to this section;
18 and (b) any other revenues appropriated to or deposited in the
19 account.

20 (4)(a) ((~~For the fiscal biennium beginning July 1, 2003, the~~
21 ~~state treasurer shall transfer eight million nine hundred fifty~~
22 ~~thousand dollars from the general fund into the criminal justice~~
23 ~~treatment account, divided into eight equal quarterly payments. For~~
24 ~~the fiscal year beginning July 1, 2005, and each subsequent fiscal~~
25 ~~year, the state treasurer shall transfer eight million two hundred~~
26 ~~fifty thousand dollars from the general fund to the criminal justice~~
27 ~~treatment account, divided into four equal quarterly payments.)) For
28 the fiscal year beginning July 1, 2006, and each subsequent fiscal
29 year, the amount transferred shall be increased on an annual basis by
30 the implicit price deflator as published by the federal bureau of
31 labor statistics.~~

32 (b) In each odd-numbered year, the legislature shall appropriate
33 the amount transferred to the criminal justice treatment account in
34 (a) of this subsection to the ((~~division of alcohol and substance~~
35 ~~abuse~~) department for the purposes of subsection (5) of this
36 section.

37 (5) Moneys appropriated to the ((~~division of alcohol and~~
38 ~~substance abuse~~) department from the criminal justice treatment
39 account shall be distributed as specified in this subsection. The
40 department ((~~shall serve as the fiscal agent for purposes of~~

1 ~~distribution. Until July 1, 2004, the department may not use moneys~~
2 ~~appropriated from the criminal justice treatment account for~~
3 ~~administrative expenses and shall distribute all amounts appropriated~~
4 ~~under subsection (4)(b) of this section in accordance with this~~
5 ~~subsection. Beginning in July 1, 2004, the department)) may retain up~~
6 to three percent of the amount appropriated under subsection (4)(b)
7 of this section for its administrative costs.

8 (a) Seventy percent of amounts appropriated to the ((~~division~~))
9 department from the account shall be distributed to counties pursuant
10 to the distribution formula adopted under this section. The division
11 of alcohol and substance abuse, in consultation with the department
12 of corrections, the Washington state association of counties, the
13 Washington state association of drug court professionals, the
14 superior court judges' association, the Washington association of
15 prosecuting attorneys, representatives of the criminal defense bar,
16 representatives of substance ((~~abuse~~)) use disorder treatment
17 providers, and any other person deemed by the ((~~division~~)) department
18 to be necessary, shall establish a fair and reasonable methodology
19 for distribution to counties of moneys in the criminal justice
20 treatment account. County or regional plans submitted for the
21 expenditure of formula funds must be approved by the panel
22 established in (b) of this subsection.

23 (b) Thirty percent of the amounts appropriated to the
24 ((~~division~~)) department from the account shall be distributed as
25 grants for purposes of treating offenders against whom charges are
26 filed by a county prosecuting attorney. The ((~~division~~)) department
27 shall appoint a panel of representatives from the Washington
28 association of prosecuting attorneys, the Washington association of
29 sheriffs and police chiefs, the superior court judges' association,
30 the Washington state association of counties, the Washington
31 defender's association or the Washington association of criminal
32 defense lawyers, the department of corrections, the Washington state
33 association of drug court professionals, substance ((~~abuse~~)) use
34 disorder treatment providers, and the division. The panel shall
35 review county or regional plans for funding under (a) of this
36 subsection and grants approved under this subsection. The panel shall
37 attempt to ensure that treatment as funded by the grants is available
38 to offenders statewide.

39 (6) The county alcohol and drug coordinator, county prosecutor,
40 county sheriff, county superior court, a substance abuse treatment

1 provider appointed by the county legislative authority, a member of
2 the criminal defense bar appointed by the county legislative
3 authority, and, in counties with a drug court, a representative of
4 the drug court shall jointly submit a plan, approved by the county
5 legislative authority or authorities, to the panel established in
6 subsection (5)(b) of this section, for disposition of all the funds
7 provided from the criminal justice treatment account within that
8 county. The funds shall be used solely to provide approved alcohol
9 and substance abuse treatment pursuant to RCW 70.96A.090 (as
10 recodified by this act), treatment support services, and for the
11 administrative and overhead costs associated with the operation of a
12 drug court.

13 (a) No more than ten percent of the total moneys received under
14 subsections (4) and (5) of this section by a county or group of
15 counties participating in a regional agreement shall be spent on the
16 administrative and overhead costs associated with the operation of a
17 drug court.

18 (b) No more than ten percent of the total moneys received under
19 subsections (4) and (5) of this section by a county or group of
20 counties participating in a regional agreement shall be spent for
21 treatment support services.

22 (7) Counties are encouraged to consider regional agreements and
23 submit regional plans for the efficient delivery of treatment under
24 this section.

25 (8) Moneys allocated under this section shall be used to
26 supplement, not supplant, other federal, state, and local funds used
27 for substance abuse treatment.

28 (9) Counties must meet the criteria established in RCW
29 2.30.030(3).

30 (10) The authority under this section to use funds from the
31 criminal justice treatment account for the administrative and
32 overhead costs associated with the operation of a drug court expires
33 June 30, 2015.

34 **Sec. 512.** RCW 70.96A.035 and 2005 c 504 s 302 are each amended
35 to read as follows:

36 (1) (~~Not later than January 1, 2007,~~) All persons providing
37 treatment under this chapter shall also implement the integrated
38 comprehensive screening and assessment process for ((chemical
39 dependency)) substance use and mental disorders adopted pursuant to

1 RCW 70.96C.010 (as recodified by this act) and shall document the
2 numbers of clients with co-occurring mental and substance ~~((abuse))~~
3 use disorders based on a quadrant system of low and high needs.

4 (2) Treatment providers contracted to provide treatment under
5 this chapter who fail to implement the integrated comprehensive
6 screening and assessment process for ~~((chemical—dependency))~~
7 substance use and mental disorders ~~((by July 1, 2007,))~~ are subject
8 to contractual penalties established under RCW 70.96C.010 (as
9 recodified by this act).

10 **Sec. 513.** RCW 70.96C.010 and 2014 c 225 s 77 are each amended to
11 read as follows:

12 (1) The department of social and health services ~~((,—in~~
13 ~~consultation with the members of the team charged with developing the~~
14 ~~state plan for co-occurring mental and substance abuse disorders,~~
15 ~~shall adopt, not later than January 1, 2006,))~~ shall maintain an
16 integrated and comprehensive screening and assessment process for
17 ~~((chemical—dependency))~~ substance use and mental disorders and co-
18 occurring ~~((chemical—dependency))~~ substance use and mental disorders.

19 (a) The process adopted shall include, at a minimum:

20 (i) An initial screening tool that can be used by intake
21 personnel system-wide and which will identify the most common types
22 of co-occurring disorders;

23 (ii) An assessment process for those cases in which assessment is
24 indicated that provides an appropriate degree of assessment for most
25 situations, which can be expanded for complex situations;

26 (iii) Identification of triggers in the screening that indicate
27 the need to begin an assessment;

28 (iv) Identification of triggers after or outside the screening
29 that indicate a need to begin or resume an assessment;

30 (v) The components of an assessment process and a protocol for
31 determining whether part or all of the assessment is necessary, and
32 at what point; and

33 (vi) Emphasis that the process adopted under this section is to
34 replace and not to duplicate existing intake, screening, and
35 assessment tools and processes.

36 (b) The department shall consider existing models, including
37 those already adopted by other states, and to the extent possible,
38 adopt an established, proven model.

1 (c) The integrated, comprehensive screening and assessment
2 process shall be implemented statewide by all (~~chemical dependency~~)
3 substance use disorder and mental health treatment providers as well
4 as all designated mental health professionals, designated chemical
5 dependency specialists, and designated crisis responders (~~not later~~
6 ~~than January 1, 2007~~)).

7 (2) The department shall provide adequate training to effect
8 statewide implementation by the dates designated in this section and
9 shall report the rates of co-occurring disorders and the stage of
10 screening or assessment at which the co-occurring disorder was
11 identified to the appropriate committees of the legislature.

12 (3) The department shall establish contractual penalties to
13 contracted treatment providers, the behavioral health organizations,
14 and their contracted providers for failure to implement the
15 integrated screening and assessment process (~~by July 1, 2007~~)).

16 **Sec. 514.** RCW 70.96A.037 and 2011 c 89 s 9 are each amended to
17 read as follows:

18 (1) The department of social and health services shall contract
19 for chemical dependency specialist services at division of children
20 and family services offices to enhance the timeliness and quality of
21 child protective services assessments and to better connect families
22 to needed treatment services.

23 (2) The chemical dependency specialist's duties may include, but
24 are not limited to: Conducting on-site (~~chemical dependency~~)
25 substance use disorder screening and assessment, facilitating
26 progress reports to department employees, in-service training of
27 department employees and staff on substance (~~abuse~~) use disorder
28 issues, referring clients from the department to treatment providers,
29 and providing consultation on cases to department employees.

30 (3) The department of social and health services shall provide
31 training in and ensure that each case-carrying employee is trained in
32 uniform screening for mental health and (~~chemical dependency~~)
33 substance use disorder.

34 **Sec. 515.** RCW 70.96A.047 and 1989 c 270 s 11 are each amended to
35 read as follows:

36 Except as provided in this chapter, the secretary shall not
37 approve any substance use disorder facility, plan, or program for
38 financial assistance under RCW 70.96A.040 (as recodified by this act)

1 unless at least ten percent of the amount spent for the facility,
2 plan, or program is provided from local public or private sources.
3 When deemed necessary to maintain public standards of care in the
4 substance use disorder facility, plan, or program, the secretary may
5 require the substance use disorder facility, plan, or program to
6 provide up to fifty percent of the total spent for the program
7 through fees, gifts, contributions, or volunteer services. The
8 secretary shall determine the value of the gifts, contributions, and
9 volunteer services.

10 **Sec. 516.** RCW 70.96A.055 and 1999 c 197 s 10 are each amended to
11 read as follows:

12 The department shall contract with counties operating drug courts
13 and counties in the process of implementing new drug courts for the
14 provision of (~~drug and alcohol~~) substance use disorder treatment
15 services.

16 **Sec. 517.** RCW 70.96A.087 and 1989 c 270 s 13 are each amended to
17 read as follows:

18 To be eligible to receive its share of liquor taxes and profits,
19 each city and county shall devote no less than two percent of its
20 share of liquor taxes and profits to the support of a substance use
21 disorder program (~~of alcoholism and other drug addiction~~) approved
22 by the (~~alcoholism and other drug addiction board authorized by RCW~~
23 ~~70.96A.300~~) behavioral health organization and the secretary.

24 **Sec. 518.** RCW 70.96A.170 and 1989 c 270 s 30 are each amended to
25 read as follows:

26 (1) The state and counties, cities, and other municipalities may
27 establish or contract for emergency service patrols which are to be
28 under the administration of the appropriate jurisdiction. A patrol
29 consists of persons trained to give assistance in the streets and in
30 other public places to persons who are intoxicated. Members of an
31 emergency service patrol shall be capable of providing first aid in
32 emergency situations and may transport intoxicated persons to their
33 homes and to and from substance use disorder treatment programs.

34 (2) The secretary shall adopt rules pursuant to chapter 34.05 RCW
35 for the establishment, training, and conduct of emergency service
36 patrols.

1 **Sec. 519.** RCW 70.96A.400 and 2001 c 242 s 1 are each amended to
2 read as follows:

3 The state of Washington declares that there is no fundamental
4 right to opiate substitution treatment. The state of Washington
5 further declares that while opiate substitution drugs used in the
6 treatment of opiate dependency are addictive substances, that they
7 nevertheless have several legal, important, and justified uses and
8 that one of their appropriate and legal uses is, in conjunction with
9 other required therapeutic procedures, in the treatment of persons
10 addicted to or habituated to opioids. Opiate substitution treatment
11 should only be used for participants who are deemed appropriate to
12 need this level of intervention and should not be the first treatment
13 intervention for all opiate addicts.

14 Because opiate substitution drugs, used in the treatment of
15 opiate dependency are addictive and are listed as a schedule II
16 controlled substance in chapter 69.50 RCW, the state of Washington
17 has the legal obligation and right to regulate the use of opiate
18 substitution treatment. The state of Washington declares its
19 authority to control and regulate carefully, in consultation with
20 counties and cities, all clinical uses of opiate substitution drugs
21 used in the treatment of opiate addiction.

22 Further, the state declares that the primary goal of opiate
23 substitution treatment is total abstinence from ~~((chemical~~
24 ~~dependency))~~ substance use for the individuals who participate in the
25 treatment program. The state recognizes that a small percentage of
26 persons who participate in opiate substitution treatment programs
27 require treatment for an extended period of time. Opiate substitution
28 treatment programs shall provide a comprehensive transition program
29 to eliminate ~~((chemical-dependency))~~ substance use, including opiate
30 and opiate substitute addiction of program participants.

31 **Sec. 520.** RCW 70.96A.800 and 2014 c 225 s 33 are each amended to
32 read as follows:

33 (1) Subject to funds appropriated for this specific purpose, the
34 secretary shall select and contract with ~~((counties))~~ behavioral
35 health organizations to provide intensive case management for
36 ~~((chemically-dependent))~~ persons with substance use disorders and
37 histories of high utilization of crisis services at two sites. In
38 selecting the two sites, the secretary shall endeavor to site one in
39 an urban county, and one in a rural county; and to site them in

1 counties other than those selected pursuant to RCW 70.96B.020, to the
2 extent necessary to facilitate evaluation of pilot project results.
3 Subject to funds appropriated for this specific purpose, the
4 secretary may contract with additional counties to provide intensive
5 case management.

6 (2) The contracted sites shall implement the pilot programs by
7 providing intensive case management to persons with a primary
8 (~~chemical dependency~~) substance use disorder diagnosis or dual
9 primary (~~chemical dependency~~) substance use disorder and mental
10 health diagnoses, through the employment of (~~chemical dependency~~)
11 substance use disorder case managers. The (~~chemical dependency~~)
12 substance use disorder case managers shall:

13 (a) Be trained in and use the integrated, comprehensive screening
14 and assessment process adopted under RCW 70.96C.010 (as recodified by
15 this act);

16 (b) Reduce the use of crisis medical, (~~chemical dependency~~)
17 substance use disorder treatment and mental health services,
18 including but not limited to, emergency room admissions,
19 hospitalizations, withdrawal management programs, inpatient
20 psychiatric admissions, involuntary treatment petitions, emergency
21 medical services, and ambulance services;

22 (c) Reduce the use of emergency first responder services
23 including police, fire, emergency medical, and ambulance services;

24 (d) Reduce the number of criminal justice interventions including
25 arrests, violations of conditions of supervision, bookings, jail
26 days, prison sanction day for violations, court appearances, and
27 prosecutor and defense costs;

28 (e) Where appropriate and available, work with therapeutic courts
29 including drug courts and mental health courts to maximize the
30 outcomes for the individual and reduce the likelihood of reoffense;

31 (f) Coordinate with local offices of the economic services
32 administration to assist the person in accessing and remaining
33 enrolled in those programs to which the person may be entitled;

34 (g) Where appropriate and available, coordinate with primary care
35 and other programs operated through the federal government including
36 federally qualified health centers, Indian health programs, and
37 veterans' health programs for which the person is eligible to reduce
38 duplication of services and conflicts in case approach;

1 (h) Where appropriate, advocate for the client's needs to assist
2 the person in achieving and maintaining stability and progress toward
3 recovery;

4 (i) Document the numbers of persons with co-occurring mental and
5 substance (~~abuse~~) use disorders and the point of determination of
6 the co-occurring disorder by quadrant of intensity of need; and

7 (j) Where a program participant is under supervision by the
8 department of corrections, collaborate with the department of
9 corrections to maximize treatment outcomes and reduce the likelihood
10 of reoffense.

11 (3) The pilot programs established by this section shall begin
12 providing services by March 1, 2006.

13 **Sec. 521.** RCW 70.96A.905 and 1992 c 205 s 306 are each amended
14 to read as follows:

15 The department shall ensure that the provisions of this chapter
16 are applied by the (~~counties~~) behavioral health organizations in a
17 consistent and uniform manner. The department shall also ensure that,
18 to the extent possible within available funds, the (~~county-~~
19 ~~designated~~) behavioral health organization-designated chemical
20 dependency specialists are specifically trained in adolescent
21 chemical dependency issues, the chemical dependency commitment laws,
22 and the criteria for commitment, as specified in this chapter and
23 chapter 70.96A RCW.

24 **Sec. 522.** RCW 71.24.300 and 2015 c 269 s 10 are each amended to
25 read as follows:

26 (1) Upon the request of a tribal authority or authorities within
27 a behavioral health organization the joint operating agreement or the
28 county authority shall allow for the inclusion of the tribal
29 authority to be represented as a party to the behavioral health
30 organization.

31 (2) The roles and responsibilities of the county and tribal
32 authorities shall be determined by the terms of that agreement
33 including a determination of membership on the governing board and
34 advisory committees, the number of tribal representatives to be party
35 to the agreement, and the provisions of law and shall assure the
36 provision of culturally competent services to the tribes served.

37 (3) The state (~~mental~~) behavioral health authority may not
38 determine the roles and responsibilities of county authorities as to

1 each other under behavioral health organizations by rule, except to
2 assure that all duties required of behavioral health organizations
3 are assigned and that counties and the behavioral health organization
4 do not duplicate functions and that a single authority has final
5 responsibility for all available resources and performance under the
6 behavioral health organization's contract with the secretary.

7 (4) If a behavioral health organization is a private entity, the
8 department shall allow for the inclusion of the tribal authority to
9 be represented as a party to the behavioral health organization.

10 (5) The roles and responsibilities of the private entity and the
11 tribal authorities shall be determined by the department, through
12 negotiation with the tribal authority.

13 (6) Behavioral health organizations shall submit an overall six-
14 year operating and capital plan, timeline, and budget and submit
15 progress reports and an updated two-year plan biennially thereafter,
16 to assume within available resources all of the following duties:

17 (a) Administer and provide for the availability of all resource
18 management services, residential services, and community support
19 services.

20 (b) Administer and provide for the availability of an adequate
21 network of evaluation and treatment services to ensure access to
22 treatment, all investigation, transportation, court-related, and
23 other services provided by the state or counties pursuant to chapter
24 71.05 RCW.

25 (c) Provide within the boundaries of each behavioral health
26 organization evaluation and treatment services for at least ninety
27 percent of persons detained or committed for periods up to seventeen
28 days according to chapter 71.05 RCW. Behavioral health organizations
29 may contract to purchase evaluation and treatment services from other
30 organizations if they are unable to provide for appropriate resources
31 within their boundaries. Insofar as the original intent of serving
32 persons in the community is maintained, the secretary is authorized
33 to approve exceptions on a case-by-case basis to the requirement to
34 provide evaluation and treatment services within the boundaries of
35 each behavioral health organization. Such exceptions are limited to:

36 (i) Contracts with neighboring or contiguous regions; or

37 (ii) Individuals detained or committed for periods up to
38 seventeen days at the state hospitals at the discretion of the
39 secretary.

1 (d) Administer and provide for the availability of all other
2 mental health services, which shall include patient counseling, day
3 treatment, consultation, education services, employment services as
4 described in RCW 71.24.035, and mental health services to children.

5 (e) Establish standards and procedures for reviewing individual
6 service plans and determining when that person may be discharged from
7 resource management services.

8 (7) A behavioral health organization may request that any state-
9 owned land, building, facility, or other capital asset which was ever
10 purchased, deeded, given, or placed in trust for the care of the
11 persons with mental illness and which is within the boundaries of a
12 behavioral health organization be made available to support the
13 operations of the behavioral health organization. State agencies
14 managing such capital assets shall give first priority to requests
15 for their use pursuant to this chapter.

16 (8) Each behavioral health organization shall appoint a
17 (~~mental~~) behavioral health advisory board which shall review and
18 provide comments on plans and policies developed under this chapter,
19 provide local oversight regarding the activities of the behavioral
20 health organization, and work with the behavioral health organization
21 to resolve significant concerns regarding service delivery and
22 outcomes. The department shall establish statewide procedures for the
23 operation of regional advisory committees including mechanisms for
24 advisory board feedback to the department regarding behavioral health
25 organization performance. The composition of the board shall be
26 broadly representative of the demographic character of the region and
27 shall include, but not be limited to, representatives of consumers of
28 substance use disorder and mental health services and their families,
29 law enforcement, and, where the county is not the behavioral health
30 organization, county elected officials. Composition and length of
31 terms of board members may differ between behavioral health
32 organizations but shall be included in each behavioral health
33 organization's contract and approved by the secretary.

34 (9) Behavioral health organizations shall assume all duties
35 specified in their plans and joint operating agreements through
36 biennial contractual agreements with the secretary.

37 (10) Behavioral health organizations may receive technical
38 assistance from the housing trust fund and may identify and submit
39 projects for housing and housing support services to the housing
40 trust fund established under chapter 43.185 RCW. Projects identified

1 or submitted under this subsection must be fully integrated with the
2 behavioral health organization six-year operating and capital plan,
3 timeline, and budget required by subsection (6) of this section.

4 **Sec. 523.** RCW 71.24.350 and 2014 c 225 s 41 are each amended to
5 read as follows:

6 The department shall require each behavioral health organization
7 to provide for a separately funded (~~(mental)~~) behavioral health
8 ombuds office in each behavioral health organization that is
9 independent of the behavioral health organization. The ombuds office
10 shall maximize the use of consumer advocates.

11 **Sec. 524.** RCW 9.94A.660 and 2009 c 389 s 3 are each amended to
12 read as follows:

13 (1) An offender is eligible for the special drug offender
14 sentencing alternative if:

15 (a) The offender is convicted of a felony that is not a violent
16 offense or sex offense and the violation does not involve a sentence
17 enhancement under RCW 9.94A.533 (3) or (4);

18 (b) The offender is convicted of a felony that is not a felony
19 driving while under the influence of intoxicating liquor or any drug
20 under RCW 46.61.502(6) or felony physical control of a vehicle while
21 under the influence of intoxicating liquor or any drug under RCW
22 46.61.504(6);

23 (c) The offender has no current or prior convictions for a sex
24 offense at any time or violent offense within ten years before
25 conviction of the current offense, in this state, another state, or
26 the United States;

27 (d) For a violation of the Uniform Controlled Substances Act
28 under chapter 69.50 RCW or a criminal solicitation to commit such a
29 violation under chapter 9A.28 RCW, the offense involved only a small
30 quantity of the particular controlled substance as determined by the
31 judge upon consideration of such factors as the weight, purity,
32 packaging, sale price, and street value of the controlled substance;

33 (e) The offender has not been found by the United States attorney
34 general to be subject to a deportation detainer or order and does not
35 become subject to a deportation order during the period of the
36 sentence;

37 (f) The end of the standard sentence range for the current
38 offense is greater than one year; and

1 (g) The offender has not received a drug offender sentencing
2 alternative more than once in the prior ten years before the current
3 offense.

4 (2) A motion for a special drug offender sentencing alternative
5 may be made by the court, the offender, or the state.

6 (3) If the sentencing court determines that the offender is
7 eligible for an alternative sentence under this section and that the
8 alternative sentence is appropriate, the court shall waive imposition
9 of a sentence within the standard sentence range and impose a
10 sentence consisting of either a prison-based alternative under RCW
11 9.94A.662 or a residential chemical dependency treatment-based
12 alternative under RCW 9.94A.664. The residential chemical dependency
13 treatment-based alternative is only available if the midpoint of the
14 standard range is twenty-four months or less.

15 (4) To assist the court in making its determination, the court
16 may order the department to complete either or both a risk assessment
17 report and a chemical dependency screening report as provided in RCW
18 9.94A.500.

19 (5)(a) If the court is considering imposing a sentence under the
20 residential chemical dependency treatment-based alternative, the
21 court may order an examination of the offender by the department. The
22 examination shall, at a minimum, address the following issues:

23 (i) Whether the offender suffers from drug addiction;

24 (ii) Whether the addiction is such that there is a probability
25 that criminal behavior will occur in the future;

26 (iii) Whether effective treatment for the offender's addiction is
27 available from a provider that has been licensed or certified by the
28 (~~division of alcohol and substance abuse of the~~) department of
29 social and health services; and

30 (iv) Whether the offender and the community will benefit from the
31 use of the alternative.

32 (b) The examination report must contain:

33 (i) A proposed monitoring plan, including any requirements
34 regarding living conditions, lifestyle requirements, and monitoring
35 by family members and others; and

36 (ii) Recommended crime-related prohibitions and affirmative
37 conditions.

38 (6) When a court imposes a sentence of community custody under
39 this section:

1 (a) The court may impose conditions as provided in RCW 9.94A.703
2 and may impose other affirmative conditions as the court considers
3 appropriate. In addition, an offender may be required to pay thirty
4 dollars per month while on community custody to offset the cost of
5 monitoring for alcohol or controlled substances.

6 (b) The department may impose conditions and sanctions as
7 authorized in RCW 9.94A.704 and 9.94A.737.

8 (7)(a) The court may bring any offender sentenced under this
9 section back into court at any time on its own initiative to evaluate
10 the offender's progress in treatment or to determine if any
11 violations of the conditions of the sentence have occurred.

12 (b) If the offender is brought back to court, the court may
13 modify the conditions of the community custody or impose sanctions
14 under (c) of this subsection.

15 (c) The court may order the offender to serve a term of total
16 confinement within the standard range of the offender's current
17 offense at any time during the period of community custody if the
18 offender violates the conditions or requirements of the sentence or
19 if the offender is failing to make satisfactory progress in
20 treatment.

21 (d) An offender ordered to serve a term of total confinement
22 under (c) of this subsection shall receive credit for any time
23 previously served under this section.

24 (8) In serving a term of community custody imposed upon failure
25 to complete, or administrative termination from, the special drug
26 offender sentencing alternative program, the offender shall receive
27 no credit for time served in community custody prior to termination
28 of the offender's participation in the program.

29 (9) An offender sentenced under this section shall be subject to
30 all rules relating to earned release time with respect to any period
31 served in total confinement.

32 (10) Costs of examinations and preparing treatment plans under a
33 special drug offender sentencing alternative may be paid, at the
34 option of the county, from funds provided to the county from the
35 criminal justice treatment account under RCW 70.96A.350 (as
36 recodified by this act).

37 **Sec. 525.** RCW 10.05.020 and 2010 c 269 s 9 are each amended to
38 read as follows:

1 (1) Except as provided in subsection (2) of this section, the
2 petitioner shall allege under oath in the petition that the wrongful
3 conduct charged is the result of or caused by ~~((alcoholism, drug
4 addiction,))~~ substance use disorders or mental problems for which the
5 person is in need of treatment and unless treated the probability of
6 future recurrence is great, along with a statement that the person
7 agrees to pay the cost of a diagnosis and treatment of the alleged
8 problem or problems if financially able to do so. The petition shall
9 also contain a case history and written assessment prepared by an
10 approved ~~((alcoholism))~~ substance use disorder treatment program as
11 designated in chapter ~~((70.96A))~~ 71.24 RCW if the petition alleges
12 ~~((alcoholism, an approved drug program as designated in chapter 71.24
13 RCW if the petition alleges drug addiction,))~~ a substance use
14 disorder or by an approved mental health center if the petition
15 alleges a mental problem.

16 (2) In the case of a petitioner charged with a misdemeanor or
17 gross misdemeanor under chapter 9A.42 RCW, the petitioner shall
18 allege under oath in the petition that the petitioner is the natural
19 or adoptive parent of the alleged victim; that the wrongful conduct
20 charged is the result of parenting problems for which the petitioner
21 is in need of services; that the petitioner is in need of child
22 welfare services under chapter 74.13 RCW to improve his or her
23 parenting skills in order to better provide his or her child or
24 children with the basic necessities of life; that the petitioner
25 wants to correct his or her conduct to reduce the likelihood of harm
26 to his or her minor children; that in the absence of child welfare
27 services the petitioner may be unable to reduce the likelihood of
28 harm to his or her minor children; and that the petitioner has
29 cooperated with the department of social and health services to
30 develop a plan to receive appropriate child welfare services; along
31 with a statement that the person agrees to pay the cost of the
32 services if he or she is financially able to do so. The petition
33 shall also contain a case history and a written service plan from the
34 department of social and health services.

35 (3) Before entry of an order deferring prosecution, a petitioner
36 shall be advised of his or her rights as an accused and execute, as a
37 condition of receiving treatment, a statement that contains: (a) An
38 acknowledgment of his or her rights; (b) an acknowledgment and waiver
39 of the right to testify, the right to a speedy trial, the right to
40 call witnesses to testify, the right to present evidence in his or

1 her defense, and the right to a jury trial; (c) a stipulation to the
2 admissibility and sufficiency of the facts contained in the written
3 police report; and (d) an acknowledgment that the statement will be
4 entered and used to support a finding of guilty if the court finds
5 cause to revoke the order granting deferred prosecution. The
6 petitioner shall also be advised that he or she may, if he or she
7 proceeds to trial and is found guilty, be allowed to seek suspension
8 of some or all of the fines and incarceration that may be ordered
9 upon the condition that he or she seek treatment and, further, that
10 he or she may seek treatment from public and private agencies at any
11 time without regard to whether or not he or she is found guilty of
12 the offense charged. He or she shall also be advised that the court
13 will not accept a petition for deferred prosecution from a person
14 who: (i) Sincerely believes that he or she is innocent of the
15 charges; (ii) sincerely believes that he or she does not, in fact,
16 suffer from alcoholism, drug addiction, or mental problems; or (iii)
17 in the case of a petitioner charged under chapter 9A.42 RCW,
18 sincerely believes that he or she does not need child welfare
19 services.

20 (4) Before entering an order deferring prosecution, the court
21 shall make specific findings that: (a) The petitioner has stipulated
22 to the admissibility and sufficiency of the facts as contained in the
23 written police report; (b) the petitioner has acknowledged the
24 admissibility of the stipulated facts in any criminal hearing on the
25 underlying offense or offenses held subsequent to revocation of the
26 order granting deferred prosecution; (c) the petitioner has
27 acknowledged and waived the right to testify, the right to a speedy
28 trial, the right to call witnesses to testify, the right to present
29 evidence in his or her defense, and the right to a jury trial; and
30 (d) the petitioner's statements were made knowingly and voluntarily.
31 Such findings shall be included in the order granting deferred
32 prosecution.

33 **Sec. 526.** RCW 10.05.030 and 2002 c 219 s 8 are each amended to
34 read as follows:

35 The arraignment judge upon consideration of the petition and with
36 the concurrence of the prosecuting attorney may continue the
37 arraignment and refer such person for a diagnostic investigation and
38 evaluation to an approved ((alcoholism)) substance use disorder
39 treatment program as designated in chapter ((70.96A)) 71.24 RCW, if

1 the petition alleges ((an alcohol problem, an approved drug treatment
2 center as designated in chapter 71.24 RCW, if the petition alleges a
3 drug problem)) a substance use disorder, to an approved mental health
4 center, if the petition alleges a mental problem, or the department
5 of social and health services if the petition is brought under RCW
6 10.05.020(2).

7 **Sec. 527.** RCW 10.05.150 and 1999 c 143 s 43 are each amended to
8 read as follows:

9 A deferred prosecution program for alcoholism shall be for a two-
10 year period and shall include, but not be limited to, the following
11 requirements:

12 (1) Total abstinence from alcohol and all other nonprescribed
13 mind-altering drugs;

14 (2) Participation in an intensive inpatient or intensive
15 outpatient program in a state-approved ((alcoholism)) substance use
16 disorder treatment program;

17 (3) Participation in a minimum of two meetings per week of an
18 alcoholism self-help recovery support group, as determined by the
19 assessing agency, for the duration of the treatment program;

20 (4) Participation in an alcoholism self-help recovery support
21 group, as determined by the assessing agency, from the date of court
22 approval of the plan to entry into intensive treatment;

23 (5) Not less than weekly approved outpatient counseling, group or
24 individual, for a minimum of six months following the intensive phase
25 of treatment;

26 (6) Not less than monthly outpatient contact, group or
27 individual, for the remainder of the two-year deferred prosecution
28 period;

29 (7) The decision to include the use of prescribed drugs,
30 including disulfiram, as a condition of treatment shall be reserved
31 to the treating facility and the petitioner's physician;

32 (8) All treatment within the purview of this section shall occur
33 within or be approved by a state-approved ((alcoholism)) substance
34 use disorder treatment program as described in chapter 70.96A RCW;

35 (9) Signature of the petitioner agreeing to the terms and
36 conditions of the treatment program.

37 **Sec. 528.** RCW 70.96C.020 and 2005 c 504 s 602 are each amended
38 to read as follows:

1 The department of corrections shall, to the extent that resources
2 are available for this purpose, utilize the integrated, comprehensive
3 screening and assessment process for chemical dependency and mental
4 disorders developed under RCW 70.96C.010 (as recodified by this act).

5 NEW SECTION. **Sec. 529.** RCW 43.135.03901 is decodified.

6 **Sec. 530.** RCW 46.61.5055 and 2015 2nd sp.s. c 3 s 9 are each
7 amended to read as follows:

8 (1) **No prior offenses in seven years.** Except as provided in RCW
9 46.61.502(6) or 46.61.504(6), a person who is convicted of a
10 violation of RCW 46.61.502 or 46.61.504 and who has no prior offense
11 within seven years shall be punished as follows:

12 (a) **Penalty for alcohol concentration less than 0.15.** In the case
13 of a person whose alcohol concentration was less than 0.15, or for
14 whom for reasons other than the person's refusal to take a test
15 offered pursuant to RCW 46.20.308 there is no test result indicating
16 the person's alcohol concentration:

17 (i) By imprisonment for not less than one day nor more than three
18 hundred sixty-four days. Twenty-four consecutive hours of the
19 imprisonment may not be suspended unless the court finds that the
20 imposition of this mandatory minimum sentence would impose a
21 substantial risk to the offender's physical or mental well-being.
22 Whenever the mandatory minimum sentence is suspended, the court shall
23 state in writing the reason for granting the suspension and the facts
24 upon which the suspension is based. In lieu of the mandatory minimum
25 term of imprisonment required under this subsection (1)(a)(i), the
26 court may order not less than fifteen days of electronic home
27 monitoring. The offender shall pay the cost of electronic home
28 monitoring. The county or municipality in which the penalty is being
29 imposed shall determine the cost. The court may also require the
30 offender's electronic home monitoring device or other separate
31 alcohol monitoring device to include an alcohol detection
32 breathalyzer, and the court may restrict the amount of alcohol the
33 offender may consume during the time the offender is on electronic
34 home monitoring; and

35 (ii) By a fine of not less than three hundred fifty dollars nor
36 more than five thousand dollars. Three hundred fifty dollars of the
37 fine may not be suspended unless the court finds the offender to be
38 indigent; or

1 (b) **Penalty for alcohol concentration at least 0.15.** In the case
2 of a person whose alcohol concentration was at least 0.15, or for
3 whom by reason of the person's refusal to take a test offered
4 pursuant to RCW 46.20.308 there is no test result indicating the
5 person's alcohol concentration:

6 (i) By imprisonment for not less than two days nor more than
7 three hundred sixty-four days. Forty-eight consecutive hours of the
8 imprisonment may not be suspended unless the court finds that the
9 imposition of this mandatory minimum sentence would impose a
10 substantial risk to the offender's physical or mental well-being.
11 Whenever the mandatory minimum sentence is suspended, the court shall
12 state in writing the reason for granting the suspension and the facts
13 upon which the suspension is based. In lieu of the mandatory minimum
14 term of imprisonment required under this subsection (1)(b)(i), the
15 court may order not less than thirty days of electronic home
16 monitoring. The offender shall pay the cost of electronic home
17 monitoring. The county or municipality in which the penalty is being
18 imposed shall determine the cost. The court may also require the
19 offender's electronic home monitoring device to include an alcohol
20 detection breathalyzer or other separate alcohol monitoring device,
21 and the court may restrict the amount of alcohol the offender may
22 consume during the time the offender is on electronic home
23 monitoring; and

24 (ii) By a fine of not less than five hundred dollars nor more
25 than five thousand dollars. Five hundred dollars of the fine may not
26 be suspended unless the court finds the offender to be indigent.

27 (2) **One prior offense in seven years.** Except as provided in RCW
28 46.61.502(6) or 46.61.504(6), a person who is convicted of a
29 violation of RCW 46.61.502 or 46.61.504 and who has one prior offense
30 within seven years shall be punished as follows:

31 (a) **Penalty for alcohol concentration less than 0.15.** In the case
32 of a person whose alcohol concentration was less than 0.15, or for
33 whom for reasons other than the person's refusal to take a test
34 offered pursuant to RCW 46.20.308 there is no test result indicating
35 the person's alcohol concentration:

36 (i) By imprisonment for not less than thirty days nor more than
37 three hundred sixty-four days and sixty days of electronic home
38 monitoring. In lieu of the mandatory minimum term of sixty days
39 electronic home monitoring, the court may order at least an
40 additional four days in jail or, if available in that county or city,

1 a six-month period of 24/7 sobriety program monitoring pursuant to
2 RCW 36.28A.300 through 36.28A.390, and the court shall order an
3 expanded alcohol assessment and treatment, if deemed appropriate by
4 the assessment. The offender shall pay for the cost of the electronic
5 monitoring. The county or municipality where the penalty is being
6 imposed shall determine the cost. The court may also require the
7 offender's electronic home monitoring device include an alcohol
8 detection breathalyzer or other separate alcohol monitoring device,
9 and may restrict the amount of alcohol the offender may consume
10 during the time the offender is on electronic home monitoring. Thirty
11 days of imprisonment and sixty days of electronic home monitoring may
12 not be suspended unless the court finds that the imposition of this
13 mandatory minimum sentence would impose a substantial risk to the
14 offender's physical or mental well-being. Whenever the mandatory
15 minimum sentence is suspended, the court shall state in writing the
16 reason for granting the suspension and the facts upon which the
17 suspension is based; and

18 (ii) By a fine of not less than five hundred dollars nor more
19 than five thousand dollars. Five hundred dollars of the fine may not
20 be suspended unless the court finds the offender to be indigent; or

21 (b) **Penalty for alcohol concentration at least 0.15.** In the case
22 of a person whose alcohol concentration was at least 0.15, or for
23 whom by reason of the person's refusal to take a test offered
24 pursuant to RCW 46.20.308 there is no test result indicating the
25 person's alcohol concentration:

26 (i) By imprisonment for not less than forty-five days nor more
27 than three hundred sixty-four days and ninety days of electronic home
28 monitoring. In lieu of the mandatory minimum term of ninety days
29 electronic home monitoring, the court may order at least an
30 additional six days in jail or, if available in that county or city,
31 a six-month period of 24/7 sobriety program monitoring pursuant to
32 RCW 36.28A.300 through 36.28A.390, and the court shall order an
33 expanded alcohol assessment and treatment, if deemed appropriate by
34 the assessment. The offender shall pay for the cost of the electronic
35 monitoring. The county or municipality where the penalty is being
36 imposed shall determine the cost. The court may also require the
37 offender's electronic home monitoring device include an alcohol
38 detection breathalyzer or other separate alcohol monitoring device,
39 and may restrict the amount of alcohol the offender may consume
40 during the time the offender is on electronic home monitoring. Forty-

1 five days of imprisonment and ninety days of electronic home
2 monitoring may not be suspended unless the court finds that the
3 imposition of this mandatory minimum sentence would impose a
4 substantial risk to the offender's physical or mental well-being.
5 Whenever the mandatory minimum sentence is suspended, the court shall
6 state in writing the reason for granting the suspension and the facts
7 upon which the suspension is based; and

8 (ii) By a fine of not less than seven hundred fifty dollars nor
9 more than five thousand dollars. Seven hundred fifty dollars of the
10 fine may not be suspended unless the court finds the offender to be
11 indigent.

12 (3) **Two or three prior offenses in seven years.** Except as
13 provided in RCW 46.61.502(6) or 46.61.504(6), a person who is
14 convicted of a violation of RCW 46.61.502 or 46.61.504 and who has
15 two or three prior offenses within seven years shall be punished as
16 follows:

17 (a) **Penalty for alcohol concentration less than 0.15.** In the case
18 of a person whose alcohol concentration was less than 0.15, or for
19 whom for reasons other than the person's refusal to take a test
20 offered pursuant to RCW 46.20.308 there is no test result indicating
21 the person's alcohol concentration:

22 (i) By imprisonment for not less than ninety days nor more than
23 three hundred sixty-four days, if available in that county or city, a
24 six-month period of 24/7 sobriety program monitoring pursuant to RCW
25 36.28A.300 through 36.28A.390, and one hundred twenty days of
26 electronic home monitoring. In lieu of the mandatory minimum term of
27 one hundred twenty days of electronic home monitoring, the court may
28 order at least an additional eight days in jail. The court shall
29 order an expanded alcohol assessment and treatment, if deemed
30 appropriate by the assessment. The offender shall pay for the cost of
31 the electronic monitoring. The county or municipality where the
32 penalty is being imposed shall determine the cost. The court may also
33 require the offender's electronic home monitoring device include an
34 alcohol detection breathalyzer or other separate alcohol monitoring
35 device, and may restrict the amount of alcohol the offender may
36 consume during the time the offender is on electronic home
37 monitoring. Ninety days of imprisonment and one hundred twenty days
38 of electronic home monitoring may not be suspended unless the court
39 finds that the imposition of this mandatory minimum sentence would
40 impose a substantial risk to the offender's physical or mental well-

1 being. Whenever the mandatory minimum sentence is suspended, the
2 court shall state in writing the reason for granting the suspension
3 and the facts upon which the suspension is based; and

4 (ii) By a fine of not less than one thousand dollars nor more
5 than five thousand dollars. One thousand dollars of the fine may not
6 be suspended unless the court finds the offender to be indigent; or

7 (b) **Penalty for alcohol concentration at least 0.15.** In the case
8 of a person whose alcohol concentration was at least 0.15, or for
9 whom by reason of the person's refusal to take a test offered
10 pursuant to RCW 46.20.308 there is no test result indicating the
11 person's alcohol concentration:

12 (i) By imprisonment for not less than one hundred twenty days nor
13 more than three hundred sixty-four days, if available in that county
14 or city, a six-month period of 24/7 sobriety program monitoring
15 pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred fifty
16 days of electronic home monitoring. In lieu of the mandatory minimum
17 term of one hundred fifty days of electronic home monitoring, the
18 court may order at least an additional ten days in jail. The offender
19 shall pay for the cost of the electronic monitoring. The court shall
20 order an expanded alcohol assessment and treatment, if deemed
21 appropriate by the assessment. The county or municipality where the
22 penalty is being imposed shall determine the cost. The court may also
23 require the offender's electronic home monitoring device include an
24 alcohol detection breathalyzer or other separate alcohol monitoring
25 device, and may restrict the amount of alcohol the offender may
26 consume during the time the offender is on electronic home
27 monitoring. One hundred twenty days of imprisonment and one hundred
28 fifty days of electronic home monitoring may not be suspended unless
29 the court finds that the imposition of this mandatory minimum
30 sentence would impose a substantial risk to the offender's physical
31 or mental well-being. Whenever the mandatory minimum sentence is
32 suspended, the court shall state in writing the reason for granting
33 the suspension and the facts upon which the suspension is based; and

34 (ii) By a fine of not less than one thousand five hundred dollars
35 nor more than five thousand dollars. One thousand five hundred
36 dollars of the fine may not be suspended unless the court finds the
37 offender to be indigent.

38 (4) **Four or more prior offenses in ten years.** A person who is
39 convicted of a violation of RCW 46.61.502 or 46.61.504 shall be
40 punished under chapter 9.94A RCW if:

- 1 (a) The person has four or more prior offenses within ten years;
2 or
3 (b) The person has ever previously been convicted of:
4 (i) A violation of RCW 46.61.520 committed while under the
5 influence of intoxicating liquor or any drug;
6 (ii) A violation of RCW 46.61.522 committed while under the
7 influence of intoxicating liquor or any drug;
8 (iii) An out-of-state offense comparable to the offense specified
9 in (b)(i) or (ii) of this subsection; or
10 (iv) A violation of RCW 46.61.502(6) or 46.61.504(6).

11 (5) **Monitoring.**

12 (a) **Ignition interlock device.** The court shall require any person
13 convicted of a violation of RCW 46.61.502 or 46.61.504 or an
14 equivalent local ordinance to comply with the rules and requirements
15 of the department regarding the installation and use of a functioning
16 ignition interlock device installed on all motor vehicles operated by
17 the person.

18 (b) **Monitoring devices.** If the court orders that a person refrain
19 from consuming any alcohol, the court may order the person to submit
20 to alcohol monitoring through an alcohol detection breathalyzer
21 device, transdermal sensor device, or other technology designed to
22 detect alcohol in a person's system. The person shall pay for the
23 cost of the monitoring, unless the court specifies that the cost of
24 monitoring will be paid with funds that are available from an
25 alternative source identified by the court. The county or
26 municipality where the penalty is being imposed shall determine the
27 cost.

28 (c) **Ignition interlock device substituted for 24/7 sobriety**
29 **program monitoring.** In any county or city where a 24/7 sobriety
30 program is available and verified by the Washington association of
31 sheriffs and police chiefs, the court shall:

32 (i) Order the person to install and use a functioning ignition
33 interlock or other device in lieu of such period of 24/7 sobriety
34 program monitoring;

35 (ii) Order the person to a period of 24/7 sobriety program
36 monitoring pursuant to subsections (1) through (3) of this section;
37 or

38 (iii) Order the person to install and use a functioning ignition
39 interlock or other device in addition to a period of 24/7 sobriety

1 program monitoring pursuant to subsections (1) through (3) of this
2 section.

3 (6) **Penalty for having a minor passenger in vehicle.** If a person
4 who is convicted of a violation of RCW 46.61.502 or 46.61.504
5 committed the offense while a passenger under the age of sixteen was
6 in the vehicle, the court shall:

7 (a) Order the use of an ignition interlock or other device for an
8 additional six months;

9 (b) In any case in which the person has no prior offenses within
10 seven years, and except as provided in RCW 46.61.502(6) or
11 46.61.504(6), order an additional twenty-four hours of imprisonment
12 and a fine of not less than one thousand dollars and not more than
13 five thousand dollars. One thousand dollars of the fine may not be
14 suspended unless the court finds the offender to be indigent;

15 (c) In any case in which the person has one prior offense within
16 seven years, and except as provided in RCW 46.61.502(6) or
17 46.61.504(6), order an additional five days of imprisonment and a
18 fine of not less than two thousand dollars and not more than five
19 thousand dollars. One thousand dollars of the fine may not be
20 suspended unless the court finds the offender to be indigent;

21 (d) In any case in which the person has two or three prior
22 offenses within seven years, and except as provided in RCW
23 46.61.502(6) or 46.61.504(6), order an additional ten days of
24 imprisonment and a fine of not less than three thousand dollars and
25 not more than ten thousand dollars. One thousand dollars of the fine
26 may not be suspended unless the court finds the offender to be
27 indigent.

28 (7) **Other items courts must consider while setting penalties.** In
29 exercising its discretion in setting penalties within the limits
30 allowed by this section, the court shall particularly consider the
31 following:

32 (a) Whether the person's driving at the time of the offense was
33 responsible for injury or damage to another or another's property;

34 (b) Whether at the time of the offense the person was driving or
35 in physical control of a vehicle with one or more passengers;

36 (c) Whether the driver was driving in the opposite direction of
37 the normal flow of traffic on a multiple lane highway, as defined by
38 RCW 46.04.350, with a posted speed limit of forty-five miles per hour
39 or greater; and

1 (d) Whether a child passenger under the age of sixteen was an
2 occupant in the driver's vehicle.

3 (8) **Treatment and information school.** An offender punishable
4 under this section is subject to the alcohol assessment and treatment
5 provisions of RCW 46.61.5056.

6 (9) **Driver's license privileges of the defendant.** The license,
7 permit, or nonresident privilege of a person convicted of driving or
8 being in physical control of a motor vehicle while under the
9 influence of intoxicating liquor or drugs must:

10 (a) **Penalty for alcohol concentration less than 0.15.** If the
11 person's alcohol concentration was less than 0.15, or if for reasons
12 other than the person's refusal to take a test offered under RCW
13 46.20.308 there is no test result indicating the person's alcohol
14 concentration:

15 (i) Where there has been no prior offense within seven years, be
16 suspended or denied by the department for ninety days;

17 (ii) Where there has been one prior offense within seven years,
18 be revoked or denied by the department for two years; or

19 (iii) Where there have been two or more prior offenses within
20 seven years, be revoked or denied by the department for three years;

21 (b) **Penalty for alcohol concentration at least 0.15.** If the
22 person's alcohol concentration was at least 0.15:

23 (i) Where there has been no prior offense within seven years, be
24 revoked or denied by the department for one year;

25 (ii) Where there has been one prior offense within seven years,
26 be revoked or denied by the department for nine hundred days; or

27 (iii) Where there have been two or more prior offenses within
28 seven years, be revoked or denied by the department for four years;
29 or

30 (c) **Penalty for refusing to take test.** If by reason of the
31 person's refusal to take a test offered under RCW 46.20.308, there is
32 no test result indicating the person's alcohol concentration:

33 (i) Where there have been no prior offenses within seven years,
34 be revoked or denied by the department for two years;

35 (ii) Where there has been one prior offense within seven years,
36 be revoked or denied by the department for three years; or

37 (iii) Where there have been two or more previous offenses within
38 seven years, be revoked or denied by the department for four years.

39 The department shall grant credit on a day-for-day basis for any
40 portion of a suspension, revocation, or denial already served under

1 this subsection for a suspension, revocation, or denial imposed under
2 RCW 46.20.3101 arising out of the same incident.

3 Upon its own motion or upon motion by a person, a court may find,
4 on the record, that notice to the department under RCW 46.20.270 has
5 been delayed for three years or more as a result of a clerical or
6 court error. If so, the court may order that the person's license,
7 permit, or nonresident privilege shall not be revoked, suspended, or
8 denied for that offense. The court shall send notice of the finding
9 and order to the department and to the person. Upon receipt of the
10 notice from the court, the department shall not revoke, suspend, or
11 deny the license, permit, or nonresident privilege of the person for
12 that offense.

13 For purposes of this subsection (9), the department shall refer
14 to the driver's record maintained under RCW 46.52.120 when
15 determining the existence of prior offenses.

16 (10) **Probation of driving privilege.** After expiration of any
17 period of suspension, revocation, or denial of the offender's
18 license, permit, or privilege to drive required by this section, the
19 department shall place the offender's driving privilege in
20 probationary status pursuant to RCW 46.20.355.

21 (11) **Conditions of probation.** (a) In addition to any
22 nonsuspendable and nondeferrable jail sentence required by this
23 section, whenever the court imposes up to three hundred sixty-four
24 days in jail, the court shall also suspend but shall not defer a
25 period of confinement for a period not exceeding five years. The
26 court shall impose conditions of probation that include: (i) Not
27 driving a motor vehicle within this state without a valid license to
28 drive; (ii) not driving a motor vehicle within this state without
29 proof of liability insurance or other financial responsibility for
30 the future pursuant to RCW 46.30.020; (iii) not driving or being in
31 physical control of a motor vehicle within this state while having an
32 alcohol concentration of 0.08 or more or a THC concentration of 5.00
33 nanograms per milliliter of whole blood or higher, within two hours
34 after driving; (iv) not refusing to submit to a test of his or her
35 breath or blood to determine alcohol or drug concentration upon
36 request of a law enforcement officer who has reasonable grounds to
37 believe the person was driving or was in actual physical control of a
38 motor vehicle within this state while under the influence of
39 intoxicating liquor or drug; and (v) not driving a motor vehicle in
40 this state without a functioning ignition interlock device as

1 required by the department under RCW 46.20.720(3). The court may
2 impose conditions of probation that include nonrepetition,
3 installation of an ignition interlock device on the probationer's
4 motor vehicle, alcohol or drug treatment, supervised probation, or
5 other conditions that may be appropriate. The sentence may be imposed
6 in whole or in part upon violation of a condition of probation during
7 the suspension period.

8 (b) For each violation of mandatory conditions of probation under
9 (a)(i), (ii), (iii), (iv), or (v) of this subsection, the court shall
10 order the convicted person to be confined for thirty days, which
11 shall not be suspended or deferred.

12 (c) For each incident involving a violation of a mandatory
13 condition of probation imposed under this subsection, the license,
14 permit, or privilege to drive of the person shall be suspended by the
15 court for thirty days or, if such license, permit, or privilege to
16 drive already is suspended, revoked, or denied at the time the
17 finding of probation violation is made, the suspension, revocation,
18 or denial then in effect shall be extended by thirty days. The court
19 shall notify the department of any suspension, revocation, or denial
20 or any extension of a suspension, revocation, or denial imposed under
21 this subsection.

22 (12) **Waiver of electronic home monitoring.** A court may waive the
23 electronic home monitoring requirements of this chapter when:

24 (a) The offender does not have a dwelling, telephone service, or
25 any other necessity to operate an electronic home monitoring system.
26 However, if a court determines that an alcohol monitoring device
27 utilizing wireless reporting technology is reasonably available, the
28 court may require the person to obtain such a device during the
29 period of required electronic home monitoring;

30 (b) The offender does not reside in the state of Washington; or

31 (c) The court determines that there is reason to believe that the
32 offender would violate the conditions of the electronic home
33 monitoring penalty.

34 Whenever the mandatory minimum term of electronic home monitoring
35 is waived, the court shall state in writing the reason for granting
36 the waiver and the facts upon which the waiver is based, and shall
37 impose an alternative sentence with similar punitive consequences.
38 The alternative sentence may include, but is not limited to, use of
39 an ignition interlock device, the 24/7 sobriety program monitoring,
40 additional jail time, work crew, or work camp.

1 Whenever the combination of jail time and electronic home
2 monitoring or alternative sentence would exceed three hundred sixty-
3 four days, the offender shall serve the jail portion of the sentence
4 first, and the electronic home monitoring or alternative portion of
5 the sentence shall be reduced so that the combination does not exceed
6 three hundred sixty-four days.

7 (13) **Extraordinary medical placement.** An offender serving a
8 sentence under this section, whether or not a mandatory minimum term
9 has expired, may be granted an extraordinary medical placement by the
10 jail administrator subject to the standards and limitations set forth
11 in RCW 9.94A.728(1)(c).

12 (14) **Definitions.** For purposes of this section and RCW 46.61.502
13 and 46.61.504:

14 (a) A "prior offense" means any of the following:

15 (i) A conviction for a violation of RCW 46.61.502 or an
16 equivalent local ordinance;

17 (ii) A conviction for a violation of RCW 46.61.504 or an
18 equivalent local ordinance;

19 (iii) A conviction for a violation of RCW 46.25.110 or an
20 equivalent local ordinance;

21 (iv) A conviction for a violation of RCW 79A.60.040(2) or an
22 equivalent local ordinance;

23 (v) A conviction for a violation of RCW 79A.60.040(1) or an
24 equivalent local ordinance committed in a reckless manner if the
25 conviction is the result of a charge that was originally filed as a
26 violation of RCW 79A.60.040(2) or an equivalent local ordinance;

27 (vi) A conviction for a violation of RCW 47.68.220 or an
28 equivalent local ordinance committed while under the influence of
29 intoxicating liquor or any drug;

30 (vii) A conviction for a violation of RCW 47.68.220 or an
31 equivalent local ordinance committed in a careless or reckless manner
32 if the conviction is the result of a charge that was originally filed
33 as a violation of RCW 47.68.220 or an equivalent local ordinance
34 while under the influence of intoxicating liquor or any drug;

35 (viii) A conviction for a violation of RCW 46.09.470(2) or an
36 equivalent local ordinance;

37 (ix) A conviction for a violation of RCW 46.10.490(2) or an
38 equivalent local ordinance;

39 (x) A conviction for a violation of RCW 46.61.520 committed while
40 under the influence of intoxicating liquor or any drug, or a

1 conviction for a violation of RCW 46.61.520 committed in a reckless
2 manner or with the disregard for the safety of others if the
3 conviction is the result of a charge that was originally filed as a
4 violation of RCW 46.61.520 committed while under the influence of
5 intoxicating liquor or any drug;

6 (xi) A conviction for a violation of RCW 46.61.522 committed
7 while under the influence of intoxicating liquor or any drug, or a
8 conviction for a violation of RCW 46.61.522 committed in a reckless
9 manner or with the disregard for the safety of others if the
10 conviction is the result of a charge that was originally filed as a
11 violation of RCW 46.61.522 committed while under the influence of
12 intoxicating liquor or any drug;

13 (xii) A conviction for a violation of RCW 46.61.5249, 46.61.500,
14 or 9A.36.050 or an equivalent local ordinance, if the conviction is
15 the result of a charge that was originally filed as a violation of
16 RCW 46.61.502 or 46.61.504, or an equivalent local ordinance, or of
17 RCW 46.61.520 or 46.61.522;

18 (xiii) An out-of-state conviction for a violation that would have
19 been a violation of (a)(i), (ii), (x), (xi), or (xii) of this
20 subsection if committed in this state;

21 (xiv) A deferred prosecution under chapter 10.05 RCW granted in a
22 prosecution for a violation of RCW 46.61.502, 46.61.504, or an
23 equivalent local ordinance;

24 (xv) A deferred prosecution under chapter 10.05 RCW granted in a
25 prosecution for a violation of RCW 46.61.5249, or an equivalent local
26 ordinance, if the charge under which the deferred prosecution was
27 granted was originally filed as a violation of RCW 46.61.502 or
28 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or
29 46.61.522;

30 (xvi) A deferred prosecution granted in another state for a
31 violation of driving or having physical control of a vehicle while
32 under the influence of intoxicating liquor or any drug if the out-of-
33 state deferred prosecution is equivalent to the deferred prosecution
34 under chapter 10.05 RCW, including a requirement that the defendant
35 participate in a chemical dependency treatment program; or

36 (xvii) A deferred sentence imposed in a prosecution for a
37 violation of RCW 46.61.5249, 46.61.500, or 9A.36.050, or an
38 equivalent local ordinance, if the charge under which the deferred
39 sentence was imposed was originally filed as a violation of RCW

1 46.61.502 or 46.61.504, or an equivalent local ordinance, or a
2 violation of RCW 46.61.520 or 46.61.522;

3 If a deferred prosecution is revoked based on a subsequent
4 conviction for an offense listed in this subsection (14)(a), the
5 subsequent conviction shall not be treated as a prior offense of the
6 revoked deferred prosecution for the purposes of sentencing;

7 (b) "Treatment" means (~~alcohol or drug~~) substance use disorder
8 treatment approved by the department of social and health services;

9 (c) "Within seven years" means that the arrest for a prior
10 offense occurred within seven years before or after the arrest for
11 the current offense; and

12 (d) "Within ten years" means that the arrest for a prior offense
13 occurred within ten years before or after the arrest for the current
14 offense.

15 (15) All fines imposed by this section apply to adult offenders
16 only.

17 **Sec. 531.** RCW 46.61.5056 and 2011 c 293 s 13 are each amended to
18 read as follows:

19 (1) A person subject to alcohol assessment and treatment under
20 RCW 46.61.5055 shall be required by the court to complete a course in
21 an alcohol information school approved by the department of social
22 and health services or to complete more intensive treatment in a
23 substance use disorder treatment program approved by the department
24 of social and health services, as determined by the court. The court
25 shall notify the department of licensing whenever it orders a person
26 to complete a course or treatment program under this section.

27 (2) A diagnostic evaluation and treatment recommendation shall be
28 prepared under the direction of the court by an alcoholism agency
29 approved by the department of social and health services or a
30 qualified probation department approved by the department of social
31 and health services. A copy of the report shall be forwarded to the
32 court and the department of licensing. Based on the diagnostic
33 evaluation, the court shall determine whether the person shall be
34 required to complete a course in an alcohol information school
35 approved by the department of social and health services or more
36 intensive treatment in a substance use disorder treatment program
37 approved by the department of social and health services.

38 (3) Standards for approval for alcohol treatment programs shall
39 be prescribed by the department of social and health services. The

1 department of social and health services shall periodically review
2 the costs of alcohol information schools and treatment programs.

3 (4) Any agency that provides treatment ordered under RCW
4 46.61.5055, shall immediately report to the appropriate probation
5 department where applicable, otherwise to the court, and to the
6 department of licensing any noncompliance by a person with the
7 conditions of his or her ordered treatment. The court shall notify
8 the department of licensing and the department of social and health
9 services of any failure by an agency to so report noncompliance. Any
10 agency with knowledge of noncompliance that fails to so report shall
11 be fined two hundred fifty dollars by the department of social and
12 health services. Upon three such failures by an agency within one
13 year, the department of social and health services shall revoke the
14 agency's approval under this section.

15 (5) The department of licensing and the department of social and
16 health services may adopt such rules as are necessary to carry out
17 this section.

18 **Sec. 532.** RCW 82.04.4277 and 2014 c 225 s 104 are each amended
19 to read as follows:

20 (1) A health or social welfare organization may deduct from the
21 measure of tax amounts received as compensation for providing mental
22 health services or chemical dependency services under a government-
23 funded program.

24 (2) A behavioral health organization may deduct from the measure
25 of tax amounts received from the state of Washington for distribution
26 to a health or social welfare organization that is eligible to deduct
27 the distribution under subsection (1) of this section.

28 (3) A person claiming a deduction under this section must file a
29 complete annual report with the department under RCW 82.32.534.

30 (4) The definitions in this subsection apply ~~((to this section))~~
31 throughout this section unless the context clearly requires
32 otherwise.

33 (a) "Chemical dependency" has the same meaning as provided in RCW
34 70.96A.020.

35 (b) "Health or social welfare organization" has the meaning
36 provided in RCW 82.04.431.

37 ~~((b))~~ (c) "Mental health services" and "behavioral health
38 organization" have the meanings provided in RCW 71.24.025.

39 (5) This section expires ~~((August 1, 2016))~~ January 1, 2020.

1 NEW SECTION. **Sec. 533.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 (1) The department and the Washington state health care authority
4 shall convene a task force including participation by a
5 representative cross-section of behavioral health organizations and
6 behavioral health providers to align regulations between behavioral
7 health and primary health care settings and simplify regulations for
8 behavioral health providers. The alignment must support clinical
9 integration from the standpoint of standardizing practices and
10 culture in a manner that to the extent practicable reduces barriers
11 to access, including reducing the paperwork burden for patients and
12 providers. Brief integrated behavioral health services must not, in
13 general, take longer to document than to provide. Regulations should
14 emphasize the desired outcome rather than how they should be
15 achieved. The task force may also make recommendations to the
16 department concerning subsections (2) and (3) of this section.

17 (2) The department shall collaborate with the department of
18 health, the Washington state health care authority, and other
19 appropriate government partners to reduce unneeded costs and burdens
20 to health plans and providers associated with excessive audits, the
21 licensing process, and contracting. In pursuit of this goal, the
22 department shall consider steps such as cooperating across divisions
23 and agencies to combine audit functions when multiple audits of an
24 agency or site are scheduled, sharing audit information across
25 divisions and agencies to reduce redundancy of audits, and treating
26 organizations with multiple sites and programs as single entities
27 instead of as multiple agencies.

28 (3) The department shall review its practices under RCW
29 71.24.035(5)(c)(i) to determine whether its practices comply with the
30 statutory mandate to deem accreditation by recognized behavioral
31 health accrediting bodies as equivalent to meeting licensure
32 requirements, comport with standard practices used by other state
33 divisions or agencies, and properly incentivize voluntary
34 accreditation to the highest industry standards.

35 NEW SECTION. **Sec. 534.** The department of social and health
36 services and the Washington state health care authority shall report
37 their progress under section 533 of this act to the relevant
38 committees of the legislature by December 15, 2016.

1 **PART VI**

2 **REPEALERS FOR ADMINISTRATIVE PROVISIONS**

3 NEW SECTION. **Sec. 601.** The following acts or parts of acts, as
4 now existing or hereafter amended, are each repealed, effective April
5 1, 2016:

6 (1) RCW 70.96A.010 (Declaration of policy) and 2014 c 225 s 18,
7 1989 c 271 s 304, & 1972 ex.s. c 122 s 1;

8 (2) RCW 70.96A.030 (Substance use disorder program) and 2014 c
9 225 s 21, 1989 c 270 s 4, & 1972 ex.s. c 122 s 3;

10 (3) RCW 70.96A.045 (Funding prerequisites, facilities, plans, or
11 programs receiving financial assistance) and 1989 c 270 s 10;

12 (4) RCW 70.96A.060 (Interdepartmental coordinating committee) and
13 2014 c 225 s 24, 1989 c 270 s 8, 1979 c 158 s 220, & 1972 ex.s. c 122
14 s 6;

15 (5) RCW 70.96A.150 (Records of persons treated for alcoholism and
16 drug addiction) and 1990 c 151 s 1, 1989 c 162 s 1, & 1972 ex.s. c
17 122 s 15;

18 (6) RCW 70.96A.300 (Counties may create alcoholism and other drug
19 addiction board—Generally) and 2014 c 225 s 31 & 1989 c 270 s 15;

20 (7) RCW 70.96A.310 (County alcoholism and other drug addiction
21 program—Chief executive officer of program to be program coordinator)
22 and 1989 c 270 s 16;

23 (8) RCW 70.96A.320 (Alcoholism and other drug addiction program—
24 Generally) and 2014 c 225 s 32, 2013 c 320 s 8, 1990 c 151 s 9, &
25 1989 c 270 s 17; and

26 (9) RCW 70.96A.325 (Methamphetamine addiction programs—Counties
27 authorized to seek state funding) and 2006 c 339 s 101.

28 **PART VII**

29 **RECODIFICATION**

30 NEW SECTION. **Sec. 701.** (1) RCW 70.96A.035, 70.96A.037,
31 70.96A.040, 70.96A.043, 70.96A.047, 70.96A.050, 70.96A.055,
32 70.96A.080, 70.96A.085, 70.96A.087, 70.96A.090, 70.96A.100,
33 70.96A.170, 70.96A.190, 70.96A.350, 70.96A.400, 70.96A.410,
34 70.96A.420, 70.96A.430, 70.96A.500, 70.96A.510, 70.96A.520,
35 70.96A.800, 70.96A.905, and 70.96C.010 are each recodified as
36 sections in chapter 71.24 RCW.

1 (2) RCW 70.96C.020 is recodified as a section in chapter 72.09
2 RCW.

3 **PART VIII**
4 **MISCELLANEOUS**

5 NEW SECTION. **Sec. 801.** This act may be known and cited as Ricky
6 Garcia's act.

7 NEW SECTION. **Sec. 802.** (1) Sections 501, 503 through 532, and
8 701 of this act are necessary for the immediate preservation of the
9 public peace, health, or safety, or support of the state government
10 and its existing public institutions, and take effect April 1, 2016.

11 (2) Sections 201 through 210, 212, 214 through 224, 226 through
12 232, 234 through 237, 239 through 242, 244 through 267, 269, 271,
13 273, 274, 276, 278, 279, 281, 401 through 429, and 502 of this act
14 take effect April 1, 2018.

15 (3) Sections 211, 213, 225, 233, 238, 243, 268, 270, 272, 275,
16 277, and 280 of this act take effect July 1, 2026.

17 NEW SECTION. **Sec. 803.** If specific funding for the purposes of
18 this act, referencing this act by bill or chapter number, is not
19 provided by June 30, 2016, in the omnibus appropriations act, this
20 act is null and void."

21 Correct the title.

EFFECT: (1) Requires behavioral health organizations and full
integration regions to provide reimbursement for the cost of
prosecutor representation of petitioners in chemical dependency
commitment proceedings.

(2) Allows a provider of minor-initiated outpatient chemical
dependency treatment to notify the minor's parents of the minor's
request for treatment if the provider determines that notice is in
the best interest of the minor in achieving recovery.

(3) Accounts for changes made by legislation that passed during
the 2016 legislative session (SSB 6445), regarding the types of
professionals that may sign a commitment petition or examine a
committed person, by:

(a) Harmonizing language regarding the combinations of
professionals that may sign a chemical dependency commitment petition
to match corresponding provisions in the mental health chapters; and

(b) Removing duplicative language from the mental health
commitment provisions that added physician assistants as persons who
may perform examinations of committed persons and made associated

changes to the combinations of professionals that may sign a commitment petition.

(4) Provides that the Department of Social and Health Services (DSHS) must ensure that at least one secure detoxification facility is operational by April 1, 2018, and that an additional secure detoxification facility is operational by April 1, 2019.

(5) States that, during the implementation of secure detoxification facility capacity, if federal funding becomes unavailable for federal match for services provided in secure detoxification facilities, then the DSHS must discontinue expansion of such facilities pending further direction by the Legislature.

(6) Requires the DSHS to: (a) Convene a task force with the Health Care Authority to align regulations between behavioral health and primary care settings and simplify regulations for behavioral health providers; (b) collaborate with other agencies to reduce unneeded costs and burdens associated with excess provider audits, the licensing process, and contracting; and (c) review its policies related to deeming accreditation by a recognized behavioral health accrediting body as equivalent to meeting licensure requirements to determine compliance with statute and standard practices.

--- END ---