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SECOND ENGROSSED SECOND SUBSTITUTE SENATE BILL 5720

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State of Washington

66th Legislature

2019 Regular Session

By Senate Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Kuderer, and Nguyen)

READ FIRST TIME 03/01/19.

1 AN ACT Relating to the involuntary treatment act; amending RCW  
2 71.05.010, 71.05.012, 71.05.025, 71.05.026, 71.05.030, 71.05.040,  
3 71.05.050, 71.05.100, 71.05.120, 71.05.132, 71.05.150, 71.05.150,  
4 71.05.150, 71.05.153, 71.05.153, 71.05.153, 71.05.160, 71.05.170,  
5 71.05.180, 71.05.182, 71.05.190, 71.05.195, 71.05.201, 71.05.210,  
6 71.05.210, 71.05.210, 71.05.212, 71.05.214, 71.05.215, 71.05.217,  
7 71.05.217, 71.05.230, 71.05.230, 71.05.235, 71.05.235, 71.05.240,  
8 71.05.240, 71.05.240, 71.05.280, 71.05.290, 71.05.300, 71.05.310,  
9 71.05.320, 71.05.320, 71.05.380, 71.05.445, 71.05.455, 71.05.457,  
10 71.05.525, 71.05.530, 71.05.585, 71.05.590, 71.05.590, 71.05.590,  
11 71.05.720, 71.05.740, 71.05.745, 71.05.750, 71.05.750, 71.34.010,  
12 71.34.305, 71.34.310, 71.34.355, 71.34.365, 71.34.410, 71.34.420,  
13 71.34.500, 71.34.650, 71.34.730, 71.34.730, 71.34.740, 71.34.740,  
14 71.34.740, 71.34.780, and 71.34.780; reenacting and amending RCW  
15 71.05.020, 71.34.020, 71.34.600, 71.34.600, 71.34.700, 71.34.700,  
16 71.34.710, 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.720,  
17 71.34.750, and 71.34.750; adding new sections to chapter 71.05 RCW;  
18 adding new sections to chapter 71.34 RCW; recodifying RCW 71.05.525;  
19 repealing RCW 71.05.360 and 71.34.370; providing effective dates; and  
20 providing expiration dates.

21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

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

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

16       (d) To safeguard individual rights;

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

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

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

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

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

34       It is the intent of the legislature to enhance continuity of care  
35 for persons with serious (~~mental~~) behavioral health disorders that  
36 can be controlled or stabilized in a less restrictive alternative  
37 commitment. Within the guidelines stated in *In re LaBelle* 107 Wn. 2d  
38 196 (1986), the legislature intends to encourage appropriate

1 interventions at a point when there is the best opportunity to  
2 restore the person to or maintain satisfactory functioning.

3 For persons with a prior history or pattern of repeated  
4 hospitalizations or law enforcement interventions due to  
5 decompensation, the consideration of prior (~~mental~~) history is  
6 particularly relevant in determining whether the person would  
7 receive, if released, such care as is essential for his or her health  
8 or safety.

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

14 **Sec. 3.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
15 2019 c 325 s 3001 are each reenacted and amended to read as follows:

16 The definitions in this section apply throughout this chapter  
17 unless the context clearly requires otherwise.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (19) "Drug addiction" means a disease, characterized by a  
2 dependency on psychoactive chemicals, loss of control over the amount  
3 and 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 (20) "Evaluation and treatment facility" means any facility which  
8 can provide directly, or by direct arrangement with other public or  
9 private agencies, emergency evaluation and treatment, outpatient  
10 care, and timely and appropriate inpatient care to persons suffering  
11 from a mental disorder, and which is licensed or certified as such by  
12 the department. The authority may certify single beds as temporary  
13 evaluation and treatment beds under RCW 71.05.745. A physically  
14 separate and separately operated portion of a state hospital may be  
15 designated as an evaluation and treatment facility. A facility which  
16 is part of, or operated by, the department of social and health  
17 services or any federal agency will not require certification. No  
18 correctional institution or facility, or jail, shall be an evaluation  
19 and treatment facility within the meaning of this chapter;

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

29 (22) "Habilitative services" means those services provided by  
30 program personnel to assist persons in acquiring and maintaining life  
31 skills and in raising their levels of physical, mental, social, and  
32 vocational functioning. Habilitative services include education,  
33 training for employment, and therapy. The habilitative process shall  
34 be undertaken with recognition of the risk to the public safety  
35 presented by the person being assisted as manifested by prior charged  
36 criminal conduct;

37 (23) "Hearing" means any proceeding conducted in open court(~~(-~~  
38 ~~For purposes of this chapter, at any hearing the petitioner, the~~  
39 ~~respondent, the witnesses, and the presiding judicial officer may be~~  
40 ~~present and participate either in person or by video, as determined~~

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

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

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

27 (26) "In need of assisted outpatient behavioral health treatment"  
28 means that a person, as a result of a ((mental disorder or substance  
29 use)) behavioral health disorder: (a) Has been committed by a court  
30 to detention for involuntary behavioral health treatment during the  
31 preceding thirty-six months; (b) is unlikely to voluntarily  
32 participate in outpatient treatment without an order for less  
33 restrictive alternative treatment, based on a history of nonadherence  
34 with treatment or in view of the person's current behavior; (c) is  
35 likely to benefit from less restrictive alternative treatment; and  
36 (d) requires less restrictive alternative treatment to prevent a  
37 relapse, decompensation, or deterioration that is likely to result in  
38 the person presenting a likelihood of serious harm or the person  
39 becoming gravely disabled within a reasonably short period of time;

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

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

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

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

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

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

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

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

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

27 ~~(29))~~ (29) "Intoxicated person" means a person whose mental or  
28 physical functioning is substantially impaired as a result of the use  
29 of alcohol or other psychoactive chemicals;

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

32 ~~((31))~~ (31) "Legal counsel" means attorneys and staff employed  
33 by county prosecutor offices or the state attorney general acting in  
34 their capacity as legal representatives of public ~~((mental))~~  
35 behavioral health ~~((and substance use disorder))~~ service providers  
36 under RCW 71.05.130;

37 ~~((32))~~ (32) "Less restrictive alternative treatment" means a  
38 program of individualized treatment in a less restrictive setting  
39 than inpatient treatment that includes the services described in RCW  
40 71.05.585;

1        ~~((33))~~ (32) "Licensed physician" means a person licensed to  
2 practice medicine or osteopathic medicine and surgery in the state of  
3 Washington;

4        ~~((34))~~ (33) "Likelihood of serious harm" means:

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

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

17        ~~((35))~~ (34) "Medical clearance" means a physician or other  
18 health care provider has determined that a person is medically stable  
19 and ready for referral to the designated crisis responder;

20        ~~((36))~~ (35) "Mental disorder" means any organic, mental, or  
21 emotional impairment which has substantial adverse effects on a  
22 person's cognitive or volitional functions;

23        ~~((37))~~ (36) "Mental health professional" means a psychiatrist,  
24 psychologist, physician assistant working with a supervising  
25 psychiatrist, psychiatric advanced registered nurse practitioner,  
26 psychiatric nurse, or social worker, and such other mental health  
27 professionals as may be defined by rules adopted by the secretary  
28 pursuant to the provisions of this chapter;

29        ~~((38))~~ (37) "~~((Mental))~~ Behavioral health service provider"  
30 means a public or private agency that provides mental health,  
31 substance use disorder, or co-occurring disorder services to persons  
32 with ~~((mental disorders or substance use))~~ behavioral health  
33 disorders as defined under this section and receives funding from  
34 public sources. This includes, but is not limited to, hospitals  
35 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
36 as defined in this section, community mental health service delivery  
37 systems or community behavioral health programs as defined in RCW  
38 71.24.025, facilities conducting competency evaluations and  
39 restoration under chapter 10.77 RCW, approved substance use disorder  
40 treatment programs as defined in this section, secure withdrawal

1 management and stabilization facilities as defined in this section,  
2 and correctional facilities operated by state and local governments;

3 ~~((39))~~ (38) "Peace officer" means a law enforcement official of  
4 a public agency or governmental unit, and includes persons  
5 specifically given peace officer powers by any state law, local  
6 ordinance, or judicial order of appointment;

7 ~~((40))~~ (39) "Physician assistant" means a person licensed as a  
8 physician assistant under chapter 18.57A or 18.71A RCW;

9 ~~((41))~~ (40) "Private agency" means any person, partnership,  
10 corporation, or association that is not a public agency, whether or  
11 not financed in whole or in part by public funds, which constitutes  
12 an evaluation and treatment facility or private institution, or  
13 hospital, or approved substance use disorder treatment program, which  
14 is conducted for, or includes a department or ward conducted for, the  
15 care and treatment of persons with ~~((mental illness, substance use  
16 disorders, or both mental illness and substance use))~~ behavioral  
17 health disorders;

18 ~~((42))~~ (41) "Professional person" means a mental health  
19 professional, substance use disorder professional, or designated  
20 crisis responder and shall also mean a physician, physician  
21 assistant, psychiatric advanced registered nurse practitioner,  
22 registered nurse, and such others as may be defined by rules adopted  
23 by the secretary pursuant to the provisions of this chapter;

24 ~~((43))~~ (42) "Psychiatric advanced registered nurse  
25 practitioner" means a person who is licensed as an advanced  
26 registered nurse practitioner pursuant to chapter 18.79 RCW; and who  
27 is board certified in advanced practice psychiatric and mental health  
28 nursing;

29 ~~((44))~~ (43) "Psychiatrist" means a person having a license as a  
30 physician and surgeon in this state who has in addition completed  
31 three years of graduate training in psychiatry in a program approved  
32 by the American medical association or the American osteopathic  
33 association and is certified or eligible to be certified by the  
34 American board of psychiatry and neurology;

35 ~~((45))~~ (44) "Psychologist" means a person who has been licensed  
36 as a psychologist pursuant to chapter 18.83 RCW;

37 ~~((46))~~ (45) "Public agency" means any evaluation and treatment  
38 facility or institution, secure withdrawal management and  
39 stabilization facility, approved substance use disorder treatment  
40 program, or hospital which is conducted for, or includes a department

1 or ward conducted for, the care and treatment of persons with  
2 (~~mental illness, substance use disorders, or both mental illness and~~  
3 ~~substance use~~) behavioral health disorders, if the agency is  
4 operated directly by federal, state, county, or municipal government,  
5 or a combination of such governments;

6 (~~(47)~~) (46) "Release" means legal termination of the commitment  
7 under the provisions of this chapter;

8 (~~(48)~~) (47) "Resource management services" has the meaning  
9 given in chapter 71.24 RCW;

10 (~~(49)~~) (48) "Secretary" means the secretary of the department  
11 of health, or his or her designee;

12 (~~(50)~~) (49) "Secure withdrawal management and stabilization  
13 facility" means a facility operated by either a public or private  
14 agency or by the program of an agency which provides care to  
15 voluntary individuals and individuals involuntarily detained and  
16 committed under this chapter for whom there is a likelihood of  
17 serious harm or who are gravely disabled due to the presence of a  
18 substance use disorder. Secure withdrawal management and  
19 stabilization facilities must:

20 (a) Provide the following services:

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

23 (ii) Clinical stabilization services;

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

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

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

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

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

36 ~~(52)~~) (50) "Social worker" means a person with a master's or  
37 further advanced degree from a social work educational program  
38 accredited and approved as provided in RCW 18.320.010;

39 (~~(53)~~) (51) "Substance use disorder" means a cluster of  
40 cognitive, behavioral, and physiological symptoms indicating that an

1 individual continues using the substance despite significant  
2 substance-related problems. The diagnosis of a substance use disorder  
3 is based on a pathological pattern of behaviors related to the use of  
4 the substances;

5 ((+54)) (52) "Substance use disorder professional" means a  
6 person certified as a substance use disorder professional by the  
7 department of health under chapter 18.205 RCW;

8 ((+55)) (53) "Therapeutic court personnel" means the staff of a  
9 mental health court or other therapeutic court which has jurisdiction  
10 over defendants who are dually diagnosed with mental disorders,  
11 including court personnel, probation officers, a court monitor,  
12 prosecuting attorney, or defense counsel acting within the scope of  
13 therapeutic court duties;

14 ((+56)) (54) "Treatment records" include registration and all  
15 other records concerning persons who are receiving or who at any time  
16 have received services for ((mental—illness)) behavioral health  
17 disorders, which are maintained by the department of social and  
18 health services, the department, the authority, behavioral health  
19 administrative services organizations and their staffs, managed care  
20 organizations and their staffs, and by treatment facilities.  
21 Treatment records include mental health information contained in a  
22 medical bill including but not limited to mental health drugs, a  
23 mental health diagnosis, provider name, and dates of service stemming  
24 from a medical service. Treatment records do not include notes or  
25 records maintained for personal use by a person providing treatment  
26 services for the department of social and health services, the  
27 department, the authority, behavioral health administrative services  
28 organizations, managed care organizations, or a treatment facility if  
29 the notes or records are not available to others;

30 ((+57)) (55) "Triage facility" means a short-term facility or a  
31 portion of a facility licensed or certified by the department, which  
32 is designed as a facility to assess and stabilize an individual or  
33 determine the need for involuntary commitment of an individual, and  
34 must meet department residential treatment facility standards. A  
35 triage facility may be structured as a voluntary or involuntary  
36 placement facility;

37 ((+58)) (56) "Violent act" means behavior that resulted in  
38 homicide, attempted suicide, ((nonfatal—injuries)) injury, or  
39 substantial loss or damage to property;

1 (57) "Behavioral health disorder" means either a mental disorder  
2 as defined in this section, a substance use disorder as defined in  
3 this section, or a co-occurring mental disorder and substance use  
4 disorder;

5 (58) "Severe deterioration from safe behavior" means that a  
6 person will, if not treated, suffer or continue to suffer severe and  
7 abnormal mental, emotional, or physical distress, and this distress  
8 is associated with significant impairment of judgment, reason, or  
9 behavior;

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

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

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

26 The legislature intends that the procedures and services  
27 authorized in this chapter be integrated with those in chapter 71.24  
28 RCW to the maximum extent necessary to assure ((a)) an appropriate  
29 continuum of care ((to)) for persons with ((mental illness or who  
30 have mental disorders or substance use)) behavioral health disorders,  
31 as defined in either or both this chapter and chapter 71.24 RCW. To  
32 this end, behavioral health administrative services organizations  
33 established in accordance with chapter 71.24 RCW shall institute  
34 procedures which require timely consultation with resource management  
35 services by designated crisis responders, managed care organizations,  
36 evaluation and treatment facilities, secure ((detoxification))  
37 withdrawal management and stabilization facilities, and approved  
38 substance use disorder treatment programs to assure that  
39 determinations to admit, detain, commit, treat, discharge, or release

1 persons with (~~mental disorders or substance use~~) behavioral health  
2 disorders under this chapter are made only after appropriate  
3 information regarding such person's treatment history and current  
4 treatment plan has been sought from resource management services.

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

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

11 (2) Except as expressly provided in contracts entered into by the  
12 authority, the entities identified in subsection (3) of this section  
13 shall have no claim for declaratory relief, injunctive relief,  
14 judicial review under chapter 34.05 RCW, or civil liability against  
15 the state or state agencies for actions or inactions performed  
16 pursuant to the administration of this chapter with regard to the  
17 following: (a) The allocation or payment of federal or state funds;  
18 (b) the use or allocation of state hospital beds; or (c) financial  
19 responsibility for the provision of inpatient (~~mental health care or~~  
20 ~~inpatient substance use~~) behavioral health disorder treatment and  
21 care.

22 (3) This section applies to counties, behavioral health  
23 administrative services organizations, managed care organizations,  
24 and entities which contract to provide behavioral health services and  
25 their subcontractors, agents, or employees.

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

28 Persons suffering from a (~~mental~~) behavioral health disorder  
29 may not be involuntarily committed for treatment of such disorder  
30 except pursuant to provisions of this chapter, chapter 10.77 RCW,  
31 chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW  
32 72.68.031 through 72.68.037, or pursuant to court ordered evaluation  
33 and treatment not to exceed ninety days pending a criminal trial or  
34 sentencing.

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

1 Persons with developmental disabilities, impaired by substance  
2 use disorder, or suffering from dementia shall not be detained for  
3 evaluation and treatment or judicially committed solely by reason of  
4 that condition unless such condition causes a person to be gravely  
5 disabled or (~~as a result of a mental disorder such condition exists~~  
6 ~~that constitutes~~) to present a likelihood of serious harm. However,  
7 persons with developmental disabilities, impaired by substance use  
8 disorder, or suffering from dementia and who otherwise meet the  
9 criteria for detention or judicial commitment are not ineligible for  
10 detention or commitment based on this condition alone.

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

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

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

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

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

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

24 In addition to the responsibility provided for by RCW 43.20B.330,  
25 any person, or his or her estate, or his or her spouse, (~~or the~~  
26 ~~parents of a minor person~~) who is involuntarily detained pursuant to  
27 this chapter for the purpose of treatment and evaluation outside of a  
28 facility maintained and operated by the department of social and  
29 health services shall be responsible for the cost of such care and  
30 treatment. In the event that an individual is unable to pay for such  
31 treatment or in the event payment would result in a substantial  
32 hardship upon the individual or his or her family, then the county of  
33 residence of such person shall be responsible for such costs. If it  
34 is not possible to determine the county of residence of the person,  
35 the cost shall be borne by the county where the person was originally  
36 detained. The department of social and health services, or the  
37 authority, as appropriate, shall, pursuant to chapter 34.05 RCW,  
38 adopt standards as to (1) inability to pay in whole or in part, (2) a  
39 definition of substantial hardship, and (3) appropriate payment

1 schedules. Financial responsibility with respect to services and  
2 facilities of the department of social and health services shall  
3 continue to be as provided in RCW 43.20B.320 through 43.20B.360 and  
4 43.20B.370.

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

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

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

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

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

37 When any court orders a person to receive treatment under this  
38 chapter, the order shall include a statement that if the person is,

1 or becomes, subject to supervision by the department of corrections,  
2 the person must notify the treatment provider and the person's  
3 (~~mental health~~) treatment (~~information and substance use disorder~~  
4 ~~treatment information~~) records must be shared with the department of  
5 corrections for the duration of the offender's incarceration and  
6 supervision, under RCW 71.05.445. Upon a petition by a person who  
7 does not have a history of one or more violent acts, the court may,  
8 for good cause, find that public safety would not be enhanced by the  
9 sharing of this person's information.

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

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

35 (2) (a) (~~An~~) A written order of apprehension to detain a person  
36 with a (~~mental~~) behavioral health disorder to a designated  
37 evaluation and treatment facility, (~~or to detain a person with a~~  
38 ~~substance use disorder to~~) a secure withdrawal management and  
39 stabilization facility, or an approved substance use disorder

1 treatment program, for not more than a seventy-two-hour evaluation  
2 and treatment period may be issued by a judge of the superior court  
3 upon request of a designated crisis responder, subject to (d) of this  
4 subsection, whenever it appears to the satisfaction of a judge of the  
5 superior court:

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

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

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

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

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

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

1 permitted to be present during the admission evaluation. Any other  
2 individual accompanying the person may be present during the  
3 admission evaluation. The facility may exclude the individual if his  
4 or her presence would present a safety risk, delay the proceedings,  
5 or otherwise interfere with the evaluation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 ~~(3))~~ (a) Subject to (b) of this subsection, a peace officer may  
12 take or cause such person to be taken into custody and immediately  
13 delivered to a triage facility, crisis stabilization unit, evaluation  
14 and treatment facility, secure withdrawal management and  
15 stabilization facility, approved substance use disorder treatment  
16 program, or the emergency department of a local hospital under the  
17 following circumstances:

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

19 (ii) When he or she has reasonable cause to believe that such  
20 person is suffering from a ~~((mental))~~ behavioral health disorder ~~((or~~  
21 ~~substance use disorder))~~ and presents an imminent likelihood of  
22 serious harm or is in imminent danger because of being gravely  
23 disabled.

24 (b) A peace officer's delivery of a person, ~~((based on a~~  
25 ~~substance use disorder,))~~ to a secure withdrawal management and  
26 stabilization facility or approved substance use disorder treatment  
27 program is subject to the availability of a secure withdrawal  
28 management and stabilization facility or approved substance use  
29 disorder treatment program with adequate space for the person.

30 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
31 evaluation and treatment facility, emergency department of a local  
32 hospital, triage facility that has elected to operate as an  
33 involuntary facility, secure withdrawal management and stabilization  
34 facility, or approved substance use disorder treatment program by  
35 peace officers pursuant to subsection ~~((3))~~ (2) of this section may  
36 be held by the facility for a period of up to twelve hours, not  
37 counting time periods prior to medical clearance.

38 ~~((5))~~ (4) Within three hours after arrival, not counting time  
39 periods prior to medical clearance, the person must be examined by a  
40 mental health professional or substance use disorder professional.

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

17 ~~((+6))~~ (5) Dismissal of a commitment petition is not the  
18 appropriate remedy for a violation of the timeliness requirements of  
19 this section based on the intent of this chapter under RCW 71.05.010  
20 except in the few cases where the facility staff or designated  
21 ~~((mental—health—professional))~~ crisis responder has totally  
22 disregarded the requirements of this section.

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

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

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

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

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

23           (ii) When he or she has reasonable cause to believe that such  
24 person is suffering from a ~~((mental))~~ behavioral health disorder ~~((or~~  
25 ~~substance use disorder))~~ and presents an imminent likelihood of  
26 serious harm or is in imminent danger because of being gravely  
27 disabled.

28           (b) A peace officer's delivery of a person, ~~((based on a~~  
29 ~~substance use disorder,))~~ to a secure withdrawal management and  
30 stabilization facility or approved substance use disorder treatment  
31 program is subject to the availability of a secure withdrawal  
32 management and stabilization facility or approved substance use  
33 disorder treatment program with adequate space for the person.

34           ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
35 evaluation and treatment facility, emergency department of a local  
36 hospital, triage facility that has elected to operate as an  
37 involuntary facility, secure withdrawal management and stabilization  
38 facility, or approved substance use disorder treatment program by  
39 peace officers pursuant to subsection ~~((3))~~ (2) of this section may

1 be held by the facility for a period of up to twelve hours, not  
2 counting time periods prior to medical clearance.

3 ~~((+5))~~ (4) Within three hours after arrival, not counting time  
4 periods prior to medical clearance, the person must be examined by a  
5 mental health professional or substance use disorder professional.  
6 Within twelve hours of notice of the need for evaluation, not  
7 counting time periods prior to medical clearance, the designated  
8 crisis responder must determine whether the individual meets  
9 detention criteria. The interview performed by the designated crisis  
10 responder may be conducted by video provided that a licensed health  
11 care professional or professional person who can adequately and  
12 accurately assist with obtaining any necessary information is  
13 available at the time of the interview. If the individual is  
14 detained, the designated crisis responder shall file a petition for  
15 detention or a supplemental petition as appropriate and commence  
16 service on the designated attorney for the detained person. If the  
17 individual is released to the community, the ~~((mental))~~ behavioral  
18 health service provider shall inform the peace officer of the release  
19 within a reasonable period of time after the release if the peace  
20 officer has specifically requested notification and provided contact  
21 information to the provider.

22 ~~((+6))~~ (5) Dismissal of a commitment petition is not the  
23 appropriate remedy for a violation of the timeliness requirements of  
24 this section based on the intent of this chapter under RCW 71.05.010  
25 except in the few cases where the facility staff or designated  
26 ~~((mental health professional))~~ crisis responder has totally  
27 disregarded the requirements of this section.

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

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

1 substance use disorder treatment program, for not more than  
2 ~~((seventy-two))~~ one hundred twenty hours as described in RCW  
3 71.05.180.

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

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

- 21 (a) Pursuant to subsection (1) ~~((or (2)))~~ of this section; or
- 22 (b) When he or she has reasonable cause to believe that such  
23 person is suffering from a ~~((mental))~~ behavioral health disorder ~~((or  
24 substance use disorder))~~ and presents an imminent likelihood of  
25 serious harm or is in imminent danger because of being gravely  
26 disabled.

27 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
28 evaluation and treatment facility, emergency department of a local  
29 hospital, triage facility that has elected to operate as an  
30 involuntary facility, secure withdrawal management and stabilization  
31 facility, or approved substance use disorder treatment program by  
32 peace officers pursuant to subsection ~~((3))~~ (2) of this section may  
33 be held by the facility for a period of up to twelve hours, not  
34 counting time periods prior to medical clearance.

35 ~~((5))~~ (4) Within three hours after arrival, not counting time  
36 periods prior to medical clearance, the person must be examined by a  
37 mental health professional or substance use disorder professional.  
38 Within twelve hours of notice of the need for evaluation, not  
39 counting time periods prior to medical clearance, the designated  
40 crisis responder must determine whether the individual meets

1 detention criteria. The interview performed by the designated crisis  
2 responder may be conducted by video provided that a licensed health  
3 care professional or professional person who can adequately and  
4 accurately assist with obtaining any necessary information is  
5 available at the time of the interview. If the individual is  
6 detained, the designated crisis responder shall file a petition for  
7 detention or a supplemental petition as appropriate and commence  
8 service on the designated attorney for the detained person. If the  
9 individual is released to the community, the (~~mental~~) behavioral  
10 health service provider shall inform the peace officer of the release  
11 within a reasonable period of time after the release if the peace  
12 officer has specifically requested notification and provided contact  
13 information to the provider.

14 (~~(+6)~~) (5) Dismissal of a commitment petition is not the  
15 appropriate remedy for a violation of the timeliness requirements of  
16 this section based on the intent of this chapter under RCW 71.05.010  
17 except in the few cases where the facility staff or designated  
18 (~~mental health professional~~) crisis responder has totally  
19 disregarded the requirements of this section.

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

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

33 (2)(a) If a person is involuntarily placed in an evaluation and  
34 treatment facility, secure withdrawal management and stabilization  
35 facility, or approved substance use disorder treatment program  
36 pursuant to RCW 71.05.150 or 71.05.153, on the next judicial day  
37 following the initial detention, the designated crisis responder  
38 shall file with the court and serve the designated attorney of the  
39 detained person the petition or supplemental petition for initial

1 detention, proof of service of notice, and a copy of a notice of  
2 emergency detention.

3 (b) If the person is involuntarily detained at an evaluation and  
4 treatment facility, secure withdrawal management and stabilization  
5 facility, or approved substance use disorder treatment program in a  
6 different county from where the person was initially detained, the  
7 facility or program may file with the court and serve the designated  
8 attorney of the detained person the petition or supplemental petition  
9 for initial detention, proof of service of notice, and a copy of a  
10 notice of emergency detention at the request of the designated crisis  
11 responder.

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

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

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

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

30 If the evaluation and treatment facility, secure withdrawal  
31 management and stabilization facility, or approved substance use  
32 disorder treatment program admits the person, it may detain him or  
33 her for evaluation and treatment for a period not to exceed  
34 (~~(seventy-two)~~) one hundred twenty hours from the time of acceptance  
35 as set forth in RCW 71.05.170. The computation of such (~~(seventy-~~  
36 ~~two)~~) one hundred twenty hour period shall exclude Saturdays, Sundays  
37 and holidays.

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

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

11       (2) Before the discharge of a person who has been initially  
12 detained under RCW 71.05.150 or 71.05.153 on the grounds that the  
13 person presents a likelihood of serious harm, but has not been  
14 subsequently committed for involuntary treatment under RCW 71.05.240,  
15 the designated crisis responder shall inform the person orally and in  
16 writing that:

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

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

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

27       (d) Upon discharge, the person may petition the superior court to  
28 have his or her right to possess a firearm restored before the six-  
29 month suspension period has elapsed by following the procedures  
30 provided in RCW 9.41.047(3).

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

39       (b) Any firearm surrendered pursuant to this section that remains  
40 unclaimed by the lawful owner shall be disposed of in accordance with

1 the law enforcement agency's policies and procedures for the disposal  
2 of firearms in police custody.

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

5 If the person is not approved for admission by a facility  
6 providing (~~seventy-two~~) one hundred twenty hour evaluation and  
7 treatment, and the individual has not been arrested, the facility  
8 shall furnish transportation, if not otherwise available, for the  
9 person to his or her place of residence or other appropriate place.  
10 If the individual has been arrested, the evaluation and treatment  
11 facility, secure withdrawal management and stabilization facility, or  
12 approved substance use disorder treatment program shall detain the  
13 individual for not more than eight hours at the request of the peace  
14 officer. The facility shall make reasonable attempts to contact the  
15 requesting peace officer during this time to inform the peace officer  
16 that the person is not approved for admission in order to enable a  
17 peace officer to return to the facility and take the individual back  
18 into custody.

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

21 (1) A civil commitment may be initiated under the procedures  
22 described in RCW 71.05.150 or 71.05.153 for a person who has been  
23 found not guilty by reason of insanity in a state other than  
24 Washington and who has fled from detention, commitment, or  
25 conditional release in that state, on the basis of a request by the  
26 state in which the person was found not guilty by reason of insanity  
27 for the person to be detained and transferred back to the custody or  
28 care of the requesting state. A finding of likelihood of serious harm  
29 or grave disability is not required for a commitment under this  
30 section. The detention may occur at either an evaluation and  
31 treatment facility or a state hospital. The petition for (~~seventy-~~  
32 ~~two~~) one hundred twenty hour detention filed by the designated  
33 crisis responder must be accompanied by the following documents:

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

37 (b) A warrant issued by a magistrate in the state in which the  
38 person was found not guilty by reason of insanity indicating that the

1 person has fled from detention, commitment, or conditional release in  
2 that state and authorizing the detention of the person within the  
3 state in which the person was found not guilty by reason of insanity;

4 (c) A statement from the executive authority of the state in  
5 which the person was found not guilty by reason of insanity  
6 requesting that the person be returned to the requesting state and  
7 agreeing to facilitate the transfer of the person to the requesting  
8 state.

9 (2) The person shall be entitled to a probable cause hearing  
10 within the time limits applicable to other detentions under this  
11 chapter and shall be afforded the rights described in this chapter  
12 including the right to counsel. At the probable cause hearing, the  
13 court shall determine the identity of the person and whether the  
14 other requirements of this section are met. If the court so finds,  
15 the court may order continued detention in a treatment facility for  
16 up to thirty days for the purpose of the transfer of the person to  
17 the custody or care of the requesting state. The court may order a  
18 less restrictive alternative to detention only under conditions which  
19 ensure the person's safe transfer to the custody or care of the  
20 requesting state within thirty days without undue risk to the safety  
21 of the person or others.

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

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

29 (1) If a designated crisis responder decides not to detain a  
30 person for evaluation and treatment under RCW 71.05.150 or 71.05.153  
31 or forty-eight hours have elapsed since a designated crisis responder  
32 received a request for investigation and the designated crisis  
33 responder has not taken action to have the person detained, an  
34 immediate family member or guardian or conservator of the person may  
35 petition the superior court for the person's initial detention.

36 (2) A petition under this section must be filed within ten  
37 calendar days following the designated crisis responder investigation  
38 or the request for a designated crisis responder investigation. If  
39 more than ten days have elapsed, the immediate family member,

1 guardian, or conservator may request a new designated crisis  
2 responder investigation.

3 (3) (a) The petition must be filed in the county in which the  
4 designated crisis responder investigation occurred or was requested  
5 to occur and must be submitted on forms developed by the  
6 administrative office of the courts for this purpose. The petition  
7 must be accompanied by a sworn declaration from the petitioner, and  
8 other witnesses if desired, describing why the person should be  
9 detained for evaluation and treatment. The description of why the  
10 person should be detained may contain, but is not limited to, the  
11 information identified in RCW 71.05.212.

12 (b) The petition must contain:

13 (i) A description of the relationship between the petitioner and  
14 the person; and

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

17 (4) The court shall, within one judicial day, review the petition  
18 to determine whether the petition raises sufficient evidence to  
19 support the allegation. If the court so finds, it shall provide a  
20 copy of the petition to the designated crisis responder agency with  
21 an order for the agency to provide the court, within one judicial  
22 day, with a written sworn statement describing the basis for the  
23 decision not to seek initial detention and a copy of all information  
24 material to the designated crisis responder's current decision.

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

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

33 (7) The court must issue a final ruling on the petition within  
34 five judicial days after it is filed. After reviewing all of the  
35 information provided to the court, the court may enter an order for  
36 initial detention or an order instructing the designated crisis  
37 responder to file a petition for assisted outpatient behavioral  
38 health treatment if the court finds that: (a) There is probable cause  
39 to support a petition for detention or assisted outpatient behavioral  
40 health treatment; and (b) the person has refused or failed to accept

1 appropriate evaluation and treatment voluntarily. The court shall  
2 transmit its final decision to the petitioner.

3 (8) If the court enters an order for initial detention, it shall  
4 provide the order to the designated crisis responder agency and issue  
5 a written order for apprehension (~~(of the person by a peace officer~~  
6 ~~for delivery of the person to a facility or emergency room determined~~  
7 ~~by the designated crisis responder)~~). The designated crisis responder  
8 agency serving the jurisdiction of the court must collaborate and  
9 coordinate with law enforcement regarding apprehensions and  
10 detentions under this subsection, including sharing of information  
11 relating to risk and which would assist in locating the person. A  
12 person may not be detained to jail pursuant to a written order issued  
13 under this subsection. An order for detention under this section  
14 should contain the advisement of rights which the person would  
15 receive if the person were detained by a designated crisis responder.  
16 An order for initial detention under this section expires one hundred  
17 eighty days from issuance.

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

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

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

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

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

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

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

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

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

34 (3) An evaluation and treatment center, secure withdrawal  
35 management and stabilization facility, or approved substance use  
36 disorder treatment program admitting or accepting any person pursuant  
37 to this chapter whose physical condition reveals the need for  
38 hospitalization shall assure that such person is transferred to an  
39 appropriate hospital for evaluation or admission for treatment.  
40 Notice of such fact shall be given to the court, the designated

1 attorney, and the designated crisis responder and the court shall  
2 order such continuance in proceedings under this chapter as may be  
3 necessary, but in no event may this continuance be more than fourteen  
4 days.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10       (b) Historical behavior, including history of one or more violent  
11 acts;

12       (c) Prior determinations of incompetency or insanity under  
13 chapter 10.77 RCW; and

14       (d) Prior commitments under this chapter.

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

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

29       (a) Such symptoms or behavior are closely associated with  
30 symptoms or behavior which preceded and led to a past incident of  
31 involuntary hospitalization, severe deterioration from safe behavior,  
32 or one or more violent acts;

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

35       (c) Without treatment, the continued deterioration of the  
36 respondent is probable.

37       (4) When conducting an evaluation for offenders identified under  
38 RCW 72.09.370, the designated crisis responder or professional person  
39 shall consider an offender's history of judicially required or

1 administratively ordered antipsychotic medication while in  
2 confinement.

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

5 The authority shall develop statewide protocols to be utilized by  
6 professional persons and designated crisis responders in  
7 administration of this chapter and chapters 10.77 and 71.34 RCW. The  
8 protocols shall be updated at least every three years. The protocols  
9 shall provide uniform development and application of criteria in  
10 evaluation and commitment recommendations, of persons who have, or  
11 are alleged to have, (~~mental disorders or substance use~~) behavioral  
12 health disorders and are subject to this chapter.

13 The initial protocols shall be developed not later than September  
14 1, 1999. The authority shall develop and update the protocols in  
15 consultation with representatives of designated crisis responders,  
16 the department of social and health services, local government, law  
17 enforcement, county and city prosecutors, public defenders, and  
18 groups concerned with (~~mental illness and substance use~~) behavioral  
19 health disorders. The protocols shall be submitted to the governor  
20 and legislature upon adoption by the authority.

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

23 (1) A person found to be gravely disabled or (~~presents~~) to  
24 present a likelihood of serious harm as a result of a (~~mental~~  
25 ~~disorder or substance use~~) behavioral health disorder has a right to  
26 refuse antipsychotic medication unless it is determined that the  
27 failure to medicate may result in a likelihood of serious harm or  
28 substantial deterioration or substantially prolong the length of  
29 involuntary commitment and there is no less intrusive course of  
30 treatment than medication in the best interest of that person.

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

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

35 (b) For short-term treatment up to thirty days, the right to  
36 refuse antipsychotic medications unless there is an additional  
37 concurring medical opinion approving medication by a psychiatrist,  
38 physician assistant working with a supervising psychiatrist,

1 psychiatric advanced registered nurse practitioner, or physician or  
2 physician assistant in consultation with a mental health professional  
3 with prescriptive authority.

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

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

17 (e) Documentation in the medical record of the attempt by the  
18 physician, physician assistant, or psychiatric advanced registered  
19 nurse practitioner to obtain informed consent and the reasons why  
20 antipsychotic medication is being administered over the person's  
21 objection or lack of consent.

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

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

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

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

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

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

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

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

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

8       (h) To discuss treatment plans and decisions with professional  
9 persons;

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

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

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

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

36       ~~((c))~~ (iii) The person shall be present at any hearing on a  
37 request to administer antipsychotic medication or electroconvulsant  
38 therapy filed pursuant to this subsection. The person has the right:  
39 ~~((i))~~ (A) To be represented by an attorney; ~~((ii))~~ (B) to present  
40 evidence; ~~((iii))~~ (C) to cross-examine witnesses; ~~((iv))~~ (D) to

1 have the rules of evidence enforced; ~~((+v+))~~ (E) to remain silent;  
2 ~~((+vi+))~~ (F) to view and copy all petitions and reports in the court  
3 file; and ~~((+vii+))~~ (G) to be given reasonable notice and an  
4 opportunity to prepare for the hearing. The court may appoint a  
5 psychiatrist, physician assistant working with a supervising  
6 psychiatrist, psychiatric advanced registered nurse practitioner,  
7 psychologist within their scope of practice, physician assistant, or  
8 physician to examine and testify on behalf of such person. The court  
9 shall appoint a psychiatrist, physician assistant working with a  
10 supervising psychiatrist, psychiatric advanced registered nurse  
11 practitioner, psychologist within their scope of practice, physician  
12 assistant, or physician designated by such person or the person's  
13 counsel to testify on behalf of the person in cases where an order  
14 for electroconvulsant therapy is sought.

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

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

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

28 ~~((+i+))~~ (A) A person presents an imminent likelihood of serious  
29 harm;

30 ~~((+ii+))~~ (B) Medically acceptable alternatives to administration  
31 of antipsychotic medications are not available, have not been  
32 successful, or are not likely to be effective; and

33 ~~((+iii+))~~ (C) In the opinion of the physician, physician  
34 assistant, or psychiatric advanced registered nurse practitioner with  
35 responsibility for treatment of the person, or his or her designee,  
36 the person's condition constitutes an emergency requiring the  
37 treatment be instituted before a judicial hearing as authorized  
38 pursuant to this section can be held.

39 If antipsychotic medications are administered over a person's  
40 lack of consent pursuant to this subsection, a petition for an order

1 authorizing the administration of antipsychotic medications shall be  
2 filed on the next judicial day. The hearing shall be held within two  
3 judicial days. If deemed necessary by the physician, physician  
4 assistant, or psychiatric advanced registered nurse practitioner with  
5 responsibility for the treatment of the person, administration of  
6 antipsychotic medications may continue until the hearing is held;

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

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

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

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

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

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

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

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

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

1 (d) To cross-examine witnesses who testify against him or her;  
2 (e) To be proceeded against by the rules of evidence;  
3 (f) To have the court appoint a reasonably available independent  
4 professional person to examine the person and testify in the hearing,  
5 at public expense unless the person is able to bear the cost;

6 (g) To view and copy all petitions and reports in the court file;  
7 and

8 (h) To refuse psychiatric medications, including antipsychotic  
9 medication beginning twenty-four hours prior to the probable cause  
10 hearing.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38       ~~((a))~~ (i) The administration of antipsychotic medication or  
39 electroconvulsant therapy shall not be ordered unless the petitioning

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

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

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

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

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

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

8       ~~((i))~~ (A) A person presents an imminent likelihood of serious  
9 harm;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (g) To view and copy all petitions and reports in the court file;  
28 and

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

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

35 (7)(a) Privileges between patients and physicians, physician  
36 assistants, psychologists, or psychiatric advanced registered nurse  
37 practitioners are deemed waived in proceedings under this chapter  
38 relating to the administration of antipsychotic medications. As to  
39 other proceedings under this chapter, the privileges are waived when  
40 a court of competent jurisdiction in its discretion determines that

1 such waiver is necessary to protect either the detained person or the  
2 public.

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

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

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

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

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

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

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

30 (1) The professional staff of the facility providing evaluation  
31 services has analyzed the person's condition and finds that the  
32 condition is caused by ~~((mental disorder or substance use))~~ a  
33 behavioral health disorder and results in: (a) A likelihood of  
34 serious harm ~~((results in))~~; (b) the person being gravely  
35 disabled ~~((results in))~~; (c) the person being in need of  
36 assisted outpatient behavioral health treatment ~~((results in))~~; and  
37 are prepared to testify those conditions are met; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (1) The professional staff of the facility providing evaluation  
25 services has analyzed the person's condition and finds that the  
26 condition is caused by (~~mental disorder or substance use~~) a  
27 behavioral health disorder and results in: (a) A likelihood of  
28 serious harm(~~(r) results in~~); (b) the person being gravely  
29 disabled(~~(r)~~); or (~~results in~~) (c) the person being in need of  
30 assisted outpatient behavioral health treatment(~~(r)~~); and are  
31 prepared to testify those conditions are met; and

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

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

37 (4) (a) (i) The professional staff of the facility or the  
38 designated crisis responder has filed a petition with the court for a

1 fourteen day involuntary detention or a ninety day less restrictive  
2 alternative. The petition must be signed by:

3 (A) One physician, physician assistant, or psychiatric advanced  
4 registered nurse practitioner; and

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

7 (ii) If the petition is for substance use disorder treatment, the  
8 petition may be signed by a (~~chemical dependency~~) substance use  
9 disorder professional instead of a mental health professional and by  
10 an advanced registered nurse practitioner instead of a psychiatric  
11 advanced registered nurse practitioner. The persons signing the  
12 petition must have examined the person.

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

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

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

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

38 (8) At the conclusion of the initial commitment period, the  
39 professional staff of the agency or facility or the designated crisis  
40 responder may petition for an additional period of either ninety days

1 of less restrictive alternative treatment or ninety days of  
2 involuntary intensive treatment as provided in RCW 71.05.290; and

3 (9) If the hospital or facility designated to provide less  
4 restrictive alternative treatment is other than the facility  
5 providing involuntary treatment, the outpatient facility so  
6 designated to provide less restrictive alternative treatment has  
7 agreed to assume such responsibility.

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

10 (1) If an individual is referred to a designated crisis responder  
11 under RCW 10.77.088(~~((1)(e)(i))~~) (2)(d)(i), the designated crisis  
12 responder shall examine the individual within forty-eight hours. If  
13 the designated crisis responder determines it is not appropriate to  
14 detain the individual or petition for a ninety-day less restrictive  
15 alternative under RCW 71.05.230(4), that decision shall be  
16 immediately presented to the superior court for hearing. The court  
17 shall hold a hearing to consider the decision of the designated  
18 crisis responder not later than the next judicial day. At the hearing  
19 the superior court shall review the determination of the designated  
20 crisis responder and determine whether an order should be entered  
21 requiring the person to be evaluated at an evaluation and treatment  
22 facility. No person referred to an evaluation and treatment facility  
23 may be held at the facility longer than seventy-two hours.

24 (2) If an individual is placed in an evaluation and treatment  
25 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional  
26 person shall evaluate the individual for purposes of determining  
27 whether to file a ninety-day inpatient or outpatient petition under  
28 this chapter. Before expiration of the seventy-two hour evaluation  
29 period authorized under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the  
30 professional person shall file a petition or, if the recommendation  
31 of the professional person is to release the individual, present his  
32 or her recommendation to the superior court of the county in which  
33 the criminal charge was dismissed. The superior court shall review  
34 the recommendation not later than forty-eight hours, excluding  
35 Saturdays, Sundays, and holidays, after the recommendation is  
36 presented. If the court rejects the recommendation to unconditionally  
37 release the individual, the court may order the individual detained  
38 at a designated evaluation and treatment facility for not more than a  
39 seventy-two hour evaluation and treatment period (~~and direct the~~

1 individual to appear at a surety hearing before that court within  
2 seventy-two hours, or the court may release the individual but direct  
3 the individual to appear at a surety hearing set before that court  
4 within eleven days, at which time the prosecutor may file a petition  
5 under this chapter for ninety-day inpatient or outpatient treatment.  
6 If a petition is filed by the prosecutor, the court may order that  
7 the person named in the petition be detained at the evaluation and  
8 treatment facility that performed the evaluation under this  
9 subsection or order the respondent to be in outpatient treatment. If  
10 a petition is filed but the individual fails to appear in court for  
11 the surety hearing, the court shall order that a mental health  
12 professional or peace officer shall take such person or cause such  
13 person to be taken into custody and placed in an evaluation and  
14 treatment facility to be brought before the court the next judicial  
15 day after detention)). If the evaluation and treatment facility files  
16 a ninety-day petition within the seventy-two hour period, the clerk  
17 shall set a hearing after the day of filing consistent with RCW  
18 71.05.300. Upon the individual's first appearance in court after a  
19 petition has been filed, proceedings under RCW 71.05.310 and  
20 71.05.320 shall commence. For an individual subject to this  
21 subsection, the ((prosecutor or)) professional person may directly  
22 file a petition for ninety-day inpatient or outpatient treatment and  
23 no petition for initial detention or fourteen-day detention is  
24 required before such a petition may be filed.

25 ((The court shall conduct the hearing on the petition filed under  
26 this subsection within five judicial days of the date the petition is  
27 filed. The court may continue the hearing upon the written request of  
28 the person named in the petition or the person's attorney, for good  
29 cause shown, which continuance shall not exceed five additional  
30 judicial days. If the person named in the petition requests a jury  
31 trial, the trial shall commence within ten judicial days of the date  
32 of the filing of the petition. The burden of proof shall be by clear,  
33 cogent, and convincing evidence and shall be upon the petitioner. The  
34 person shall be present at such proceeding, which shall in all  
35 respects accord with the constitutional guarantees of due process of  
36 law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9)).

37 During the proceeding the person named in the petition shall  
38 continue to be detained and treated until released by order of the  
39 court. If no order has been made within thirty days after the filing  
40 of the petition, not including any extensions of time requested by

1 ~~the detained person or his or her attorney, the detained person shall~~  
2 ~~be released.)~~)

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

9 ~~((4) The individual shall have the rights specified in RCW~~  
10 ~~71.05.360 (8) and (9).))~~

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

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

28 (2) If an individual is placed in an evaluation and treatment  
29 facility under RCW 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), a professional  
30 person shall evaluate the individual for purposes of determining  
31 whether to file a ninety-day inpatient or outpatient petition under  
32 this chapter. Before expiration of the (~~(seventy-two)~~) one hundred  
33 twenty hour evaluation period authorized under RCW  
34 10.77.088(~~((1)(e)(ii))~~) (2)(d)(ii), the professional person shall  
35 file a petition or, if the recommendation of the professional person  
36 is to release the individual, present his or her recommendation to  
37 the superior court of the county in which the criminal charge was  
38 dismissed. The superior court shall review the recommendation not  
39 later than forty-eight hours, excluding Saturdays, Sundays, and

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

30 ~~((The court shall conduct the hearing on the petition filed under~~  
31 ~~this subsection within five judicial days of the date the petition is~~  
32 ~~filed. The court may continue the hearing upon the written request of~~  
33 ~~the person named in the petition or the person's attorney, for good~~  
34 ~~cause shown, which continuance shall not exceed five additional~~  
35 ~~judicial days. If the person named in the petition requests a jury~~  
36 ~~trial, the trial shall commence within ten judicial days of the date~~  
37 ~~of the filing of the petition. The burden of proof shall be by clear,~~  
38 ~~eogent, and convincing evidence and shall be upon the petitioner. The~~  
39 ~~person shall be present at such proceeding, which shall in all~~

1 ~~respects accord with the constitutional guarantees of due process of~~  
2 ~~law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).~~

3 ~~During the proceeding the person named in the petition shall~~  
4 ~~continue to be detained and treated until released by order of the~~  
5 ~~court. If no order has been made within thirty days after the filing~~  
6 ~~of the petition, not including any extensions of time requested by~~  
7 ~~the detained person or his or her attorney, the detained person shall~~  
8 ~~be released.)~~)

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

15 ~~((4) The individual shall have the rights specified in RCW~~  
16 ~~71.05.360 (8) and (9).))~~

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

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

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

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

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

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

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

37 (1) If a petition is filed for fourteen day involuntary treatment  
38 or ninety days of less restrictive alternative treatment, the court

1 shall hold a probable cause hearing within seventy-two hours of the  
2 initial detention of such person as determined in RCW 71.05.180, or  
3 at a time determined under RCW 71.05.148. (~~(If requested by the~~  
4 ~~person or his or her attorney, the hearing may be postponed for a~~  
5 ~~period not to exceed forty-eight hours. The hearing may also be~~  
6 ~~continued subject to the conditions set forth in RCW 71.05.210 or~~  
7 ~~subject to the petitioner's showing of good cause for a period not to~~  
8 ~~exceed twenty-four hours.))~~)

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

16 (3) If the person or his or her attorney alleges, prior to the  
17 commencement of the hearing, that the person has in good faith  
18 volunteered for treatment, the petitioner must show, by preponderance  
19 of the evidence, that the person has not in good faith volunteered  
20 for appropriate treatment. In order to qualify as a good faith  
21 volunteer, the person must abide by procedures and a treatment plan  
22 as prescribed by a treatment facility and professional staff.

23 (4)(a) Subject to (b) of this subsection, at the conclusion of  
24 the probable cause hearing, if the court finds by a preponderance of  
25 the evidence that such person, as the result of a (~~(mental disorder~~  
26 ~~or substance use)) behavioral health disorder, presents a likelihood  
27 of serious harm, or is gravely disabled, and, after considering less  
28 restrictive alternatives to involuntary detention and treatment,  
29 finds that no such alternatives are in the best interests of such  
30 person or others, the court shall order that such person be detained  
31 for involuntary treatment not to exceed fourteen days in a facility  
32 licensed or certified to provide treatment by the department or under  
33 RCW 71.05.745.~~

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

1 facility or approved substance use disorder treatment program if  
2 there is an available facility with adequate space for the person.

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

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

19 (~~(4)~~) (5) An order for less restrictive alternative treatment  
20 must name the (~~mental~~) behavioral health service provider  
21 responsible for identifying the services the person will receive in  
22 accordance with RCW 71.05.585, and must include a requirement that  
23 the person cooperate with the (~~services planned by~~) treatment  
24 recommendations of the (~~mental~~) behavioral health service provider.

25 (~~(5)~~) (6) The court shall (~~specifically state to such person~~  
26 ~~and give such person notice~~) notify the person orally and in writing  
27 that if involuntary treatment is sought beyond the fourteen-day  
28 (~~period~~) inpatient or (~~beyond the~~) ninety-day(~~s of~~) less  
29 restrictive treatment (~~is to be sought~~) period, (~~such~~) the person  
30 (~~will have~~) has the right to a full hearing or jury trial (~~as~~  
31 ~~required by~~) under RCW 71.05.310. If the commitment is for mental  
32 health treatment, the court shall also (~~state to~~) notify the person  
33 (~~and provide written notice~~) orally and in writing that the person  
34 is barred from the possession of firearms and that the prohibition  
35 remains in effect until a court restores his or her right to possess  
36 a firearm under RCW 9.41.047.

37 **Sec. 39.** RCW 71.05.240 and 2019 c 446 s 11 are each amended to  
38 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~~) one  
4 hundred twenty hours of the initial detention of such person as  
5 determined in RCW 71.05.180, or at a time determined under RCW  
6 71.05.148. (~~If requested by the person or his or her attorney, the~~  
7 ~~hearing may be postponed for a period not to exceed forty-eight~~  
8 ~~hours. The hearing may also be continued subject to the conditions~~  
9 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~  
10 ~~good cause for a period not to exceed twenty-four hours.))~~

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

18 (3) If the person or his or her attorney alleges, prior to the  
19 commencement of the hearing, that the person has in good faith  
20 volunteered for treatment, the petitioner must show, by preponderance  
21 of the evidence, that the person has not in good faith volunteered  
22 for appropriate treatment. In order to qualify as a good faith  
23 volunteer, the person must abide by procedures and a treatment plan  
24 as prescribed by a treatment facility and professional staff.

25 (4)(a) Subject to (b) of this subsection, at the conclusion of  
26 the probable cause hearing, if the court finds by a preponderance of  
27 the evidence that such person, as the result of a (~~mental disorder~~  
28 ~~or substance use~~) behavioral health disorder, presents a likelihood  
29 of serious harm, or is gravely disabled, and, after considering less  
30 restrictive alternatives to involuntary detention and treatment,  
31 finds that no such alternatives are in the best interests of such  
32 person or others, the court shall order that such person be detained  
33 for involuntary treatment not to exceed fourteen days in a facility  
34 licensed or certified to provide treatment by the department or under  
35 RCW 71.05.745.

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

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

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

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

20 (~~(4)~~) (5) An order for less restrictive alternative treatment  
21 must name the (~~mental~~) behavioral health service provider  
22 responsible for identifying the services the person will receive in  
23 accordance with RCW 71.05.585, and must include a requirement that  
24 the person cooperate with the (~~services planned by~~) treatment  
25 recommendations of the (~~mental~~) behavioral health service provider.

26 (~~(5)~~) (6) The court shall (~~specifically state to such person~~  
27 ~~and give such person notice~~) notify the person orally and in writing  
28 that if involuntary treatment is sought beyond the fourteen-day  
29 (~~period~~) inpatient or (~~beyond the~~) ninety-day(~~s of~~) less  
30 restrictive treatment (~~is to be sought~~) period, (~~such~~) the person  
31 (~~will have~~) has the right to a full hearing or jury trial (~~as~~  
32 ~~required by~~) under RCW 71.05.310. If the commitment is for mental  
33 health treatment, the court shall also (~~state to~~) notify the person  
34 (~~and provide written notice~~) orally and in writing that the person  
35 is barred from the possession of firearms and that the prohibition  
36 remains in effect until a court restores his or her right to possess  
37 a firearm under RCW 9.41.047.

38 **Sec. 40.** RCW 71.05.240 and 2019 c 446 s 12 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~~) one  
4 hundred twenty hours of the initial detention of such person as  
5 determined in RCW 71.05.180, or at a time determined under RCW  
6 71.05.148. (~~If requested by the person or his or her attorney, the~~  
7 ~~hearing may be postponed for a period not to exceed forty-eight~~  
8 ~~hours. The hearing may also be continued subject to the conditions~~  
9 ~~set forth in RCW 71.05.210 or subject to the petitioner's showing of~~  
10 ~~good cause for a period not to exceed twenty-four hours.))~~

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

18 (3) If the person or his or her attorney alleges, prior to the  
19 commencement of the hearing, that the person has in good faith  
20 volunteered for treatment, the petitioner must show, by preponderance  
21 of the evidence, that the person has not in good faith volunteered  
22 for appropriate treatment. In order to qualify as a good faith  
23 volunteer, the person must abide by procedures and a treatment plan  
24 as prescribed by a treatment facility and professional staff.

25 (4)(a) ((Subject to (b) of this subsection,)) At the conclusion  
26 of the probable cause hearing, if the court finds by a preponderance  
27 of the evidence that such person, as the result of a (~~mental~~  
28 ~~disorder or substance use~~) behavioral health disorder, presents a  
29 likelihood of serious harm, or is gravely disabled, and, after  
30 considering less restrictive alternatives to involuntary detention  
31 and treatment, finds that no such alternatives are in the best  
32 interests of such person or others, the court shall order that such  
33 person be detained for involuntary treatment not to exceed fourteen  
34 days in a facility licensed or certified to provide treatment by the  
35 department or under RCW 71.05.745.

36 (b) (~~Commitment for up to fourteen days based on a substance use~~  
37 ~~disorder must be to either a secure withdrawal management and~~  
38 ~~stabilization facility or an approved substance use disorder~~  
39 ~~treatment program.~~

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

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

17 ~~((4))~~ (5) An order for less restrictive alternative treatment  
18 must name the ~~((mental))~~ behavioral health service provider  
19 responsible for identifying the services the person will receive in  
20 accordance with RCW 71.05.585, and must include a requirement that  
21 the person cooperate with the ~~((services planned by))~~ treatment  
22 recommendations of the ~~((mental))~~ behavioral health service provider.

23 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~  
24 ~~and give such person notice))~~ notify the person orally and in writing  
25 that if involuntary treatment is sought beyond the fourteen-day  
26 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less  
27 restrictive treatment ~~((is to be sought))~~ period, such person ~~((will~~  
28 ~~have))~~ has the right to a full hearing or jury trial ~~((as required~~  
29 ~~by))~~ under RCW 71.05.310. If the commitment is for mental health  
30 treatment, the court shall also ~~((state to))~~ notify the person ~~((and~~  
31 ~~provide written notice))~~ orally and in writing that the person is  
32 barred from the possession of firearms and that the prohibition  
33 remains in effect until a court restores his or her right to possess  
34 a firearm under RCW 9.41.047.

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

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

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

7 (2) Such person was taken into custody as a result of conduct in  
8 which he or she attempted or inflicted physical harm upon the person  
9 of another or himself or herself, or substantial damage upon the  
10 property of others, and continues to present, as a result of (~~mental  
11 disorder or substance use~~) a behavioral health disorder, a  
12 likelihood of serious harm; or

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

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

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

26 (4) Such person is gravely disabled; or

27 (5) Such person is in need of assisted outpatient behavioral  
28 health treatment.

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

31 (1) At any time during a person's fourteen day intensive  
32 treatment period, the professional person in charge of a treatment  
33 facility or his or her professional designee or the designated crisis  
34 responder may petition the superior court for an order requiring such  
35 person to undergo an additional period of treatment. Such petition  
36 must be based on one or more of the grounds set forth in RCW  
37 71.05.280.

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

4 (A) One physician, physician assistant, or psychiatric advanced  
5 registered nurse practitioner; and

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

8 (ii) If the petition is for substance use disorder treatment, the  
9 petition may be signed by a ~~((chemical dependency))~~ substance use  
10 disorder professional instead of a mental health professional and by  
11 an advanced registered nurse practitioner instead of a psychiatric  
12 advanced registered nurse practitioner.

13 (b) The affidavits shall describe in detail the behavior of the  
14 detained person which supports the petition and shall explain what,  
15 if any, less restrictive treatments which are alternatives to  
16 detention are available to such person, and shall state the  
17 willingness of the affiant to testify to such facts in subsequent  
18 judicial proceedings under this chapter. If less restrictive  
19 alternative treatment is sought, the petition shall set forth any  
20 recommendations for less restrictive alternative treatment services.

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

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

31 (1) The petition for ninety day treatment shall be filed with the  
32 clerk of the superior court at least three days before expiration of  
33 the fourteen-day period of intensive treatment. ~~((At the time of  
34 filing such petition,))~~ The clerk shall set a ((time for the person  
35 to come before the court on the next judicial day after the day of  
36 filing unless such appearance is waived by the person's attorney, and  
37 the clerk shall)) trial setting date as provided in RCW 71.05.310 on  
38 the next judicial day after the date of filing the petition and  
39 notify the designated crisis responder. The designated crisis

1 responder shall immediately notify the person detained, his or her  
2 attorney, if any, and his or her guardian or conservator, if any, the  
3 prosecuting attorney, and the behavioral health administrative  
4 services organization administrator, and provide a copy of the  
5 petition to such persons as soon as possible. The behavioral health  
6 administrative services organization administrator or designee may  
7 review the petition and may appear and testify at the full hearing on  
8 the petition.

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

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

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

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

34 The court shall (~~conduct~~) set a hearing on the petition for  
35 ninety-day or one hundred eighty-day treatment within five judicial  
36 days of the (~~first court appearance after the probable cause~~  
37 ~~hearing~~) trial setting hearing, or within ten judicial days for a  
38 petition filed under RCW 71.05.280(3). The court may continue the  
39 hearing (~~for good cause upon the written request of the person named~~

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

15 During the proceeding, the person named in the petition shall  
16 continue to be treated until released by order of the superior court  
17 or discharged by the medical provider. If ((no order has been made))  
18 the hearing has not commenced within thirty days after the filing of  
19 the petition, not including extensions of time ((requested by the  
20 detained person or his or her attorney, or the petitioner in the case  
21 of a petition filed under RCW 71.05.280(3)) ordered under section 37  
22 of this act, the detained person shall be released.

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

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

33 (b) If the order for inpatient treatment is based on a substance  
34 use disorder, ((treatment must take place at an approved substance  
35 use disorder treatment program.)) the court may only enter an order  
36 for commitment ((based on a substance use disorder)) if there is an  
37 available ((approved substance use disorder)) treatment program with  
38 adequate space for the person.

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

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

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

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

39 (a) During the current period of court ordered treatment: (i) Has  
40 threatened, attempted, or inflicted physical harm upon the person of

1 another, or substantial damage upon the property of another, and (ii)  
2 as a result of a (~~mental disorder, substance use~~) behavioral health  
3 disorder(~~(7)~~) or developmental disability presents a likelihood of  
4 serious harm; or

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

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

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

30 (d) Continues to be gravely disabled; or

31 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
32 health treatment.

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

36 If less restrictive alternative treatment is sought, the petition  
37 shall set forth any recommendations for less restrictive alternative  
38 treatment services.

39 (5) A new petition for involuntary treatment filed under  
40 subsection (4) of this section shall be filed and heard in the

1 superior court of the county of the facility which is filing the new  
2 petition for involuntary treatment unless good cause is shown for a  
3 change of venue. The cost of the proceedings shall be borne by the  
4 state.

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

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

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

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

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

1 (1) If the court or jury finds that grounds set forth in RCW  
2 71.05.280 have been proven and that the best interests of the person  
3 or others will not be served by a less restrictive treatment which is  
4 an alternative to detention, the court shall remand him or her to the  
5 custody of the department of social and health services or to a  
6 facility certified for ninety day treatment by the department for a  
7 further period of intensive treatment not to exceed ninety days from  
8 the date of judgment.

9 If the ~~((order for inpatient treatment is based on a substance~~  
10 ~~use disorder, treatment must take place at an approved substance use~~  
11 ~~disorder treatment program. If the))~~ grounds set forth in RCW  
12 71.05.280(3) are the basis of commitment, then the period of  
13 treatment may be up to but not exceed one hundred eighty days from  
14 the date of judgment to the custody of the department of social and  
15 health services or to a facility certified for one hundred eighty-day  
16 treatment by the department or under RCW 71.05.745.

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

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

1 services planned by the ((mental)) behavioral health service  
2 provider.

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

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

21 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result  
22 of ((~~mental~~)) a behavioral health disorder or developmental  
23 disability continues to present a substantial likelihood of repeating  
24 acts similar to the charged criminal behavior, when considering the  
25 person's life history, 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~~)) behavioral health disorder or  
31 developmental disability that results in a substantial likelihood of  
32 committing acts similar to the charged criminal behavior, unless the  
33 person presents proof through an admissible expert opinion that the  
34 person's condition has so changed such that the ((~~mental~~)) behavioral  
35 health disorder or developmental disability no longer presents a  
36 substantial likelihood of the person committing acts similar to the  
37 charged criminal behavior. The initial or additional commitment  
38 period may include transfer to a specialized program of intensive  
39 support and treatment, which may be initiated prior to or after  
40 discharge from the state hospital; or

1 (d) Continues to be gravely disabled; or

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

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

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

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

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

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

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

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

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

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

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

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

23 (b) When a person receiving court-ordered treatment or treatment  
24 ordered by the department of corrections discloses to his or her  
25 (~~mental~~) behavioral health service provider that he or she is  
26 subject to supervision by the department of corrections, the  
27 (~~mental~~) behavioral health service provider shall notify the  
28 department of corrections that he or she is treating the offender and  
29 shall notify the offender that his or her community corrections  
30 officer will be notified of the treatment, provided that if the  
31 offender has received relief from disclosure pursuant to RCW  
32 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)  
33 behavioral health service provider with a copy of the order granting  
34 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the  
35 (~~mental~~) behavioral health service provider is not required to  
36 notify the department of corrections that the (~~mental~~) behavioral  
37 health service provider is treating the offender. The notification  
38 may be written or oral and shall not require the consent of the

1 offender. If an oral notification is made, it must be confirmed by a  
2 written notification. For purposes of this section, a written  
3 notification includes notification by email or facsimile, so long as  
4 the notifying (~~mental~~) behavioral health service provider is  
5 clearly identified.

6 (2) The information to be released to the department of  
7 corrections shall include all relevant records and reports, as  
8 defined by rule, necessary for the department of corrections to carry  
9 out its duties.

10 (3) The authority and the department of corrections, in  
11 consultation with behavioral health administrative services  
12 organizations, managed care organizations, (~~mental~~) behavioral  
13 health service providers as defined in RCW 71.05.020, (~~mental~~)  
14 behavioral health consumers, and advocates for persons with (~~mental~~  
15 ~~illness~~) behavioral health disorders, shall adopt rules to implement  
16 the provisions of this section related to the type and scope of  
17 information to be released. These rules shall:

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

24 (b) Establish requirements for the notification of persons under  
25 the supervision of the department of corrections regarding the  
26 provisions of this section.

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

31 (5) No (~~mental~~) behavioral health service provider or  
32 individual employed by a (~~mental~~) behavioral health service  
33 provider shall be held responsible for information released to or  
34 used by the department of corrections under the provisions of this  
35 section or rules adopted under this section.

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

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

4 (8) The authority shall, subject to available resources,  
5 electronically, or by the most cost-effective means available,  
6 provide the department of corrections with the names, last dates of  
7 services, and addresses of specific behavioral health administrative  
8 services organizations, managed care organizations, and ~~((mental))~~  
9 behavioral health service providers that delivered ~~((mental))~~  
10 behavioral health services to a person subject to chapter 9.94A or  
11 9.95 RCW pursuant to an agreement between the authority and the  
12 department of corrections.

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

15 When funded, the Washington association of sheriffs and police  
16 chiefs, in consultation with the criminal justice training  
17 commission, must develop and adopt a model policy for use by law  
18 enforcement agencies relating to a law enforcement officer's referral  
19 of a person to a ~~((mental))~~ behavioral health agency after receiving  
20 a report of threatened or attempted suicide. The model policy must  
21 complement the criminal justice training commission's crisis  
22 intervention training curriculum.

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

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

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

32 When, in the judgment of the department of social and health  
33 services, the welfare of any person committed to or confined in any  
34 state juvenile correctional institution or facility necessitates that  
35 such a person be transferred or moved for observation, diagnosis or  
36 treatment to any state institution or facility for the care of  
37 juveniles with ~~((mental illness))~~ behavioral health disorders the

1 secretary of the department of social and health services, or his or  
2 her designee, is authorized to order and effect such move or  
3 transfer: PROVIDED, HOWEVER, That the secretary of the department of  
4 social and health services shall adopt and implement procedures to  
5 assure that persons so transferred shall, while detained or confined  
6 in such institution or facility for the care of juveniles with  
7 (~~mental illness~~) behavioral health disorders, be provided with  
8 substantially similar opportunities for parole or early release  
9 evaluation and determination as persons detained or confined in state  
10 juvenile correctional institutions or facilities: PROVIDED, FURTHER,  
11 That the secretary of the department of social and health services  
12 shall notify the original committing court of such transfer.

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

15 Evaluation and treatment facilities and secure (~~detoxification~~)  
16 withdrawal management and stabilization facilities authorized  
17 pursuant to this chapter may be part of the comprehensive community  
18 (~~mental~~) behavioral health services program conducted in counties  
19 pursuant to chapter 71.24 RCW, and may receive funding pursuant to  
20 the provisions thereof.

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

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

25 (a) Assignment of a care coordinator;

26 (b) An intake evaluation with the provider of the less  
27 restrictive alternative treatment;

28 (c) A psychiatric evaluation;

29 (d) A schedule of regular contacts with the provider of the less  
30 restrictive alternative treatment services for the duration of the  
31 order;

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

34 (f) An individual crisis plan; and

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

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

3 (a) Medication management;

4 (b) Psychotherapy;

5 (c) Nursing;

6 (d) Substance abuse counseling;

7 (e) Residential treatment; and

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

9 (3) If the person was provided with involuntary medication under  
10 RCW 71.05.215 or pursuant to a judicial order during the involuntary  
11 commitment period, the less restrictive alternative treatment order  
12 may authorize the less restrictive alternative treatment provider or  
13 its designee to administer involuntary antipsychotic medication to  
14 the person if the provider has attempted and failed to obtain the  
15 informed consent of the person and there is a concurring medical  
16 opinion approving the medication by a psychiatrist, physician  
17 assistant working with a supervising psychiatrist, psychiatric  
18 advanced registered nurse practitioner, or physician or physician  
19 assistant in consultation with an independent mental health  
20 professional with prescribing authority.

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

25 ~~((4))~~ (5) The care coordinator assigned to a person ordered to  
26 less restrictive alternative treatment must submit an individualized  
27 plan for the person's treatment services to the court that entered  
28 the order. An initial plan must be submitted as soon as possible  
29 following the intake evaluation and a revised plan must be submitted  
30 upon any subsequent modification in which a type of service is  
31 removed from or added to the treatment plan.

32 ~~((5))~~ (6) For the purpose of this section, "care coordinator"  
33 means a clinical practitioner who coordinates the activities of less  
34 restrictive alternative treatment. The care coordinator coordinates  
35 activities with the designated crisis responders that are necessary  
36 for enforcement and continuation of less restrictive alternative  
37 orders and is responsible for coordinating service activities with  
38 other agencies and establishing and maintaining a therapeutic  
39 relationship with the individual on a continuing basis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (d) Except as provided in subsection (6) of this section, the  
37 issues for the court to determine are whether: (i) The person adhered  
38 to the terms and conditions of the court order; (ii) substantial  
39 deterioration in the person's functioning has occurred; (iii) there  
40 is evidence of substantial decompensation with a reasonable

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

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

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

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

8 (b) A person detained under this subsection may be held for  
9 evaluation for up to seventy-two hours, excluding weekends and  
10 holidays, pending a court hearing. If the person is not detained, the  
11 hearing must be scheduled within seventy-two hours of service on the  
12 person. The designated crisis responder or the secretary may modify  
13 or rescind the order at any time prior to commencement of the court  
14 hearing.

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

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

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

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

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

3 (b) Substantial deterioration in the person's functioning has  
4 occurred;

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

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

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

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

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

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

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

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

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

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

27 (4) (a) Except as provided in subsection (6) of this section, a  
28 designated crisis responder or the secretary of the department of  
29 social and health services may upon their own motion or notification  
30 by the facility or agency designated to provide outpatient care order  
31 a person subject to a court order under this chapter to be  
32 apprehended and taken into custody and temporary detention in an  
33 evaluation and treatment facility (~~in or near the county in which he~~  
34 ~~or she is receiving outpatient treatment if the person is committed~~  
35 ~~for mental health treatment, or, if the person is committed for~~  
36 ~~substance use disorder treatment, in a)), an available secure  
37 withdrawal management and stabilization facility with adequate space,  
38 or an available approved substance use disorder treatment program  
39 (~~if either is available~~) with adequate space, in or near the county  
40 in which he or she is receiving outpatient treatment (~~and has~~~~

1 ~~adequate space~~). Proceedings under this subsection (4) may be  
2 initiated without ordering the apprehension and detention of the  
3 person.

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

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

28 (d) Except as provided in subsection (6) of this section, the  
29 issues for the court to determine are whether: (i) The person adhered  
30 to the terms and conditions of the court order; (ii) substantial  
31 deterioration in the person's functioning has occurred; (iii) there  
32 is evidence of substantial decompensation with a reasonable  
33 probability that the decompensation can be reversed by further  
34 inpatient treatment; or (iv) there is a likelihood of serious harm;  
35 and, if any of the above conditions apply, whether the court should  
36 reinstate or modify the person's less restrictive alternative or  
37 conditional release order or order the person's detention for  
38 inpatient treatment. The person may waive the court hearing and allow  
39 the court to enter a stipulated order upon the agreement of all  
40 parties. If the court orders detention for inpatient treatment, the

1 treatment period (~~may be for no longer than the period~~) must be for  
2 fourteen days from the revocation hearing if the outpatient order was  
3 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
4 orders detention for inpatient treatment and the outpatient order was  
5 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
6 days remaining on the outpatient order must be converted to days of  
7 inpatient treatment authorized in the original court order. A court  
8 may not issue an order to detain a person for inpatient treatment in  
9 a secure withdrawal management and stabilization facility or approved  
10 substance use disorder treatment program under this subsection unless  
11 there is a secure withdrawal management and stabilization facility or  
12 approved substance use disorder treatment program available and with  
13 adequate space for the person.

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

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

1 (b) A person detained under this subsection may be held for  
2 evaluation for up to (~~seventy-two~~) one hundred twenty hours,  
3 excluding weekends and holidays, pending a court hearing. If the  
4 person is not detained, the hearing must be scheduled within  
5 (~~seventy-two~~) one hundred twenty hours of service on the person.  
6 The designated crisis responder or the secretary may modify or  
7 rescind the order at any time prior to commencement of the court  
8 hearing.

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

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

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

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

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

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

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

1 prevent decompensation, deterioration, or physical harm. Temporary  
2 detention for evaluation under this subsection is intended to occur  
3 only following a pattern of noncompliance or the failure of  
4 reasonable attempts at outreach and engagement, and may occur only  
5 when in the clinical judgment of a designated 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 or, if the current commitment is solely based on the  
13 person being in need of assisted outpatient behavioral health  
14 treatment as defined in RCW 71.05.020, initial inpatient detention  
15 procedures under subsection (6) of this section.

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

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

37 (b) Except as provided in subsection (6) of this section, a  
38 person detained under this subsection (4) must be held until such  
39 time, not exceeding five days, as a hearing can be scheduled to  
40 determine whether or not the person should be returned to the

1 hospital or facility from which he or she had been released. If the  
2 person is not detained, the hearing must be scheduled within five  
3 days of service on the person. The designated crisis responder or the  
4 secretary of the department of social and health services may modify  
5 or rescind the order at any time prior to commencement of the court  
6 hearing.

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

21 (d) Except as provided in subsection (6) of this section, the  
22 issues for the court to determine are whether: (i) The person adhered  
23 to the terms and conditions of the court order; (ii) substantial  
24 deterioration in the person's functioning has occurred; (iii) there  
25 is evidence of substantial decompensation with a reasonable  
26 probability that the decompensation can be reversed by further  
27 inpatient treatment; or (iv) there is a likelihood of serious harm;  
28 and, if any of the above conditions apply, whether the court should  
29 reinstate or modify the person's less restrictive alternative or  
30 conditional release order or order the person's detention for  
31 inpatient treatment. The person may waive the court hearing and allow  
32 the court to enter a stipulated order upon the agreement of all  
33 parties. If the court orders detention for inpatient treatment, the  
34 treatment period (~~may be for no longer than the period~~) must be for  
35 fourteen days from the revocation hearing if the outpatient order was  
36 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
37 orders detention for inpatient treatment and the outpatient order was  
38 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
39 days remaining on the outpatient order must be converted to days of  
40 inpatient treatment authorized in the original court order.

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

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

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

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

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

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

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

11 Annually, all community mental health employees who work directly  
12 with clients shall be provided with training on safety and violence  
13 prevention topics described in RCW 49.19.030. The curriculum for the  
14 training shall be developed collaboratively among the authority, the  
15 department, contracted ~~((mental))~~ behavioral health service  
16 providers, and employee organizations that represent community mental  
17 health workers.

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

20 All behavioral health administrative services organizations in  
21 the state of Washington must forward historical ~~((mental))~~ behavioral  
22 health involuntary commitment information retained by the  
23 organization, including identifying information and dates of  
24 commitment to the authority. As soon as feasible, the behavioral  
25 health administrative services organizations must arrange to report  
26 new commitment data to the authority within twenty-four hours.  
27 Commitment information under this section does not need to be resent  
28 if it is already in the possession of the authority. Behavioral  
29 health administrative services organizations and the authority shall  
30 be immune from liability related to the sharing of commitment  
31 information under this section.

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

34 (1) The authority may use a single bed certification process as  
35 outlined in rule to provide additional treatment capacity for a  
36 person suffering from a ~~((mental))~~ behavioral health disorder for  
37 whom an evaluation and treatment facility, secure withdrawal

1 management and stabilization facility, or approved substance use  
2 disorder treatment program bed is not available. The facility that is  
3 the proposed site of the single bed certification must be a facility  
4 that is willing and able to provide the person with timely and  
5 appropriate treatment either directly or by arrangement with other  
6 public or private agencies.

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

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

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

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

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

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

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

35 (b) The identity of the responsible behavioral health  
36 administrative services organization and managed care organization,  
37 if applicable;

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

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

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

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

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

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

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

28 (a) Not licensed or certified as an inpatient evaluation and  
29 treatment facility; or

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

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

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

1 certification or less restrictive alternative. Starting at the time  
2 when the designated crisis responder determines a person meets  
3 detention criteria and the investigation has been completed, the  
4 designated crisis responder has twenty-four hours to submit a  
5 completed report to the authority.

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

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

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

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

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

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

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

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

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

37 (6) For purposes of this section, the term "single bed  
38 certification" means a situation in which an adult on a (~~seventy-~~  
39 ~~two~~) one hundred twenty hour detention, fourteen-day commitment,

1 ninety-day commitment, or one hundred eighty-day commitment is  
2 detained to a facility that is:

3 (a) Not licensed or certified as an inpatient evaluation and  
4 treatment facility; or

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

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

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

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

34 (3)(a) It is the intent of the legislature to enhance continuity  
35 of care for minors with serious behavioral health disorders that can  
36 be controlled or stabilized in a less restrictive alternative  
37 commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d  
38 196 (1986), the legislature intends to encourage appropriate

1 interventions at a point when there is the best opportunity to  
2 restore the minor to or maintain satisfactory functioning.

3 (b) For minors with a prior history or pattern of repeated  
4 hospitalizations or law enforcement interventions due to  
5 decompensation, the consideration of prior behavioral health history  
6 is particularly relevant in determining whether the minor would  
7 receive, if released, such care as is essential for his or her health  
8 or safety.

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

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

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

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

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

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

38 (2) "Alcoholism" means a disease, characterized by a dependency  
39 on alcoholic beverages, loss of control over the amount and

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

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

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

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

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

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

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

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

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

29 (9) "Co-occurring disorder specialist" means an individual  
30 possessing an enhancement granted by the department of health under  
31 chapter 18.205 RCW that certifies the individual to provide substance  
32 use disorder counseling subject to the practice limitations under RCW  
33 18.205.105.

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

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

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

39 (13) "Evaluation and treatment facility" means a public or  
40 private facility or unit that is licensed or certified by the

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

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

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

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

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

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

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

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

39 (a) A substantial risk that: (i) Physical harm will be inflicted  
40 by (~~(an individual)~~) a minor upon his or her own person, as evidenced

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

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

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

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

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

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

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

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

39 (27) (a) "Parent" has the same meaning as defined in RCW  
40 26.26A.010, including either parent if custody is shared under a

1 joint custody agreement, or a person or agency judicially appointed  
2 as legal guardian or custodian of the child.

3 (b) For purposes of family-initiated treatment under RCW  
4 71.34.600 through 71.34.670, "parent" also includes a person to whom  
5 a parent defined in (a) of this subsection has given a signed  
6 authorization to make health care decisions for the adolescent, a  
7 stepparent who is involved in caring for the adolescent, a kinship  
8 caregiver who is involved in caring for the adolescent, or another  
9 relative who is responsible for the health care of the adolescent,  
10 who may be required to provide a declaration under penalty of perjury  
11 stating that he or she is a relative responsible for the health care  
12 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If  
13 a dispute arises between individuals authorized to act as a parent  
14 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
15 must be resolved according to the priority established under RCW  
16 7.70.065(2) (a).

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

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

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

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

37 (32) "Psychiatrist" means a person having a license as a  
38 physician in this state who has completed residency training in  
39 psychiatry in a program approved by the American Medical Association

1 or the American Osteopathic Association, and is board eligible or  
2 board certified in psychiatry.

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

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

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

16 (36) "Secretary" means the secretary of the department or  
17 secretary's designee.

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

25 (a) Provide the following services:

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

28 (ii) Clinical stabilization services;

29 (iii) Acute or subacute detoxification services for intoxicated  
30 individuals; and

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

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

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

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

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

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

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

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

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

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

35 (45) "Behavioral health disorder" means either a mental disorder  
36 as defined in this section, a substance use disorder as defined in  
37 this section, or a co-occurring mental disorder and substance use  
38 disorder.

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

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

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

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

13 (50) "Developmental disabilities professional" means a person who  
14 has specialized training and three years of experience in directly  
15 treating or working with persons with developmental disabilities and  
16 is a psychiatrist, physician assistant working with a supervising  
17 psychiatrist, psychologist, psychiatric advanced registered nurse  
18 practitioner, or social worker, and such other developmental  
19 disabilities professionals as may be defined by rules adopted by the  
20 secretary of the department.

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

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

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

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

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

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

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

6 (b) The conditions and strategies necessary to achieve the  
7 purposes of habilitation;

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

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

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

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

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

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

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

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

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

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

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

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

1       (64) "Severe deterioration from safe behavior" means that a  
2 person will, if not treated, suffer or continue to suffer severe and  
3 abnormal mental, emotional, or physical distress, and this distress  
4 is associated with significant impairment of judgment, reason, or  
5 behavior.

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

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

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

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

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

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

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

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

10       (1) The superior court has jurisdiction over proceedings under  
11 this chapter.

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

15       (3) Petitions for commitment shall be filed and venue for  
16 hearings under this chapter shall be in the county in which the minor  
17 is being detained. (~~The court may, for good cause, transfer the~~  
18 ~~proceeding to the county of the minor's residence, or to the county~~  
19 ~~in which the alleged conduct evidencing need for commitment occurred.~~  
20 ~~If the county of detention is changed, subsequent petitions may be~~  
21 ~~filed in the county in which the minor is detained without the~~  
22 ~~necessity of a change of venue.))~~

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

25       A peace officer may take or authorize a minor to be taken into  
26 custody and immediately delivered to an appropriate triage facility,  
27 crisis stabilization unit, evaluation and treatment facility, secure  
28 withdrawal management and stabilization facility, approved substance  
29 use disorder treatment program, or the emergency department of a  
30 local hospital when he or she has reasonable cause to believe that  
31 such minor is suffering from a behavioral health disorder and  
32 presents an imminent likelihood of serious harm or is gravely  
33 disabled. Until July 1, 2026, a peace officer's delivery of a minor  
34 to a secure withdrawal management and stabilization facility or  
35 approved substance use disorder treatment program is subject to the  
36 availability of a secure withdrawal management and stabilization  
37 facility or approved substance use disorder treatment program with  
38 adequate space for the minor.

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

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

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

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

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

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

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

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

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

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

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

25       (j) Not to consent to the administration of antipsychotic  
26 medications beyond the hearing conducted pursuant to RCW 71.34.750 or  
27 the performance of electroconvulsive treatment or surgery, except  
28 emergency lifesaving surgery, upon him or her, ~~((and not to have~~  
29 electro-convulsive treatment or nonemergency surgery in such  
30 circumstance)) unless ordered by a court ~~((pursuant to a judicial~~  
31 hearing in which the minor is present and represented by counsel, and  
32 the court shall appoint a psychiatrist, physician assistant,  
33 psychologist, psychiatric advanced registered nurse practitioner, or  
34 physician designated by the minor or the minor's counsel to testify  
35 on behalf of the minor)) under procedures described in RCW  
36 71.05.217(1)(j). The minor's parent may exercise this right on the  
37 minor's behalf, and must be informed of any impending treatment;

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

1 (2) (a) Privileges between minors and physicians, physician  
2 assistants, psychologists, or psychiatric advanced registered nurse  
3 practitioners are deemed waived in proceedings under this chapter  
4 relating to the administration of antipsychotic medications. As to  
5 other proceedings under this chapter, the privileges are waived when  
6 a court of competent jurisdiction in its discretion determines that  
7 such waiver is necessary to protect either the detained minor or the  
8 public.

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

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

21 (3) No minor may be presumed incompetent as a consequence of  
22 receiving an evaluation or voluntary or involuntary treatment for a  
23 mental disorder or substance use disorder, under this chapter or any  
24 prior laws of this state dealing with mental illness or substance use  
25 disorders.

26 NEW SECTION. Sec. 68. A new section is added to chapter 71.34  
27 RCW to read as follows:

28 At the time a minor is involuntarily admitted to an evaluation  
29 and treatment facility, secure withdrawal management and  
30 stabilization facility, or approved substance use disorder treatment  
31 program, the professional person in charge or his or her designee  
32 shall take reasonable precautions to inventory and safeguard the  
33 personal property of the detained minor. A copy of the inventory,  
34 signed by the staff member making it, must be given to the detained  
35 minor and must, in addition, be open to inspection to any responsible  
36 relative, subject to limitations, if any, specifically imposed by the  
37 detained minor. For purposes of this section, "responsible relative"  
38 includes the guardian, conservator, attorney, parent, or adult  
39 brother or sister of the minor. The facility shall not disclose the

1 contents of the inventory to any other person without the consent of  
2 the minor or order of the court.

3 **Sec. 69.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to  
4 read as follows:

5 (1) If a minor is not accepted for admission or is released by an  
6 inpatient evaluation and treatment facility, the facility shall  
7 release the minor to the custody of the minor's parent or other  
8 responsible person. If not otherwise available, the facility shall  
9 furnish transportation for the minor to the minor's residence or  
10 other appropriate place. If the minor has been arrested, the  
11 evaluation and treatment facility, secure withdrawal management and  
12 stabilization facility, or approved substance use disorder treatment  
13 program shall detain the minor for not more than eight hours at the  
14 request of the peace officer. The program or facility shall make  
15 reasonable attempts to contact the requesting peace officer during  
16 this time to inform the peace officer that the minor is not approved  
17 for admission or is being released in order to enable a peace officer  
18 to return to the facility and take the minor back into custody.

19 (2) If the minor is released to someone other than the minor's  
20 parent, the facility shall make every effort to notify the minor's  
21 parent of the release as soon as possible.

22 (3) No indigent minor may be released to less restrictive  
23 alternative treatment or setting or discharged from inpatient  
24 treatment without suitable clothing, and the authority shall furnish  
25 this clothing. As funds are available, the director may provide  
26 necessary funds for the immediate welfare of indigent minors upon  
27 discharge or release to less restrictive alternative treatment.

28 **Sec. 70.** RCW 71.34.410 and 2019 c 446 s 27 are each amended to  
29 read as follows:

30 (1) No public or private agency or governmental entity, nor  
31 officer of a public or private agency, nor the superintendent, or  
32 professional person in charge, his or her professional designee or  
33 attending staff of any such agency, nor any public official  
34 performing functions necessary to the administration of this chapter,  
35 nor peace officer responsible for detaining a (~~person~~) minor under  
36 this chapter, nor any designated crisis responder, nor professional  
37 person, nor evaluation and treatment facility, nor secure withdrawal  
38 management and stabilization facility, nor approved substance use

1 disorder treatment program shall be civilly or criminally liable for  
2 performing actions authorized in this chapter with regard to the  
3 decision of whether to admit, release, administer antipsychotic  
4 medications, or detain a (~~person~~) minor for evaluation and  
5 treatment: PROVIDED, That such duties were performed in good faith  
6 and without gross negligence.

7 (2) This section does not relieve a person from giving the  
8 required duty to warn or to take reasonable precautions to provide  
9 protection from violent behavior where the minor has communicated an  
10 actual threat of physical violence against a reasonably identifiable  
11 victim or victims. The duty to warn or to take reasonable precautions  
12 to provide protection from violent behavior is discharged if  
13 reasonable efforts are made to communicate the threat to the victim  
14 or victims and to law enforcement personnel.

15 **Sec. 71.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to  
16 read as follows:

17 (1) The authority may use a single bed certification process as  
18 outlined in rule to provide additional treatment capacity for a minor  
19 suffering from a (~~mental~~) behavioral health disorder for whom an  
20 evaluation and treatment facility, secure withdrawal management and  
21 stabilization facility, or approved substance use disorder treatment  
22 program bed is not available. The facility that is the proposed site  
23 of the single bed certification must be a facility that is willing  
24 and able to provide the person with timely and appropriate treatment  
25 either directly or by arrangement with other public or private  
26 agencies.

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

29 (3) A designated crisis responder who submits an application for  
30 a single bed certification for treatment at a facility that is  
31 willing and able to provide timely and appropriate (~~mental~~)  
32 behavioral health treatment in good faith belief that the single bed  
33 certification is appropriate may presume that the single bed  
34 certification will be approved for the purpose of completing the  
35 detention process and responding to other emergency calls.

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

1        NEW SECTION.    **Sec. 72.**    A new section is added to chapter 71.34  
2    RCW to read as follows:

3        Nothing in this chapter shall prohibit the professional person in  
4    charge of a treatment facility, or his or her professional designee,  
5    from permitting a minor detained for intensive treatment to leave the  
6    facility for prescribed periods during the term of the minor's  
7    detention, under such conditions as may be appropriate.

8        **Sec. 73.**    RCW 71.34.500 and 2019 c 381 s 3 are each amended to  
9    read as follows:

10       (1) An adolescent may admit himself or herself to an evaluation  
11    and treatment facility for inpatient mental health treatment or an  
12    approved substance use disorder treatment program for inpatient  
13    substance use disorder treatment without parental consent. The  
14    admission shall occur only if the professional person in charge of  
15    the facility concurs with the need for inpatient treatment. Parental  
16    authorization, or authorization from a person who may consent on  
17    behalf of the minor pursuant to RCW 7.70.065, is required for  
18    inpatient treatment of a minor under the age of thirteen.

19       (2) When, in the judgment of the professional person in charge of  
20    an evaluation and treatment facility or approved substance use  
21    disorder treatment program, there is reason to believe that a minor  
22    is in need of inpatient treatment because of a (~~mental disorder or~~  
23    ~~substance use~~) behavioral health disorder, and the facility provides  
24    the type of evaluation and treatment needed by the minor, and it is  
25    not feasible to treat the minor in any less restrictive setting or  
26    the minor's home, the minor may be admitted to the facility.

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

31       **Sec. 74.**    RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7  
32    are each reenacted and amended to read as follows:

33       (1) A parent may bring, or authorize the bringing of, his or her  
34    adolescent child to:

35       (a) An evaluation and treatment facility or an inpatient facility  
36    licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
37    the professional person examine the adolescent to determine whether

1 the adolescent has a mental disorder and is in need of inpatient  
2 treatment; or

3 (b) A secure withdrawal management and stabilization facility or  
4 approved substance use disorder treatment program and request that a  
5 substance use disorder assessment be conducted by a professional  
6 person to determine whether the adolescent has a substance use  
7 disorder and is in need of inpatient treatment.

8 (2) The consent of the adolescent is not required for admission,  
9 evaluation, and treatment if a parent provides consent.

10 (3) An appropriately trained professional person may evaluate  
11 whether the adolescent has a (~~mental disorder or has a substance~~  
12 ~~use~~) behavioral health disorder. The evaluation shall be completed  
13 within twenty-four hours of the time the adolescent was brought to  
14 the facility, unless the professional person determines that the  
15 condition of the adolescent necessitates additional time for  
16 evaluation. In no event shall an adolescent be held longer than  
17 seventy-two hours for evaluation. If, in the judgment of the  
18 professional person, it is determined it is a medical necessity for  
19 the adolescent to receive inpatient treatment, the adolescent may be  
20 held for treatment. The facility shall limit treatment to that which  
21 the professional person determines is medically necessary to  
22 stabilize the adolescent's condition until the evaluation has been  
23 completed. Within twenty-four hours of completion of the evaluation,  
24 the professional person shall notify the authority if the adolescent  
25 is held solely for mental health and not substance use disorder  
26 treatment and of the date of admission. If the adolescent is held for  
27 substance use disorder treatment only, the professional person shall  
28 provide notice to the authority which redacts all patient identifying  
29 information about the adolescent unless: (a) The adolescent provides  
30 written consent to the disclosure of the fact of admission and such  
31 other substance use disorder treatment information in the notice; or  
32 (b) permitted by federal law.

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

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

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

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

9 **Sec. 75.** RCW 71.34.600 and 2019 c 446 s 28 and 2019 c 381 s 7  
10 are each reenacted and amended to read as follows:

11 (1) A parent may bring, or authorize the bringing of, his or her  
12 adolescent child to:

13 (a) An evaluation and treatment facility or an inpatient facility  
14 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
15 the professional person examine the adolescent to determine whether  
16 the adolescent has a mental disorder and is in need of inpatient  
17 treatment; or

18 (b) A secure withdrawal management and stabilization facility or  
19 approved substance use disorder treatment program and request that a  
20 substance use disorder assessment be conducted by a professional  
21 person to determine whether the adolescent has a substance use  
22 disorder and is in need of inpatient treatment.

23 (2) The consent of the adolescent is not required for admission,  
24 evaluation, and treatment if a parent provides consent.

25 (3) An appropriately trained professional person may evaluate  
26 whether the adolescent has a (~~mental disorder or has a substance~~  
27 ~~use~~) behavioral health disorder. The evaluation shall be completed  
28 within twenty-four hours of the time the adolescent was brought to  
29 the facility, unless the professional person determines that the  
30 condition of the adolescent necessitates additional time for  
31 evaluation. In no event shall an adolescent be held longer than  
32 (~~seventy-two~~) one hundred twenty hours for evaluation. If, in the  
33 judgment of the professional person, it is determined it is a medical  
34 necessity for the adolescent to receive inpatient treatment, the  
35 adolescent may be held for treatment. The facility shall limit  
36 treatment to that which the professional person determines is  
37 medically necessary to stabilize the adolescent's condition until the  
38 evaluation has been completed. Within twenty-four hours of completion  
39 of the evaluation, the professional person shall notify the authority

1 if the adolescent is held solely for mental health and not substance  
2 use disorder treatment and of the date of admission. If the  
3 adolescent is held for substance use disorder treatment only, the  
4 professional person shall provide notice to the authority which  
5 redacts all patient identifying information about the adolescent  
6 unless: (a) The adolescent provides written consent to the disclosure  
7 of the fact of admission and such other substance use disorder  
8 treatment information in the notice; or (b) permitted by federal law.

9 (4) No provider is obligated to provide treatment to an  
10 adolescent under the provisions of this section except that no  
11 provider may refuse to treat an adolescent under the provisions of  
12 this section solely on the basis that the adolescent has not  
13 consented to the treatment. No provider may admit an adolescent to  
14 treatment under this section unless it is medically necessary.

15 (5) No adolescent receiving inpatient treatment under this  
16 section may be discharged from the facility based solely on his or  
17 her request.

18 (6) Prior to the review conducted under RCW 71.34.610, the  
19 professional person shall notify the adolescent of his or her right  
20 to petition superior court for release from the facility.

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

23 **Sec. 76.** RCW 71.34.650 and 2019 c 381 s 12 are each amended to  
24 read as follows:

25 (1) A parent may bring, or authorize the bringing of, his or her  
26 adolescent child to(~~(~~

27 ~~(a))~~ a provider of outpatient ~~((mental))~~ behavioral health  
28 treatment and request that an appropriately trained professional  
29 person examine the adolescent to determine whether the adolescent has  
30 a ~~((mental))~~ behavioral health disorder and is in need of outpatient  
31 treatment(~~(; or~~

32 ~~(b) A provider of outpatient substance use disorder treatment and~~  
33 ~~request that an appropriately trained professional person examine the~~  
34 ~~adolescent to determine whether the adolescent has a substance use~~  
35 ~~disorder and is in need of outpatient treatment)).~~

36 (2) The consent of the adolescent is not required for evaluation  
37 if a parent provides consent.

1 (3) The professional person may evaluate whether the adolescent  
2 has a (~~mental disorder or substance use~~) behavioral health disorder  
3 and is in need of outpatient treatment.

4 (4) If a determination is made by a professional person under  
5 this section that an adolescent is in need of outpatient (~~mental  
6 health or substance use~~) behavioral health disorder treatment, a  
7 parent of an adolescent may request and receive such outpatient  
8 treatment for his or her adolescent without the consent of the  
9 adolescent for up to twelve outpatient sessions occurring within a  
10 three-month period.

11 (5) Following the treatment periods under subsection (4) of this  
12 section, an adolescent must provide his or her consent for further  
13 treatment with that specific professional person.

14 (6) If a determination is made by a professional person under  
15 this section that an adolescent is in need of treatment in a less  
16 restrictive setting, including partial hospitalization or intensive  
17 outpatient treatment, a parent of an adolescent may request and  
18 receive such treatment for his or her adolescent without the consent  
19 of the adolescent.

20 (a) A professional person providing solely mental health  
21 treatment to an adolescent under this subsection (6) must convene a  
22 treatment review at least every thirty days after treatment begins  
23 that includes the adolescent, parent, and other treatment team  
24 members as appropriate to determine whether continued care under this  
25 subsection is medically necessary.

26 (b) A professional person providing solely mental health  
27 treatment to an adolescent under this subsection (6) shall provide  
28 notification of the adolescent's treatment to an independent reviewer  
29 at the authority within twenty-four hours of the adolescent's first  
30 receipt of treatment under this subsection. At least every forty-five  
31 days after the adolescent's first receipt of treatment under this  
32 subsection, the authority shall conduct a review to determine whether  
33 the current level of treatment is medically necessary.

34 (c) A professional person providing substance use disorder  
35 treatment under this subsection (6) shall convene a treatment review  
36 under (a) of this subsection and provide the notification of the  
37 adolescent's receipt of treatment to an independent reviewer at the  
38 authority as described in (b) of this subsection only if: (i) The  
39 adolescent provides written consent to the disclosure of substance

1 use disorder treatment information including the fact of his or her  
2 receipt of such treatment; or (ii) permitted by federal law.

3 (7) Any adolescent admitted to inpatient treatment under RCW  
4 71.34.500 or 71.34.600 shall be discharged immediately from inpatient  
5 treatment upon written request of the parent.

6 **Sec. 77.** RCW 71.34.700 and 2019 c 446 s 30 and 2019 c 381 s 14  
7 are each reenacted and amended to read as follows:

8 (1) If an adolescent is brought to an evaluation and treatment  
9 facility, secure withdrawal management and stabilization facility  
10 with available space, approved substance use disorder treatment  
11 program with available space, or hospital emergency room for  
12 immediate (~~mental~~) behavioral health services, the professional  
13 person in charge of the facility shall evaluate the adolescent's  
14 (~~mental~~) condition, determine whether the adolescent suffers from a  
15 (~~mental~~) behavioral health disorder, and whether the adolescent is  
16 in need of immediate inpatient treatment.

17 (~~(2) (If an adolescent is brought to a secure withdrawal~~  
18 ~~management and stabilization facility with available space, or a~~  
19 ~~hospital emergency room for immediate substance use disorder~~  
20 ~~treatment, the professional person in charge of the facility shall~~  
21 ~~evaluate the adolescent's condition, determine whether the adolescent~~  
22 ~~suffers from a substance use disorder, and whether the adolescent is~~  
23 ~~in need of immediate inpatient treatment.~~

24 ~~(3))~~ If it is determined under subsection (1) (~~or (2))~~ of this  
25 section that the adolescent suffers from a (~~mental disorder or~~  
26 ~~substance use~~) behavioral health disorder, inpatient treatment is  
27 required, the adolescent is unwilling to consent to voluntary  
28 admission, and the professional person believes that the adolescent  
29 meets the criteria for initial detention (~~set forth herein~~), the  
30 facility may detain or arrange for the detention of the adolescent  
31 for up to twelve hours, not including time periods prior to medical  
32 clearance, in order to enable a designated crisis responder to  
33 evaluate the adolescent and commence initial detention proceedings  
34 under the provisions of this chapter.

35 (3) Dismissal of a commitment petition is not the appropriate  
36 remedy for a violation of the timeliness requirements of this  
37 section, based on the purpose of this chapter under RCW 71.34.010,  
38 except in the few cases where the facility staff or the designated

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

3 **Sec. 78.** RCW 71.34.700 and 2019 c 446 s 31 and 2019 c 381 s 15  
4 are each reenacted and amended to read as follows:

5 (1) If an adolescent is brought to an evaluation and treatment  
6 facility, secure withdrawal management and stabilization facility,  
7 approved substance use disorder treatment program, or hospital  
8 emergency room for immediate ~~((mental))~~ behavioral health services,  
9 the professional person in charge of the facility shall evaluate the  
10 adolescent's ~~((mental))~~ condition, determine whether the adolescent  
11 suffers from a ~~((mental))~~ behavioral health disorder, and whether the  
12 adolescent is in need of immediate inpatient treatment.

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

20 ~~(3))~~ If it is determined under subsection (1) ~~((or (2)))~~ of this  
21 section that the adolescent suffers from a ~~((mental disorder or~~  
22 ~~substance use))~~ behavioral health disorder, inpatient treatment is  
23 required, the adolescent is unwilling to consent to voluntary  
24 admission, and the professional person believes that the adolescent  
25 meets the criteria for initial detention ~~((set forth herein)),~~ the  
26 facility may detain or arrange for the detention of the adolescent  
27 for up to twelve hours, not including time periods prior to medical  
28 clearance, in order to enable a designated crisis responder to  
29 evaluate the adolescent and commence initial detention proceedings  
30 under the provisions of this chapter.

31 (3) Dismissal of a commitment petition is not the appropriate  
32 remedy for a violation of the timeliness requirements of this  
33 section, based on the purpose of this chapter under RCW 71.34.010,  
34 except in the few cases where the facility staff or the designated  
35 crisis responder have totally disregarded the requirements of this  
36 section.

37 NEW SECTION. **Sec. 79.** A new section is added to chapter 71.34  
38 RCW to read as follows:

1 (1) Whenever a designated crisis responder or professional person  
2 is conducting an evaluation under this chapter, the designated crisis  
3 responder or professional person must consider all reasonably  
4 available information from credible witnesses and records regarding:

5 (a) Historical behavior, including history of one or more violent  
6 acts; and

7 (b) Prior commitments under this chapter.

8 (2) Credible witnesses may include family members, landlords,  
9 neighbors, or others with significant contact and history of  
10 involvement with the minor. If the designated crisis responder relies  
11 upon information from a credible witness in reaching his or her  
12 decision to detain the minor, then he or she must provide contact  
13 information for any such witness to the prosecutor. The designated  
14 crisis responder or prosecutor shall provide notice of the date,  
15 time, and location of the probable cause hearing to such a witness.

16 (3) Symptoms and behavior of the minor which standing alone would  
17 not justify civil commitment may support a finding of grave  
18 disability or likelihood of serious harm, when:

19 (a) Such symptoms or behavior are closely associated with  
20 symptoms or behavior which preceded and led to a past incident of  
21 involuntary hospitalization, severe deterioration from safe behavior,  
22 or one or more violent acts;

23 (b) These symptoms or behavior represent a marked and concerning  
24 change in the baseline behavior of the minor; and

25 (c) Without treatment, the continued deterioration of the minor  
26 is probable.

27 **Sec. 80.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16  
28 are each reenacted and amended to read as follows:

29 (1) (a) (~~(i)~~) When a designated crisis responder receives  
30 information that an adolescent as a result of a (~~mental~~) behavioral  
31 health disorder presents a likelihood of serious harm or is gravely  
32 disabled, has investigated the specific facts alleged and of the  
33 credibility of the person or persons providing the information, and  
34 has determined that voluntary admission for inpatient treatment is  
35 not possible, the designated crisis responder may take the  
36 adolescent, or cause the adolescent to be taken, into custody and  
37 transported to an evaluation and treatment facility, secure  
38 withdrawal management and stabilization facility, or approved

1 substance use disorder treatment program providing inpatient  
2 treatment.

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

16 (b) If ~~((the adolescent is not taken into custody for evaluation~~  
17 ~~and treatment, the parent who has custody of the adolescent may seek~~  
18 ~~review of that decision made by the designated crisis responder in~~  
19 ~~court. The parent shall file notice with the court and provide a copy~~  
20 ~~of the designated crisis responder's report or notes))~~ a designated  
21 crisis responder decides not to detain an adolescent for evaluation  
22 and treatment under RCW 71.34.700(2), or forty-eight hours have  
23 elapsed since a designated crisis responder received a request for  
24 investigation and the designated crisis responder has not taken  
25 action to have the adolescent detained, an immediate family member or  
26 guardian or conservator of the adolescent may petition the superior  
27 court for the adolescent's detention using the procedures under RCW  
28 71.05.201 and 71.05.203; however, when the court enters an order of  
29 initial detention, except as otherwise expressly stated in this  
30 chapter, all procedures must be followed as if the order has been  
31 entered under (a) of this subsection.

32 (2)(a) Within twelve hours of the adolescent's arrival at the  
33 evaluation and treatment facility, secure withdrawal management and  
34 stabilization facility, or approved substance use disorder treatment  
35 program, the designated crisis responder shall serve on the  
36 adolescent a copy of the petition for initial detention, notice of  
37 initial detention, and statement of rights. The designated crisis  
38 responder shall file with the court on the next judicial day  
39 following the initial detention the original petition for initial  
40 detention, notice of initial detention, and statement of rights along

1 with an affidavit of service. The designated crisis responder shall  
2 commence service of the petition for initial detention and notice of  
3 the initial detention on the adolescent's parent and the adolescent's  
4 attorney as soon as possible following the initial detention.

5 (b) If the adolescent is involuntarily detained at an evaluation  
6 and treatment facility, secure withdrawal management and  
7 stabilization facility, or approved substance use disorder treatment  
8 program in a different county from where the adolescent was initially  
9 detained, the facility or program may serve the adolescent, notify  
10 the adolescent's parents and the adolescent's attorney, and file with  
11 the court on the next judicial day following the initial detention  
12 the original petition for initial detention, notice of initial  
13 detention, and statement of rights along with an affidavit of service  
14 when filing with the court at the request of the designated crisis  
15 responder.

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

24 (b) The adolescent shall be advised that he or she has a right to  
25 communicate immediately with an attorney and that he or she has a  
26 right to have an attorney appointed to represent him or her before  
27 and at the hearing if the adolescent is indigent.

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

38 (5) A designated crisis responder may not petition for detention  
39 of an adolescent to a secure withdrawal management and stabilization  
40 facility or approved substance use disorder treatment program unless

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

4 (6) If an adolescent is not approved for admission by the  
5 inpatient evaluation and treatment facility, secure withdrawal  
6 management and stabilization facility, or approved substance use  
7 disorder treatment program, the facility shall make such  
8 recommendations and referrals for further care and treatment of the  
9 adolescent as necessary.

10 (7) Dismissal of a commitment petition is not the appropriate  
11 remedy for a violation of the timeliness requirements of this  
12 section, based on the purpose of this chapter under RCW 71.34.010,  
13 except in the few cases where the facility staff or the designated  
14 crisis responder have totally disregarded the requirements of this  
15 section.

16 **Sec. 81.** RCW 71.34.710 and 2019 c 446 s 32 and 2019 c 381 s 16  
17 are each reenacted and amended to read as follows:

18 (1) (a) ~~((i))~~ When a designated crisis responder receives  
19 information that an adolescent as a result of a ~~((mental))~~ behavioral  
20 health 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  
25 adolescent, or cause the adolescent to be taken, into custody and  
26 transported to an evaluation and treatment facility, secure  
27 withdrawal management and stabilization facility, or approved  
28 substance use disorder treatment program providing inpatient  
29 treatment.

30 ~~((ii) When a designated crisis responder receives information~~  
31 ~~that an adolescent as a result of a substance use disorder presents a~~  
32 ~~likelihood of serious harm or is gravely disabled, has investigated~~  
33 ~~the specific facts alleged and of the credibility of the person or~~  
34 ~~persons providing the information, and has determined that voluntary~~  
35 ~~admission for inpatient treatment is not possible, the designated~~  
36 ~~crisis responder may take the adolescent, or cause the adolescent to~~  
37 ~~be taken, into custody and transported to a secure withdrawal~~  
38 ~~management and stabilization facility or approved substance use~~  
39 ~~disorder treatment program, if))~~ A secure withdrawal management and

1 stabilization facility or approved substance use disorder treatment  
2 program (~~(is)~~) must be available and (~~(has)~~) have adequate space for  
3 the adolescent.

4 (b) If (~~(the adolescent is not taken into custody for evaluation~~  
5 ~~and treatment, the parent who has custody of the adolescent may seek~~  
6 ~~review of that decision made by the designated crisis responder in~~  
7 ~~court. The parent shall file notice with the court and provide a copy~~  
8 ~~of the designated crisis responder's report or notes)~~) a designated  
9 crisis responder decides not to detain an adolescent for evaluation  
10 and treatment under RCW 71.34.700(2), or forty-eight hours have  
11 elapsed since a designated crisis responder received a request for  
12 investigation and the designated crisis responder has not taken  
13 action to have the adolescent detained, an immediate family member or  
14 guardian or conservator of the adolescent may petition the superior  
15 court for the adolescent's detention using the procedures under RCW  
16 71.05.201 and 71.05.203; however, when the court enters an order of  
17 initial detention, except as otherwise expressly stated in this  
18 chapter, all procedures must be followed as if the order has been  
19 entered under (a) of this subsection.

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

33 (b) If the adolescent is involuntarily detained at an evaluation  
34 and treatment facility, secure withdrawal management and  
35 stabilization facility, or approved substance use disorder treatment  
36 program in a different county from where the adolescent was initially  
37 detained, the facility or program may serve the adolescent, notify  
38 the adolescent's parents and the adolescent's attorney, and file with  
39 the court on the next judicial day following the initial detention  
40 the original petition for initial detention, notice of initial

1 detention, and statement of rights along with an affidavit of service  
2 when filing with the court at the request of the designated crisis  
3 responder.

4 (3) (a) At the time of initial detention, the designated crisis  
5 responder shall advise the adolescent both orally and in writing that  
6 if admitted to the evaluation and treatment facility, secure  
7 withdrawal management and stabilization facility, or approved  
8 substance use disorder treatment program for inpatient treatment, a  
9 commitment hearing shall be held within (~~seventy-two~~) one hundred  
10 twenty hours of the adolescent's provisional acceptance to determine  
11 whether probable cause exists to commit the adolescent for further  
12 treatment.

13 (b) The adolescent shall be advised that he or she has a right to  
14 communicate immediately with an attorney and that he or she has a  
15 right to have an attorney appointed to represent him or her before  
16 and at the hearing if the adolescent is indigent.

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

27 (5) A designated crisis responder may not petition for detention  
28 of an adolescent to a secure withdrawal management and stabilization  
29 facility or approved substance use disorder treatment program unless  
30 there is a secure withdrawal management and stabilization facility or  
31 approved substance use disorder treatment program available and that  
32 has adequate space for the adolescent.

33 (6) If an adolescent is not approved for admission by the  
34 inpatient evaluation and treatment facility, secure withdrawal  
35 management and stabilization facility, or approved substance use  
36 disorder treatment program, the facility shall make such  
37 recommendations and referrals for further care and treatment of the  
38 adolescent as necessary.

39 (7) Dismissal of a commitment petition is not the appropriate  
40 remedy for a violation of the timeliness requirements of this

1 section, based on the purpose of this chapter under RCW 71.34.010,  
2 except in the few cases where the facility staff or the designated  
3 crisis responder have totally disregarded the requirements of this  
4 section.

5 **Sec. 82.** RCW 71.34.710 and 2019 c 446 s 33 and 2019 c 381 s 17  
6 are each reenacted and amended to read as follows:

7 (1)(a) ~~((i))~~ When a designated crisis responder receives  
8 information that an adolescent as a result of a ~~((mental))~~ behavioral  
9 health disorder presents a likelihood of serious harm or is gravely  
10 disabled, has investigated the specific facts alleged and of the  
11 credibility of the person or persons providing the information, and  
12 has determined that voluntary admission for inpatient treatment is  
13 not possible, the designated crisis responder may take the  
14 adolescent, or cause the adolescent to be taken, into custody and  
15 transported to an evaluation and treatment facility, secure  
16 withdrawal management and stabilization facility, or approved  
17 substance use disorder treatment program providing inpatient  
18 treatment.

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

29 (b) If ~~((the adolescent is not taken into custody for evaluation~~  
30 ~~and treatment, the parent who has custody of the adolescent may seek~~  
31 ~~review of that decision made by the designated crisis responder in~~  
32 ~~court. The parent shall file notice with the court and provide a copy~~  
33 ~~of the designated crisis responder's report or notes))~~ a designated  
34 crisis responder decides not to detain an adolescent for evaluation  
35 and treatment under RCW 71.34.700(2), or forty-eight hours have  
36 elapsed since a designated crisis responder received a request for  
37 investigation and the designated crisis responder has not taken  
38 action to have the adolescent detained, an immediate family member or  
39 guardian or conservator of the adolescent may petition the superior

1 court for the adolescent's detention using the procedures under RCW  
2 71.05.201 and 71.05.203; however, when the court enters an order of  
3 initial detention, except as otherwise expressly stated in this  
4 chapter, all procedures must be followed as if the order has been  
5 entered under (a) of this subsection.

6 (2) (a) Within twelve hours of the adolescent's arrival at the  
7 evaluation and treatment facility, secure withdrawal management and  
8 stabilization facility, or approved substance use disorder treatment  
9 program, the designated crisis responder shall serve on the  
10 adolescent a copy of the petition for initial detention, notice of  
11 initial detention, and statement of rights. The designated crisis  
12 responder shall file with the court on the next judicial day  
13 following the initial detention the original petition for initial  
14 detention, notice of initial detention, and statement of rights along  
15 with an affidavit of service. The designated crisis responder shall  
16 commence service of the petition for initial detention and notice of  
17 the initial detention on the adolescent's parent and the adolescent's  
18 attorney as soon as possible following the initial detention.

19 (b) If the adolescent is involuntarily detained at an evaluation  
20 and treatment facility, secure withdrawal management and  
21 stabilization facility, or approved substance use disorder treatment  
22 program in a different county from where the adolescent was initially  
23 detained, the facility or program may serve the adolescent, notify  
24 the adolescent's parents and the adolescent's attorney, and file with  
25 the court on the next judicial day following the initial detention  
26 the original petition for initial detention, notice of initial  
27 detention, and statement of rights along with an affidavit of service  
28 when filing with the court at the request of the designated crisis  
29 responder.

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

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

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

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

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

18 (6) Dismissal of a commitment petition is not the appropriate  
19 remedy for a violation of the timeliness requirements of this  
20 section, based on the purpose of this chapter under RCW 71.34.010,  
21 except in the few cases where the facility staff or the designated  
22 crisis responder have totally disregarded the requirements of this  
23 section.

24 **Sec. 83.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18  
25 are each reenacted and amended to read as follows:

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

37 (2) If, after examination and evaluation, the children's mental  
38 health specialist or substance use disorder specialist and the  
39 physician, physician assistant, or psychiatric advanced registered

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

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

15 (4) During the initial seventy-two hour treatment period, the  
16 minor has a right to associate or receive communications from parents  
17 or others unless the professional person in charge determines that  
18 such communication would be seriously detrimental to the minor's  
19 condition or treatment and so indicates in the minor's clinical  
20 record, and notifies the minor's parents of this determination. (~~IF~~  
21 ~~no event may the minor~~) A minor must not be denied the opportunity  
22 to consult an attorney unless there is an immediate risk of harm to  
23 the minor or others.

24 (5) If the evaluation and treatment facility, secure withdrawal  
25 management and stabilization facility, or approved substance use  
26 disorder treatment program admits the minor, it may detain the minor  
27 for evaluation and treatment for a period not to exceed seventy-two  
28 hours from the time of provisional acceptance. The computation of  
29 such seventy-two hour period shall exclude Saturdays, Sundays, and  
30 holidays. This initial treatment period shall not exceed seventy-two  
31 hours except when an application for voluntary inpatient treatment is  
32 received or a petition for fourteen-day commitment is filed.

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

35 **Sec. 84.** RCW 71.34.720 and 2019 c 446 s 34 and 2019 c 444 s 18  
36 are each reenacted and amended to read as follows:

37 (1) Each minor approved by the facility for inpatient admission  
38 shall be examined and evaluated by a children's mental health  
39 specialist, for minors admitted as a result of a mental disorder, or

1 by a substance use disorder professional or co-occurring disorder  
2 specialist, for minors admitted as a result of a substance use  
3 disorder, as to the child's mental condition and by a physician,  
4 physician assistant, or psychiatric advanced registered nurse  
5 practitioner as to the child's physical condition within twenty-four  
6 hours of admission. Reasonable measures shall be taken to ensure  
7 medical treatment is provided for any condition requiring immediate  
8 medical attention.

9 (2) If, after examination and evaluation, the children's mental  
10 health specialist or substance use disorder specialist and the  
11 physician, physician assistant, or psychiatric advanced registered  
12 nurse practitioner determine that the initial needs of the minor, if  
13 detained to an evaluation and treatment facility, would be better  
14 served by placement in a substance use disorder treatment program or,  
15 if detained to a secure withdrawal management and stabilization  
16 facility or approved substance use disorder treatment program, would  
17 be better served in an evaluation and treatment facility, then the  
18 minor shall be referred to the more appropriate placement; however a  
19 minor may only be referred to a secure withdrawal management and  
20 stabilization facility or approved substance use disorder treatment  
21 program if there is a secure withdrawal management and stabilization  
22 facility or approved substance use disorder treatment program  
23 available and that has adequate space for the minor.

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

26 (4) During the initial (~~seventy-two~~) one hundred twenty hour  
27 treatment period, the minor has a right to associate or receive  
28 communications from parents or others unless the professional person  
29 in charge determines that such communication would be seriously  
30 detrimental to the minor's condition or treatment and so indicates in  
31 the minor's clinical record, and notifies the minor's parents of this  
32 determination. (~~In no event may the minor~~) A minor must not be  
33 denied the opportunity to consult an attorney unless there is an  
34 immediate risk of harm to the minor or others.

35 (5) If the evaluation and treatment facility, secure withdrawal  
36 management and stabilization facility, or approved substance use  
37 disorder treatment program admits the minor, it may detain the minor  
38 for evaluation and treatment for a period not to exceed (~~seventy-~~  
39 ~~two~~) one hundred twenty hours from the time of provisional  
40 acceptance. The computation of such (~~seventy-two~~) one hundred

1 twenty hour period shall exclude Saturdays, Sundays, and holidays.  
2 This initial treatment period shall not exceed (~~seventy-two~~) one  
3 hundred twenty hours except when an application for voluntary  
4 inpatient treatment is received or a petition for fourteen-day  
5 commitment is filed.

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

8 **Sec. 85.** RCW 71.34.720 and 2019 c 446 s 35 and 2019 c 444 s 19  
9 are each reenacted and amended to read as follows:

10 (1) Each minor approved by the facility for inpatient admission  
11 shall be examined and evaluated by a children's mental health  
12 specialist, for minors admitted as a result of a mental disorder, or  
13 by a substance use disorder professional or co-occurring disorder  
14 specialist, for minors admitted as a result of a substance use  
15 disorder, as to the child's mental condition and by a physician,  
16 physician assistant, 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, physician assistant, or psychiatric advanced registered  
24 nurse practitioner determine that the initial needs of the minor, if  
25 detained to an evaluation and treatment facility, would be better  
26 served by placement in a substance use disorder treatment program or,  
27 if detained to a secure withdrawal management and stabilization  
28 facility or approved substance use disorder treatment program, would  
29 be better served in an evaluation and treatment facility, then the  
30 minor shall be referred to the more appropriate placement.

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

33 (4) During the initial (~~seventy-two~~) one hundred twenty hour  
34 treatment period, the minor has a right to associate or receive  
35 communications from parents or others unless the professional person  
36 in charge determines that such communication would be seriously  
37 detrimental to the minor's condition or treatment and so indicates in  
38 the minor's clinical record, and notifies the minor's parents of this  
39 determination. (~~In no event may the minor~~) A minor must not be

1 denied the opportunity to consult an attorney unless there is an  
2 immediate risk of harm to the minor or others.

3 (5) If the evaluation and treatment facility, secure withdrawal  
4 management and stabilization facility, or approved substance use  
5 disorder treatment program admits the minor, it may detain the minor  
6 for evaluation and treatment for a period not to exceed (~~seventy-~~  
7 ~~two~~) one hundred twenty hours from the time of provisional  
8 acceptance. The computation of such (~~seventy-two~~) one hundred  
9 twenty hour period shall exclude Saturdays, Sundays, and holidays.  
10 This initial treatment period shall not exceed (~~seventy-two~~) one  
11 hundred twenty hours except when an application for voluntary  
12 inpatient treatment is received or a petition for fourteen-day  
13 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. 86.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
17 read as follows:

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

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

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

36 (a) A petition for a fourteen-day commitment shall be signed by:

37 (i) One physician, physician assistant, or psychiatric advanced  
38 registered nurse practitioner; and

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

3 (b) If the petition is for substance use disorder treatment, the  
4 petition may be signed by a (~~chemical dependency~~) substance use  
5 disorder professional instead of a mental health professional and by  
6 an advanced registered nurse practitioner instead of a psychiatric  
7 advanced registered nurse practitioner. The person signing the  
8 petition must have examined the minor, and the petition must contain  
9 the following:

10 (i) The name and address of the petitioner;

11 (ii) The name of the minor alleged to meet the criteria for  
12 fourteen-day commitment;

13 (iii) The name, telephone number, and address if known of every  
14 person believed by the petitioner to be legally responsible for the  
15 minor;

16 (iv) A statement that the petitioner has examined the minor and  
17 finds that the minor's condition meets required criteria for  
18 fourteen-day commitment and the supporting facts therefor;

19 (v) A statement that the minor has been advised of the need for  
20 voluntary treatment but has been unwilling or unable to consent to  
21 necessary treatment;

22 (vi) If the petition is for mental health treatment, a statement  
23 that the minor has been advised of the loss of firearm rights if  
24 involuntarily committed;

25 (vii) A statement recommending the appropriate facility or  
26 facilities to provide the necessary treatment; and

27 (viii) A statement concerning whether a less restrictive  
28 alternative to inpatient treatment is in the best interests of the  
29 minor.

30 (c) A copy of the petition shall be personally (~~delivered to~~)  
31 served on the minor by the petitioner or petitioner's designee. A  
32 copy of the petition shall be (~~sent~~) provided to the minor's  
33 attorney and the minor's parent.

34 **Sec. 87.** RCW 71.34.730 and 2019 c 446 s 36 are each amended to  
35 read as follows:

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

1 ~~two~~) one hundred twenty hour treatment period under this chapter may  
2 petition to have a minor committed to an evaluation and treatment  
3 facility (~~or, in the case of a minor with a substance use disorder,~~  
4 ~~to~~), a secure withdrawal management and stabilization facility, or  
5 an approved substance use disorder treatment program for fourteen-day  
6 diagnosis, evaluation, and treatment.

7 If the professional person in charge of the facility does not  
8 petition to have the minor committed, the parent who has custody of  
9 the minor may seek review of that decision in court. The parent shall  
10 file notice with the court and provide a copy of the treatment and  
11 evaluation facility's report.

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

15 (a) A petition for a fourteen-day commitment shall be signed by:

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

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

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

27 (i) The name and address of the petitioner;

28 (ii) The name of the minor alleged to meet the criteria for  
29 fourteen-day commitment;

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

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

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

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

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

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

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

13 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34  
14 RCW to read as follows:

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

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

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

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

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

31 **Sec. 89.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to  
32 read as follows:

33 (1) A commitment hearing shall be held within seventy-two hours  
34 of the minor's admission, excluding Saturday, Sunday, and holidays,  
35 unless a continuance is ~~((requested by the minor or the minor's~~  
36 attorney)) ordered under section 88 of this act.

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

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

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

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

12 (6) At the commitment hearing, the minor shall have the following  
13 rights:

14 (a) To be represented by an attorney;

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

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

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

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

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

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

31 (a) The minor has a ~~((mental disorder or substance use))~~  
32 behavioral health disorder and presents a likelihood of serious harm  
33 or is gravely disabled;

34 (b) The minor is in need of evaluation and treatment of the type  
35 provided by the inpatient evaluation and treatment facility, secure  
36 withdrawal management and stabilization facility, or approved  
37 substance use disorder treatment program to which continued inpatient  
38 care is sought or is in need of less restrictive alternative  
39 treatment found to be in the best interests of the minor or others;

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

3 (d) If commitment is for a substance use disorder, there is an  
4 available secure withdrawal management and stabilization facility or  
5 approved substance use disorder treatment program with adequate space  
6 for the minor.

7 ~~((11))~~ (10) If the court finds that the minor meets the  
8 criteria for a fourteen-day commitment, the court shall either  
9 authorize commitment of the minor for inpatient treatment or for less  
10 restrictive alternative treatment upon such conditions as are  
11 necessary. If the court determines that the minor does not meet the  
12 criteria for a fourteen-day commitment, the minor shall be released.

13 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
14 professional person in charge of the facility from releasing the  
15 minor at any time, when, in the opinion of the professional person in  
16 charge of the facility, further inpatient treatment is no longer  
17 necessary. The release may be subject to reasonable conditions if  
18 appropriate.

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

22 ~~((13))~~ (12) A minor who has been committed for fourteen days  
23 shall be released at the end of that period unless a petition for one  
24 hundred eighty-day commitment is pending before the court.

25 **Sec. 90.** RCW 71.34.740 and 2019 c 446 s 37 are each amended to  
26 read as follows:

27 (1) A commitment hearing shall be held within ~~((seventy-two))~~ one  
28 hundred twenty hours of the minor's admission, excluding Saturday,  
29 Sunday, and holidays, unless a continuance is ~~((requested by the~~  
30 ~~minor or the minor's attorney))~~ ordered under section 88 of this act.

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

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

36 (4) The minor shall be present at the commitment hearing unless  
37 the minor, with the assistance of the minor's attorney, waives the  
38 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 ~~((Rules of evidence shall not apply in fourteen-day  
20 commitment 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))~~  
24 behavioral health disorder and presents a likelihood of serious harm  
25 or is gravely 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 withdrawal management and stabilization facility, or approved  
29 substance use disorder treatment program to which continued inpatient  
30 care is sought or is in need of less restrictive alternative  
31 treatment found to be in the best interests of the minor or others;

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 withdrawal management and stabilization facility or  
36 approved substance use disorder treatment program with adequate space  
37 for the minor.

38 ~~((11))~~ (10) If the court finds that the minor meets the  
39 criteria for a fourteen-day commitment, the court shall either  
40 authorize commitment of the minor for inpatient treatment or for less

1 restrictive alternative treatment upon such conditions as are  
2 necessary. If the court determines that the minor does not meet the  
3 criteria for a fourteen-day commitment, the minor shall be released.

4 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
5 professional person in charge of the facility from releasing the  
6 minor at any time, when, in the opinion of the professional person in  
7 charge of the facility, further inpatient treatment is no longer  
8 necessary. The release may be subject to reasonable conditions if  
9 appropriate.

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

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

16 **Sec. 91.** RCW 71.34.740 and 2019 c 446 s 38 are each amended to  
17 read as follows:

18 (1) A commitment hearing shall be held within ~~((seventy-two))~~ one  
19 hundred twenty hours of the minor's admission, excluding Saturday,  
20 Sunday, and holidays, unless a continuance is ~~((requested by the~~  
21 ~~minor or the minor's attorney))~~ ordered under section 88 of this act.

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

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

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

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

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

35 (a) To be represented by an attorney;

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

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

38 (7) If the hearing is for commitment for mental health treatment,  
39 the court at the time of the commitment hearing and before an order

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

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

9 ~~((Rules of evidence shall not apply in fourteen-day  
10 commitment hearings.~~

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

13 (a) The minor has a ~~((mental disorder or substance use))~~  
14 behavioral health disorder and presents a likelihood of serious harm  
15 or is gravely disabled;

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

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

25 ~~((11))~~ (10) If the court finds that the minor meets the  
26 criteria for a fourteen-day commitment, the court shall either  
27 authorize commitment of the minor for inpatient treatment or for less  
28 restrictive alternative treatment upon such conditions as are  
29 necessary. If the court determines that the minor does not meet the  
30 criteria for a fourteen-day commitment, the minor shall be released.

31 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
32 professional person in charge of the facility from releasing the  
33 minor at any time, when, in the opinion of the professional person in  
34 charge of the facility, further inpatient treatment is no longer  
35 necessary. The release may be subject to reasonable conditions if  
36 appropriate.

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

1       (~~(13)~~) (12) A minor who has been committed for fourteen days  
2 shall be released at the end of that period unless a petition for one  
3 hundred eighty-day commitment is pending before the court.

4       **Sec. 92.** RCW 71.34.750 and 2019 c 446 s 39 and 2019 c 325 s 2008  
5 are each reenacted and amended to 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 withdrawal  
21 management and stabilization facility, or approved substance use  
22 disorder treatment program responsible for the treatment of the  
23 minor;

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

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

26       (3) The petition shall be supported by accompanying affidavits  
27 signed by: (a) Two examining physicians, one of whom shall be a child  
28 psychiatrist, or two psychiatric advanced registered nurse  
29 practitioners, one of whom shall be a child and adolescent or family  
30 psychiatric advanced registered nurse practitioner. If the petition  
31 is for substance use disorder treatment, the petition may be signed  
32 by a (~~chemical dependency~~) substance use disorder professional  
33 instead of a mental health professional and by an advanced registered  
34 nurse practitioner instead of a psychiatric advanced registered nurse  
35 practitioner, or two physician assistants, one of whom must be  
36 supervised by a child psychiatrist; (b) one children's mental health  
37 specialist and either an examining physician, physician assistant, or  
38 a psychiatric advanced registered nurse practitioner; or (c) two  
39 among an examining physician, physician assistant, and a psychiatric

1 advanced registered nurse practitioner, one of which needs to be a  
2 child psychiatrist, a physician assistant supervised by a child  
3 psychiatrist, or a child and adolescent psychiatric nurse  
4 practitioner. The affidavits shall describe in detail the behavior of  
5 the detained minor which supports the petition and shall state  
6 whether a less restrictive alternative to inpatient treatment is in  
7 the best interests of the minor.

8 (4) The petition for one hundred eighty-day commitment shall be  
9 filed with the clerk of the court at least three days before the  
10 expiration of the fourteen-day commitment period. The petitioner or  
11 the petitioner's designee shall within twenty-four hours of filing  
12 serve a copy of the petition on the minor and notify the minor's  
13 attorney and the minor's parent. A copy of the petition shall be  
14 provided to such persons at least twenty-four hours prior to the  
15 hearing.

16 (5) At the time of filing, the court shall set a date within  
17 seven days for the hearing on the petition. (~~The court may continue~~  
18 ~~the hearing upon the written request of the minor or the minor's~~  
19 ~~attorney for not more than ten days.)) If the hearing is not  
20 commenced within thirty days after the filing of the petition,  
21 including extensions of time requested by the detained person or his  
22 or her attorney or the court in the administration of justice under  
23 section 88 of this act, the minor must be released. The minor or the  
24 parents shall be afforded the same rights as in a fourteen-day  
25 commitment hearing. Treatment of the minor shall continue pending the  
26 proceeding.~~

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

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

30 (i) Is suffering from a mental disorder or substance use  
31 disorder;

32 (ii) Presents a likelihood of serious harm or is gravely  
33 disabled; and

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

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

39 (7) In determining whether an inpatient or less restrictive  
40 alternative commitment is appropriate, great weight must be given to

1 evidence of a prior history or pattern of decompensation and  
2 discontinuation of treatment resulting in: (a) Repeated  
3 hospitalizations; or (b) repeated peace officer interventions  
4 resulting in juvenile charges. Such evidence may be used to provide a  
5 factual basis for concluding that the minor would not receive, if  
6 released, such care as is essential for his or her health or safety.

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

19 (b) If the court determines that the minor does not meet the  
20 criteria for one hundred eighty-day commitment, the minor shall be  
21 released.

22 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are  
23 permissible on the same grounds and under the same procedures as the  
24 original one hundred eighty-day commitment. Such petitions shall be  
25 filed at least ~~((five))~~ three days prior to the expiration of the  
26 previous one hundred eighty-day commitment order.

27 **Sec. 93.** RCW 71.34.750 and 2019 c 446 s 40 and 2019 c 325 s 2009  
28 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

39 (5) At the time of filing, the court shall set a date within  
40 seven days for the hearing on the petition. (~~The court may continue~~

1 ~~the hearing upon the written request of the minor or the minor's~~  
2 ~~attorney for not more than ten days.)~~ If the hearing is not  
3 commenced within thirty days after the filing of the petition,  
4 including extensions of time requested by the detained person or his  
5 or her attorney or the court in the administration of justice under  
6 section 88 of this act, the minor must be released. The minor or the  
7 parents shall be afforded the same rights as in a fourteen-day  
8 commitment hearing. Treatment of the minor shall continue pending the  
9 proceeding.

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

12 (a) Is suffering from a mental disorder or substance use  
13 disorder;

14 (b) Presents a likelihood of serious harm or is gravely disabled;  
15 and

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

18 (7) In determining whether an inpatient or less restrictive  
19 alternative commitment is appropriate, great weight must be given to  
20 evidence of a prior history or pattern of decompensation and  
21 discontinuation of treatment resulting in: (a) Repeated  
22 hospitalizations; or (b) repeated peace officer interventions  
23 resulting in juvenile charges. Such evidence may be used to provide a  
24 factual basis for concluding that the minor would not receive, if  
25 released, such care as is essential for his or her health or safety.

26 (8)(a) If the court finds that the criteria for commitment are  
27 met and that less restrictive treatment in a community setting is not  
28 appropriate or available, the court shall order the minor committed  
29 to the custody of the director for further inpatient mental health  
30 treatment, to an approved substance use disorder treatment program  
31 for further substance use disorder treatment, or to a private  
32 treatment and evaluation facility for inpatient mental health or  
33 substance use disorder treatment if the minor's parents have assumed  
34 responsibility for payment for the treatment. If the court finds that  
35 a less restrictive alternative is in the best interest of the minor,  
36 the court shall order less restrictive alternative treatment upon  
37 such conditions as necessary.

38 (b) If the court determines that the minor does not meet the  
39 criteria for one hundred eighty-day commitment, the minor shall be  
40 released.

1        (~~(8)~~) (9) Successive one hundred eighty-day commitments are  
2 permissible on the same grounds and under the same procedures as the  
3 original one hundred eighty-day commitment. Such petitions shall be  
4 filed at least (~~(five)~~) three days prior to the expiration of the  
5 previous one hundred eighty-day commitment order.

6        NEW SECTION.    **Sec. 94.**    A new section is added to chapter 71.34  
7 RCW to read as follows:

8        (1) Less restrictive alternative treatment, at a minimum, must  
9 include the following services:

10        (a) Assignment of a care coordinator;

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

13        (c) A psychiatric evaluation;

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

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

19        (f) An individual crisis plan; and

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

23        (2) Less restrictive alternative treatment may include the  
24 following additional services:

25        (a) Medication management;

26        (b) Psychotherapy;

27        (c) Nursing;

28        (d) Substance abuse counseling;

29        (e) Residential treatment; and

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

31        (3) If the minor was provided with involuntary medication during  
32 the involuntary commitment period, the less restrictive alternative  
33 treatment order may authorize the less restrictive alternative  
34 treatment provider or its designee to administer involuntary  
35 antipsychotic medication to the person if the provider has attempted  
36 and failed to obtain the informed consent of the person and there is  
37 a concurring medical opinion approving the medication by a  
38 psychiatrist, physician assistant working with a supervising  
39 psychiatrist, psychiatric advanced registered nurse practitioner, or

1 physician or physician assistant in consultation with an independent  
2 mental health professional with prescribing authority.

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

7 (5) The care coordinator assigned to a minor ordered to less  
8 restrictive alternative treatment must submit an individualized plan  
9 for the minor's treatment services to the court that entered the  
10 order. An initial plan must be submitted as soon as possible  
11 following the intake evaluation and a revised plan must be submitted  
12 upon any subsequent modification in which a type of service is  
13 removed from or added to the treatment plan.

14 (6) For the purpose of this section, "care coordinator" means a  
15 clinical practitioner who coordinates the activities of less  
16 restrictive alternative treatment. The care coordinator coordinates  
17 activities with the designated crisis responders that are necessary  
18 for enforcement and continuation of less restrictive alternative  
19 treatment orders and is responsible for coordinating service  
20 activities with other agencies and establishing and maintaining a  
21 therapeutic relationship with the individual on a continuing basis.

22 **Sec. 95.** RCW 71.34.780 and 2019 c 446 s 41 are each amended to  
23 read as follows:

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

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

10           (b) If the minor is involuntarily detained for revocation at an  
11 evaluation and treatment facility, secure withdrawal management and  
12 stabilization facility, or approved substance use disorder treatment  
13 program in a different county from where the minor was initially  
14 detained, the facility or program may file the order of apprehension,  
15 serve it on the minor and notify the minor's parents and the minor's  
16 attorney at the request of the designated crisis responder.

17           (3) A petition for revocation of less restrictive alternative  
18 treatment shall be filed by the designated crisis responder or the  
19 director (~~(or)~~), secretary, or facility, as appropriate, with the  
20 court in the county (~~(ordering the less restrictive alternative~~  
21 ~~treatment)) where the minor is detained. The court shall conduct the  
22 hearing in that county. A petition for revocation of conditional  
23 release (~~(may be filed with the court in the county ordering~~  
24 ~~inpatient treatment or the county where the minor on conditional~~  
25 ~~release is residing)) must be filed in the county where the minor is  
26 detained. A petition shall describe the behavior of the minor  
27 indicating violation of the conditions or deterioration of routine  
28 functioning and a dispositional recommendation. (~~(Upon motion for~~  
29 ~~good cause, the hearing may be transferred to the county of the~~  
30 ~~minor's residence or to the county in which the alleged violations~~  
31 ~~occurred.)) The hearing shall be held within seven days of the  
32 minor's return. The issues to be determined are whether the minor did  
33 or did not adhere to the conditions of the less restrictive  
34 alternative treatment or conditional release, or whether the minor's  
35 routine functioning has substantially deteriorated, and, if so,  
36 whether the conditions of less restrictive alternative treatment or  
37 conditional release should be modified or, subject to subsection (4)  
38 of this section, whether the minor should be returned to inpatient  
39 treatment. Pursuant to the determination of the court, the minor  
40 shall be returned to less restrictive alternative treatment or~~~~~~

1 conditional release on the same or modified conditions or shall be  
2 returned to inpatient treatment. If the minor is returned to  
3 inpatient treatment, RCW 71.34.760 regarding the director's placement  
4 responsibility shall apply. The hearing may be waived by the minor  
5 and the minor returned to inpatient treatment or to less restrictive  
6 alternative treatment or conditional release on the same or modified  
7 conditions.

8 (4) A court may not order the return of a minor to inpatient  
9 treatment in a secure withdrawal management and stabilization  
10 facility or approved substance use disorder treatment program unless  
11 there is a secure withdrawal management and stabilization facility or  
12 approved substance use disorder treatment program available with  
13 adequate space for the minor.

14 **Sec. 96.** RCW 71.34.780 and 2019 c 446 s 42 are each amended to  
15 read as follows:

16 (1) If the professional person in charge of an outpatient  
17 treatment program, a designated crisis responder, or the director or  
18 secretary, as appropriate, determines that a minor is failing to  
19 adhere to the conditions of the court order for less restrictive  
20 alternative treatment or the conditions for the conditional release,  
21 or that substantial deterioration in the minor's functioning has  
22 occurred, the designated crisis responder, or the director or  
23 secretary, as appropriate, may order that the minor(~~(, if committed~~  
24 ~~for mental health treatment,)~~) be taken into custody and transported  
25 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
26 ~~for substance use disorder treatment, be taken into custody and~~  
27 ~~transported to)), a secure withdrawal management and stabilization  
28 facility, or an approved substance use disorder treatment program.~~

29 (2) (a) The designated crisis responder (~~(or the)~~), director, or  
30 secretary, as appropriate, shall file the order of apprehension and  
31 detention and serve it upon the minor and notify the minor's parent  
32 and the minor's attorney, if any, of the detention within two days of  
33 return. At the time of service the minor shall be informed of the  
34 right to a hearing and to representation by an attorney. The  
35 designated crisis responder or the director or secretary, as  
36 appropriate, may modify or rescind the order of apprehension and  
37 detention at any time prior to the hearing.

38 (b) If the minor is involuntarily detained for revocation at an  
39 evaluation and treatment facility, secure withdrawal management and

1 stabilization facility, or approved substance use disorder treatment  
2 program in a different county from where the minor was initially  
3 detained, the facility or program may file the order of apprehension,  
4 serve it on the minor and notify the minor's parents and the minor's  
5 attorney at the request of the designated crisis responder.

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

36 NEW SECTION. Sec. 97. A new section is added to chapter 71.34  
37 RCW to read as follows:

38 The legislature recognizes the inherent authority of the  
39 judiciary under Article IV, section 1 of the state Constitution to

1 establish rules regarding access to court records, and respectfully  
2 requests the Washington state supreme court to adopt rules regarding  
3 potential access for the following entities to the files and records  
4 of court proceedings under this chapter and chapter 71.05 RCW:

- 5 (1) The department;
- 6 (2) The department of health;
- 7 (3) The authority;
- 8 (4) The state hospitals as defined in RCW 72.23.010;
- 9 (5) Any person who is the subject of a petition;
- 10 (6) The attorney or guardian of the person;
- 11 (7) Resource management services for that person; and
- 12 (8) Service providers authorized to receive such information by  
13 resource management services.

14 NEW SECTION. **Sec. 98.** A new section is added to chapter 71.34  
15 RCW to read as follows:

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

1        NEW SECTION.    **Sec. 99.**    A new section is added to chapter 71.05  
2 RCW to read as follows:

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

25        NEW SECTION.    **Sec. 100.**    A new section is added to chapter 71.34  
26 RCW to read as follows:

27        In addition to the responsibility provided for by RCW 43.20B.330,  
28 the parents of a minor person who is involuntarily detained pursuant  
29 to this chapter for the purpose of treatment and evaluation outside  
30 of a facility maintained and operated by the department shall be  
31 responsible for the cost of such care and treatment. In the event  
32 that an individual is unable to pay for such treatment or in the  
33 event payment would result in a substantial hardship upon the  
34 individual or his or her family, then the county of residence of such  
35 person shall be responsible for such costs. If it is not possible to  
36 determine the county of residence of the person, the cost shall be  
37 borne by the county where the person was originally detained. The  
38 department, or the authority, as appropriate, shall, pursuant to  
39 chapter 34.05 RCW, adopt standards as to (1) inability to pay in

1 whole or in part, (2) a definition of substantial hardship, and (3)  
2 appropriate payment schedules. Financial responsibility with respect  
3 to services and facilities of the department shall continue to be as  
4 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

5 NEW SECTION. **Sec. 101.** A new section is added to chapter 71.05  
6 RCW to read as follows:

7 (1) An involuntary treatment act work group is established to  
8 evaluate the effect of changes to this chapter and chapter 71.34 RCW  
9 and to evaluate vulnerabilities in the crisis system.

10 (2) The work group shall:

11 (a) Commencing September 1, 2020, meet at least three times to:

12 (i) Identify and evaluate systems and procedures that may be required  
13 to implement one hundred twenty hour initial detention; (ii) develop  
14 recommendations to implement one hundred twenty hour initial  
15 detention statewide; and (iii) disseminate the recommendations to  
16 stakeholders and report them to the appropriate committees of the  
17 legislature by January 1, 2021.

18 (b) Commencing January 1, 2021, meet at least six times to  
19 evaluate: (i) The implementation of one hundred twenty hour initial  
20 detention, and the effects, if any, on involuntary behavioral health  
21 treatment capacity statewide, including the frequency of detentions,  
22 commitments, revocations of less restrictive alternative treatment,  
23 conditional release orders, single bed certifications, and no-bed  
24 reports under RCW 71.05.750; (ii) other issues related to  
25 implementation of this act; and (iii) other vulnerabilities in the  
26 involuntary treatment system.

27 (c) (i) Develop recommendations for operating the crisis system  
28 based on the evaluations in (b) of this subsection; and (ii)  
29 disseminate those recommendations to stakeholders and report them to  
30 the appropriate committees of the legislature no later than June 30,  
31 2022.

32 (3) The work group shall be convened by the authority and shall  
33 receive technical and data gathering support from the authority, the  
34 department, and the department of social and health services as  
35 needed. The membership must consist of not more than eighteen members  
36 appointed by the governor, reflecting statewide representation,  
37 diverse viewpoints, and experience with involuntary treatment cases.  
38 Appointed members must include but not be limited to:

- 1 (a) Representatives of the authority, the department, and the  
2 department of social and health services;
- 3 (b) Certified short-term civil commitment providers and providers  
4 who accept single bed certification under RCW 71.05.745;
- 5 (c) Certified long-term inpatient care providers for involuntary  
6 patients or providers with experience providing community long-term  
7 inpatient care for involuntary patients;
- 8 (d) Prosecuting attorneys;
- 9 (e) Defense attorneys;
- 10 (f) Family members and persons with lived experience of  
11 behavioral health disorders;
- 12 (g) Advocates for persons with behavioral health disorders;
- 13 (h) Designated crisis responders;
- 14 (i) Behavioral health administrative services organizations;
- 15 (j) Managed care organizations;
- 16 (k) Law enforcement; and
- 17 (l) Judicial officers in involuntary treatment cases.
- 18 (4) Interested legislators and legislative staff may participate  
19 in the work group. The governor must request participation in the  
20 work group by a representative of tribal governments.
- 21 (5) The work group shall choose cochairs from among its members  
22 and receive staff support from the authority.
- 23 (6) This section expires June 30, 2022.

24 NEW SECTION. **Sec. 102.** The following acts or parts of acts are  
25 each repealed:

- 26 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and  
27 2019 c 446 s 13 and 2017 3rd sp.s. c 14 s 20; and
- 28 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)  
29 and 1989 c 120 s 9.

30 NEW SECTION. **Sec. 103.** RCW 71.05.525 is recodified as a section  
31 in chapter 71.34 RCW.

32 NEW SECTION. **Sec. 104.** Sections 12, 15, 25, 31, 33, 35, 38, 54,  
33 60, 74, 80, 83, 86, and 89 of this act expire January 1, 2021.

34 NEW SECTION. **Sec. 105.** Sections 13, 16, 19 through 23, 26, 32,  
35 34, 36, 39, 55, 61, 75, 81, 84, 87, and 90 of this act take effect  
36 January 1, 2021.

1        NEW SECTION.    **Sec. 106.**    Sections 13, 16, 26, 39, 45, 55, 77, 81,  
2    84, 90, 92, and 95 of this act expire July 1, 2026.

3        NEW SECTION.    **Sec. 107.**    Sections 14, 17, 27, 40, 46, 56, 59, 71  
4    78, 82, 85, 91, 93, and 96 of this act take effect July 1, 2026.

--- END ---