

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 1907

Chapter 446, Laws of 2019

66th Legislature
2019 Regular Session

SUBSTANCE USE DISORDER TREATMENT SYSTEM--VARIOUS PROVISIONS

EFFECTIVE DATE: July 28, 2019—Except for sections 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42, which become effective July 1, 2026; and sections 48 through 53, which become effective July 1, 2019.

Passed by the House April 24, 2019
Yeas 94 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 17, 2019
Yeas 48 Nays 0

CYRUS HABIB

President of the Senate

Approved May 21, 2019 2:01 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1907** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 21, 2019

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 1907

AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

State of Washington **66th Legislature** **2019 Regular Session**

By House Appropriations (originally sponsored by Representatives Davis, Appleton, Doglio, Ryu, Goodman, and Jenkins)

READ FIRST TIME 03/01/19.

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

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

14 NEW SECTION. **Sec. 1.** Within existing resources, the health care
15 authority shall develop an addendum to the designated crisis
16 responder statewide protocols adopted pursuant to RCW 71.05.214 in
17 consultation with representatives of designated crisis responders,
18 the department of social and health services, local government, law
19 enforcement, county and city prosecutors, public defenders, and
20 groups concerned with mental illness and substance use disorders. The
21 addendum must update the current protocols to address the

1 implementation of the integration of mental health and substance use
2 disorder treatment systems, to include general processes for
3 referrals and investigations of individuals with substance use
4 disorders and the applicability of commitment criteria to individuals
5 with substance use disorders. The authority shall adopt and submit
6 the addendum to the governor and the legislature by December 1, 2019.

7 **Sec. 2.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and
8 2018 c 201 s 3001 are each reenacted and amended to read as follows:

9 The definitions in this section apply throughout this chapter
10 unless the context clearly requires otherwise.

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

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

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

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

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

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

33 (7) "Chemical dependency" means:

34 (a) Alcoholism;

35 (b) Drug addiction; or

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

1 (8) "Chemical dependency professional" means a person certified
2 as a chemical dependency professional by the department under chapter
3 18.205 RCW;

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

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

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

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

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

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

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

26 (16) "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 (17) "Developmental disability" means that condition defined in
35 RCW 71A.10.020(5);

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

37 (19) "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 (20) "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 (21) "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 (22) "Gravely disabled" means a condition in which a person, as a
21 result of a mental disorder, or as a result of the use of alcohol or
22 other psychoactive chemicals: (a) Is in danger of serious physical
23 harm resulting from a failure to provide for his or her essential
24 human needs of health or safety; or (b) manifests severe
25 deterioration in routine functioning evidenced by repeated and
26 escalating loss of cognitive or volitional control over his or her
27 actions and is not receiving such care as is essential for his or her
28 health or safety;

29 (23) "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 (24) "Hearing" means any proceeding conducted in open court. For
38 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;

19 (25) "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 health facility, a long-term alcoholism or
23 drug treatment facility, or in confinement as a result of a criminal
24 conviction;

25 (26) "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 (27) "Individualized service plan" means a plan prepared by a
28 developmental disabilities professional with other professionals as a
29 team, for a person with developmental disabilities, which shall
30 state:

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

33 (b) The conditions and strategies necessary to achieve the
34 purposes of habilitation;

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

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

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

1 (f) Where relevant in light of past criminal behavior and due
2 consideration for public safety, the criteria for proposed movement
3 to less-restrictive settings, criteria for proposed eventual
4 discharge or release, and a projected possible date for discharge or
5 release; and

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

8 (28) "Information related to mental health services" means all
9 information and records compiled, obtained, or maintained in the
10 course of providing services to either voluntary or involuntary
11 recipients of services by a mental health service provider. This may
12 include documents of legal proceedings under this chapter or chapter
13 71.34 or 10.77 RCW, or somatic health care information;

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

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

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

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

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

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

4 (35) "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 or which places
10 another person or persons in reasonable fear of sustaining such harm;
11 or (iii) physical harm will be inflicted by a person upon the
12 property of others, as evidenced by behavior which has caused
13 substantial loss or damage to the property of others; or

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

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

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

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

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

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

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

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

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

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

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

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

33 (47) "Public agency" means any evaluation and treatment facility
34 or institution, secure (~~detoxification~~) withdrawal management and
35 stabilization facility, approved substance use disorder treatment
36 program, or hospital which is conducted for, or includes a department
37 or ward conducted for, the care and treatment of persons with mental
38 illness, substance use disorders, or both mental illness and
39 substance use disorders, if the agency is operated directly by

1 federal, state, county, or municipal government, or a combination of
2 such governments;

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

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

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

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

17 (a) ~~((Provides for intoxicated persons))~~ Provide the following
18 services:

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

21 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

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

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

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

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

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

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

35 (1) Nothing in this chapter shall be construed to limit the right
36 of any person to apply voluntarily to any public or private agency or
37 practitioner for treatment of a mental disorder or substance use
38 disorder, either by direct application or by referral. Any person
39 voluntarily admitted for inpatient treatment to any public or private

1 agency shall be released immediately upon his or her request. Any
2 person voluntarily admitted for inpatient treatment to any public or
3 private agency shall orally be advised of the right to immediate
4 discharge, and further advised of such rights in writing as are
5 secured to them pursuant to this chapter and their rights of access
6 to attorneys, courts, and other legal redress. Their condition and
7 status shall be reviewed at least once each one hundred eighty days
8 for evaluation as to the need for further treatment or possible
9 discharge, at which time they shall again be advised of their right
10 to discharge upon request.

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

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

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

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

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

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

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

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

38 (b) The petition for initial detention, signed under penalty of
39 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the
2 order.

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

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

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

37 (4) The designated crisis responder may notify a peace officer to
38 take such person or cause such person to be taken into custody and
39 placed in an evaluation and treatment facility, secure
40 (~~(detoxification)~~) withdrawal management and stabilization facility,

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

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

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

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

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

38 (b) The petition for initial detention, signed under penalty of
39 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the
2 order.

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

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

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

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

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

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

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

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

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

39 (b) A peace officer's delivery of a person, based on a substance
40 use disorder, to a secure ((~~detoxification~~)) withdrawal management

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

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

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

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

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

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

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

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

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

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

26 (b) When he or she has reasonable cause to believe that such
27 person is suffering from a mental disorder or substance use disorder
28 and presents an imminent likelihood of serious harm or is in imminent
29 danger because of being gravely disabled.

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

38 (5) Within three hours after arrival, not counting time periods
39 prior to medical clearance, the person must be examined by a mental
40 health professional. Within twelve hours of notice of the need for

1 evaluation, not counting time periods prior to medical clearance, the
2 designated crisis responder must determine whether the individual
3 meets detention criteria. If the individual is detained, the
4 designated crisis responder shall file a petition for detention or a
5 supplemental petition as appropriate and commence service on the
6 designated attorney for the detained person. If the individual is
7 released to the community, the mental health service provider shall
8 inform the peace officer of the release within a reasonable period of
9 time after the release if the peace officer has specifically
10 requested notification and provided contact information to the
11 provider.

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

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

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

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

27 (i) One physician, physician assistant, or advanced registered
28 nurse practitioner; and

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

33 (b) Shall receive such treatment and care as his or her condition
34 requires including treatment on an outpatient basis for the period
35 that he or she is detained, except that, beginning twenty-four hours
36 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
37 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may
38 refuse psychiatric medications, but may not refuse: (i) Any other
39 medication previously prescribed by a person licensed under Title 18

1 RCW; or (ii) emergency lifesaving treatment, and the individual shall
2 be informed at an appropriate time of his or her right of such
3 refusal. The person shall be detained up to seventy-two hours, if, in
4 the opinion of the professional person in charge of the facility, or
5 his or her professional designee, the person presents a likelihood of
6 serious harm, or is gravely disabled. A person who has been detained
7 for seventy-two hours shall no later than the end of such period be
8 released, unless referred for further care on a voluntary basis, or
9 detained pursuant to court order for further treatment as provided in
10 this chapter.

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

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

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

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

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

8 (i) One physician, physician assistant, or advanced registered
9 nurse practitioner; and

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

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

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

1 treatment facility then the person shall be referred to the more
2 appropriate placement.

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

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

16 At the time a person is involuntarily admitted to an evaluation
17 and treatment facility, secure (~~(detoxification)~~) withdrawal
18 management and stabilization facility, or approved substance use
19 disorder treatment program, the professional person in charge or his
20 or her designee shall take reasonable precautions to inventory and
21 safeguard the personal property of the person detained. A copy of the
22 inventory, signed by the staff member making it, shall be given to
23 the person detained and shall, in addition, be open to inspection to
24 any responsible relative, subject to limitations, if any,
25 specifically imposed by the detained person. For purposes of this
26 section, "responsible relative" includes the guardian, conservator,
27 attorney, spouse, parent, adult child, or adult brother or sister of
28 the person. The facility shall not disclose the contents of the
29 inventory to any other person without the consent of the patient or
30 order of the court.

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

33 (1) If a petition is filed for fourteen day involuntary treatment
34 or ninety days of less restrictive alternative treatment, the court
35 shall hold a probable cause hearing within seventy-two hours of the
36 initial detention of such person as determined in RCW 71.05.180, or
37 at a time determined under RCW 71.05.148. If requested by the person
38 or his or her attorney, the hearing may be postponed for a period not

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

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

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

22 (b) Commitment for up to fourteen days based on a substance use
23 disorder must be to either a secure (~~(detoxification))~~ withdrawal
24 management and stabilization facility or an approved substance use
25 disorder treatment program. A court may only enter a commitment order
26 based on a substance use disorder if there is an available secure
27 (~~(detoxification))~~ withdrawal management and stabilization facility
28 or approved substance use disorder treatment program with adequate
29 space for the person.

30 (c) At the conclusion of the probable cause hearing, if the court
31 finds by a preponderance of the evidence that such person, as the
32 result of a mental disorder or substance use disorder, presents a
33 likelihood of serious harm, or is gravely disabled, but that
34 treatment in a less restrictive setting than detention is in the best
35 interest of such person or others, the court shall order an
36 appropriate less restrictive alternative course of treatment for not
37 to exceed ninety days.

38 (d) If the court finds by a preponderance of the evidence that
39 such person, as the result of a mental disorder or substance use
40 disorder, is in need of assisted outpatient behavioral health

1 treatment, and that the person does not present a likelihood of
2 serious harm or grave disability, the court shall order an
3 appropriate less restrictive alternative course of treatment not to
4 exceed ninety days.

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

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

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

22 (1) If a petition is filed for fourteen day involuntary treatment
23 or ninety days of less restrictive alternative treatment, the court
24 shall hold a probable cause hearing within seventy-two hours of the
25 initial detention of such person as determined in RCW 71.05.180, or
26 at a time determined under RCW 71.05.148. If requested by the person
27 or his or her attorney, the hearing may be postponed for a period not
28 to exceed forty-eight hours. The hearing may also be continued
29 subject to the conditions set forth in RCW 71.05.210 or subject to
30 the petitioner's showing of good cause for a period not to exceed
31 twenty-four hours.

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

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

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

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

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

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

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

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

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

7 (1)(a) Every person involuntarily detained or committed under the
8 provisions of this chapter shall be entitled to all the rights set
9 forth in this chapter, which shall be prominently posted in the
10 facility, and shall retain all rights not denied him or her under
11 this chapter except as chapter 9.41 RCW may limit the right of a
12 person to purchase or possess a firearm or to qualify for a concealed
13 pistol license if the person is committed under RCW 71.05.240 or
14 71.05.320 for mental health treatment.

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

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

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

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

32 (4) Persons receiving evaluation or treatment under this chapter
33 shall be given a reasonable choice of an available physician,
34 physician assistant, psychiatric advanced registered nurse
35 practitioner, or other professional person qualified to provide such
36 services.

37 (5) Whenever any person is detained for evaluation and treatment
38 pursuant to this chapter, both the person and, if possible, a
39 responsible member of his or her immediate family, personal

1 representative, guardian, or conservator, if any, shall be advised as
2 soon as possible in writing or orally, by the officer or person
3 taking him or her into custody or by personnel of the evaluation and
4 treatment facility, secure ((~~detoxification~~)) withdrawal management
5 and stabilization facility, or approved substance use disorder
6 treatment program where the person is detained that unless the person
7 is released or voluntarily admits himself or herself for treatment
8 within seventy-two hours of the initial detention:

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

17 (b) The person has a right to communicate immediately with an
18 attorney; has a right to have an attorney appointed to represent him
19 or her before and at the probable cause hearing if he or she is
20 indigent; and has the right to be told the name and address of the
21 attorney that the mental health professional has designated pursuant
22 to this chapter;

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

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

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

31 (6) When proceedings are initiated under RCW 71.05.153, no later
32 than twelve hours after such person is admitted to the evaluation and
33 treatment facility, secure ((~~detoxification~~)) withdrawal management
34 and stabilization facility, or approved substance use disorder
35 treatment program the personnel of the facility or the designated
36 crisis responder shall serve on such person a copy of the petition
37 for initial detention and the name, business address, and phone
38 number of the designated attorney and shall forthwith commence
39 service of a copy of the petition for initial detention on the
40 designated attorney.

1 (7) The judicial hearing described in subsection (5) of this
2 section is hereby authorized, and shall be held according to the
3 provisions of subsection (5) of this section and rules promulgated by
4 the supreme court.

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

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

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

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

10 (d) To remain silent;

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

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

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

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

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

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

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

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

5 (d) To have visitors at reasonable times;

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

9 (f) To have ready access to letter writing materials, including
10 stamps, and to send and receive uncensored correspondence through the
11 mails;

12 (g) To discuss treatment plans and decisions with professional
13 persons;

14 (h) Not to consent to the administration of antipsychotic
15 medications and not to thereafter be administered antipsychotic
16 medications unless ordered by a court under RCW 71.05.217 or pursuant
17 to an administrative hearing under RCW 71.05.215;

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

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

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

26 (11) Every person involuntarily detained shall immediately be
27 informed of his or her right to a hearing to review the legality of
28 his or her detention and of his or her right to counsel, by the
29 professional person in charge of the facility providing evaluation
30 and treatment, or his or her designee, and, when appropriate, by the
31 court. If the person so elects, the court shall immediately appoint
32 an attorney to assist him or her.

33 (12) A person challenging his or her detention or his or her
34 attorney shall have the right to designate and have the court appoint
35 a reasonably available independent physician, physician assistant,
36 psychiatric advanced registered nurse practitioner, or other
37 professional person to examine the person detained, the results of
38 which examination may be used in the proceeding. The person shall, if
39 he or she is financially able, bear the cost of such expert

1 examination, otherwise such expert examination shall be at public
2 expense.

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

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

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

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

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

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

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

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

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

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

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

38 (b) To increase the intensity of outpatient services provided to
39 the person by increasing the frequency of contacts with the provider,

1 referring the person for an assessment for assertive community
2 services, or by other means;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (b) Substantial deterioration in the person's functioning has
10 occurred;

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

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

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

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

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

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

38 (d) To cause the person to be transported by a peace officer,
39 designated crisis responder, or other means to the agency or facility
40 monitoring or providing services under the court order, or to a

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

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

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

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

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

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

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

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

1 the court to enter a stipulated order upon the agreement of all
2 parties. If the court orders detention for inpatient treatment, the
3 treatment period may be for no longer than the period authorized in
4 the original court order.

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

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

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

36 (c) The issues for the court to determine are whether to continue
37 the detention of the person for inpatient treatment or whether the
38 court should reinstate or modify the person's less restrictive
39 alternative order or order the person's detention for inpatient
40 treatment. To continue detention after the seventy-two hour period,

1 the court must find that the person, as a result of a mental disorder
2 or substance use disorder, presents a likelihood of serious harm or
3 is gravely disabled and, after considering less restrictive
4 alternatives to involuntary detention and treatment, that no such
5 alternatives are in the best interest of the person or others.

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

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

15 (1) (a) By April 1, 2018, the authority, by rule, must combine the
16 functions of a designated mental health professional and designated
17 chemical dependency specialist by establishing a designated crisis
18 responder who is authorized to conduct investigations, detain persons
19 up to seventy-two hours to the proper facility, and carry out the
20 other functions identified in this chapter and chapter 71.34 RCW. The
21 behavioral health organizations shall provide training to the
22 designated crisis responders as required by the authority.

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

26 (A) Psychiatrist, psychologist, physician assistant working with
27 a supervising psychiatrist, psychiatric advanced registered nurse
28 practitioner, or social worker;

29 (B) Person who is licensed by the department as a mental health
30 counselor or mental health counselor associate, or marriage and
31 family therapist or marriage and family therapist associate;

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

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

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

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

8 (ii) Training must include chemical dependency training specific
9 to the duties of a designated crisis responder, including diagnosis
10 of substance abuse and dependence and assessment of risk associated
11 with substance use.

12 (c) The authority must develop a transition process for any
13 person who has been designated as a designated mental health
14 professional or a designated chemical dependency specialist before
15 April 1, 2018, to be converted to a designated crisis responder. The
16 behavioral health organizations shall provide training, as required
17 by the authority, to persons converting to designated crisis
18 responders, which must include both mental health and chemical
19 dependency training applicable to the designated crisis responder
20 role.

21 (2)(a) The authority must ensure that at least one sixteen-bed
22 secure ((~~detoxification~~)) withdrawal management and stabilization
23 facility is operational by April 1, 2018, and that at least two
24 sixteen-bed secure ((~~detoxification~~)) withdrawal management and
25 stabilization facilities are operational by April 1, 2019.

26 (b) If, at any time during the implementation of secure
27 ((~~detoxification~~)) withdrawal management and stabilization facility
28 capacity, federal funding becomes unavailable for federal match for
29 services provided in secure ((~~detoxification~~)) withdrawal management
30 and stabilization facilities, then the authority must cease any
31 expansion of secure ((~~detoxification~~)) withdrawal management and
32 stabilization facilities until further direction is provided by the
33 legislature.

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

36 If the person is not approved for admission by a facility
37 providing seventy-two hour evaluation and treatment, and the
38 individual has not been arrested, the facility shall furnish
39 transportation, if not otherwise available, for the person to his or

1 her place of residence or other appropriate place. If the individual
2 has been arrested, the evaluation and treatment facility, secure
3 (~~detoxification~~) withdrawal management and stabilization facility,
4 or approved substance use disorder treatment program shall detain the
5 individual for not more than eight hours at the request of the peace
6 officer. The facility shall make reasonable attempts to contact the
7 requesting peace officer during this time to inform the peace officer
8 that the person is not approved for admission in order to enable a
9 peace officer to return to the facility and take the individual back
10 into custody.

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

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

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

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

1 of the detained person the petition or supplemental petition for
2 initial detention, proof of service of notice, and a copy of a notice
3 of emergency detention.

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

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

11 (2) When an offender is under court-ordered treatment in the
12 community and the supervision of the department of corrections, and
13 the treatment provider becomes aware that the person is in violation
14 of the terms of the court order, the treatment provider shall notify
15 the designated crisis responder and the department of corrections of
16 the violation and request an evaluation for purposes of revocation of
17 the less restrictive alternative.

18 (3) When a designated crisis responder becomes aware that an
19 offender who is under court-ordered treatment in the community and
20 the supervision of the department of corrections is in violation of a
21 treatment order or a condition of supervision that relates to public
22 safety, or the designated crisis responder detains a person under
23 this chapter, the designated crisis responder shall notify the
24 person's treatment provider and the department of corrections.

25 (4) When an offender who is confined in a state correctional
26 facility or is under supervision of the department of corrections in
27 the community is subject to a petition for involuntary treatment
28 under this chapter, the petitioner shall notify the department of
29 corrections and the department of corrections shall provide
30 documentation of its risk assessment or other concerns to the
31 petitioner and the court if the department of corrections classified
32 the offender as a high risk or high needs offender.

33 (5) Nothing in this section creates a duty on any treatment
34 provider or designated crisis responder to provide offender
35 supervision.

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

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

3 This section establishes a process for initial evaluation and
4 filing of a petition for assisted outpatient behavioral health
5 treatment, but however does not preclude the filing of a petition for
6 assisted outpatient behavioral health treatment following a period of
7 inpatient detention in appropriate circumstances:

8 (1) The designated crisis responder must personally interview the
9 person, unless the person refuses an interview, and determine whether
10 the person will voluntarily receive appropriate evaluation and
11 treatment at a mental health facility, secure ~~((detoxification))~~
12 withdrawal management and stabilization facility, or approved
13 substance use disorder treatment program.

14 (2) The designated crisis responder must investigate and evaluate
15 the specific facts alleged and the reliability or credibility of any
16 person providing information. The designated crisis responder may
17 spend up to forty-eight hours to complete the investigation, provided
18 that the person may not be held for investigation for any period
19 except as authorized by RCW 71.05.050 or 71.05.153.

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

25 (a) A statement of the circumstances under which the person's
26 condition was made known and stating that there is evidence, as a
27 result of the designated crisis responder's personal observation or
28 investigation, that the person is in need of assisted outpatient
29 behavioral health treatment, and stating the specific facts known as
30 a result of personal observation or investigation, upon which the
31 designated crisis responder bases this belief;

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

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

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

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

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

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

12 (b) The hearing may be held prior to the person's release from
13 custody, provided that (i) the filing of the petition does not extend
14 the time the person would otherwise spend in the custody of jail or
15 prison; (ii) the charges or custody of the person is not a pretext to
16 detain the person for the purpose of the involuntary commitment
17 hearing; and (iii) the person's release from custody must be expected
18 to swiftly follow the adjudication of the petition. In this
19 circumstance, the time for hearing is shortened to three judicial
20 days after the filing of the petition.

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

24 (6) A petition for assisted outpatient behavioral health
25 treatment filed under this section must be adjudicated under RCW
26 71.05.240.

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

29 (1) No officer of a public or private agency, nor the
30 superintendent, professional person in charge, his or her
31 professional designee, or attending staff of any such agency, nor any
32 public official performing functions necessary to the administration
33 of this chapter, nor peace officer responsible for detaining a person
34 pursuant to this chapter, nor any designated crisis responder, nor
35 the state, a unit of local government, an evaluation and treatment
36 facility, a secure (~~detoxification~~) withdrawal management and
37 stabilization facility, or an approved substance use disorder
38 treatment program shall be civilly or criminally liable for
39 performing duties pursuant to this chapter with regard to the

1 decision of whether to admit, discharge, release, administer
2 antipsychotic medications, or detain a person for evaluation and
3 treatment: PROVIDED, That such duties were performed in good faith
4 and without gross negligence.

5 (2) Peace officers and their employing agencies are not liable
6 for the referral of a person, or the failure to refer a person, to a
7 mental health agency pursuant to a policy adopted pursuant to RCW
8 71.05.457 if such action or inaction is taken in good faith and
9 without gross negligence.

10 (3) This section does not relieve a person from giving the
11 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the
12 duty to warn or to take reasonable precautions to provide protection
13 from violent behavior where the patient has communicated an actual
14 threat of physical violence against a reasonably identifiable victim
15 or victims. The duty to warn or to take reasonable precautions to
16 provide protection from violent behavior is discharged if reasonable
17 efforts are made to communicate the threat to the victim or victims
18 and to law enforcement personnel.

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

21 (1) The secretary shall by rule establish state minimum standards
22 for licensed or certified behavioral health service providers and
23 services, whether those service providers and services are licensed
24 or certified to provide solely mental health services, substance use
25 disorder treatment services, or services to persons with co-occurring
26 disorders.

27 (2) Minimum standards for licensed or certified behavioral health
28 service providers shall, at a minimum, establish: Qualifications for
29 staff providing services directly to persons with mental disorders,
30 substance use disorders, or both, the intended result of each
31 service, and the rights and responsibilities of persons receiving
32 behavioral health services pursuant to this chapter. The secretary
33 shall provide for deeming of licensed or certified behavioral health
34 service providers as meeting state minimum standards as a result of
35 accreditation by a recognized behavioral health accrediting body
36 recognized and having a current agreement with the department.

37 (3) Minimum standards for community support services and resource
38 management services shall include at least qualifications for
39 resource management services, client tracking systems, and the

1 transfer of patient information between behavioral health service
2 providers.

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

9 (5) No licensed or certified behavioral health service provider
10 may advertise or represent itself as a licensed or certified
11 behavioral health service provider if approval has not been granted,
12 has been denied, suspended, revoked, or canceled.

13 (6) Licensure or certification as a behavioral health service
14 provider is effective for one calendar year from the date of issuance
15 of the license or certification. The license or certification must
16 specify the types of services provided by the behavioral health
17 service provider that meet the standards adopted under this chapter.
18 Renewal of a license or certification must be made in accordance with
19 this section for initial approval and in accordance with the
20 standards set forth in rules adopted by the secretary.

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

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

30 (9) Licensed or certified behavioral health service providers may
31 not provide types of services for which the licensed or certified
32 behavioral health service provider has not been certified. Licensed
33 or certified behavioral health service providers may provide services
34 for which approval has been sought and is pending, if approval for
35 the services has not been previously revoked or denied.

36 ~~((9))~~ (10) The department periodically shall inspect licensed
37 or certified behavioral health service providers at reasonable times
38 and in a reasonable manner.

39 ~~((10))~~ (11) Upon petition of the department and after a hearing
40 held upon reasonable notice to the facility, the superior court may

1 issue a warrant to an officer or employee of the department
2 authorizing him or her to enter and inspect at reasonable times, and
3 examine the books and accounts of, any licensed or certified
4 behavioral health service provider refusing to consent to inspection
5 or examination by the department or which the department has
6 reasonable cause to believe is operating in violation of this
7 chapter.

8 ~~((11))~~ (12) The department shall maintain and periodically
9 publish a current list of licensed or certified behavioral health
10 service providers.

11 ~~((12))~~ (13) Each licensed or certified behavioral health
12 service provider shall file with the department or the authority upon
13 request, data, statistics, schedules, and information the department
14 or the authority reasonably requires. A licensed or certified
15 behavioral health service provider that without good cause fails to
16 furnish any data, statistics, schedules, or information as requested,
17 or files fraudulent returns thereof, may have its license or
18 certification revoked or suspended.

19 ~~((13))~~ (14) The authority shall use the data provided in
20 subsection ~~((12))~~ (13) of this section to evaluate each program
21 that admits children to inpatient substance use disorder treatment
22 upon application of their parents. The evaluation must be done at
23 least once every twelve months. In addition, the authority shall
24 randomly select and review the information on individual children who
25 are admitted on application of the child's parent for the purpose of
26 determining whether the child was appropriately placed into substance
27 use disorder treatment based on an objective evaluation of the
28 child's condition and the outcome of the child's treatment.

29 ~~((14))~~ (15) Any settlement agreement entered into between the
30 department and licensed or certified behavioral health service
31 providers to resolve administrative complaints, license or
32 certification violations, license or certification suspensions, or
33 license or certification revocations may not reduce the number of
34 violations reported by the department unless the department
35 concludes, based on evidence gathered by inspectors, that the
36 licensed or certified behavioral health service provider did not
37 commit one or more of the violations.

38 ~~((15))~~ (16) In cases in which a behavioral health service
39 provider that is in violation of licensing or certification standards
40 attempts to transfer or sell the behavioral health service provider

1 to a family member, the transfer or sale may only be made for the
2 purpose of remedying license or certification violations and
3 achieving full compliance with the terms of the license or
4 certification. Transfers or sales to family members are prohibited in
5 cases in which the purpose of the transfer or sale is to avoid
6 liability or reset the number of license or certification violations
7 found before the transfer or sale. If the department finds that the
8 owner intends to transfer or sell, or has completed the transfer or
9 sale of, ownership of the behavioral health service provider to a
10 family member solely for the purpose of resetting the number of
11 violations found before the transfer or sale, the department may not
12 renew the behavioral health service provider's license or
13 certification or issue a new license or certification to the
14 behavioral health service provider.

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

17 Unless the context clearly requires otherwise, the definitions in
18 this section apply throughout this chapter.

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

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

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

30 (4) "Chemical dependency" means:

31 (a) Alcoholism;

32 (b) Drug addiction; or

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

35 (5) "Chemical dependency professional" means a person certified
36 as a chemical dependency professional by the department of health
37 under chapter 18.205 RCW.

38 (6) "Child psychiatrist" means a person having a license as a
39 physician and surgeon in this state, who has had graduate training in

1 child psychiatry in a program approved by the American Medical
2 Association or the American Osteopathic Association, and who is board
3 eligible or board certified in child psychiatry.

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

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

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

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

16 (9) "Department" means the department of social and health
17 services.

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

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

22 (12) "Drug addiction" means a disease, characterized by a
23 dependency on psychoactive chemicals, loss of control over the amount
24 and 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 (13) "Evaluation and treatment facility" means a public or
29 private facility or unit that is licensed or certified by the
30 department of health to provide emergency, inpatient, residential, or
31 outpatient mental health evaluation and treatment services for
32 minors. A physically separate and separately-operated portion of a
33 state hospital may be designated as an evaluation and treatment
34 facility for minors. A facility which is part of or operated by the
35 state or federal agency does not require licensure or certification.
36 No correctional institution or facility, juvenile court detention
37 facility, or jail may be an evaluation and treatment facility within
38 the meaning of this chapter.

39 (14) "Evaluation and treatment program" means the total system of
40 services and facilities coordinated and approved by a county or

1 combination of counties for the evaluation and treatment of minors
2 under this chapter.

3 (15) "Gravely disabled minor" means a minor who, as a result of a
4 mental disorder, or as a result of the use of alcohol or other
5 psychoactive chemicals, is in danger of serious physical harm
6 resulting from a failure to provide for his or her essential human
7 needs of health or safety, or manifests severe deterioration in
8 routine functioning evidenced by repeated and escalating loss of
9 cognitive or volitional control over his or her actions and is not
10 receiving such care as is essential for his or her health or safety.

11 (16) "Inpatient treatment" means twenty-four-hour-per-day mental
12 health care provided within a general hospital, psychiatric hospital,
13 residential treatment facility licensed or certified by the
14 department of health as an evaluation and treatment facility for
15 minors, secure ((detoxification)) withdrawal management and
16 stabilization facility for minors, or approved substance use disorder
17 treatment program for minors.

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

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

24 (19) "Likelihood of serious harm" means either: (a) A substantial
25 risk that physical harm will be inflicted by an individual upon his
26 or her own person, as evidenced by threats or attempts to commit
27 suicide or inflict physical harm on oneself; (b) a substantial risk
28 that physical harm will be inflicted by an individual upon another,
29 as evidenced by behavior which has caused such harm or which places
30 another person or persons in reasonable fear of sustaining such harm;
31 or (c) a substantial risk that physical harm will be inflicted by an
32 individual upon the property of others, as evidenced by behavior
33 which has caused substantial loss or damage to the property of
34 others.

35 (20) "Medical necessity" for inpatient care means a requested
36 service which is reasonably calculated to: (a) Diagnose, correct,
37 cure, or alleviate a mental disorder or substance use disorder; or
38 (b) prevent the progression of a substance use disorder that
39 endangers life or causes suffering and pain, or results in illness or
40 infirmity or threatens to cause or aggravate a handicap, or causes

1 physical deformity or malfunction, and there is no adequate less
2 restrictive alternative available.

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

9 (22) "Mental health professional" means a psychiatrist,
10 psychiatric advanced registered nurse practitioner, physician
11 assistant working with a supervising psychiatrist, psychologist,
12 psychiatric nurse, or social worker, and such other mental health
13 professionals as may be defined by rules adopted by the secretary of
14 the department of health under this chapter.

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

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

19 (25) "Parent" means:

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

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

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

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

35 (28) "Professional person in charge" or "professional person"
36 means a physician, other mental health professional, or other person
37 empowered by an evaluation and treatment facility, secure
38 (~~detoxification~~) withdrawal management and stabilization facility,
39 or approved substance use disorder treatment program with authority
40 to make admission and discharge decisions on behalf of that facility.

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

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

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

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

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

23 (34) "Secretary" means the secretary of the department or
24 secretary's designee.

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

33 (a) ~~((Provides for intoxicated minors))~~ Provide the following
34 services:

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

37 (ii) Clinical stabilization services;

38 (iii) Acute or subacute detoxification services for intoxicated
39 individuals; and

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

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

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

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

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

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

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

28 (1) If a parent or guardian, for the purpose of mental health
29 treatment, substance use disorder treatment, or evaluation, brings
30 his or her minor child to an evaluation and treatment facility, a
31 hospital emergency room, an inpatient facility licensed under chapter
32 72.23 RCW, an inpatient facility licensed under chapter 70.41 or
33 71.12 RCW operating inpatient psychiatric beds for minors, a secure
34 (~~detoxification~~) withdrawal management and stabilization facility,
35 or an approved substance use disorder treatment program, the facility
36 is required to promptly provide written and verbal notice of all
37 statutorily available treatment options contained in this chapter.
38 The notice need not be given more than once if written and verbal
39 notice has already been provided and documented by the facility.

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

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

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

9 (3) The department of health shall produce, and make available,
10 the written notification that must include, at a minimum, the
11 information contained in subsection (2) of this section. The
12 department of health must revise the written notification as
13 necessary to reflect changes in the law.

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

16 (1) Whenever a person who is the subject of an involuntary
17 commitment order under this chapter is discharged from an evaluation
18 and treatment facility, state hospital, secure ~~((detoxification))~~
19 withdrawal management and stabilization facility, or approved
20 substance use disorder treatment program providing involuntary
21 treatment services, the entity discharging the person shall provide
22 notice of the person's discharge to the designated crisis responder
23 office responsible for the initial commitment and the designated
24 crisis responder office that serves the county in which the person is
25 expected to reside. The entity discharging the person must also
26 provide these offices with a copy of any less restrictive order or
27 conditional release order entered in conjunction with the discharge
28 of the person, unless the entity discharging the person has entered
29 into a memorandum of understanding obligating another entity to
30 provide these documents.

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

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

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

3 No public or private agency or governmental entity, nor officer
4 of a public or private agency, nor the superintendent, or
5 professional person in charge, his or her professional designee or
6 attending staff of any such agency, nor any public official
7 performing functions necessary to the administration of this chapter,
8 nor peace officer responsible for detaining a person under this
9 chapter, nor any designated crisis responder, nor professional
10 person, nor evaluation and treatment facility, nor secure
11 (~~detoxification~~) withdrawal management and stabilization facility,
12 nor approved substance use disorder treatment program shall be
13 civilly or criminally liable for performing actions authorized in
14 this chapter with regard to the decision of whether to admit,
15 release, or detain a person for evaluation and treatment: PROVIDED,
16 That such duties were performed in good faith and without gross
17 negligence.

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

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

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

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

31 (2) The consent of the minor is not required for admission,
32 evaluation, and treatment if the parent brings the minor to the
33 facility.

34 (3) An appropriately trained professional person may evaluate
35 whether the minor has a mental disorder or has a substance use
36 disorder. The evaluation shall be completed within twenty-four hours
37 of the time the minor was brought to the facility, unless the
38 professional person determines that the condition of the minor
39 necessitates additional time for evaluation. In no event shall a

1 minor be held longer than seventy-two hours for evaluation. If, in
2 the judgment of the professional person, it is determined it is a
3 medical necessity for the minor to receive inpatient treatment, the
4 minor may be held for treatment. The facility shall limit treatment
5 to that which the professional person determines is medically
6 necessary to stabilize the minor's condition until the evaluation has
7 been completed. Within twenty-four hours of completion of the
8 evaluation, the professional person shall notify the authority if the
9 child is held for treatment and of the date of admission.

10 (4) No provider is obligated to provide treatment to a minor
11 under the provisions of this section except that no provider may
12 refuse to treat a minor under the provisions of this section solely
13 on the basis that the minor has not consented to the treatment. No
14 provider may admit a minor to treatment under this section unless it
15 is medically necessary.

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

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

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

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

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

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

37 (1) If a minor, thirteen years or older, is brought to an
38 evaluation and treatment facility or hospital emergency room for

1 immediate mental health services, the professional person in charge
2 of the facility shall evaluate the minor's mental condition,
3 determine whether the minor suffers from a mental disorder, and
4 whether the minor is in need of immediate inpatient treatment.

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

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

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

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

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

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

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

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

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

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

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

35 (2) Within twelve hours of the minor's arrival at the evaluation
36 and treatment facility, secure (~~detoxification~~) withdrawal
37 management and stabilization facility, or approved substance use
38 disorder treatment program, the designated crisis responder shall
39 serve on the minor a copy of the petition for initial detention,

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

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

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

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

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

38 (6) If a minor is not approved for admission by the inpatient
39 evaluation and treatment facility, secure (~~detoxification~~)
40 withdrawal management and stabilization facility, or approved

1 substance use disorder treatment program, the facility shall make
2 such recommendations and referrals for further care and treatment of
3 the minor as necessary.

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

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

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

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

30 (2) Within twelve hours of the minor's arrival at the evaluation
31 and treatment facility, secure (~~detoxification~~) withdrawal
32 management and stabilization facility, or approved substance use
33 disorder treatment program, the designated crisis responder shall
34 serve on the minor a copy of the petition for initial detention,
35 notice of initial detention, and statement of rights. The designated
36 crisis responder shall file with the court on the next judicial day
37 following the initial detention the original petition for initial
38 detention, notice of initial detention, and statement of rights along
39 with an affidavit of service. The designated crisis responder shall

1 commence service of the petition for initial detention and notice of
2 the initial detention on the minor's parent and the minor's attorney
3 as soon as possible following the initial detention.

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

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

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

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

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

33 (1) Each minor approved by the facility for inpatient admission
34 shall be examined and evaluated by a children's mental health
35 specialist, for minors admitted as a result of a mental disorder, or
36 by a chemical dependency professional, for minors admitted as a
37 result of a substance use disorder, as to the child's mental
38 condition and by a physician, physician assistant, or psychiatric
39 advanced registered nurse practitioner as to the child's physical

1 condition within twenty-four hours of admission. Reasonable measures
2 shall be taken to ensure medical treatment is provided for any
3 condition requiring immediate medical attention.

4 (2) If, after examination and evaluation, the children's mental
5 health specialist or substance use disorder specialist and the
6 physician, physician assistant, or psychiatric advanced registered
7 nurse practitioner determine that the initial needs of the minor, if
8 detained to an evaluation and treatment facility, would be better
9 served by placement in a substance use disorder treatment program or,
10 if detained to a secure (~~detoxification~~) withdrawal management and
11 stabilization facility or approved substance use disorder treatment
12 program, would be better served in an evaluation and treatment
13 facility, then the minor shall be referred to the more appropriate
14 placement; however a minor may only be referred to a secure
15 (~~detoxification~~) withdrawal management and stabilization facility
16 or approved substance use disorder treatment program if there is a
17 secure (~~detoxification~~) withdrawal management and stabilization
18 facility or approved substance use disorder treatment program
19 available and that has adequate space for the minor.

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

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

29 (5) If the evaluation and treatment facility, secure
30 (~~detoxification~~) withdrawal management and stabilization facility,
31 or approved substance use disorder treatment program admits the
32 minor, it may detain the minor for evaluation and treatment for a
33 period not to exceed seventy-two hours from the time of provisional
34 acceptance. The computation of such seventy-two hour period shall
35 exclude Saturdays, Sundays, and holidays. This initial treatment
36 period shall not exceed seventy-two hours except when an application
37 for voluntary inpatient treatment is received or a petition for
38 fourteen-day commitment is filed.

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

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

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

13 (2) If, after examination and evaluation, the children's mental
14 health specialist or substance use disorder specialist and the
15 physician, physician assistant, or psychiatric advanced registered
16 nurse practitioner determine that the initial needs of the minor, if
17 detained to an evaluation and treatment facility, would be better
18 served by placement in a substance use disorder treatment program or,
19 if detained to a secure (~~detoxification~~) withdrawal management and
20 stabilization facility or approved substance use disorder treatment
21 program, would be better served in an evaluation and treatment
22 facility, then the minor shall be referred to the more appropriate
23 placement.

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 hour treatment period, the
27 minor has a right to associate or receive communications from parents
28 or others unless the professional person in charge determines that
29 such communication would be seriously detrimental to the minor's
30 condition or treatment and so indicates in the minor's clinical
31 record, and notifies the minor's parents of this determination. In no
32 event may the minor be denied the opportunity to consult an attorney.

33 (5) If the evaluation and treatment facility, secure
34 (~~detoxification~~) withdrawal management and stabilization facility,
35 or approved substance use disorder treatment program admits the
36 minor, it may detain the minor for evaluation and treatment for a
37 period not to exceed seventy-two hours from the time of provisional
38 acceptance. The computation of such seventy-two hour period shall
39 exclude Saturdays, Sundays, and holidays. This initial treatment
40 period shall not exceed seventy-two hours except when an application

1 for voluntary inpatient treatment is received or a petition for
2 fourteen-day commitment is filed.

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

5 **Sec. 36.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155
6 s 20 are each reenacted and amended to read as follows:

7 (1) The professional person in charge of an evaluation and
8 treatment facility, secure ~~((detoxification))~~ withdrawal management
9 and stabilization facility, or approved substance use disorder
10 treatment program where a minor has been admitted involuntarily for
11 the initial seventy-two hour treatment period under this chapter may
12 petition to have a minor committed to an evaluation and treatment
13 facility or, in the case of a minor with a substance use disorder, to
14 a secure ~~((detoxification))~~ withdrawal management and stabilization
15 facility or approved substance use disorder treatment program for
16 fourteen-day diagnosis, evaluation, and treatment.

17 If the professional person in charge of the facility does not
18 petition to have the minor committed, the parent who has custody of
19 the minor may seek review of that decision in court. The parent shall
20 file notice with the court and provide a copy of the treatment and
21 evaluation facility's report.

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

25 (a) A petition for a fourteen-day commitment shall be signed by:

26 (i) ~~((Two physicians; (ii) one physician and a mental health~~
27 ~~professional; (iii) one physician assistant and a mental health~~
28 ~~professional; or (iv) one psychiatric advanced registered nurse~~
29 ~~practitioner and a mental health professional))~~ One physician,
30 physician assistant, or psychiatric advanced registered nurse
31 practitioner; and

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

34 (b) If the petition is for substance use disorder treatment, the
35 petition may be signed by a chemical dependency professional instead
36 of a mental health professional and by an advanced registered nurse
37 practitioner instead of a psychiatric advanced registered nurse
38 practitioner. The person signing the petition must have examined the
39 minor, and the petition must contain the following:

1 ~~((A))~~ (i) The name and address of the petitioner;
2 ~~((B))~~ (ii) The name of the minor alleged to meet the criteria
3 for fourteen-day commitment;
4 ~~((C))~~ (iii) The name, telephone number, and address if known of
5 every person believed by the petitioner to be legally responsible for
6 the minor;
7 ~~((D))~~ (iv) A statement that the petitioner has examined the
8 minor and finds that the minor's condition meets required criteria
9 for fourteen-day commitment and the supporting facts therefor;
10 ~~((E))~~ (v) A statement that the minor has been advised of the
11 need for voluntary treatment but has been unwilling or unable to
12 consent to necessary treatment;
13 ~~((F))~~ (vi) If the petition is for mental health treatment, a
14 statement that the minor has been advised of the loss of firearm
15 rights if involuntarily committed;
16 ~~((G))~~ (vii) A statement recommending the appropriate facility
17 or facilities to provide the necessary treatment; and
18 ~~((H))~~ (viii) A statement concerning whether a less restrictive
19 alternative to inpatient treatment is in the best interests of the
20 minor.
21 ~~((b))~~ (c) A copy of the petition shall be personally delivered
22 to the minor by the petitioner or petitioner's designee. A copy of
23 the petition shall be sent to the minor's attorney and the minor's
24 parent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 (a) To be represented by an attorney;

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

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

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

1 voluntary treatment as provided in RCW 71.34.730 will result in the
2 loss of his or her firearm rights if the minor is subsequently
3 detained for involuntary treatment under this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (c) A statement that the petitioner is the professional person in
17 charge of the evaluation and treatment facility, secure
18 (~~(detoxification)~~) withdrawal management and stabilization facility,
19 or approved substance use disorder treatment program responsible for
20 the treatment of the minor;

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

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

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

1 the detained minor which supports the petition and shall state
2 whether a less restrictive alternative to inpatient treatment is in
3 the best interests of the minor.

4 (4) The petition for one hundred eighty-day commitment shall be
5 filed with the clerk of the court at least three days before the
6 expiration of the fourteen-day commitment period. The petitioner or
7 the petitioner's designee shall within twenty-four hours of filing
8 serve a copy of the petition on the minor and notify the minor's
9 attorney and the minor's parent. A copy of the petition shall be
10 provided to such persons at least twenty-four hours prior to the
11 hearing.

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

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

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

21 (i) Is suffering from a mental disorder or substance use
22 disorder;

23 (ii) Presents a likelihood of serious harm or is gravely
24 disabled; and

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

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

30 (7) If the court finds that the criteria for commitment are met
31 and that less restrictive treatment in a community setting is not
32 appropriate or available, the court shall order the minor committed
33 to the custody of the secretary for further inpatient mental health
34 treatment, to an approved substance use disorder treatment program
35 for further substance use disorder treatment, or to a private
36 treatment and evaluation facility for inpatient mental health or
37 substance use disorder treatment if the minor's parents have assumed
38 responsibility for payment for the treatment. If the court finds that
39 a less restrictive alternative is in the best interest of the minor,

1 the court shall order less restrictive alternative treatment upon
2 such conditions as necessary.

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

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

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

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

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

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

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

25 (c) A statement that the petitioner is the professional person in
26 charge of the evaluation and treatment facility, secure
27 (~~(detoxification)~~) withdrawal management and stabilization facility,
28 or approved substance use disorder treatment program responsible for
29 the treatment of the minor;

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

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

32 (3) The petition shall be supported by accompanying affidavits
33 signed by: (a) Two examining physicians, one of whom shall be a child
34 psychiatrist, or two psychiatric advanced registered nurse
35 practitioners, one of whom shall be a child and adolescent or family
36 psychiatric advanced registered nurse practitioner. If the petition
37 is for substance use disorder treatment, the petition may be signed
38 by a chemical dependency professional instead of a mental health
39 professional and by an advanced registered nurse practitioner instead

1 of a psychiatric advanced registered nurse practitioner, or two
2 physician assistants, one of whom must be supervised by a child
3 psychiatrist; (b) one children's mental health specialist and either
4 an examining physician, physician assistant, or a psychiatric
5 advanced registered nurse practitioner; or (c) two among an examining
6 physician, physician assistant, and a psychiatric advanced registered
7 nurse practitioner, one of which needs to be a child
8 psychiatrist((+,+)), a physician assistant supervised by a child
9 psychiatrist, or a child and adolescent psychiatric nurse
10 practitioner. The affidavits shall describe in detail the behavior of
11 the detained minor which supports the petition and shall state
12 whether a less restrictive alternative to inpatient treatment is in
13 the best interests of the minor.

14 (4) The petition for one hundred eighty-day commitment shall be
15 filed with the clerk of the court at least three days before the
16 expiration of the fourteen-day commitment period. The petitioner or
17 the petitioner's designee shall within twenty-four hours of filing
18 serve a copy of the petition on the minor and notify the minor's
19 attorney and the minor's parent. A copy of the petition shall be
20 provided to such persons at least twenty-four hours prior to the
21 hearing.

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

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

30 (a) Is suffering from a mental disorder or substance use
31 disorder;

32 (b) Presents a likelihood of serious harm or is gravely disabled;
33 and

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

36 (7) If the court finds that the criteria for commitment are met
37 and that less restrictive treatment in a community setting is not
38 appropriate or available, the court shall order the minor committed
39 to the custody of the secretary for further inpatient mental health
40 treatment, to an approved substance use disorder treatment program

1 for further substance use disorder treatment, or to a private
2 treatment and evaluation facility for inpatient mental health or
3 substance use disorder treatment if the minor's parents have assumed
4 responsibility for payment for the treatment. If the court finds that
5 a less restrictive alternative is in the best interest of the minor,
6 the court shall order less restrictive alternative treatment upon
7 such conditions as necessary.

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

10 (8) Successive one hundred eighty-day commitments are permissible
11 on the same grounds and under the same procedures as the original one
12 hundred eighty-day commitment. Such petitions shall be filed at least
13 five days prior to the expiration of the previous one hundred eighty-
14 day commitment order.

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

17 (1) If the professional person in charge of an outpatient
18 treatment program, a designated crisis responder, or the director or
19 secretary, as appropriate, determines that a minor is failing to
20 adhere to the conditions of the court order for less restrictive
21 alternative treatment or the conditions for the conditional release,
22 or that substantial deterioration in the minor's functioning has
23 occurred, the designated crisis responder, or the director or
24 secretary, as appropriate, may order that the minor, if committed for
25 mental health treatment, be taken into custody and transported to an
26 inpatient evaluation and treatment facility or, if committed for
27 substance use disorder treatment, be taken into custody and
28 transported to a secure (~~(detoxification)~~) withdrawal management and
29 stabilization facility or approved substance use disorder treatment
30 program if there is an available secure (~~(detoxification)~~) withdrawal
31 management and stabilization facility or approved substance use
32 disorder treatment program that has adequate space for the minor.

33 (2) The designated crisis responder or the director or secretary,
34 as appropriate, shall file the order of apprehension and detention
35 and serve it upon the minor and notify the minor's parent and the
36 minor's attorney, if any, of the detention within two days of return.
37 At the time of service the minor shall be informed of the right to a
38 hearing and to representation by an attorney. The designated crisis
39 responder or the director or secretary, as appropriate, may modify or

1 rescind the order of apprehension and detention at any time prior to
2 the hearing.

3 (3) A petition for revocation of less restrictive alternative
4 treatment shall be filed by the designated crisis responder or the
5 director or secretary, as appropriate, with the court in the county
6 ordering the less restrictive alternative treatment. The court shall
7 conduct the hearing in that county. A petition for revocation of
8 conditional release may be filed with the court in the county
9 ordering inpatient treatment or the county where the minor on
10 conditional release is residing. A petition shall describe the
11 behavior of the minor indicating violation of the conditions or
12 deterioration of routine functioning and a dispositional
13 recommendation. Upon motion for good cause, the hearing may be
14 transferred to the county of the minor's residence or to the county
15 in which the alleged violations occurred. The hearing shall be held
16 within seven days of the minor's return. The issues to be determined
17 are whether the minor did or did not adhere to the conditions of the
18 less restrictive alternative treatment or conditional release, or
19 whether the minor's routine functioning has substantially
20 deteriorated, and, if so, whether the conditions of less restrictive
21 alternative treatment or conditional release should be modified or,
22 subject to subsection (4) of this section, whether the minor should
23 be returned to inpatient treatment. Pursuant to the determination of
24 the court, the minor shall be returned to less restrictive
25 alternative treatment or conditional release on the same or modified
26 conditions or shall be returned to inpatient treatment. If the minor
27 is returned to inpatient treatment, RCW 71.34.760 regarding the
28 director's placement responsibility shall apply. The hearing may be
29 waived by the minor and the minor returned to inpatient treatment or
30 to less restrictive alternative treatment or conditional release on
31 the same or modified conditions.

32 (4) A court may not order the return of a minor to inpatient
33 treatment in a secure (~~(detoxification)~~) withdrawal management and
34 stabilization facility or approved substance use disorder treatment
35 program unless there is a secure (~~(detoxification)~~) withdrawal
36 management and stabilization facility or approved substance use
37 disorder treatment program available with adequate space for the
38 minor.

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

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

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

26 (3) A petition for revocation of less restrictive alternative
27 treatment shall be filed by the designated crisis responder or the
28 director or secretary, as appropriate, with the court in the county
29 ordering the less restrictive alternative treatment. The court shall
30 conduct the hearing in that county. A petition for revocation of
31 conditional release may be filed with the court in the county
32 ordering inpatient treatment or the county where the minor on
33 conditional release is residing. A petition shall describe the
34 behavior of the minor indicating violation of the conditions or
35 deterioration of routine functioning and a dispositional
36 recommendation. Upon motion for good cause, the hearing may be
37 transferred to the county of the minor's residence or to the county
38 in which the alleged violations occurred. The hearing shall be held
39 within seven days of the minor's return. The issues to be determined
40 are whether the minor did or did not adhere to the conditions of the

1 less restrictive alternative treatment or conditional release, or
2 whether the minor's routine functioning has substantially
3 deteriorated, and, if so, whether the conditions of less restrictive
4 alternative treatment or conditional release should be modified or
5 whether the minor should be returned to inpatient treatment. Pursuant
6 to the determination of the court, the minor shall be returned to
7 less restrictive alternative treatment or conditional release on the
8 same or modified conditions or shall be returned to inpatient
9 treatment. If the minor is returned to inpatient treatment, RCW
10 71.34.760 regarding the director's placement responsibility shall
11 apply. The hearing may be waived by the minor and the minor returned
12 to inpatient treatment or to less restrictive alternative treatment
13 or conditional release on the same or modified conditions.

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

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

21 The cost of the treatment shall be the responsibility of the
22 license holder, but the responsibility does not preclude payment by
23 an employer, existing insurance coverage, or other sources. Primary
24 alcoholism or other drug addiction treatment shall be provided by
25 approved treatment programs under RCW 70.96A.020 or by any other
26 provider approved by the entity or the commission. However, nothing
27 shall prohibit the disciplining authority from approving additional
28 services and programs as an adjunct to primary alcoholism or other
29 drug addiction treatment. The disciplining authority may also approve
30 the use of out-of-state programs. Referral of the license holder to
31 the program shall be done only with the consent of the license
32 holder. Referral to the program may also include probationary
33 conditions for a designated period of time. If the license holder
34 does not consent to be referred to the program or does not
35 successfully complete the program, the disciplining authority may
36 take appropriate action under RCW 18.130.160 which includes
37 suspension of the license unless or until the disciplining authority,
38 in consultation with the director of the voluntary substance abuse
39 monitoring program, determines the license holder is able to practice

1 safely. The secretary shall adopt uniform rules for the evaluation by
2 the ((~~disciplinary~~—[~~disciplining~~])) disciplining authority of a
3 relapse or program violation on the part of a license holder in the
4 substance abuse monitoring program. The evaluation shall encourage
5 program participation with additional conditions, in lieu of
6 disciplinary action, when the ((~~disciplinary~~—[~~disciplining~~]))
7 disciplining authority determines that the license holder is able to
8 continue to practice with reasonable skill and safety.

9 (2) In addition to approving substance abuse monitoring programs
10 that may receive referrals from the disciplining authority, the
11 disciplining authority may establish by rule requirements for
12 participation of license holders who are not being investigated or
13 monitored by the disciplining authority for substance abuse. License
14 holders voluntarily participating in the approved programs without
15 being referred by the disciplining authority shall not be subject to
16 disciplinary action under RCW 18.130.160 for their substance abuse,
17 and shall not have their participation made known to the disciplining
18 authority, if they meet the requirements of this section and the
19 program in which they are participating.

20 (3) The license holder shall sign a waiver allowing the program
21 to release information to the disciplining authority if the licensee
22 does not comply with the requirements of this section or is unable to
23 practice with reasonable skill or safety. The substance abuse program
24 shall report to the disciplining authority any license holder who
25 fails to comply with the requirements of this section or the program
26 or who, in the opinion of the program, is unable to practice with
27 reasonable skill or safety. License holders shall report to the
28 disciplining authority if they fail to comply with this section or do
29 not complete the program's requirements. License holders may, upon
30 the agreement of the program and disciplining authority, reenter the
31 program if they have previously failed to comply with this section.

32 (4) The treatment and pretreatment records of license holders
33 referred to or voluntarily participating in approved programs shall
34 be confidential, shall be exempt from chapter 42.56 RCW, and shall
35 not be subject to discovery by subpoena or admissible as evidence
36 except for monitoring records reported to the disciplining authority
37 for cause as defined in subsection (3) of this section. Monitoring
38 records relating to license holders referred to the program by the
39 disciplining authority or relating to license holders reported to the
40 disciplining authority by the program for cause, shall be released to

1 the disciplining authority at the request of the disciplining
2 authority. Records held by the disciplining authority under this
3 section shall be exempt from chapter 42.56 RCW and shall not be
4 subject to discovery by subpoena except by the license holder.

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

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

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

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

19 (i) An approved monitoring treatment program;

20 (ii) The professional association operating the program;

21 (iii) Members, employees, or agents of the program or
22 association;

23 (iv) Persons reporting a license holder as being possibly
24 impaired or providing information about the license holder's
25 impairment; and

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

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

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

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

38 (a) Less than one year in recovery from a substance use disorder,
39 the duration of time that the person may be required to participate
40 in the voluntary substance abuse monitoring program may not exceed

1 the amount of time necessary for the person to achieve one year in
2 recovery; or

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

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

8 (1)(a) The secretary of social and health services and the
9 secretary of health shall adopt additional requirements for the
10 licensure or relicensure of agencies, facilities, and licensed
11 individuals who provide care and treatment to vulnerable adults,
12 including nursing pools registered under chapter 18.52C RCW. These
13 additional requirements shall ensure that any person associated with
14 a licensed agency or facility having unsupervised access with a
15 vulnerable adult shall not be the respondent in an active protective
16 order under RCW 74.34.130, nor have been: (i) Convicted of a crime
17 against persons as defined in RCW 43.43.830, except as provided in
18 this section; (ii) convicted of crimes relating to financial
19 exploitation as defined in RCW 43.43.830, except as provided in this
20 section; or (iii) found in any disciplinary board final decision to
21 have abused a vulnerable adult under RCW 43.43.830.

22 (b) A person associated with a licensed agency or facility who
23 has unsupervised access with a vulnerable adult shall make the
24 disclosures specified in RCW 43.43.834(2). The person shall make the
25 disclosures in writing, sign, and swear to the contents under penalty
26 of perjury. The person shall, in the disclosures, specify all crimes
27 against children or other persons, all crimes relating to financial
28 exploitation, and all crimes relating to drugs as defined in RCW
29 43.43.830, committed by the person.

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

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

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

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

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

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

15 (f) The department of social and health services reviewed the
16 employee's otherwise disqualifying criminal history through the
17 department of social and health services' background assessment
18 review team process conducted in 2002, and determined that such
19 employee could remain in a position covered by this section; or

20 (g) The otherwise disqualifying conviction or disposition has
21 been the subject of a pardon, annulment, or other equivalent
22 procedure.

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

27 (3) The rules adopted pursuant to subsection (2) of this section
28 may not allow a licensee to automatically deny an applicant with a
29 conviction for an offense set forth in subsection (2) of this section
30 for a position as an agency affiliated counselor registered under
31 chapter 18.19 RCW practicing as a peer counselor in an agency or
32 facility if:

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

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

38 (c) The applicant is at least one year in recovery from a
39 substance use disorder, whether through abstinence or stability on

1 medication-assisted therapy, or in recovery from mental health
2 challenges.

3 (4) In consultation with law enforcement personnel, the secretary
4 of social and health services and the secretary of health shall
5 investigate, or cause to be investigated, the conviction record and
6 the protection proceeding record information under this chapter of
7 the staff of each agency or facility under their respective
8 jurisdictions seeking licensure or relicensure. An individual
9 responding to a criminal background inquiry request from his or her
10 employer or potential employer shall disclose the information about
11 his or her criminal history under penalty of perjury. The secretaries
12 shall use the information solely for the purpose of determining
13 eligibility for licensure or relicensure. Criminal justice agencies
14 shall provide the secretaries such information as they may have and
15 that the secretaries may require for such purpose.

16 NEW SECTION. **Sec. 45.** A new section is added to chapter 18.19
17 RCW to read as follows:

18 The department may not automatically deny an applicant for
19 registration under this chapter for a position as an agency
20 affiliated counselor practicing as a peer counselor in an agency or
21 facility based on a conviction history consisting of convictions for
22 simple assault, assault in the fourth degree, prostitution, theft in
23 the third degree, theft in the second degree, or forgery, the same
24 offenses as they may be renamed, or substantially equivalent offenses
25 committed in other states or jurisdictions if:

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

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

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

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

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

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

4 (b) Has committed any act defined as unprofessional conduct for a
5 license holder under RCW 18.130.180, except as provided in RCW
6 9.97.020;

7 (c) Has been convicted or is subject to current prosecution or
8 pending charges of a crime involving moral turpitude or a crime
9 identified in RCW 43.43.830, except as provided in RCW 9.97.020 and
10 section 45 of this act. For purposes of this section, conviction
11 includes all instances in which a plea of guilty or nolo contendere
12 is the basis for the conviction and all proceedings in which the
13 prosecution or sentence has been deferred or suspended. At the
14 request of an applicant for an original license whose conviction is
15 under appeal, the disciplining authority may defer decision upon the
16 application during the pendency of such a prosecution or appeal;

17 (d) Fails to prove that he or she is qualified in accordance with
18 the provisions of this chapter, the chapters identified in RCW
19 18.130.040(2), or the rules adopted by the disciplining authority; or

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

22 (i) The disciplining authority may require the applicant, at his
23 or her own expense, to submit to a mental, physical, or psychological
24 examination by one or more licensed health professionals designated
25 by the disciplining authority. The disciplining authority shall
26 provide written notice of its requirement for a mental or physical
27 examination that includes a statement of the specific conduct, event,
28 or circumstances justifying an examination and a statement of the
29 nature, purpose, scope, and content of the intended examination. If
30 the applicant fails to submit to the examination or provide the
31 results of the examination or any required waivers, the disciplining
32 authority may deny the application.

33 (ii) An applicant governed by this chapter is deemed to have
34 given consent to submit to a mental, physical, or psychological
35 examination when directed in writing by the disciplining authority
36 and further to have waived all objections to the admissibility or use
37 of the examining health professional's testimony or examination
38 reports by the disciplining authority on the grounds that the
39 testimony or reports constitute privileged communications.

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

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

8 (4) A license applicant who is aggrieved by the decision to deny
9 the license or grant the license with conditions has the right to an
10 adjudicative proceeding. The application for adjudicative proceeding
11 must be in writing, state the basis for contesting the adverse
12 action, include a copy of the adverse notice, and be served on and
13 received by the department within twenty-eight days of the decision.
14 The license applicant has the burden to establish, by a preponderance
15 of evidence, that the license applicant is qualified in accordance
16 with the provisions of this chapter, the chapters identified in RCW
17 18.130.040(2), and the rules adopted by the disciplining authority.

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

20 (1)(a) An applicant for registration as an agency affiliated
21 counselor who applies to the department within (~~seven~~) thirty days
22 of employment by an agency may work as an agency affiliated counselor
23 (~~for up to sixty days~~) while the application is processed. The
24 applicant must (~~stop working on the sixtieth day of employment if~~
25 ~~the registration has not been granted for any reason~~) provide
26 required documentation within reasonable time limits established by
27 the department, and if the applicant does not do so, the applicant
28 must stop working.

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

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

1 grandfathering of current individuals who hold the peer support
2 counselor certification. The sunrise review must evaluate the effect
3 of these modifications on professionalism, portability, scope of
4 practice, approved practice locations, workforce, bidirectional
5 integration, and appropriate deployment of peer support services
6 throughout the health system.

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

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

16 (b) Provide education, experience, and training requirements that
17 are more stringent than the requirements for the peer counselor
18 certification program but less extensive than the requirements for
19 licensure or certification under other credentials related to
20 behavioral health which are administered by the department of health;

21 (c) Provide oversight, structure, discipline, and continuing
22 education requirements typical for other professional licenses and
23 certifications;

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

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

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

33 (g) Incorporate consideration of common barriers to certification
34 and licensure related to criminal history and recovery from
35 behavioral health disorders experienced by peers and accommodate
36 applicants who have these lived experiences to the greatest extent
37 consistent with prudence and client safety.

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

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

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

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

9 NEW SECTION. **Sec. 56.** Sections 5, 7, 9, 12, 15, 31, 33, 35, 38,
10 40, and 42 of this act take effect July 1, 2026.

Passed by the House April 24, 2019.
Passed by the Senate April 17, 2019.
Approved by the Governor May 21, 2019.
Filed in Office of Secretary of State May 21, 2019.

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