

E2SSB 5071 - H COMM AMD

By Committee on Civil Rights & Judiciary

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

3 **"Sec. 1.** RCW 10.77.150 and 2010 c 263 s 5 are each amended to
4 read as follows:

5 (1) Persons examined pursuant to RCW 10.77.140 may make
6 application to the secretary for conditional release. The secretary
7 shall, after considering the reports of experts or professional
8 persons conducting the examination pursuant to RCW 10.77.140, forward
9 to the court of the county which ordered the person's commitment the
10 person's application for conditional release as well as the
11 secretary's recommendations concerning the application and any
12 proposed terms and conditions upon which the secretary reasonably
13 believes the person can be conditionally released. Conditional
14 release may also contemplate partial release for work, training, or
15 educational purposes.

16 (2) In instances in which persons examined pursuant to RCW
17 10.77.140 have not made application to the secretary for conditional
18 release, but the secretary, after considering the reports of experts
19 or professional persons conducting the examination pursuant to RCW
20 10.77.140, reasonably believes the person may be conditionally
21 released, the secretary may submit a recommendation for release to
22 the court of the county that ordered the person's commitment. The
23 secretary's recommendation must include any proposed terms and
24 conditions upon which the secretary reasonably believes the person
25 may be conditionally released. Conditional release may also include
26 partial release for work, training, or educational purposes. Notice
27 of the secretary's recommendation under this subsection must be
28 provided to the person for whom the secretary has made the
29 recommendation for release and to his or her attorney.

30 (3) (a) The court of the county which ordered the person's
31 commitment, upon receipt of an application or recommendation for
32 conditional release with the secretary's recommendation for

1 conditional release terms and conditions, shall within thirty days
2 schedule a hearing. The court may schedule a hearing on applications
3 recommended for disapproval by the secretary.

4 (b) The prosecuting attorney shall represent the state at such
5 hearings and shall have the right to have the ~~((patient))~~ person
6 examined by an expert or professional person of the prosecuting
7 attorney's choice. If the committed person is indigent, and he or she
8 so requests, the court shall appoint a qualified expert or
9 professional person to examine the person on his or her behalf.

10 (c) The issue to be determined at such a hearing is whether or
11 not the person may be released conditionally to less restrictive
12 alternative treatment under the supervision of a multidisciplinary
13 transition team under conditions imposed by the court, including
14 access to services under section 4 of this act without substantial
15 danger to other persons, or substantial likelihood of committing
16 criminal acts jeopardizing public safety or security.

17 ~~((The court, after the hearing, shall rule on the secretary's~~
18 ~~recommendations, and if it disapproves of conditional release, may de~~
19 ~~se))~~ In cases that come before the court under subsection (1) or (2)
20 of this section, the court may deny conditional release to a less
21 restrictive alternative only on the basis of substantial evidence.
22 The court may modify the suggested terms and conditions on which the
23 person is to be conditionally released. Pursuant to the determination
24 of the court after hearing, the committed person shall thereupon be
25 released on such conditions as the court determines to be necessary,
26 or shall be remitted to the custody of the secretary.

27 (4) If the order of conditional release ~~((includes a))~~ provides
28 for the conditional release of the person to a less restrictive
29 alternative, including residential treatment or treatment in the
30 community, the conditional release order must also include:

31 (a) A requirement for the committed person to ~~((report to a))~~ be
32 supervised by a multidisciplinary transition team, including a
33 specially trained community corrections officer, ~~((the order shall~~
34 ~~also specify that the conditionally released person shall be under~~
35 ~~the supervision of the secretary of corrections or such person as the~~
36 ~~secretary of corrections may designate and shall follow explicitly~~
37 ~~the instructions of the secretary of corrections including))~~ a
38 representative of the department of social and health services, and a
39 representative of the community behavioral health agency providing
40 treatment to the person under section 4 of this act.

1 (i) The court may omit appointment of the representative of the
2 community behavioral health agency if the conditional release order
3 does not require participation in behavioral health treatment;

4 (ii) The court may omit the appointment of a community
5 corrections officer if it makes a special finding that the
6 appointment of a community corrections officer would not facilitate
7 the success of the person, or the safety of the person and the
8 community;

9 (b) A requirement for the person to comply with conditions of
10 supervision established by the court which shall include at a minimum
11 reporting as directed to a ((community corrections officer))
12 designated member of the transition team, remaining within prescribed
13 geographical boundaries, and notifying the ((community corrections
14 officer)) transition team prior to making any change in the
15 ((offender's)) person's address or employment. If the ((order of
16 conditional release includes a requirement for the committed person
17 to report to a community corrections officer, the community
18 corrections officer shall notify the secretary or the secretary's
19 designee, if the)) person is not in compliance with the court-ordered
20 conditions of release((-)), the community corrections officer or
21 another designated transition team member shall notify the secretary
22 or the secretary's designee; and

23 ((4)) (c) If the court ((determines that receiving regular or
24 periodic medication or other medical treatment shall be a condition
25 of the committed person's release, then the court shall require him
26 or her to report to a physician or other medical or mental health
27 practitioner for the medication or treatment. In addition to
28 submitting any report required by RCW 10.77.160, the physician or
29 other medical or mental health practitioner shall immediately upon
30 the released person's failure to appear for the)) requires
31 participation in behavioral health treatment, the name of the
32 licensed or certified behavioral health agency responsible for
33 identifying the services the person will receive under section 4 of
34 this act, and a requirement that the person cooperate with the
35 services planned by the licensed or certified behavioral health
36 agency. The licensed or certified behavioral health agency must
37 comply with the reporting requirements of RCW 10.77.160, and must
38 immediately report to the court, prosecutor, and defense counsel any
39 substantial withdrawal or disengagement from medication or treatment,
40 or ((upon a)) any change in the person's mental health condition that

1 renders (~~the patient~~) him or her a potential risk to the public
2 (~~report to the court, to the prosecuting attorney of the county in~~
3 ~~which the released person was committed, to the secretary, and to the~~
4 ~~supervising community corrections officer~~)).

5 (5) The role of the transition team appointed under subsection
6 (4) of this section shall be to facilitate the success of the person
7 on the conditional release order by monitoring the person's progress
8 in treatment, compliance with court-ordered conditions, and to
9 problem solve around extra support the person may need or
10 circumstances that may arise that threaten the safety of the person
11 or the community. The transition team may develop a monitoring plan
12 that may be carried out by any member of the team. The transition
13 team shall meet according to a schedule developed by the team, and
14 shall communicate as needed if issues arise that require the
15 immediate attention of the team.

16 (6) The department of corrections shall collaborate with the
17 department to develop specialized training for community corrections
18 officers under this section. The lack of a trained community
19 corrections officer must not be the cause of delay to entry of a
20 conditional release order. Another community corrections officer may
21 be appointed if no specially trained officer is available.

22 (7) Any person, whose application for conditional release has
23 been denied, may reapply after a period of six months from the date
24 of denial, or sooner with the support of the department.

25 (8) A person examined under RCW 10.77.140 or the department may
26 make a motion for limited conditional release under this section, on
27 the grounds that there is insufficient evidence that the person may
28 be released conditionally to less restrictive alternative treatment
29 under subsection (3)(c) of this section, but the person would benefit
30 from the opportunity to exercise increased privileges while remaining
31 under the custody and supervision of the department and with the
32 supervision of the department these increased privileges can be
33 exercised without substantial danger to other persons or substantial
34 likelihood of committing criminal acts jeopardizing public safety or
35 security. The department may respond to a person's application for
36 conditional release by instead supporting limited conditional
37 release.

38 **Sec. 2.** RCW 71.05.320 and 2020 c 302 s 45 are each amended to
39 read as follows:

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

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

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

21 (2) If the court or jury finds that grounds set forth in RCW
22 71.05.280 have been proven, but finds that treatment less restrictive
23 than detention will be in the best interest of the person or others,
24 then the court shall remand him or her to the custody of the
25 department of social and health services or to a facility certified
26 for ninety day treatment by the department or to a less restrictive
27 alternative for a further period of less restrictive treatment not to
28 exceed ninety days from the date of judgment. If the grounds set
29 forth in RCW 71.05.280(3) are the basis of commitment, then the
30 period of treatment may be up to but not exceed one hundred eighty
31 days from the date of judgment. If the court has made an affirmative
32 special finding under RCW 71.05.280(3)(b), the court shall appoint a
33 multidisciplinary transition team as provided in subsection (6)(a)(i)
34 of this section. If the court or jury finds that the grounds set
35 forth in RCW 71.05.280(5) have been proven, and provide the only
36 basis for commitment, the court must enter an order for less
37 restrictive alternative treatment for up to ninety days from the date
38 of judgment and may not order inpatient treatment.

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

1 service provider responsible for identifying the services the person
2 will receive in accordance with RCW 71.05.585, and must include a
3 requirement that the person cooperate with the services planned by
4 the behavioral health service provider.

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

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

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

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

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

1 treatment, which may be initiated prior to or after discharge from
2 the state hospital; or

3 (d) Continues to be gravely disabled; or

4 (e) Is in need of assisted outpatient behavioral health
5 treatment.

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

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

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

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

34 (i) In cases where the court has ordered less restrictive
35 alternative treatment and has previously made an affirmative special
36 finding under RCW 71.05.280(3) (b), the court shall appoint a
37 multidisciplinary transition team to supervise and assist the person
38 on the order for less restrictive treatment, which shall include a
39 representative of the community behavioral health agency providing
40 treatment under RCW 71.05.585, and a specially trained supervising

1 community corrections officer. The court may omit the appointment of
2 a community corrections officer if it makes a special finding that
3 the appointment of a community corrections officer would not
4 facilitate the success of the person, or the safety of the person and
5 the community under (a)(ii) of this subsection.

6 (ii) The role of the transition team shall be to facilitate the
7 success of the person on the less restrictive alternative order by
8 monitoring the person's progress in treatment, compliance with court-
9 ordered conditions, and to problem solve around extra support the
10 person may need or circumstances which may arise that threaten the
11 safety of the person or the community. The transition team may
12 develop a monitoring plan which may be carried out by any member of
13 the team. The transition team shall meet according to a schedule
14 developed by the team, and shall communicate as needed if issues
15 arise that require the immediate attention of the team.

16 (iii) The department of corrections shall collaborate with the
17 department to develop specialized training for community corrections
18 officers under this section. The lack of a trained community
19 corrections officer must not be the cause of delay to entry of a less
20 restrictive alternative order.

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

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

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

37 **Sec. 3.** RCW 71.05.320 and 2020 c 302 s 46 are each amended to
38 read as follows:

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

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

17 (2) If the court or jury finds that grounds set forth in RCW
18 71.05.280 have been proven, but finds that treatment less restrictive
19 than detention will be in the best interest of the person or others,
20 then the court shall remand him or her to the custody of the
21 department of social and health services or to a facility certified
22 for ninety day treatment by the department or to a less restrictive
23 alternative for a further period of less restrictive treatment not to
24 exceed ninety days from the date of judgment. If the grounds set
25 forth in RCW 71.05.280(3) are the basis of commitment, then the
26 period of treatment may be up to but not exceed one hundred eighty
27 days from the date of judgment. If the court has made an affirmative
28 special finding under RCW 71.05.280(3)(b), the court shall appoint a
29 multidisciplinary transition team as provided in subsection (6)(a)(i)
30 of this section. If the court or jury finds that the grounds set
31 forth in RCW 71.05.280(5) have been proven, and provide the only
32 basis for commitment, the court must enter an order for less
33 restrictive alternative treatment for up to ninety days from the date
34 of judgment and may not order inpatient treatment.

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

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

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

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

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

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

38 (d) Continues to be gravely disabled; or

39 (e) Is in need of assisted outpatient behavioral health
40 treatment.

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

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

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

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

29 (i) In cases where the court has ordered less restrictive
30 alternative treatment and has previously made an affirmative special
31 finding under RCW 71.05.280(3)(b), the court shall appoint a
32 multidisciplinary transition team to supervise and assist the person
33 on the order for less restrictive treatment, which shall include a
34 representative of the community behavioral health agency providing
35 treatment under RCW 71.05.585, and a specially trained supervising
36 community corrections officer. The court may omit the appointment of
37 a community corrections officer if it makes a special finding that
38 the appointment of a community corrections officer would not
39 facilitate the success of the person, or the safety of the person and
40 the community under (a)(ii) of this subsection.

1 (ii) The role of the transition team shall be to facilitate the
2 success of the person on the less restrictive alternative order by
3 monitoring the person's progress in treatment, compliance with court-
4 ordered conditions, and to problem solve around extra support the
5 person may need or circumstances which may arise that threaten the
6 safety of the person or the community. The transition team may
7 develop a monitoring plan which may be carried out by any member of
8 the team. The transition team shall meet according to a schedule
9 developed by the team, and shall communicate as needed if issues
10 arise that require the immediate attention of the team.

11 (iii) The department of corrections shall collaborate with the
12 department to develop specialized training for community corrections
13 officers under this section. The lack of a trained community
14 corrections officer must not be the cause of delay to entry of a less
15 restrictive alternative order.

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

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

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

32 NEW SECTION. Sec. 4. A new section is added to chapter 10.77
33 RCW to read as follows:

34 (1) Conditional release planning should start at admission and
35 proceed in coordination between the department and the person's
36 managed care organization, or behavioral health administrative
37 services organization if the person is not eligible for medical
38 assistance under chapter 74.09 RCW. If needed, the department shall
39 assist the person to enroll in medical assistance in suspense status

1 under RCW 74.09.670. The state hospital liaison for the managed care
2 organization or behavioral health administrative services
3 organization shall facilitate conditional release planning in
4 collaboration with the department.

5 (2) Less restrictive alternative treatment pursuant to a
6 conditional release order, at a minimum, includes the following
7 services:

8 (a) Assignment of a care coordinator;

9 (b) An intake evaluation with the provider of the conditional
10 treatment;

11 (c) A psychiatric evaluation or a substance use disorder
12 evaluation, or both;

13 (d) A schedule of regular contacts with the provider of the less
14 restrictive alternative treatment services for the duration of the
15 order;

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

18 (f) An individual crisis plan;

19 (g) Consultation about the formation of a mental health advance
20 directive under chapter 71.32 RCW; and

21 (h) Appointment of a transition team under RCW 10.77.150;

22 (i) Notification to the care coordinator assigned in (a) of this
23 subsection and to the transition team as provided in RCW 10.77.150 if
24 reasonable efforts to engage the client fail to produce substantial
25 compliance with court-ordered treatment conditions.

26 (3) Less restrictive alternative treatment pursuant to a
27 conditional release order may additionally include requirements to
28 participate in the following services:

29 (a) Medication management;

30 (b) Psychotherapy;

31 (c) Nursing;

32 (d) Substance use disorder counseling;

33 (e) Residential treatment;

34 (f) Support for housing, benefits, education, and employment; and

35 (g) Periodic court review.

36 (4) Nothing in this section prohibits items in subsection (2) of
37 this section from beginning before the conditional release of the
38 individual.

39 (5) If the person was provided with involuntary medication under
40 RCW 10.77.094 or pursuant to a judicial order during the involuntary

1 commitment period, the less restrictive alternative treatment
2 pursuant to the conditional release order may authorize the less
3 restrictive alternative treatment provider or its designee to
4 administer involuntary antipsychotic medication to the person if the
5 provider has attempted and failed to obtain the informed consent of
6 the person and there is a concurring medical opinion approving the
7 medication by a psychiatrist, physician assistant working with a
8 supervising psychiatrist, psychiatric advanced registered nurse
9 practitioner, or physician or physician assistant in consultation
10 with an independent mental health professional with prescribing
11 authority.

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

17 (7) The care coordinator assigned to a person ordered to less
18 restrictive alternative treatment pursuant to a conditional release
19 order must submit an individualized plan for the person's treatment
20 services to the court that entered the order. An initial plan must be
21 submitted as soon as possible following the intake evaluation and a
22 revised plan must be submitted upon any subsequent modification in
23 which a type of service is removed from or added to the treatment
24 plan.

25 (8) A care coordinator may disclose information and records
26 related to mental health treatment under RCW 70.02.230(2)(k) for
27 purposes of implementing less restrictive alternative treatment
28 pursuant to a conditional release order.

29 (9) For the purpose of this section, "care coordinator" means a
30 representative from the department of social and health services who
31 coordinates the activities of less restrictive alternative treatment
32 pursuant to a conditional release order. The care coordinator
33 coordinates activities with the person's transition team that are
34 necessary for enforcement and continuation of the conditional release
35 order and is responsible for coordinating service activities with
36 other agencies and establishing and maintaining a therapeutic
37 relationship with the individual on a continuing basis.

38 **Sec. 5.** RCW 10.77.060 and 2016 sp.s. c 29 s 408 are each amended
39 to read as follows:

1 (1) (a) Whenever a defendant has pleaded not guilty by reason of
2 insanity, or there is reason to doubt his or her competency, the
3 court on its own motion or on the motion of any party shall either
4 appoint or request the secretary to designate a qualified expert or
5 professional person, who shall be approved by the prosecuting
6 attorney, to evaluate and report upon the mental condition of the
7 defendant.

8 (b) The signed order of the court shall serve as authority for
9 the evaluator to be given access to all records held by any mental
10 health, medical, educational, or correctional facility that relate to
11 the present or past mental, emotional, or physical condition of the
12 defendant. If the court is advised by any party that the defendant
13 may have a developmental disability, the evaluation must be performed
14 by a developmental disabilities professional.

15 (c) The evaluator shall assess the defendant in a jail, detention
16 facility, in the community, or in court to determine whether a period
17 of inpatient commitment will be necessary to complete an accurate
18 evaluation. If inpatient commitment is needed, the signed order of
19 the court shall serve as authority for the evaluator to request the
20 jail or detention facility to transport the defendant to a hospital
21 or secure mental health facility for a period of commitment not to
22 exceed fifteen days from the time of admission to the facility.
23 Otherwise, the evaluator shall complete the evaluation.

24 (d) The court may commit the defendant for evaluation to a
25 hospital or secure mental health facility without an assessment if:
26 (i) The defendant is charged with murder in the first or second
27 degree; (ii) the court finds that it is more likely than not that an
28 evaluation in the jail will be inadequate to complete an accurate
29 evaluation; or (iii) the court finds that an evaluation outside the
30 jail setting is necessary for the health, safety, or welfare of the
31 defendant. The court shall not order an initial inpatient evaluation
32 for any purpose other than a competency evaluation.

33 (e) The order shall indicate whether, in the event the defendant
34 is committed to a hospital or secure mental health facility for
35 evaluation, all parties agree to waive the presence of the defendant
36 or to the defendant's remote participation at a subsequent competency
37 hearing or presentation of an agreed order if the recommendation of
38 the evaluator is for continuation of the stay of criminal
39 proceedings, or if the opinion of the evaluator is that the defendant
40 remains incompetent and there is no remaining restoration period, and

1 the hearing is held prior to the expiration of the authorized
2 commitment period.

3 (f) When a defendant is ordered to be (~~committed for inpatient~~
4 ~~evaluation~~) evaluated under this subsection (1), or when a party or
5 the court determines at first appearance that an order for evaluation
6 under this subsection will be requested or ordered if charges are
7 pursued, the court may delay granting bail until the defendant has
8 been evaluated for competency or sanity and appears before the court.
9 Following the evaluation, in determining bail the court shall
10 consider: (i) Recommendations of the evaluator regarding the
11 defendant's competency, sanity, or diminished capacity; (ii) whether
12 the defendant has a recent history of one or more violent acts; (iii)
13 whether the defendant has previously been acquitted by reason of
14 insanity or found incompetent; (iv) whether it is reasonably likely
15 the defendant will fail to appear for a future court hearing; and (v)
16 whether the defendant is a threat to public safety.

17 (2) The court may direct that a qualified expert or professional
18 person retained by or appointed for the defendant be permitted to
19 witness the evaluation authorized by subsection (1) of this section,
20 and that the defendant shall have access to all information obtained
21 by the court appointed experts or professional persons. The
22 defendant's expert or professional person shall have the right to
23 file his or her own report following the guidelines of subsection (3)
24 of this section. If the defendant is indigent, the court shall upon
25 the request of the defendant assist him or her in obtaining an expert
26 or professional person.

27 (3) The report of the evaluation shall include the following:

28 (a) A description of the nature of the evaluation;

29 (b) A diagnosis or description of the current mental status of
30 the defendant;

31 (c) If the defendant suffers from a mental disease or defect, or
32 has a developmental disability, an opinion as to competency;

33 (d) If the defendant has indicated his or her intention to rely
34 on the defense of insanity pursuant to RCW 10.77.030, and an
35 evaluation and report by an expert or professional person has been
36 provided concluding that the defendant was criminally insane at the
37 time of the alleged offense, an opinion as to the defendant's sanity
38 at the time of the act, and an opinion as to whether the defendant
39 presents a substantial danger to other persons, or presents a
40 substantial likelihood of committing criminal acts jeopardizing

1 public safety or security, unless kept under further control by the
2 court or other persons or institutions, provided that no opinion
3 shall be rendered under this subsection (3)(d) unless the evaluator
4 or court determines that the defendant is competent to stand trial;

5 (e) When directed by the court, if an evaluation and report by an
6 expert or professional person has been provided concluding that the
7 defendant lacked the capacity at the time of the offense to form the
8 mental state necessary to commit the charged offense, an opinion as
9 to the capacity of the defendant to have a particular state of mind
10 which is an element of the offense charged;

11 (f) An opinion as to whether the defendant should be evaluated by
12 a designated crisis responder under chapter 71.05 RCW.

13 (4) The secretary may execute such agreements as appropriate and
14 necessary to implement this section and may choose to designate more
15 than one evaluator.

16 **Sec. 6.** RCW 70.02.230 and 2020 c 256 s 402 are each amended to
17 read as follows:

18 (1) (~~Except as provided in this section, RCW 70.02.050,~~
19 ~~71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, 70.02.260, and~~
20 ~~70.02.265, or pursuant to a valid authorization under RCW 70.02.030,~~
21 ~~the~~) The fact of admission to a provider for mental health services
22 and all information and records compiled, obtained, or maintained in
23 the course of providing mental health services to either voluntary or
24 involuntary recipients of services at public or private agencies
25 ((must be confidential)) may not be disclosed except as provided in
26 this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210,
27 70.02.240, 70.02.250, 70.02.260, and 70.02.265, or pursuant to a
28 valid authorization under RCW 70.02.030.

29 (2) Information and records related to mental health services,
30 other than those obtained through treatment under chapter 71.34 RCW,
31 may be disclosed (~~only~~):

32 (a) In communications between qualified professional persons to
33 meet the requirements of chapter 71.05 RCW, including Indian health
34 care providers, in the provision of services or appropriate
35 referrals, or in the course of guardianship proceedings if provided
36 to a professional person:

37 (i) Employed by the facility;

38 (ii) Who has medical responsibility for the patient's care;

39 (iii) Who is a designated crisis responder;

1 (iv) Who is providing services under chapter 71.24 RCW;

2 (v) Who is employed by a state or local correctional facility
3 where the person is confined or supervised; or

4 (vi) Who is providing evaluation, treatment, or follow-up
5 services under chapter 10.77 RCW;

6 (b) When the communications regard the special needs of a patient
7 and the necessary circumstances giving rise to such needs and the
8 disclosure is made by a facility providing services to the operator
9 of a facility in which the patient resides or will reside;

10 (c)(i) When the person receiving services, or his or her
11 guardian, designates persons to whom information or records may be
12 released, or if the person is a minor, when his or her parents make
13 such a designation;

14 (ii) A public or private agency shall release to a person's next
15 of kin, attorney, personal representative, guardian, or conservator,
16 if any:

17 (A) The information that the person is presently a patient in the
18 facility or that the person is seriously physically ill;

19 (B) A statement evaluating the mental and physical condition of
20 the patient, and a statement of the probable duration of the
21 patient's confinement, if such information is requested by the next
22 of kin, attorney, personal representative, guardian, or conservator;
23 and

24 (iii) Other information requested by the next of kin or attorney
25 as may be necessary to decide whether or not proceedings should be
26 instituted to appoint a guardian or conservator;

27 (d)(i) To the courts, including tribal courts, as necessary to
28 the administration of chapter 71.05 RCW or to a court ordering an
29 evaluation or treatment under chapter 10.77 RCW solely for the
30 purpose of preventing the entry of any evaluation or treatment order
31 that is inconsistent with any order entered under chapter 71.05 RCW.

32 (ii) To a court or its designee in which a motion under chapter
33 10.77 RCW has been made for involuntary medication of a defendant for
34 the purpose of competency restoration.

35 (iii) Disclosure under this subsection is mandatory for the
36 purpose of the federal health insurance portability and
37 accountability act;

38 (e)(i) When a mental health professional or designated crisis
39 responder is requested by a representative of a law enforcement or
40 corrections agency, including a police officer, sheriff, community

1 corrections officer, a municipal attorney, or prosecuting attorney to
2 undertake an investigation or provide treatment under RCW 71.05.150,
3 10.31.110, or 71.05.153, the mental health professional or designated
4 crisis responder shall, if requested to do so, advise the
5 representative in writing of the results of the investigation
6 including a statement of reasons for the decision to detain or
7 release the person investigated. The written report must be submitted
8 within seventy-two hours of the completion of the investigation or
9 the request from the law enforcement or corrections representative,
10 whichever occurs later.

11 (ii) Disclosure under this subsection is mandatory for the
12 purposes of the federal health insurance portability and
13 accountability act;

14 (f) To the attorney of the detained person;

15 (g) To the prosecuting attorney as necessary to carry out the
16 responsibilities of the office under RCW 71.05.330(2),
17 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
18 access to records regarding the committed person's treatment and
19 prognosis, medication, behavior problems, and other records relevant
20 to the issue of whether treatment less restrictive than inpatient
21 treatment is in the best interest of the committed person or others.
22 Information must be disclosed only after giving notice to the
23 committed person and the person's counsel;

24 (h)(i) To appropriate law enforcement agencies and to a person,
25 when the identity of the person is known to the public or private
26 agency, whose health and safety has been threatened, or who is known
27 to have been repeatedly harassed, by the patient. The person may
28 designate a representative to receive the disclosure. The disclosure
29 must be made by the professional person in charge of the public or
30 private agency or his or her designee and must include the dates of
31 commitment, admission, discharge, or release, authorized or
32 unauthorized absence from the agency's facility, and only any other
33 information that is pertinent to the threat or harassment. The agency
34 or its employees are not civilly liable for the decision to disclose
35 or not, so long as the decision was reached in good faith and without
36 gross negligence.

37 (ii) Disclosure under this subsection is mandatory for the
38 purposes of the federal health insurance portability and
39 accountability act;

1 (i)(i) To appropriate corrections and law enforcement agencies
2 all necessary and relevant information in the event of a crisis or
3 emergent situation that poses a significant and imminent risk to the
4 public. The mental health service agency or its employees are not
5 civilly liable for the decision to disclose or not so long as the
6 decision was reached in good faith and without gross negligence.

7 (ii) Disclosure under this subsection is mandatory for the
8 purposes of the health insurance portability and accountability act;

9 (j) To the persons designated in RCW 71.05.425 for the purposes
10 described in those sections;

11 (k) By a care coordinator under RCW 71.05.585 or section 4 of
12 this act assigned to a person ordered to receive less restrictive
13 alternative treatment for the purpose of sharing information to
14 parties necessary for the implementation of proceedings under chapter
15 71.05 or 10.77 RCW;

16 (l) Upon the death of a person. The person's next of kin,
17 personal representative, guardian, or conservator, if any, must be
18 notified. Next of kin who are of legal age and competent must be
19 notified under this section in the following order: Spouse, parents,
20 children, brothers and sisters, and other relatives according to the
21 degree of relation. Access to all records and information compiled,
22 obtained, or maintained in the course of providing services to a
23 deceased patient are governed by RCW 70.02.140;

24 (~~(l)~~) (m) To mark headstones or otherwise memorialize patients
25 interred at state hospital cemeteries. The department of social and
26 health services shall make available the name, date of birth, and
27 date of death of patients buried in state hospital cemeteries fifty
28 years after the death of a patient;

29 (~~(m)~~) (n) To law enforcement officers and to prosecuting
30 attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The
31 extent of information that may be released is limited as follows:

32 (i) Only the fact, place, and date of involuntary commitment, an
33 official copy of any order or orders of commitment, and an official
34 copy of any written or oral notice of ineligibility to possess a
35 firearm that was provided to the person pursuant to RCW 9.41.047(1),
36 must be disclosed upon request;

37 (ii) The law enforcement and prosecuting attorneys may only
38 release the information obtained to the person's attorney as required
39 by court rule and to a jury or judge, if a jury is waived, that

1 presides over any trial at which the person is charged with violating
2 RCW 9.41.040(2)(a)(iv);

3 (iii) Disclosure under this subsection is mandatory for the
4 purposes of the federal health insurance portability and
5 accountability act;

6 ~~((n))~~ (o) When a patient would otherwise be subject to the
7 provisions of this section and disclosure is necessary for the
8 protection of the patient or others due to his or her unauthorized
9 disappearance from the facility, and his or her whereabouts is
10 unknown, notice of the disappearance, along with relevant
11 information, may be made to relatives, the department of corrections
12 when the person is under the supervision of the department, and
13 governmental law enforcement agencies designated by the physician or
14 psychiatric advanced registered nurse practitioner in charge of the
15 patient or the professional person in charge of the facility, or his
16 or her professional designee;

17 ~~((o))~~ (p) Pursuant to lawful order of a court, including a
18 tribal court;

19 ~~((p))~~ (q) To qualified staff members of the department, to the
20 authority, to behavioral health administrative services
21 organizations, to managed care organizations, to resource management
22 services responsible for serving a patient, or to service providers
23 designated by resource management services as necessary to determine
24 the progress and adequacy of treatment and to determine whether the
25 person should be transferred to a less restrictive or more
26 appropriate treatment modality or facility;

27 ~~((q))~~ (r) Within the mental health service agency or Indian
28 health care provider facility where the patient is receiving
29 treatment, confidential information may be disclosed to persons
30 employed, serving in bona fide training programs, or participating in
31 supervised volunteer programs, at the facility when it is necessary
32 to perform their duties;

33 ~~((r))~~ (s) Within the department and the authority as necessary
34 to coordinate treatment for mental illness, developmental
35 disabilities, alcoholism, or substance use disorder of persons who
36 are under the supervision of the department;

37 ~~((s))~~ (t) Between the department of social and health services,
38 the department of children, youth, and families, and the health care
39 authority as necessary to coordinate treatment for mental illness,
40 developmental disabilities, alcoholism, or drug abuse of persons who

1 are under the supervision of the department of social and health
2 services or the department of children, youth, and families;

3 ~~((t))~~ (u) To a licensed physician or psychiatric advanced
4 registered nurse practitioner who has determined that the life or
5 health of the person is in danger and that treatment without the
6 information and records related to mental health services could be
7 injurious to the patient's health. Disclosure must be limited to the
8 portions of the records necessary to meet the medical emergency;

9 ~~((u))~~ (v)(i) Consistent with the requirements of the federal
10 health insurance portability and accountability act, to:

11 (A) A health care provider, including an Indian health care
12 provider, who is providing care to a patient, or to whom a patient
13 has been referred for evaluation or treatment; or

14 (B) Any other person who is working in a care coordinator role
15 for a health care facility, health care provider, or Indian health
16 care provider, or is under an agreement pursuant to the federal
17 health insurance portability and accountability act with a health
18 care facility or a health care provider and requires the information
19 and records to assure coordinated care and treatment of that patient.

20 (ii) A person authorized to use or disclose information and
21 records related to mental health services under this subsection (2)
22 ~~((u))~~ (v) must take appropriate steps to protect the information
23 and records relating to mental health services.

24 (iii) Psychotherapy notes may not be released without
25 authorization of the patient who is the subject of the request for
26 release of information;

27 ~~((v))~~ (w) To administrative and office support staff designated
28 to obtain medical records for those licensed professionals listed in
29 ~~((u))~~ (v) of this subsection;

30 ~~((w))~~ (x) To a facility that is to receive a person who is
31 involuntarily committed under chapter 71.05 RCW, or upon transfer of
32 the person from one evaluation and treatment facility to another. The
33 release of records under this subsection is limited to the
34 information and records related to mental health services required by
35 law, a record or summary of all somatic treatments, and a discharge
36 summary. The discharge summary may include a statement of the
37 patient's problem, the treatment goals, the type of treatment which
38 has been provided, and recommendation for future treatment, but may
39 not include the patient's complete treatment record;

1 (~~(x)~~) (y) To the person's counsel or guardian ad litem, without
2 modification, at any time in order to prepare for involuntary
3 commitment or recommitment proceedings, reexaminations, appeals, or
4 other actions relating to detention, admission, commitment, or
5 patient's rights under chapter 71.05 RCW;

6 (~~(y)~~) (z) To staff members of the protection and advocacy
7 agency or to staff members of a private, nonprofit corporation for
8 the purpose of protecting and advocating the rights of persons with
9 mental disorders or developmental disabilities. Resource management
10 services may limit the release of information to the name, birthdate,
11 and county of residence of the patient, information regarding whether
12 the patient was voluntarily admitted, or involuntarily committed, the
13 date and place of admission, placement, or commitment, the name and
14 address of a guardian of the patient, and the date and place of the
15 guardian's appointment. Any staff member who wishes to obtain
16 additional information must notify the patient's resource management
17 services in writing of the request and of the resource management
18 services' right to object. The staff member shall send the notice by
19 mail to the guardian's address. If the guardian does not object in
20 writing within fifteen days after the notice is mailed, the staff
21 member may obtain the additional information. If the guardian objects
22 in writing within fifteen days after the notice is mailed, the staff
23 member may not obtain the additional information;

24 (~~(z)~~) (aa) To all current treating providers, including Indian
25 health care providers, of the patient with prescriptive authority who
26 have written a prescription for the patient within the last twelve
27 months. For purposes of coordinating health care, the department or
28 the authority may release without written authorization of the
29 patient, information acquired for billing and collection purposes as
30 described in RCW 70.02.050(1)(d). The department, or the authority,
31 if applicable, shall notify the patient that billing and collection
32 information has been released to named providers, and provide the
33 substance of the information released and the dates of such release.
34 Neither the department nor the authority may release counseling,
35 inpatient psychiatric hospitalization, or drug and alcohol treatment
36 information without a signed written release from the client;

37 (~~(aa)~~) (bb) (i) To the secretary of social and health services
38 and the director of the health care authority for either program
39 evaluation or research, or both so long as the secretary or director,
40 where applicable, adopts rules for the conduct of the evaluation or

1 research, or both. Such rules must include, but need not be limited
2 to, the requirement that all evaluators and researchers sign an oath
3 of confidentiality substantially as follows:

4 "As a condition of conducting evaluation or research concerning
5 persons who have received services from (fill in the facility,
6 agency, or person) I,, agree not to divulge, publish, or
7 otherwise make known to unauthorized persons or the public any
8 information obtained in the course of such evaluation or research
9 regarding persons who have received services such that the person who
10 received such services is identifiable.

11 I recognize that unauthorized release of confidential information
12 may subject me to civil liability under the provisions of state law.
13 /s/"

14 (ii) Nothing in this chapter may be construed to prohibit the
15 compilation and publication of statistical data for use by government
16 or researchers under standards, including standards to assure
17 maintenance of confidentiality, set forth by the secretary, or
18 director, where applicable;

19 ~~((bb))~~ (cc) To any person if the conditions in RCW 70.02.205
20 are met;

21 ~~((ee))~~ (dd) To the secretary of health for the purposes of the
22 maternal mortality review panel established in RCW 70.54.450;

23 ~~((dd))~~ (ee) To a tribe or Indian health care provider to carry
24 out the requirements of RCW 71.05.150(7).

25 (3) Whenever federal law or federal regulations restrict the
26 release of information contained in the information and records
27 related to mental health services of any patient who receives
28 treatment for a substance use disorder, the department or the
29 authority may restrict the release of the information as necessary to
30 comply with federal law and regulations.

31 (4) Civil liability and immunity for the release of information
32 about a particular person who is committed to the department of
33 social and health services or the authority under RCW 71.05.280(3)
34 and 71.05.320(4)(c) after dismissal of a sex offense as defined in
35 RCW 9.94A.030, is governed by RCW 4.24.550.

36 (5) The fact of admission to a provider of mental health
37 services, as well as all records, files, evidence, findings, or
38 orders made, prepared, collected, or maintained pursuant to chapter
39 71.05 RCW are not admissible as evidence in any legal proceeding

1 outside that chapter without the written authorization of the person
2 who was the subject of the proceeding except as provided in RCW
3 70.02.260, in a subsequent criminal prosecution of a person committed
4 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were
5 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
6 trial, in a civil commitment proceeding pursuant to chapter 71.09
7 RCW, or, in the case of a minor, a guardianship or dependency
8 proceeding. The records and files maintained in any court proceeding
9 pursuant to chapter 71.05 RCW must be confidential and available
10 subsequent to such proceedings only to the person who was the subject
11 of the proceeding or his or her attorney. In addition, the court may
12 order the subsequent release or use of such records or files only
13 upon good cause shown if the court finds that appropriate safeguards
14 for strict confidentiality are and will be maintained.

15 (6)(a) Except as provided in RCW 4.24.550, any person may bring
16 an action against an individual who has willfully released
17 confidential information or records concerning him or her in
18 violation of the provisions of this section, for the greater of the
19 following amounts:

20 (i) One thousand dollars; or

21 (ii) Three times the amount of actual damages sustained, if any.

22 (b) It is not a prerequisite to recovery under this subsection
23 that the plaintiff suffered or was threatened with special, as
24 contrasted with general, damages.

25 (c) Any person may bring an action to enjoin the release of
26 confidential information or records concerning him or her or his or
27 her ward, in violation of the provisions of this section, and may in
28 the same action seek damages as provided in this subsection.

29 (d) The court may award to the plaintiff, should he or she
30 prevail in any action authorized by this subsection, reasonable
31 attorney fees in addition to those otherwise provided by law.

32 (e) If an action is brought under this subsection, no action may
33 be brought under RCW 70.02.170.

34 **Sec. 7.** RCW 70.02.240 and 2019 c 381 s 20 are each amended to
35 read as follows:

36 The fact of admission and all information and records related to
37 mental health services obtained through inpatient or outpatient
38 treatment of a minor under chapter 71.34 RCW must be kept
39 confidential, except as authorized by this section or under RCW

1 70.02.050, 70.02.210, 70.02.230, 70.02.250, 70.02.260, and 70.02.265.

2 Confidential information under this section may be disclosed only:

3 (1) In communications between mental health professionals to meet
4 the requirements of chapter 71.34 RCW, in the provision of services
5 to the minor, or in making appropriate referrals;

6 (2) In the course of guardianship or dependency proceedings;

7 (3) To the minor, the minor's parent, including those acting as a
8 parent as defined in RCW 71.34.020 for purposes of family-initiated
9 treatment, and the minor's attorney, subject to RCW 13.50.100;

10 (4) To the courts as necessary to administer chapter 71.34 RCW;

11 (5) By a care coordinator under RCW 71.34.755 or section 4 of
12 this act assigned to a person ordered to receive less restrictive
13 alternative treatment for the purpose of sharing information to
14 parties necessary for the implementation of proceedings under chapter
15 71.34 or 10.77 RCW;

16 (6) To law enforcement officers or public health officers as
17 necessary to carry out the responsibilities of their office. However,
18 only the fact and date of admission, and the date of discharge, the
19 name and address of the treatment provider, if any, and the last
20 known address must be disclosed upon request;

21 ((+6)) (7) To law enforcement officers, public health officers,
22 relatives, and other governmental law enforcement agencies, if a
23 minor has escaped from custody, disappeared from an evaluation and
24 treatment facility, violated conditions of a less restrictive
25 treatment order, or failed to return from an authorized leave, and
26 then only such information as may be necessary to provide for public
27 safety or to assist in the apprehension of the minor. The officers
28 are obligated to keep the information confidential in accordance with
29 this chapter;

30 ((+7)) (8) To the secretary of social and health services and
31 the director of the health care authority for assistance in data
32 collection and program evaluation or research so long as the
33 secretary or director, where applicable, adopts rules for the conduct
34 of such evaluation and research. The rules must include, but need not
35 be limited to, the requirement that all evaluators and researchers
36 sign an oath of confidentiality substantially as follows:

37 "As a condition of conducting evaluation or research concerning
38 persons who have received services from (fill in the facility,
39 agency, or person) I,, agree not to divulge, publish, or

1 otherwise make known to unauthorized persons or the public any
2 information obtained in the course of such evaluation or research
3 regarding minors who have received services in a manner such that the
4 minor is identifiable.

5 I recognize that unauthorized release of confidential information
6 may subject me to civil liability under state law.

7 /s/";

8 ~~((8))~~ (9) To appropriate law enforcement agencies, upon
9 request, all necessary and relevant information in the event of a
10 crisis or emergent situation that poses a significant and imminent
11 risk to the public. The mental health service agency or its employees
12 are not civilly liable for the decision to disclose or not, so long
13 as the decision was reached in good faith and without gross
14 negligence;

15 ~~((9))~~ (10) To appropriate law enforcement agencies and to a
16 person, when the identity of the person is known to the public or
17 private agency, whose health and safety has been threatened, or who
18 is known to have been repeatedly harassed, by the patient. The person
19 may designate a representative to receive the disclosure. The
20 disclosure must be made by the professional person in charge of the
21 public or private agency or his or her designee and must include the
22 dates of admission, discharge, authorized or unauthorized absence
23 from the agency's facility, and only any other information that is
24 pertinent to the threat or harassment. The agency or its employees
25 are not civilly liable for the decision to disclose or not, so long
26 as the decision was reached in good faith and without gross
27 negligence;

28 ~~((10))~~ (11) To a minor's next of kin, attorney, guardian, or
29 conservator, if any, the information that the minor is presently in
30 the facility or that the minor is seriously physically ill and a
31 statement evaluating the mental and physical condition of the minor
32 as well as a statement of the probable duration of the minor's
33 confinement;

34 ~~((11))~~ (12) Upon the death of a minor, to the minor's next of
35 kin;

36 ~~((12))~~ (13) To a facility in which the minor resides or will
37 reside;

1 (~~(13)~~) (14) To law enforcement officers and to prosecuting
2 attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The
3 extent of information that may be released is limited as follows:

4 (a) Only the fact, place, and date of involuntary commitment, an
5 official copy of any order or orders of commitment, and an official
6 copy of any written or oral notice of ineligibility to possess a
7 firearm that was provided to the person pursuant to RCW 9.41.047(1),
8 must be disclosed upon request;

9 (b) The law enforcement and prosecuting attorneys may only
10 release the information obtained to the person's attorney as required
11 by court rule and to a jury or judge, if a jury is waived, that
12 presides over any trial at which the person is charged with violating
13 RCW 9.41.040(2)(a)(iv);

14 (c) Disclosure under this subsection is mandatory for the
15 purposes of the federal health insurance portability and
16 accountability act;

17 (~~(14)~~) (15) This section may not be construed to prohibit the
18 compilation and publication of statistical data for use by government
19 or researchers under standards, including standards to assure
20 maintenance of confidentiality, set forth by the director of the
21 health care authority or the secretary of the department of social
22 and health services, where applicable. The fact of admission and all
23 information obtained pursuant to chapter 71.34 RCW are not admissible
24 as evidence in any legal proceeding outside chapter 71.34 RCW, except
25 guardianship or dependency, without the written consent of the minor
26 or the minor's parent;

27 (~~(15)~~) (16) For the purpose of a correctional facility
28 participating in the postinstitutional medical assistance system
29 supporting the expedited medical determinations and medical
30 suspensions as provided in RCW 74.09.555 and 74.09.295;

31 (~~(16)~~) (17) Pursuant to a lawful order of a court.

32 **Sec. 8.** RCW 71.24.035 and 2020 c 256 s 202 are each amended to
33 read as follows:

34 (1) The authority is designated as the state behavioral health
35 authority which includes recognition as the single state authority
36 for substance use disorders and state mental health authority.

37 (2) The director shall provide for public, client, tribal, and
38 licensed or certified behavioral health agency participation in
39 developing the state behavioral health program, developing related

1 contracts, and any waiver request to the federal government under
2 medicaid.

3 (3) The director shall provide for participation in developing
4 the state behavioral health program for children and other
5 underserved populations, by including representatives on any
6 committee established to provide oversight to the state behavioral
7 health program.

8 (4) The authority shall be designated as the behavioral health
9 administrative services organization for a regional service area if a
10 behavioral health administrative services organization fails to meet
11 the authority's contracting requirements or refuses to exercise the
12 responsibilities under its contract or state law, until such time as
13 a new behavioral health administrative services organization is
14 designated.

15 (5) The director shall:

16 (a) Assure that any behavioral health administrative services
17 organization, managed care organization, or community behavioral
18 health program provides medically necessary services to medicaid
19 recipients consistent with the state's medicaid state plan or federal
20 waiver authorities, and nonmedicaid services consistent with
21 priorities established by the authority;

22 (b) Develop contracts in a manner to ensure an adequate network
23 of inpatient services, evaluation and treatment services, and
24 facilities under chapter 71.05 RCW to ensure access to treatment,
25 resource management services, and community support services;

26 (c) Make contracts necessary or incidental to the performance of
27 its duties and the execution of its powers, including managed care
28 contracts for behavioral health services, contracts entered into
29 under RCW 74.09.522, and contracts with public and private agencies,
30 organizations, and individuals to pay them for behavioral health
31 services;

32 (d) Define administrative costs and ensure that the behavioral
33 health administrative services organization does not exceed an
34 administrative cost of ten percent of available funds;

35 (e) Establish, to the extent possible, a standardized auditing
36 procedure which is designed to assure compliance with contractual
37 agreements authorized by this chapter and minimizes paperwork
38 requirements. The audit procedure shall focus on the outcomes of
39 service as provided in RCW 71.24.435, 70.320.020, and 71.36.025;

1 (f) Develop and maintain an information system to be used by the
2 state and behavioral health administrative services organizations and
3 managed care organizations that includes a tracking method which
4 allows the authority to identify behavioral health clients'
5 participation in any behavioral health service or public program on
6 an immediate basis. The information system shall not include
7 individual patient's case history files. Confidentiality of client
8 information and records shall be maintained as provided in this
9 chapter and chapter 70.02 RCW;

10 (g) Monitor and audit behavioral health administrative services
11 organizations as needed to assure compliance with contractual
12 agreements authorized by this chapter;

13 (h) Monitor and audit access to behavioral health services for
14 individuals eligible for medicaid who are not enrolled in a managed
15 care organization;

16 (i) Adopt such rules as are necessary to implement the
17 authority's responsibilities under this chapter;

18 (j) Administer or supervise the administration of the provisions
19 relating to persons with substance use disorders and intoxicated
20 persons of any state plan submitted for federal funding pursuant to
21 federal health, welfare, or treatment legislation;

22 (k) Require the behavioral health administrative services
23 organizations and the managed care organizations to develop
24 agreements with tribal, city, and county jails and the department of
25 corrections to accept referrals for enrollment on behalf of a
26 confined person, prior to the person's release;

27 (l) Require behavioral health administrative services
28 organizations and managed care organizations, as applicable, to
29 provide services as identified in RCW 71.05.585 and section 4 of this
30 act to individuals committed for involuntary (~~commitment~~) treatment
31 under less restrictive alternative court orders when:

32 (i) The individual is enrolled in the medicaid program; or

33 (ii) The individual is not enrolled in medicaid, does not have
34 other insurance which can pay for the services, and the behavioral
35 health administrative services organization has adequate available
36 resources to provide the services; and

37 (m) Coordinate with the centers for medicare and medicaid
38 services to provide that behavioral health aide services are eligible
39 for federal funding of up to one hundred percent.

1 (6) The director shall use available resources only for
2 behavioral health administrative services organizations and managed
3 care organizations, except:

4 (a) To the extent authorized, and in accordance with any
5 priorities or conditions specified, in the biennial appropriations
6 act; or

7 (b) To incentivize improved performance with respect to the
8 client outcomes established in RCW 71.24.435, 70.320.020, and
9 71.36.025, integration of behavioral health and medical services at
10 the clinical level, and improved care coordination for individuals
11 with complex care needs.

12 (7) Each behavioral health administrative services organization,
13 managed care organization, and licensed or certified behavioral
14 health agency shall file with the secretary of the department of
15 health or the director, on request, such data, statistics, schedules,
16 and information as the secretary of the department of health or the
17 director reasonably requires. A behavioral health administrative
18 services organization, managed care organization, or licensed or
19 certified behavioral health agency which, without good cause, fails
20 to furnish any data, statistics, schedules, or information as
21 requested, or files fraudulent reports thereof, may be subject to the
22 contractual remedies in RCW 74.09.871 or may have its service
23 provider certification or license revoked or suspended.

24 (8) The superior court may restrain any behavioral health
25 administrative services organization, managed care organization, or
26 service provider from operating without a contract, certification, or
27 a license or any other violation of this section. The court may also
28 review, pursuant to procedures contained in chapter 34.05 RCW, any
29 denial, suspension, limitation, restriction, or revocation of
30 certification or license, and grant other relief required to enforce
31 the provisions of this chapter.

32 (9) Upon petition by the secretary of the department of health or
33 the director, and after hearing held upon reasonable notice to the
34 facility, the superior court may issue a warrant to an officer or
35 employee of the secretary of the department of health or the director
36 authorizing him or her to enter at reasonable times, and examine the
37 records, books, and accounts of any behavioral health administrative
38 services organization, managed care organization, or service provider
39 refusing to consent to inspection or examination by the authority.

1 (10) Notwithstanding the existence or pursuit of any other
2 remedy, the secretary of the department of health or the director may
3 file an action for an injunction or other process against any person
4 or governmental unit to restrain or prevent the establishment,
5 conduct, or operation of a behavioral health administrative services
6 organization, managed care organization, or service provider without
7 a contract, certification, or a license under this chapter.

8 (11) The authority shall distribute appropriated state and
9 federal funds in accordance with any priorities, terms, or conditions
10 specified in the appropriations act.

11 (12) The authority, in cooperation with the state congressional
12 delegation, shall actively seek waivers of federal requirements and
13 such modifications of federal regulations as are necessary to allow
14 federal medicaid reimbursement for services provided by freestanding
15 evaluation and treatment facilities licensed under chapter 71.12 RCW
16 or certified under chapter 71.05 RCW. The authority shall
17 periodically share the results of its efforts with the appropriate
18 committees of the senate and the house of representatives.

19 (13) The authority may:

20 (a) Plan, establish, and maintain substance use disorder
21 prevention and substance use disorder treatment programs as necessary
22 or desirable;

23 (b) Coordinate its activities and cooperate with behavioral
24 programs in this and other states, and make contracts and other joint
25 or cooperative arrangements with state, tribal, local, or private
26 agencies in this and other states for behavioral health services and
27 for the common advancement of substance use disorder programs;

28 (c) Solicit and accept for use any gift of money or property made
29 by will or otherwise, and any grant of money, services, or property
30 from the federal government, the state, or any political subdivision
31 thereof or any private source, and do all things necessary to
32 cooperate with the federal government or any of its agencies in
33 making an application for any grant;

34 (d) Keep records and engage in research and the gathering of
35 relevant statistics; and

36 (e) Acquire, hold, or dispose of real property or any interest
37 therein, and construct, lease, or otherwise provide substance use
38 disorder treatment programs.

1 **Sec. 9.** RCW 10.77.010 and 2019 c 325 s 5005 are each amended to
2 read as follows:

3 As used in this chapter:

4 (1) "Admission" means acceptance based on medical necessity, of a
5 person as a patient.

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

9 (3) "Conditional release" means modification of a court-ordered
10 commitment, which may be revoked upon violation of any of its terms.

11 (4) A "criminally insane" person means any person who has been
12 acquitted of a crime charged by reason of insanity, and thereupon
13 found to be a substantial danger to other persons or to present a
14 substantial likelihood of committing criminal acts jeopardizing
15 public safety or security unless kept under further control by the
16 court or other persons or institutions.

17 (5) "Department" means the state department of social and health
18 services.

19 (6) "Designated crisis responder" has the same meaning as
20 provided in RCW 71.05.020.

21 (7) "Detention" or "detain" means the lawful confinement of a
22 person, under the provisions of this chapter, pending evaluation.

23 (8) "Developmental disabilities professional" means a person who
24 has specialized training and three years of experience in directly
25 treating or working with persons with developmental disabilities and
26 is a psychiatrist or psychologist, or a social worker, and such other
27 developmental disabilities professionals as may be defined by rules
28 adopted by the secretary.

29 (9) "Developmental disability" means the condition as defined in
30 RCW 71A.10.020(5).

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

34 (11) "Furlough" means an authorized leave of absence for a
35 resident of a state institution operated by the department designated
36 for the custody, care, and treatment of the criminally insane,
37 consistent with an order of conditional release from the court under
38 this chapter, without any requirement that the resident be
39 accompanied by, or be in the custody of, any law enforcement or
40 institutional staff, while on such unescorted leave.

1 (12) "Habilitative services" means those services provided by
2 program personnel to assist persons in acquiring and maintaining life
3 skills and in raising their levels of physical, mental, social, and
4 vocational functioning. Habilitative services include education,
5 training for employment, and therapy. The habilitative process shall
6 be undertaken with recognition of the risk to the public safety
7 presented by the person being assisted as manifested by prior charged
8 criminal conduct.

9 (13) "History of one or more violent acts" means violent acts
10 committed during: (a) The ten-year period of time prior to the filing
11 of criminal charges; plus (b) the amount of time equal to time spent
12 during the ten-year period in a mental health facility or in
13 confinement as a result of a criminal conviction.

14 (14) "Immediate family member" means a spouse, child, stepchild,
15 parent, stepparent, grandparent, sibling, or domestic partner.

16 (15) "Incompetency" means a person lacks the capacity to
17 understand the nature of the proceedings against him or her or to
18 assist in his or her own defense as a result of mental disease or
19 defect.

20 (16) "Indigent" means any person who is financially unable to
21 obtain counsel or other necessary expert or professional services
22 without causing substantial hardship to the person or his or her
23 family.

24 (17) "Individualized service plan" means a plan prepared by a
25 developmental disabilities professional with other professionals as a
26 team, for an individual with developmental disabilities, which shall
27 state:

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

30 (b) The conditions and strategies necessary to achieve the
31 purposes of habilitation;

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

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

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

37 (f) Where relevant in light of past criminal behavior and due
38 consideration for public safety, the criteria for proposed movement
39 to less-restrictive settings, criteria for proposed eventual release,
40 and a projected possible date for release; and

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

3 (18) "Professional person" means:

4 (a) A psychiatrist licensed as a physician and surgeon in this
5 state who has, in addition, completed three years of graduate
6 training in psychiatry in a program approved by the American medical
7 association or the American osteopathic association and is certified
8 or eligible to be certified by the American board of psychiatry and
9 neurology or the American osteopathic board of neurology and
10 psychiatry;

11 (b) A psychologist licensed as a psychologist pursuant to chapter
12 18.83 RCW; or

13 (c) A social worker with a master's or further advanced degree
14 from a social work educational program accredited and approved as
15 provided in RCW 18.320.010.

16 (19) "Release" means legal termination of the court-ordered
17 commitment under the provisions of this chapter.

18 (20) "Secretary" means the secretary of the department of social
19 and health services or his or her designee.

20 (21) "Treatment" means any currently standardized medical or
21 mental health procedure including medication.

22 (22) "Treatment records" include registration and all other
23 records concerning persons who are receiving or who at any time have
24 received services for mental illness, which are maintained by the
25 department, by behavioral health administrative services
26 organizations and their staffs, by managed care organizations and
27 their staffs, and by treatment facilities. Treatment records do not
28 include notes or records maintained for personal use by a person
29 providing treatment services for the department, behavioral health
30 administrative services organizations, managed care organizations, or
31 a treatment facility if the notes or records are not available to
32 others.

33 (23) "Violent act" means behavior that: (a) (i) Resulted in; (ii)
34 if completed as intended would have resulted in; or (iii) was
35 threatened to be carried out by a person who had the intent and
36 opportunity to carry out the threat and would have resulted in,
37 homicide, nonfatal injuries, or substantial damage to property; or
38 (b) recklessly creates an immediate risk of serious physical injury
39 to another person. As used in this subsection, "nonfatal injuries"
40 means physical pain or injury, illness, or an impairment of physical

1 condition. "Nonfatal injuries" shall be construed to be consistent
2 with the definition of "bodily injury," as defined in RCW 9A.04.110.

3 (24) "Community behavioral health agency" has the same meaning as
4 "licensed or certified behavioral health agency" defined in RCW
5 71.24.025.

6 **Sec. 10.** RCW 10.77.195 and 2010 c 263 s 9 are each amended to
7 read as follows:

8 For persons who have received court approval for conditional
9 release, the secretary or the secretary's designee shall supervise
10 the person's compliance with the court-ordered conditions of release
11 in coordination with the multidisciplinary transition team appointed
12 under RCW 10.77.150. The level of supervision provided by the
13 secretary shall correspond to the level of the person's public safety
14 risk. In undertaking supervision of persons under this section, the
15 secretary shall coordinate with any treatment providers (~~designated~~
16 ~~pursuant to RCW 10.77.150(3), any~~) or department of corrections
17 staff designated pursuant to RCW 10.77.150(~~(+2)~~), and local law
18 enforcement, if appropriate. The secretary shall adopt rules to
19 implement this section.

20 **Sec. 11.** RCW 71.05.020 and 2020 c 302 s 3, 2020 c 256 s 301, and
21 2020 c 5 s 1 are each reenacted and amended to read as follows:

22 The definitions in this section apply throughout this chapter
23 unless the context clearly requires otherwise.

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

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

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

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

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

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

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

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

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

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

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

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

1 (13) "Custody" means involuntary detention under the provisions
2 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
3 unconditional release from commitment from a facility providing
4 involuntary care and treatment;

5 (14) "Department" means the department of health;

6 (15) "Designated crisis responder" means a mental health
7 professional appointed by the county, by an entity appointed by the
8 county, or by the authority in consultation with a federally
9 recognized Indian tribe or after meeting and conferring with an
10 Indian health care provider, to perform the duties specified in this
11 chapter;

12 (16) "Detention" or "detain" means the lawful confinement of a
13 person, under the provisions of this chapter;

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

22 (18) "Developmental disability" means that condition defined in
23 RCW 71A.10.020(5);

24 (19) "Director" means the director of the authority;

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

28 (21) "Drug addiction" means a disease, characterized by a
29 dependency on psychoactive chemicals, loss of control over the amount
30 and circumstances of use, symptoms of tolerance, physiological or
31 psychological withdrawal, or both, if use is reduced or discontinued,
32 and impairment of health or disruption of social or economic
33 functioning;

34 (22) "Evaluation and treatment facility" means any facility which
35 can provide directly, or by direct arrangement with other public or
36 private agencies, emergency evaluation and treatment, outpatient
37 care, and timely and appropriate inpatient care to persons suffering
38 from a mental disorder, and which is licensed or certified as such by
39 the department. The authority may certify single beds as temporary
40 evaluation and treatment beds under RCW 71.05.745. A physically

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

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

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

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

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

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

32 (28) "In need of assisted outpatient behavioral health treatment"
33 means that a person, as a result of a behavioral health disorder: (a)
34 Has been committed by a court to detention for involuntary behavioral
35 health treatment during the preceding thirty-six months; (b) is
36 unlikely to voluntarily participate in outpatient treatment without
37 an order for less restrictive alternative treatment, based on a
38 history of nonadherence with treatment or in view of the person's
39 current behavior; (c) is likely to benefit from less restrictive
40 alternative treatment; and (d) requires less restrictive alternative

1 treatment to prevent a relapse, decompensation, or deterioration that
2 is likely to result in the person presenting a likelihood of serious
3 harm or the person becoming gravely disabled within a reasonably
4 short period of time;

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

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

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

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

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

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

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

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

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

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

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

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

37 (34) "Licensed physician" means a person licensed to practice
38 medicine or osteopathic medicine and surgery in the state of
39 Washington;

40 (35) "Likelihood of serious harm" means:

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

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

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

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

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

24 (39) "Peace officer" means a law enforcement official of a public
25 agency or governmental unit, and includes persons specifically given
26 peace officer powers by any state law, local ordinance, or judicial
27 order of appointment;

28 (40) "Physician assistant" means a person licensed as a physician
29 assistant under chapter 18.57A or 18.71A RCW;

30 (41) "Private agency" means any person, partnership, corporation,
31 or association that is not a public agency, whether or not financed
32 in whole or in part by public funds, which constitutes an evaluation
33 and treatment facility or private institution, or hospital, or
34 approved substance use disorder treatment program, which is conducted
35 for, or includes a department or ward conducted for, the care and
36 treatment of persons with behavioral health disorders;

37 (42) "Professional person" means a mental health professional,
38 substance use disorder professional, or designated crisis responder
39 and shall also mean a physician, physician assistant, psychiatric
40 advanced registered nurse practitioner, registered nurse, and such

1 others as may be defined by rules adopted by the secretary pursuant
2 to the provisions of this chapter;

3 (43) "Psychiatric advanced registered nurse practitioner" means a
4 person who is licensed as an advanced registered nurse practitioner
5 pursuant to chapter 18.79 RCW; and who is board certified in advanced
6 practice psychiatric and mental health nursing;

7 (44) "Psychiatrist" means a person having a license as a
8 physician and surgeon in this state who has in addition completed
9 three years of graduate training in psychiatry in a program approved
10 by the American medical association or the American osteopathic
11 association and is certified or eligible to be certified by the
12 American board of psychiatry and neurology;

13 (45) "Psychologist" means a person who has been licensed as a
14 psychologist pursuant to chapter 18.83 RCW;

15 (46) "Public agency" means any evaluation and treatment facility
16 or institution, secure withdrawal management and stabilization
17 facility, approved substance use disorder treatment program, or
18 hospital which is conducted for, or includes a department or ward
19 conducted for, the care and treatment of persons with behavioral
20 health disorders, if the agency is operated directly by federal,
21 state, county, or municipal government, or a combination of such
22 governments;

23 (47) "Release" means legal termination of the commitment under
24 the provisions of this chapter;

25 (48) "Resource management services" has the meaning given in
26 chapter 71.24 RCW;

27 (49) "Secretary" means the secretary of the department of health,
28 or his or her designee;

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

36 (a) Provide the following services:

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

39 (ii) Clinical stabilization services;

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

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

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

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

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

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

20 (53) "Substance use disorder professional" means a person
21 certified as a substance use disorder professional by the department
22 of health under chapter 18.205 RCW;

23 (54) "Therapeutic court personnel" means the staff of a mental
24 health court or other therapeutic court which has jurisdiction over
25 defendants who are dually diagnosed with mental disorders, including
26 court personnel, probation officers, a court monitor, prosecuting
27 attorney, or defense counsel acting within the scope of therapeutic
28 court duties;

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

1 and health services, the department, the authority, behavioral health
2 administrative services organizations, managed care organizations, or
3 a treatment facility if the notes or records are not available to
4 others;

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

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

22 (58) "Violent act" means behavior that resulted in homicide,
23 attempted suicide, injury, or substantial loss or damage to property;

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

29 (60) "Community behavioral health agency" has the same meaning as
30 "licensed or certified behavioral health agency" defined in RCW
31 71.24.025.

32 **Sec. 12.** RCW 71.05.020 and 2020 c 302 s 3, 2020 c 256 s 301,
33 2020 c 80 s 51, and 2020 c 5 s 1 are each reenacted and amended to
34 read as follows:

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

37 (1) "Admission" or "admit" means a decision by a physician,
38 physician assistant, or psychiatric advanced registered nurse

1 practitioner that a person should be examined or treated as a patient
2 in a hospital;

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

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

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

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

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

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

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

38 (9) "Co-occurring disorder specialist" means an individual
39 possessing an enhancement granted by the department of health under
40 chapter 18.205 RCW that certifies the individual to provide substance

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

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

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

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

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

17 (14) "Department" means the department of health;

18 (15) "Designated crisis responder" means a mental health
19 professional appointed by the county, by an entity appointed by the
20 county, or by the authority in consultation with a federally
21 recognized Indian tribe or after meeting and conferring with an
22 Indian health care provider, to perform the duties specified in this
23 chapter;

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

26 (17) "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 (18) "Developmental disability" means that condition defined in
35 RCW 71A.10.020(5);

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

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

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

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

38 (26) "History of one or more violent acts" refers to the period
39 of time ten years prior to the filing of a petition under this
40 chapter, excluding any time spent, but not any violent acts

1 committed, in a behavioral health facility, or in confinement as a
2 result of a criminal conviction;

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

5 (28) "In need of assisted outpatient behavioral health treatment"
6 means that a person, as a result of a behavioral health disorder: (a)
7 Has been committed by a court to detention for involuntary behavioral
8 health treatment during the preceding thirty-six months; (b) is
9 unlikely to voluntarily participate in outpatient treatment without
10 an order for less restrictive alternative treatment, based on a
11 history of nonadherence with treatment or in view of the person's
12 current behavior; (c) is likely to benefit from less restrictive
13 alternative treatment; and (d) requires less restrictive alternative
14 treatment to prevent a relapse, decompensation, or deterioration that
15 is likely to result in the person presenting a likelihood of serious
16 harm or the person becoming gravely disabled within a reasonably
17 short period of time;

18 (29) "Individualized service plan" means a plan prepared by a
19 developmental disabilities professional with other professionals as a
20 team, for a person with developmental disabilities, which shall
21 state:

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

24 (b) The conditions and strategies necessary to achieve the
25 purposes of habilitation;

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

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

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

31 (f) Where relevant in light of past criminal behavior and due
32 consideration for public safety, the criteria for proposed movement
33 to less-restrictive settings, criteria for proposed eventual
34 discharge or release, and a projected possible date for discharge or
35 release; and

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

38 (30) "Intoxicated person" means a person whose mental or physical
39 functioning is substantially impaired as a result of the use of
40 alcohol or other psychoactive chemicals;

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

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

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

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

13 (35) "Likelihood of serious harm" means:

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

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

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

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

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

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

1 (40) "Physician assistant" means a person licensed as a physician
2 assistant under chapter 18.71A RCW;

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

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

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

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

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

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

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

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

1 (49) "Secretary" means the secretary of the department of health,
2 or his or her designee;

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

10 (a) Provide the following services:

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

13 (ii) Clinical stabilization services;

14 (iii) Acute or subacute detoxification services for intoxicated
15 individuals; and

16 (iv) Discharge assistance provided by certified substance use
17 disorder professionals or co-occurring disorder specialists,
18 including facilitating transitions to appropriate voluntary or
19 involuntary inpatient services or to less restrictive alternatives as
20 appropriate for the individual;

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

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

24 (51) "Social worker" means a person with a master's or further
25 advanced degree from a social work educational program accredited and
26 approved as provided in RCW 18.320.010;

27 (52) "Substance use disorder" means a cluster of cognitive,
28 behavioral, and physiological symptoms indicating that an individual
29 continues using the substance despite significant substance-related
30 problems. The diagnosis of a substance use disorder is based on a
31 pathological pattern of behaviors related to the use of the
32 substances;

33 (53) "Substance use disorder professional" means a person
34 certified as a substance use disorder professional by the department
35 of health under chapter 18.205 RCW;

36 (54) "Therapeutic court personnel" means the staff of a mental
37 health court or other therapeutic court which has jurisdiction over
38 defendants who are dually diagnosed with mental disorders, including
39 court personnel, probation officers, a court monitor, prosecuting

1 attorney, or defense counsel acting within the scope of therapeutic
2 court duties;

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

19 (56) "Triage facility" means a short-term facility or a portion
20 of a facility licensed or certified by the department, which is
21 designed as a facility to assess and stabilize an individual or
22 determine the need for involuntary commitment of an individual, and
23 must meet department residential treatment facility standards. A
24 triage facility may be structured as a voluntary or involuntary
25 placement facility;

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

36 (58) "Violent act" means behavior that resulted in homicide,
37 attempted suicide, injury, or substantial loss or damage to property;

38 (59) "Written order of apprehension" means an order of the court
39 for a peace officer to deliver the named person in the order to a
40 facility or emergency room as determined by the designated crisis

1 responder. Such orders shall be entered into the Washington crime
2 information center database.

3 (60) "Community behavioral health agency" has the same meaning as
4 "licensed or certified behavioral health agency" defined in RCW
5 71.24.025.

6 **Sec. 13.** RCW 71.05.020 and 2020 c 302 s 4, 2020 c 302 s 3, 2020
7 c 256 s 301, and 2020 c 5 s 1 are each reenacted and amended to read
8 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) "Behavioral health disorder" means either a mental disorder
34 as defined in this section, a substance use disorder as defined in
35 this section, or a co-occurring mental disorder and substance use
36 disorder;

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

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

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

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

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

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

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

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

31 (15) "Designated crisis responder" means a mental health
32 professional appointed by the county, by an entity appointed by the
33 county, or by the authority in consultation with a federally
34 recognized Indian tribe or after meeting and conferring with an
35 Indian health care provider, to perform the duties specified in this
36 chapter;

37 (16) "Detention" or "detain" means the lawful confinement of a
38 person, under the provisions of this chapter;

39 (17) "Developmental disabilities professional" means a person who
40 has specialized training and three years of experience in directly

1 treating or working with persons with developmental disabilities and
2 is a psychiatrist, physician assistant working with a supervising
3 psychiatrist, psychologist, psychiatric advanced registered nurse
4 practitioner, or social worker, and such other developmental
5 disabilities professionals as may be defined by rules adopted by the
6 secretary of the department of social and health services;

7 (18) "Developmental disability" means that condition defined in
8 RCW 71A.10.020(5);

9 (19) "Director" means the director of the authority;

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

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

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

32 (23) "Gravely disabled" means a condition in which a person, as a
33 result of a behavioral health disorder: (a) Is in danger of serious
34 physical harm resulting from a failure to provide for his or her
35 essential human needs of health or safety; or (b) manifests severe
36 deterioration from safe behavior evidenced by repeated and escalating
37 loss of cognitive or volitional control over his or her actions and
38 is not receiving such care as is essential for his or her health or
39 safety;

1 (24) "Habilitative services" means those services provided by
2 program personnel to assist persons in acquiring and maintaining life
3 skills and in raising their levels of physical, mental, social, and
4 vocational functioning. Habilitative services include education,
5 training for employment, and therapy. The habilitative process shall
6 be undertaken with recognition of the risk to the public safety
7 presented by the person being assisted as manifested by prior charged
8 criminal conduct;

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

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

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

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

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

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

37 (b) The conditions and strategies necessary to achieve the
38 purposes of habilitation;

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

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

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

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

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

11 (30) "Intoxicated person" means a person whose mental or physical
12 functioning is substantially impaired as a result of the use of
13 alcohol or other psychoactive chemicals;

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

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

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

23 (34) "Licensed physician" means a person licensed to practice
24 medicine or osteopathic medicine and surgery in the state of
25 Washington;

26 (35) "Likelihood of serious harm" means:

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

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

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

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

4 (38) "Mental health professional" means a psychiatrist,
5 psychologist, physician assistant working with a supervising
6 psychiatrist, psychiatric advanced registered nurse practitioner,
7 psychiatric nurse, or social worker, and such other mental health
8 professionals as may be defined by rules adopted by the secretary
9 pursuant to the provisions of this chapter;

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

14 (40) "Physician assistant" means a person licensed as a physician
15 assistant under chapter 18.57A or 18.71A RCW;

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

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

29 (43) "Psychiatric advanced registered nurse practitioner" means a
30 person who is licensed as an advanced registered nurse practitioner
31 pursuant to chapter 18.79 RCW; and who is board certified in advanced
32 practice psychiatric and mental health nursing;

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

39 (45) "Psychologist" means a person who has been licensed as a
40 psychologist pursuant to chapter 18.83 RCW;

1 (46) "Public agency" means any evaluation and treatment facility
2 or institution, secure withdrawal management and stabilization
3 facility, approved substance use disorder treatment program, or
4 hospital which is conducted for, or includes a department or ward
5 conducted for, the care and treatment of persons with behavioral
6 health disorders, if the agency is operated directly by federal,
7 state, county, or municipal government, or a combination of such
8 governments;

9 (47) "Release" means legal termination of the commitment under
10 the provisions of this chapter;

11 (48) "Resource management services" has the meaning given in
12 chapter 71.24 RCW;

13 (49) "Secretary" means the secretary of the department of health,
14 or his or her designee;

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

22 (a) Provide the following services:

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

25 (ii) Clinical stabilization services;

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

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

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

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

36 (51) "Severe deterioration from safe behavior" means that a
37 person will, if not treated, suffer or continue to suffer severe and
38 abnormal mental, emotional, or physical distress, and this distress
39 is associated with significant impairment of judgment, reason, or
40 behavior;

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

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

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

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

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

35 (57) "Triage facility" means a short-term facility or a portion
36 of a facility licensed or certified by the department, which is
37 designed as a facility to assess and stabilize an individual or
38 determine the need for involuntary commitment of an individual, and
39 must meet department residential treatment facility standards. A

1 triage facility may be structured as a voluntary or involuntary
2 placement facility;

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

13 (59) "Violent act" means behavior that resulted in homicide,
14 attempted suicide, injury, or substantial loss or damage to property;

15 (60) "Written order of apprehension" means an order of the court
16 for a peace officer to deliver the named person in the order to a
17 facility or emergency room as determined by the designated crisis
18 responder. Such orders shall be entered into the Washington crime
19 information center database.

20 (61) "Community behavioral health agency" has the same meaning as
21 "licensed or certified behavioral health agency" defined in RCW
22 71.24.025.

23 **Sec. 14.** RCW 71.05.020 and 2020 c 302 s 4, 2020 c 302 s 3, 2020
24 c 256 s 301, 2020 c 80 s 51, and 2020 c 5 s 1 are each reenacted and
25 amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (12) "Crisis stabilization unit" means a short-term facility or a
39 portion of a facility licensed or certified by the department, such
40 as an evaluation and treatment facility or a hospital, which has been

1 designed to assess, diagnose, and treat individuals experiencing an
2 acute crisis without the use of long-term hospitalization;

3 (13) "Custody" means involuntary detention under the provisions
4 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
5 unconditional release from commitment from a facility providing
6 involuntary care and treatment;

7 (14) "Department" means the department of health;

8 (15) "Designated crisis responder" means a mental health
9 professional appointed by the county, by an entity appointed by the
10 county, or by the authority in consultation with a federally
11 recognized Indian tribe or after meeting and conferring with an
12 Indian health care provider, to perform the duties specified in this
13 chapter;

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

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

24 (18) "Developmental disability" means that condition defined in
25 RCW 71A.10.020(5);

26 (19) "Director" means the director of the authority;

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

30 (21) "Drug addiction" means a disease, characterized by a
31 dependency on psychoactive chemicals, loss of control over the amount
32 and circumstances of use, symptoms of tolerance, physiological or
33 psychological withdrawal, or both, if use is reduced or discontinued,
34 and impairment of health or disruption of social or economic
35 functioning;

36 (22) "Evaluation and treatment facility" means any facility which
37 can provide directly, or by direct arrangement with other public or
38 private agencies, emergency evaluation and treatment, outpatient
39 care, and timely and appropriate inpatient care to persons suffering
40 from a mental disorder, and which is licensed or certified as such by

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

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

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

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

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

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

34 (28) "In need of assisted outpatient behavioral health treatment"
35 means that a person, as a result of a behavioral health disorder: (a)
36 Has been committed by a court to detention for involuntary behavioral
37 health treatment during the preceding thirty-six months; (b) is
38 unlikely to voluntarily participate in outpatient treatment without
39 an order for less restrictive alternative treatment, based on a
40 history of nonadherence with treatment or in view of the person's

1 current behavior; (c) is likely to benefit from less restrictive
2 alternative treatment; and (d) requires less restrictive alternative
3 treatment to prevent a relapse, decompensation, or deterioration that
4 is likely to result in the person presenting a likelihood of serious
5 harm or the person becoming gravely disabled within a reasonably
6 short period of time;

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (41) "Private agency" means any person, partnership, corporation,
35 or association that is not a public agency, whether or not financed
36 in whole or in part by public funds, which constitutes an evaluation
37 and treatment facility or private institution, or hospital, or
38 approved substance use disorder treatment program, which is conducted
39 for, or includes a department or ward conducted for, the care and
40 treatment of persons with behavioral health disorders;

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

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

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

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

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

27 (47) "Release" means legal termination of the commitment under
28 the provisions of this chapter;

29 (48) "Resource management services" has the meaning given in
30 chapter 71.24 RCW;

31 (49) "Secretary" means the secretary of the department of health,
32 or his or her designee;

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

40 (a) Provide the following services:

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

3 (ii) Clinical stabilization services;

4 (iii) Acute or subacute detoxification services for intoxicated
5 individuals; and

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

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

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

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

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

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

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

31 (55) "Therapeutic court personnel" means the staff of a mental
32 health court or other therapeutic court which has jurisdiction over
33 defendants who are dually diagnosed with mental disorders, including
34 court personnel, probation officers, a court monitor, prosecuting
35 attorney, or defense counsel acting within the scope of therapeutic
36 court duties;

37 (56) "Treatment records" include registration and all other
38 records concerning persons who are receiving or who at any time have
39 received services for behavioral health disorders, which are
40 maintained by the department of social and health services, the

1 department, the authority, behavioral health administrative services
2 organizations and their staffs, managed care organizations and their
3 staffs, and by treatment facilities. Treatment records include mental
4 health information contained in a medical bill including but not
5 limited to mental health drugs, a mental health diagnosis, provider
6 name, and dates of service stemming from a medical service. Treatment
7 records do not include notes or records maintained for personal use
8 by a person providing treatment services for the department of social
9 and health services, the department, the authority, behavioral health
10 administrative services organizations, managed care organizations, or
11 a treatment facility if the notes or records are not available to
12 others;

13 (57) "Triage facility" means a short-term facility or a portion
14 of a facility licensed or certified by the department, which is
15 designed as a facility to assess and stabilize an individual or
16 determine the need for involuntary commitment of an individual, and
17 must meet department residential treatment facility standards. A
18 triage facility may be structured as a voluntary or involuntary
19 placement facility;

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

30 (59) "Violent act" means behavior that resulted in homicide,
31 attempted suicide, injury, or substantial loss or damage to property;

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

37 (61) "Community behavioral health agency" has the same meaning as
38 "licensed or certified behavioral health agency" defined in RCW
39 71.24.025.

1 **Sec. 15.** RCW 71.05.740 and 2020 c 302 s 58 are each amended to
2 read as follows:

3 (1) All behavioral health administrative services organizations
4 in the state of Washington must forward historical behavioral health
5 involuntary commitment information retained by the organization,
6 including identifying information and dates of commitment to the
7 authority. As soon as feasible, the behavioral health administrative
8 services organizations must arrange to report new commitment data to
9 the authority within twenty-four hours. Commitment information under
10 this section does not need to be resent if it is already in the
11 possession of the authority. Behavioral health administrative
12 services organizations and the authority shall be immune from
13 liability related to the sharing of commitment information under this
14 section.

15 (2) The clerk of the court must share hearing outcomes in all
16 hearings under this chapter with the local behavioral health
17 administrative services organization that serves the region where the
18 superior court is located, including in cases in which the designated
19 crisis responder investigation occurred outside the region. The
20 hearing outcome data must include the name of the facility to which a
21 person has been committed.

22 **Sec. 16.** RCW 71.24.035 and 2020 c 256 s 202 are each amended to
23 read as follows:

24 (1) The authority is designated as the state behavioral health
25 authority which includes recognition as the single state authority
26 for substance use disorders and state mental health authority.

27 (2) The director shall provide for public, client, tribal, and
28 licensed or certified behavioral health agency participation in
29 developing the state behavioral health program, developing related
30 contracts, and any waiver request to the federal government under
31 medicaid.

32 (3) The director shall provide for participation in developing
33 the state behavioral health program for children and other
34 underserved populations, by including representatives on any
35 committee established to provide oversight to the state behavioral
36 health program.

37 (4) The authority shall be designated as the behavioral health
38 administrative services organization for a regional service area if a
39 behavioral health administrative services organization fails to meet

1 the authority's contracting requirements or refuses to exercise the
2 responsibilities under its contract or state law, until such time as
3 a new behavioral health administrative services organization is
4 designated.

5 (5) The director shall:

6 (a) Assure that any behavioral health administrative services
7 organization, managed care organization, or community behavioral
8 health program provides medically necessary services to medicaid
9 recipients consistent with the state's medicaid state plan or federal
10 waiver authorities, and nonmedicaid services consistent with
11 priorities established by the authority;

12 (b) Develop contracts in a manner to ensure an adequate network
13 of inpatient services, evaluation and treatment services, and
14 facilities under chapter 71.05 RCW to ensure access to treatment,
15 resource management services, and community support services;

16 (c) Make contracts necessary or incidental to the performance of
17 its duties and the execution of its powers, including managed care
18 contracts for behavioral health services, contracts entered into
19 under RCW 74.09.522, and contracts with public and private agencies,
20 organizations, and individuals to pay them for behavioral health
21 services;

22 (d) Define administrative costs and ensure that the behavioral
23 health administrative services organization does not exceed an
24 administrative cost of ten percent of available funds;

25 (e) Establish, to the extent possible, a standardized auditing
26 procedure which is designed to assure compliance with contractual
27 agreements authorized by this chapter and minimizes paperwork
28 requirements. The audit procedure shall focus on the outcomes of
29 service as provided in RCW 71.24.435, 70.320.020, and 71.36.025;

30 (f) Develop and maintain an information system to be used by the
31 state and behavioral health administrative services organizations and
32 managed care organizations that includes a tracking method which
33 allows the authority to identify behavioral health clients'
34 participation in any behavioral health service or public program on
35 an immediate basis. The information system shall not include
36 individual patient's case history files. Confidentiality of client
37 information and records shall be maintained as provided in this
38 chapter and chapter 70.02 RCW;

1 (g) Monitor and audit behavioral health administrative services
2 organizations as needed to assure compliance with contractual
3 agreements authorized by this chapter;

4 (h) Monitor and audit access to behavioral health services for
5 individuals eligible for medicaid who are not enrolled in a managed
6 care organization;

7 (i) Adopt such rules as are necessary to implement the
8 authority's responsibilities under this chapter;

9 (j) Administer or supervise the administration of the provisions
10 relating to persons with substance use disorders and intoxicated
11 persons of any state plan submitted for federal funding pursuant to
12 federal health, welfare, or treatment legislation;

13 (k) Require the behavioral health administrative services
14 organizations and the managed care organizations to develop
15 agreements with tribal, city, and county jails and the department of
16 corrections to accept referrals for enrollment on behalf of a
17 confined person, prior to the person's release;

18 (l) Require behavioral health administrative services
19 organizations and managed care organizations, as applicable, to
20 provide services as identified in RCW 71.05.585 to individuals
21 committed for involuntary commitment under less restrictive
22 alternative court orders when:

23 (i) The individual is enrolled in the medicaid program; or

24 (ii) The individual is not enrolled in medicaid((~~r~~)) and does not
25 have other insurance which can pay for the services(~~(, and the~~
26 ~~behavioral health administrative services organization has adequate~~
27 ~~available resources to provide the services))); and~~

28 (m) Coordinate with the centers for medicare and medicaid
29 services to provide that behavioral health aide services are eligible
30 for federal funding of up to one hundred percent.

31 (6) The director shall use available resources only for
32 behavioral health administrative services organizations and managed
33 care organizations, except:

34 (a) To the extent authorized, and in accordance with any
35 priorities or conditions specified, in the biennial appropriations
36 act; or

37 (b) To incentivize improved performance with respect to the
38 client outcomes established in RCW 71.24.435, 70.320.020, and
39 71.36.025, integration of behavioral health and medical services at

1 the clinical level, and improved care coordination for individuals
2 with complex care needs.

3 (7) Each behavioral health administrative services organization,
4 managed care organization, and licensed or certified behavioral
5 health agency shall file with the secretary of the department of
6 health or the director, on request, such data, statistics, schedules,
7 and information as the secretary of the department of health or the
8 director reasonably requires. A behavioral health administrative
9 services organization, managed care organization, or licensed or
10 certified behavioral health agency which, without good cause, fails
11 to furnish any data, statistics, schedules, or information as
12 requested, or files fraudulent reports thereof, may be subject to the
13 contractual remedies in RCW 74.09.871 or may have its service
14 provider certification or license revoked or suspended.

15 (8) The superior court may restrain any behavioral health
16 administrative services organization, managed care organization, or
17 service provider from operating without a contract, certification, or
18 a license or any other violation of this section. The court may also
19 review, pursuant to procedures contained in chapter 34.05 RCW, any
20 denial, suspension, limitation, restriction, or revocation of
21 certification or license, and grant other relief required to enforce
22 the provisions of this chapter.

23 (9) Upon petition by the secretary of the department of health or
24 the director, and after hearing held upon reasonable notice to the
25 facility, the superior court may issue a warrant to an officer or
26 employee of the secretary of the department of health or the director
27 authorizing him or her to enter at reasonable times, and examine the
28 records, books, and accounts of any behavioral health administrative
29 services organization, managed care organization, or service provider
30 refusing to consent to inspection or examination by the authority.

31 (10) Notwithstanding the existence or pursuit of any other
32 remedy, the secretary of the department of health or the director may
33 file an action for an injunction or other process against any person
34 or governmental unit to restrain or prevent the establishment,
35 conduct, or operation of a behavioral health administrative services
36 organization, managed care organization, or service provider without
37 a contract, certification, or a license under this chapter.

38 (11) The authority shall distribute appropriated state and
39 federal funds in accordance with any priorities, terms, or conditions
40 specified in the appropriations act.

1 (12) The authority, in cooperation with the state congressional
2 delegation, shall actively seek waivers of federal requirements and
3 such modifications of federal regulations as are necessary to allow
4 federal medicaid reimbursement for services provided by freestanding
5 evaluation and treatment facilities licensed under chapter 71.12 RCW
6 or certified under chapter 71.05 RCW. The authority shall
7 periodically share the results of its efforts with the appropriate
8 committees of the senate and the house of representatives.

9 (13) The authority may:

10 (a) Plan, establish, and maintain substance use disorder
11 prevention and substance use disorder treatment programs as necessary
12 or desirable;

13 (b) Coordinate its activities and cooperate with behavioral
14 programs in this and other states, and make contracts and other joint
15 or cooperative arrangements with state, tribal, local, or private
16 agencies in this and other states for behavioral health services and
17 for the common advancement of substance use disorder programs;

18 (c) Solicit and accept for use any gift of money or property made
19 by will or otherwise, and any grant of money, services, or property
20 from the federal government, the state, or any political subdivision
21 thereof or any private source, and do all things necessary to
22 cooperate with the federal government or any of its agencies in
23 making an application for any grant;

24 (d) Keep records and engage in research and the gathering of
25 relevant statistics; and

26 (e) Acquire, hold, or dispose of real property or any interest
27 therein, and construct, lease, or otherwise provide substance use
28 disorder treatment programs.

29 **Sec. 17.** RCW 71.24.045 and 2019 c 325 s 1008 are each amended to
30 read as follows:

31 (1) The behavioral health administrative services organization
32 contracted with the authority pursuant to RCW 71.24.381 shall:

33 (a) Administer crisis services for the assigned regional service
34 area. Such services must include:

35 (i) A behavioral health crisis hotline for its assigned regional
36 service area;

37 (ii) Crisis response services twenty-four hours a day, seven days
38 a week, three hundred sixty-five days a year;

1 (iii) Services related to involuntary commitments under chapters
2 71.05 and 71.34 RCW;

3 (iv) Tracking of less restrictive alternative orders issued
4 within the region by superior courts, and providing notification to a
5 managed care organization in the region when one of its enrollees
6 receives a less restrictive alternative order so that the managed
7 care organization may ensure that the person is connected to services
8 and that the requirements of RCW 71.05.585 are complied with. If the
9 person receives a less restrictive alternative order and is returning
10 to another region, the behavioral health administrative services
11 organization shall notify the behavioral health administrative
12 services organization in the home region of the less restrictive
13 alternative order so that the home behavioral health administrative
14 services organization may notify the person's managed care
15 organization or provide services if the person is not enrolled in
16 medicaid and does not have other insurance which can pay for those
17 services.

18 (v) Additional noncrisis behavioral health services, within
19 available resources, to individuals who meet certain criteria set by
20 the authority in its contracts with the behavioral health
21 administrative services organization. These services may include
22 services provided through federal grant funds, provisos, and general
23 fund state appropriations;

24 (~~(v)~~) (vi) Care coordination, diversion services, and discharge
25 planning for nonmedicaid individuals transitioning from state
26 hospitals or inpatient settings to reduce rehospitalization and
27 utilization of crisis services, as required by the authority in
28 contract; and

29 (~~(vi)~~) (vii) Regional coordination, cross-system and cross-
30 jurisdiction coordination with tribal governments, and capacity
31 building efforts, such as supporting the behavioral health advisory
32 board, the behavioral health ombuds, and efforts to support access to
33 services or to improve the behavioral health system;

34 (b) Administer and provide for the availability of an adequate
35 network of evaluation and treatment services to ensure access to
36 treatment, investigation, transportation, court-related, and other
37 services provided as required under chapter 71.05 RCW;

38 (c) Coordinate services for individuals under RCW 71.05.365;

1 (d) Administer and provide for the availability of resource
2 management services, residential services, and community support
3 services as required under its contract with the authority;

4 (e) Contract with a sufficient number, as determined by the
5 authority, of licensed or certified providers for crisis services and
6 other behavioral health services required by the authority;

7 (f) Maintain adequate reserves or secure a bond as required by
8 its contract with the authority;

9 (g) Establish and maintain quality assurance processes;

10 (h) Meet established limitations on administrative costs for
11 agencies that contract with the behavioral health administrative
12 services organization; and

13 (i) Maintain patient tracking information as required by the
14 authority.

15 (2) The behavioral health administrative services organization
16 must collaborate with the authority and its contracted managed care
17 organizations to develop and implement strategies to coordinate care
18 with tribes and community behavioral health providers for individuals
19 with a history of frequent crisis system utilization.

20 (3) The behavioral health administrative services organization
21 shall:

22 (a) Assure that the special needs of minorities, older adults,
23 individuals with disabilities, children, and low-income persons are
24 met;

25 (b) Collaborate with local government entities to ensure that
26 policies do not result in an adverse shift of persons with mental
27 illness into state and local correctional facilities; and

28 (c) Work with the authority to expedite the enrollment or
29 reenrollment of eligible persons leaving state or local correctional
30 facilities and institutions for mental diseases.

31 NEW SECTION. **Sec. 18.** A new section is added to chapter 71.24
32 RCW to read as follows:

33 The authority shall coordinate with the department of social and
34 health services to offer contracts to community behavioral health
35 agencies to support the nonmedicaid costs entailed in fulfilling the
36 agencies' role as transition team members for a person recommended
37 for conditional release to a less restrictive alternative under RCW
38 10.77.150, or for a person who qualifies for multidisciplinary
39 transition team services under RCW 71.05.320(6)(a)(i). The authority

1 may establish requirements, provide technical assistance, and provide
2 training as appropriate and within available funding.

3 NEW SECTION. **Sec. 19.** The Washington state health care
4 authority shall revise its behavioral health data system for tracking
5 involuntary commitment orders to distinguish less restrictive
6 alternative orders from other types of involuntary commitment orders,
7 including being able to distinguish between initial orders and
8 extensions.

9 NEW SECTION. **Sec. 20.** The provisions of this act apply to
10 persons who are committed for inpatient treatment under chapter 10.77
11 or 71.05 RCW as of the effective date of this section.

12 **Sec. 21.** 2020 c 302 s 110 (uncodified) is amended to read as
13 follows:

14 (1) Sections 4 and 28 (~~of this act~~), chapter 302, Laws of 2020
15 and sections 13 and 14 of this act take effect when monthly single-
16 bed certifications authorized under RCW 71.05.745 fall below 200
17 reports for 3 consecutive months.

18 (2) The health care authority must provide written notice of the
19 effective date of sections 4 and 28 (~~of this act~~), chapter 302,
20 Laws of 2020 and sections 13 and 14 of this act to affected parties,
21 the chief clerk of the house of representatives, the secretary of the
22 senate, the office of the code reviser, and others as deemed
23 appropriate by the authority.

24 NEW SECTION. **Sec. 22.** Section 2 of this act expires July 1,
25 2026.

26 NEW SECTION. **Sec. 23.** Section 3 of this act takes effect July
27 1, 2026.

28 NEW SECTION. **Sec. 24.** Sections 11 and 13 of this act expire
29 July 1, 2022.

30 NEW SECTION. **Sec. 25.** Sections 12 and 14 of this act take
31 effect July 1, 2022."

32 Correct the title.

EFFECT: Provides that care coordination for the conditional release for persons found not guilty by insanity is provided by the Department of Social and Health Services, instead of the community behavioral health treatment provider. Clarifies that Involuntary Treatment Act hearing outcomes are shared by county clerks, instead of the courts.

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