

SHB 1773 - S COMM AMD

By Subcommittee on Behavioral Health

OUT OF ORDER 03/03/2022

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

3 "Sec. 1. RCW 71.05.020 and 2021 c 264 s 21 and 2021 c 263 s 12  
4 are each reenacted and amended to read as follows:

5 The definitions in this section apply throughout this chapter  
6 unless the context clearly requires otherwise.

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

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

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

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

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

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

29 (7) "Behavioral health disorder" means either a mental disorder  
30 as defined in this section, a substance use disorder as defined in

1 this section, or a co-occurring mental disorder and substance use  
2 disorder;

3 (8) "Behavioral health service provider" means a public or  
4 private agency that provides mental health, substance use disorder,  
5 or co-occurring disorder services to persons with behavioral health  
6 disorders as defined under this section and receives funding from  
7 public sources. This includes, but is not limited to: Hospitals  
8 licensed under chapter 70.41 RCW; evaluation and treatment facilities  
9 as defined in this section; community mental health service delivery  
10 systems or community behavioral health programs as defined in RCW  
11 71.24.025; licensed or certified behavioral health agencies under RCW  
12 71.24.037; facilities conducting competency evaluations and  
13 restoration under chapter 10.77 RCW; approved substance use disorder  
14 treatment programs as defined in this section; secure withdrawal  
15 management and stabilization facilities as defined in this section;  
16 and correctional facilities operated by state and local governments;

17 (9) "Co-occurring disorder specialist" means an individual  
18 possessing an enhancement granted by the department of health under  
19 chapter 18.205 RCW that certifies the individual to provide substance  
20 use disorder counseling subject to the practice limitations under RCW  
21 18.205.105;

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

25 (11) "Community behavioral health agency" has the same meaning as  
26 "licensed or certified behavioral health agency" defined in RCW  
27 71.24.025;

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

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

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

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

1 (16) "Designated crisis responder" means a mental health  
2 professional appointed by the county, by an entity appointed by the  
3 county, or by the authority in consultation with a federally  
4 recognized Indian tribe or after meeting and conferring with an  
5 Indian health care provider, to perform the duties specified in this  
6 chapter;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 a person who meets the criteria for assisted outpatient treatment  
2 established under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

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

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

32 (34) "Less restrictive alternative treatment" means a program of  
33 individualized treatment in a less restrictive setting than inpatient  
34 treatment that includes the services described in RCW 71.05.585. This  
35 term includes: Treatment pursuant to a less restrictive alternative  
36 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant  
37 to a conditional release under RCW 71.05.340; and treatment pursuant  
38 to an assisted outpatient (~~behavioral health~~) treatment order under  
39 RCW 71.05.148;

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

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

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

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

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

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

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

28 (40) "Peace officer" means a law enforcement official of a 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 (41) "Physician assistant" means a person licensed as a physician  
33 assistant under chapter 18.71A RCW;

34 (42) "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 (43) "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 (44) "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 (45) "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 (46) "Psychologist" means a person who has been licensed as a  
18 psychologist pursuant to chapter 18.83 RCW;

19 (47) "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 (48) "Release" means legal termination of the commitment under  
28 the provisions of this chapter;

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

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

33 (51) "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 (52) "Social worker" means a person with a master's or further  
15 advanced degree from a social work educational program accredited and  
16 approved as provided in RCW 18.320.010;

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

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

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

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



1 name, and dates of service stemming from a medical service. Treatment  
2 records do not include notes or records maintained for personal use  
3 by a person providing treatment services for the department of social  
4 and health services, the department, the authority, behavioral health  
5 administrative services organizations, managed care organizations, or  
6 a treatment facility if the notes or records are not available to  
7 others;

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

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

25 (59) "Violent act" means behavior that resulted in homicide,  
26 attempted suicide, injury, or substantial loss or damage to property.

27 **Sec. 2.** RCW 71.05.020 and 2021 c 264 s 23 and 2021 c 263 s 14  
28 are each reenacted and amended to read as follows:

29 The definitions in this section apply throughout this chapter  
30 unless the context clearly requires otherwise.

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

35 (2) "Alcoholism" means a disease, characterized by a dependency  
36 on alcoholic beverages, loss of control over the amount and  
37 circumstances of use, symptoms of tolerance, physiological or  
38 psychological withdrawal, or both, if use is reduced or discontinued,

1 and impairment of health or disruption of social or economic  
2 functioning;

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

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

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

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

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

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

33 (9) "Co-occurring disorder specialist" means an individual  
34 possessing an enhancement granted by the department of health under  
35 chapter 18.205 RCW that certifies the individual to provide substance  
36 use disorder counseling subject to the practice limitations under RCW  
37 18.205.105;

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

1 (11) "Community behavioral health agency" has the same meaning as  
2 "licensed or certified behavioral health agency" defined in RCW  
3 71.24.025;

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

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

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

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

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

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

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

32 (19) "Developmental disability" means that condition defined in  
33 RCW 71A.10.020(5);

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

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

38 (22) "Drug addiction" means a disease, characterized by a  
39 dependency on psychoactive chemicals, loss of control over the amount  
40 and circumstances of use, symptoms of tolerance, physiological or

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

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

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

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

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

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

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

3 (29) "In need of assisted outpatient (~~behavioral health~~)  
4 treatment" (~~means that a person, as a result of a behavioral health~~  
5 ~~disorder: (a) Has been committed by a court to detention for~~  
6 ~~involuntary behavioral health treatment during the preceding thirty-~~  
7 ~~six months; (b) is unlikely to voluntarily participate in outpatient~~  
8 ~~treatment without an order for less restrictive alternative~~  
9 ~~treatment, based on a history of nonadherence with treatment or in~~  
10 ~~view of the person's current behavior; (c) is likely to benefit from~~  
11 ~~less restrictive alternative treatment; and (d) requires less~~  
12 ~~restrictive alternative treatment to prevent a relapse,~~  
13 ~~decompensation, or deterioration that is likely to result in the~~  
14 ~~person presenting a likelihood of serious harm or the person becoming~~  
15 ~~gravely disabled within a reasonably short period of time)) refers to  
16 a person who meets the criteria for assisted outpatient treatment  
17 established under RCW 71.05.148;~~

18 (30) "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 (31) "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 (32) "Judicial commitment" means a commitment by a court pursuant  
2 to the provisions of this chapter;

3 (33) "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 (34) "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. This  
10 term includes: Treatment pursuant to a less restrictive alternative  
11 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant  
12 to a conditional release under RCW 71.05.340; and treatment pursuant  
13 to an assisted outpatient (~~behavioral health~~) treatment order under  
14 RCW 71.05.148;

15 (35) "Licensed physician" means a person licensed to practice  
16 medicine or osteopathic medicine and surgery in the state of  
17 Washington;

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

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

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

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

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

36 (39) "Mental health professional" means a psychiatrist,  
37 psychologist, physician assistant working with a supervising  
38 psychiatrist, psychiatric advanced registered nurse practitioner,  
39 psychiatric nurse, or social worker, and such other mental health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (a) Provide the following services:

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

19 (ii) Clinical stabilization services;

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

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

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

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

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

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

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



1 problems. The diagnosis of a substance use disorder is based on a  
2 pathological pattern of behaviors related to the use of the  
3 substances;

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

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

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

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

36 (59) "Video," unless the context clearly indicates otherwise,  
37 means the delivery of behavioral health services through the use of  
38 interactive audio and video technology, permitting real-time  
39 communication between a person and a designated crisis responder, for  
40 the purpose of evaluation. "Video" does not include the use of audio-

1 only telephone, facsimile, email, or store and forward technology.  
2 "Store and forward technology" means use of an asynchronous  
3 transmission of a person's medical information from a mental health  
4 service provider to the designated crisis responder which results in  
5 medical diagnosis, consultation, or treatment;

6 (60) "Violent act" means behavior that resulted in homicide,  
7 attempted suicide, injury, or substantial loss or damage to property.

8 **Sec. 3.** RCW 71.05.148 and 2019 c 446 s 21 are each amended to  
9 read as follows:

10 ~~((This section establishes a process for initial evaluation and  
11 filing of a petition for assisted outpatient behavioral health  
12 treatment, but however does not preclude the filing of a petition for  
13 assisted outpatient behavioral health treatment following a period of  
14 inpatient detention in appropriate circumstances:))~~

15 (1) ~~((The designated crisis responder))~~ A person is in need of  
16 assisted outpatient treatment if the court finds by clear, cogent,  
17 and convincing evidence pursuant to a petition filed under this  
18 section that:

19 (a) The person has a behavioral health disorder;

20 (b) Based on a clinical determination and in view of the person's  
21 treatment history and current behavior, at least one of the following  
22 is true:

23 (i) The person is unlikely to survive safely in the community  
24 without supervision and the person's condition is substantially  
25 deteriorating; or

26 (ii) The person is in need of assisted outpatient treatment in  
27 order to prevent a relapse or deterioration that would be likely to  
28 result in grave disability or a likelihood of serious harm to the  
29 person or to others;

30 (c) The person has a history of lack of compliance with treatment  
31 for his or her behavioral health disorder that has:

32 (i) At least twice within the 36 months prior to the filing of  
33 the petition been a significant factor in necessitating  
34 hospitalization of the person, or the person's receipt of services in  
35 a forensic or other mental health unit of a state correctional  
36 facility or local correctional facility, provided that the 36-month  
37 period shall be extended by the length of any hospitalization or  
38 incarceration of the person that occurred within the 36-month period;

1 (ii) At least twice within the 36 months prior to the filing of  
2 the petition been a significant factor in necessitating emergency  
3 medical care or hospitalization for behavioral health-related medical  
4 conditions including overdose, infected abscesses, sepsis,  
5 endocarditis, or other maladies, or a significant factor in behavior  
6 which resulted in the person's incarceration in a state or local  
7 correctional facility; or

8 (iii) Resulted in one or more violent acts, threats, or attempts  
9 to cause serious physical harm to the person or another within the 48  
10 months prior to the filing of the petition, provided that the 48-  
11 month period shall be extended by the length of any hospitalization  
12 or incarceration of the person that occurred during the 48-month  
13 period;

14 (d) Participation in an assisted outpatient treatment program  
15 would be the least restrictive alternative necessary to ensure the  
16 person's recovery and stability; and

17 (e) The person will benefit from assisted outpatient treatment.

18 (2) The following individuals may directly file a petition for  
19 less restrictive alternative treatment on the basis that a person is  
20 in need of assisted outpatient treatment:

21 (a) The director of a hospital where the person is hospitalized  
22 or the director's designee;

23 (b) The director of a behavioral health service provider  
24 providing behavioral health care or residential services to the  
25 person or the director's designee;

26 (c) The person's treating mental health professional or substance  
27 use disorder professional or one who has evaluated the person;

28 (d) A designated crisis responder;

29 (e) A release planner from a corrections facility; or

30 (f) An emergency room physician.

31 (3) A court order for less restrictive alternative treatment on  
32 the basis that the person is in need of assisted outpatient treatment  
33 may be effective for up to 18 months. The petitioner must personally  
34 interview the person, unless the person refuses an interview, ((and))  
35 to determine whether the person will voluntarily receive appropriate  
36 ((evaluation and)) treatment ((at a mental health facility, secure  
37 withdrawal management and stabilization facility, or approved  
38 substance use disorder treatment program)).

39 ((+2)) (4) The ((designated crisis responder)) petitioner must  
40 ((investigate and evaluate the)) allege specific facts ((alleged

1 ~~and~~) based on personal observation, evaluation, or investigation,  
2 and must consider the reliability or credibility of any person  
3 providing information(~~(. The designated crisis responder may spend up~~  
4 ~~to forty-eight hours to complete the investigation, provided that the~~  
5 ~~person may not be held for investigation for any period except as~~  
6 ~~authorized by RCW 71.05.050 or 71.05.153)) material to the petition.~~

7 ~~((3) If the designated crisis responder finds that the person is~~  
8 ~~in need of assisted outpatient behavioral health treatment, they may~~  
9 ~~file a petition requesting the court to enter an order for up to~~  
10 ~~ninety days of less restrictive alternative treatment.)) (5) The~~  
11 petition must include:

12 (a) A statement of the circumstances under which the person's  
13 condition was made known and ~~((stating that there is evidence, as a~~  
14 ~~result of the designated crisis responder's)) the basis for the~~  
15 opinion, from personal observation or investigation, that the person  
16 is in need of assisted outpatient ~~((behavioral health))~~ treatment(~~(7~~  
17 ~~and stating the))~~. The petitioner must state which specific facts  
18 ~~((known as a result of))~~ come from personal observation ~~((or~~  
19 ~~investigation, upon which the designated crisis responder bases))~~ and  
20 specify what other sources of information the petitioner has relied  
21 upon to form this belief;

22 (b) A declaration from a physician, physician assistant, advanced  
23 registered nurse practitioner, or the person's treating mental health  
24 professional or substance use disorder professional, who has examined  
25 the person no more than 10 days prior to the submission of the  
26 petition and who is willing to testify in support of the petition, or  
27 who alternatively has made appropriate attempts to examine the person  
28 within the same period but has not been successful in obtaining the  
29 person's cooperation, and who is willing to testify to the reasons  
30 they believe that the person meets the criteria for assisted  
31 outpatient treatment. If the declaration is provided by the person's  
32 treating mental health professional or substance use disorder  
33 professional, it must be cosigned by a supervising physician,  
34 physician assistant, or advanced registered nurse practitioner who  
35 certifies that they have reviewed the declaration;

36 (c) The declarations of additional witnesses, if any, supporting  
37 the petition for assisted outpatient ((behavioral health)) treatment;

38 ~~((c) A designation of retained counsel for the person or, if~~  
39 ~~counsel is appointed, the name, business address, and telephone~~  
40 ~~number of the attorney appointed to represent the person;))~~

1 (d) The name of an agency, provider, or facility (~~((which agreed))~~)  
2 that agrees to (~~((assume the responsibility of providing))~~) provide  
3 less restrictive alternative treatment if the petition is granted by  
4 the court; and

5 (e) (~~((A summons to appear in court at a specific time and place~~  
6 ~~within five judicial days for a probable cause hearing, except as~~  
7 ~~provided in subsection (4) of this section))~~ If the person is  
8 detained in a state hospital, inpatient treatment facility, jail, or  
9 correctional facility at the time the petition is filed, the  
10 anticipated release date of the person and any other details needed  
11 to facilitate successful reentry and transition into the community.

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

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

21 (b) ~~The hearing may be held prior to the person's release from~~  
22 ~~custody, provided that (i) the filing of the petition does not extend~~  
23 ~~the time the person would otherwise spend in the custody of jail or~~  
24 ~~prison; (ii) the charges or custody of the person is not a pretext to~~  
25 ~~detain the person for the purpose of the involuntary commitment~~  
26 ~~hearing; and (iii) the person's release from custody must be expected~~  
27 ~~to swiftly follow the adjudication of the petition. In this~~  
28 ~~circumstance, the time for hearing is shortened to three judicial~~  
29 ~~days after the filing of the petition.~~

30 (5) ~~The petition must be served upon the person and the person's~~  
31 ~~counsel with a notice of applicable rights. Proof of service must be~~  
32 ~~filed with the court.))~~

33 (6) (a) Upon receipt of a petition meeting all requirements of  
34 this section, the court shall fix a date for a hearing:

35 (i) No sooner than three days or later than seven days after the  
36 date of service or as stipulated by the parties or, upon a showing of  
37 good cause, no later than 30 days after the date of service; or

38 (ii) If the respondent is hospitalized at the time of filing of  
39 the petition, before discharge of the respondent and in sufficient

1 time to arrange for a continuous transition from inpatient treatment  
2 to assisted outpatient treatment.

3 (b) A copy of the petition and notice of hearing shall be served,  
4 in the same manner as a summons, on the petitioner, the respondent,  
5 the qualified professional whose affidavit accompanied the petition,  
6 a current provider, if any, and a surrogate decision maker or agent  
7 under chapter 71.32 RCW, if any.

8 (c) If the respondent has a surrogate decision maker or agent  
9 under chapter 71.32 RCW who wishes to provide testimony at the  
10 hearing, the court shall afford the surrogate decision maker or agent  
11 an opportunity to testify.

12 (d) The respondent shall be represented by counsel at all stages  
13 of the proceedings.

14 (e) If the respondent fails to appear at the hearing after  
15 notice, the court may conduct the hearing in the respondent's  
16 absence; provided that the respondent's counsel is present.

17 (f) If the respondent has refused to be examined by the qualified  
18 professional whose affidavit accompanied the petition, the court may  
19 order a mental examination of the respondent. The examination of the  
20 respondent may be performed by the qualified professional whose  
21 affidavit accompanied the petition. If the examination is performed  
22 by another qualified professional, the examining qualified  
23 professional shall be authorized to consult with the qualified  
24 professional whose affidavit accompanied the petition.

25 (g) If the respondent has refused to be examined by a qualified  
26 professional and the court finds reasonable grounds to believe that  
27 the allegations of the petition are true, the court may issue a  
28 written order directing a peace officer who has completed crisis  
29 intervention training to detain and transport the respondent to a  
30 provider for examination by a qualified professional. A respondent  
31 detained pursuant to this subsection shall be detained no longer than  
32 necessary to complete the examination and in no event longer than 24  
33 hours.

34 (7) If the petition involves a person whom the petitioner or  
35 prosecutor knows, or has reason to know, is an American Indian or  
36 Alaska Native who receives medical or behavioral health services from  
37 a tribe within this state, the prosecutor shall notify the tribe and  
38 Indian health care provider. Notification shall be made in person or  
39 by telephonic or electronic communication to the tribal contact

1 listed in the authority's tribal crisis coordination plan as soon as  
2 possible.

3 ~~((+6))~~ (8) A petition for assisted outpatient ~~((behavioral~~  
4 ~~health))~~ treatment filed under this section ~~((must))~~ shall be  
5 adjudicated under RCW 71.05.240.

6 (9) After January 1, 2023, a petition for assisted outpatient  
7 treatment must be filed on forms developed by the administrative  
8 office of the courts.

9 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.34  
10 RCW to read as follows:

11 (1) An adolescent is in need of assisted outpatient treatment if  
12 the court finds by clear, cogent, and convincing evidence in response  
13 to a petition filed under this section that:

14 (a) The adolescent has a behavioral health disorder;

15 (b) Based on a clinical determination and in view of the  
16 adolescent's treatment history and current behavior, at least one of  
17 the following is true:

18 (i) The adolescent is unlikely to survive safely in the community  
19 without supervision and the adolescent's condition is substantially  
20 deteriorating; or

21 (ii) The adolescent is in need of assisted outpatient treatment  
22 in order to prevent a relapse or deterioration that would be likely  
23 to result in grave disability or a likelihood of serious harm to the  
24 adolescent or to others;

25 (c) The adolescent has a history of lack of compliance with  
26 treatment for his or her behavioral health disorder that has:

27 (i) At least twice within the 36 months prior to the filing of  
28 the petition been a significant factor in necessitating  
29 hospitalization of the adolescent, or the adolescent's receipt of  
30 services in a forensic or other mental health unit of a state  
31 correctional facility or local correctional facility, provided that  
32 the 36-month period shall be extended by the length of any  
33 hospitalization or incarceration of the adolescent that occurred  
34 within the 36-month period;

35 (ii) At least twice within the 36 months prior to the filing of  
36 the petition been a significant factor in necessitating emergency  
37 medical care or hospitalization for behavioral health-related medical  
38 conditions including overdose, infected abscesses, sepsis,  
39 endocarditis, or other maladies, or a significant factor in behavior

1 which resulted in the adolescent's incarceration in a state or local  
2 correctional facility; or

3 (iii) Resulted in one or more violent acts, threats, or attempts  
4 to cause serious physical harm to the adolescent or another within  
5 the 48 months prior to the filing of the petition, provided that the  
6 48-month period shall be extended by the length of any  
7 hospitalization or incarceration of the person that occurred during  
8 the 48-month period;

9 (d) Participation in an assisted outpatient treatment program  
10 would be the least restrictive alternative necessary to ensure the  
11 adolescent's recovery and stability; and

12 (e) The adolescent will benefit from assisted outpatient  
13 treatment.

14 (2) The following individuals may directly file a petition for  
15 less restrictive alternative treatment on the basis that an  
16 adolescent is in need of assisted outpatient treatment:

17 (a) The director of a hospital where the adolescent is  
18 hospitalized or the director's designee;

19 (b) The director of a behavioral health service provider  
20 providing behavioral health care or residential services to the  
21 adolescent or the director's designee;

22 (c) The adolescent's treating mental health professional or  
23 substance use disorder professional or one who has evaluated the  
24 person;

25 (d) A designated crisis responder;

26 (e) A release planner from a juvenile detention or rehabilitation  
27 facility; or

28 (f) An emergency room physician.

29 (3) A court order for less restrictive alternative treatment on  
30 the basis that the adolescent is in need of assisted outpatient  
31 treatment may be effective for up to 18 months. The petitioner must  
32 personally interview the adolescent, unless the adolescent refuses an  
33 interview, to determine whether the adolescent will voluntarily  
34 receive appropriate treatment.

35 (4) The petitioner must allege specific facts based on personal  
36 observation, evaluation, or investigation, and must consider the  
37 reliability or credibility of any person providing information  
38 material to the petition.

39 (5) The petition must include:



1 (a) A statement of the circumstances under which the adolescent's  
2 condition was made known and the basis for the opinion, from personal  
3 observation or investigation, that the adolescent is in need of  
4 assisted outpatient treatment. The petitioner must state which  
5 specific facts come from personal observation and specify what other  
6 sources of information the petitioner has relied upon to form this  
7 belief;

8 (b) A declaration from a physician, physician assistant, or  
9 advanced registered nurse practitioner, or the adolescent's treating  
10 mental health professional or substance use disorder professional,  
11 who has examined the adolescent no more than 10 days prior to the  
12 submission of the petition and who is willing to testify in support  
13 of the petition, or who alternatively has made appropriate attempts  
14 to examine the adolescent within the same period but has not been  
15 successful in obtaining the adolescent's cooperation, and who is  
16 willing to testify to the reasons they believe that the adolescent  
17 meets the criteria for assisted outpatient treatment. If the  
18 declaration is provided by the adolescent's treating mental health  
19 professional or substance use disorder professional, it must be  
20 cosigned by a supervising physician, physician assistant, or advanced  
21 registered nurse practitioner who certifies that they have reviewed  
22 the declaration;

23 (c) The declarations of additional witnesses, if any, supporting  
24 the petition for assisted outpatient treatment;

25 (d) The name of an agency, provider, or facility that agrees to  
26 provide less restrictive alternative treatment if the petition is  
27 granted by the court; and

28 (e) If the adolescent is detained in a state hospital, inpatient  
29 treatment facility, or juvenile detention or rehabilitation facility  
30 at the time the petition is filed, the anticipated release date of  
31 the adolescent and any other details needed to facilitate successful  
32 reentry and transition into the community.

33 (6)(a) Upon receipt of a petition meeting all requirements of  
34 this section, the court shall fix a date for a hearing:

35 (i) No sooner than three days or later than seven days after the  
36 date of service or as stipulated by the parties or, upon a showing of  
37 good cause, no later than 30 days after the date of service; or

38 (ii) If the adolescent is hospitalized at the time of filing of  
39 the petition, before discharge of the adolescent and in sufficient

1 time to arrange for a continuous transition from inpatient treatment  
2 to assisted outpatient treatment.

3 (b) A copy of the petition and notice of hearing shall be served,  
4 in the same manner as a summons, on the petitioner, the adolescent,  
5 the qualified professional whose affidavit accompanied the petition,  
6 a current provider, if any, and a surrogate decision maker or agent  
7 under chapter 71.32 RCW, if any.

8 (c) If the adolescent has a surrogate decision maker or agent  
9 under chapter 71.32 RCW who wishes to provide testimony at the  
10 hearing, the court shall afford the surrogate decision maker or agent  
11 an opportunity to testify.

12 (d) The adolescent shall be represented by counsel at all stages  
13 of the proceedings.

14 (e) If the adolescent fails to appear at the hearing after  
15 notice, the court may conduct the hearing in the adolescent's  
16 absence; provided that the adolescent's counsel is present.

17 (f) If the adolescent has refused to be examined by the qualified  
18 professional whose affidavit accompanied the petition, the court may  
19 order a mental examination of the adolescent. The examination of the  
20 adolescent may be performed by the qualified professional whose  
21 affidavit accompanied the petition. If the examination is performed  
22 by another qualified professional, the examining qualified  
23 professional shall be authorized to consult with the qualified  
24 professional whose affidavit accompanied the petition.

25 (g) If the adolescent has refused to be examined by a qualified  
26 professional and the court finds reasonable grounds to believe that  
27 the allegations of the petition are true, the court may issue a  
28 written order directing a peace officer who has completed crisis  
29 intervention training to detain and transport the adolescent to a  
30 provider for examination by a qualified professional. An adolescent  
31 detained pursuant to this subsection shall be detained no longer than  
32 necessary to complete the examination and in no event longer than 24  
33 hours. All papers in the court file must be provided to the  
34 adolescent's designated attorney.

35 (7) If the petition involves an adolescent whom the petitioner or  
36 prosecutor knows, or has reason to know, is an American Indian or  
37 Alaska Native who receives medical or behavioral health services from  
38 a tribe within this state, the prosecutor shall notify the tribe and  
39 Indian health care provider. Notification shall be made in person or  
40 by telephonic or electronic communication to the tribal contact

1 listed in the authority's tribal crisis coordination plan as soon as  
2 possible.

3 (8) A petition for assisted outpatient treatment filed under this  
4 section shall be adjudicated under RCW 71.34.740.

5 (9) After January 1, 2023, a petition for assisted outpatient  
6 treatment must be filed on forms developed by the administrative  
7 office of the courts.

8 **Sec. 5.** RCW 71.05.150 and 2021 c 264 s 1 are each amended to  
9 read as follows:

10 (1) When a designated crisis responder receives information  
11 alleging that a person, as a result of a behavioral health disorder,  
12 presents a likelihood of serious harm or is gravely disabled, (~~or~~  
13 ~~that a person is in need of assisted outpatient behavioral health~~  
14 ~~treatment;~~) the designated crisis responder may, after investigation  
15 and evaluation of the specific facts alleged and of the reliability  
16 and credibility of any person providing information to initiate  
17 detention (~~or involuntary outpatient treatment~~), if satisfied that  
18 the allegations are true and that the person will not voluntarily  
19 seek appropriate treatment, file a petition for initial detention  
20 under this section (~~or a petition for involuntary outpatient~~  
21 ~~behavioral health treatment under RCW 71.05.148~~). Before filing the  
22 petition, the designated crisis responder must personally interview  
23 the person, unless the person refuses an interview, and determine  
24 whether the person will voluntarily receive appropriate evaluation  
25 and treatment at an evaluation and treatment facility, crisis  
26 stabilization unit, triage facility, secure withdrawal management and  
27 stabilization facility, or approved substance use disorder treatment  
28 program. As part of the assessment, the designated crisis responder  
29 must attempt to ascertain if the person has executed a mental health  
30 advance directive under chapter 71.32 RCW. The interview performed by  
31 the designated crisis responder may be conducted by video provided  
32 that a licensed health care professional or professional person who  
33 can adequately and accurately assist with obtaining any necessary  
34 information is present with the person at the time of the interview.

35 (2)(a) A superior court judge may issue a warrant to detain a  
36 person with a behavioral health disorder to a designated evaluation  
37 and treatment facility, a secure withdrawal management and  
38 stabilization facility, or an approved substance use disorder  
39 treatment program, for a period of not more than one hundred twenty

1 hours for evaluation and treatment upon request of a designated  
2 crisis responder, subject to (d) of this subsection, whenever it  
3 appears to the satisfaction of the judge that:

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

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

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

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

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

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

24 (3) The designated crisis responder shall then serve or cause to  
25 be served on such person(~~(7)~~) and his or her guardian(~~(7—and~~  
26 ~~conservator)~~), if any, a copy of the order together with a notice of  
27 rights, and a petition for initial detention. After service on such  
28 person the designated crisis responder shall file the return of  
29 service in court and provide copies of all papers in the court file  
30 to the evaluation and treatment facility, secure withdrawal  
31 management and stabilization facility, or approved substance use  
32 disorder treatment program, and the designated attorney. The  
33 designated crisis responder shall notify the court and the  
34 prosecuting attorney that a probable cause hearing will be held  
35 within one hundred twenty hours of the date and time of outpatient  
36 evaluation or admission to the evaluation and treatment facility,  
37 secure withdrawal management and stabilization facility, or approved  
38 substance use disorder treatment program. The person shall be  
39 permitted to be accompanied by one or more of his or her relatives,  
40 friends, an attorney, a personal physician, or other professional or

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

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

17 (5) Tribal court orders for involuntary commitment shall be  
18 recognized and enforced in accordance with superior court civil rule  
19 82.5.

20 (6) In any investigation and evaluation of an individual under  
21 (~~RCW 71.05.150~~) this section or RCW 71.05.153 in which the  
22 designated crisis responder knows, or has reason to know, that the  
23 individual is an American Indian or Alaska Native who receives  
24 medical or behavioral health services from a tribe within this state,  
25 the designated crisis responder shall notify the tribe and Indian  
26 health care provider regarding whether or not a petition for initial  
27 detention or involuntary outpatient treatment will be filed.  
28 Notification shall be made in person or by telephonic or electronic  
29 communication to the tribal contact listed in the authority's tribal  
30 crisis coordination plan as soon as possible but no later than three  
31 hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A  
32 designated crisis responder may restrict the release of information  
33 as necessary to comply with 42 C.F.R. Part 2.

34 **Sec. 6.** RCW 71.05.150 and 2021 c 264 s 2 are each amended to  
35 read as follows:

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

1 ~~treatment,~~) the designated crisis responder may, after investigation  
2 and evaluation of the specific facts alleged and of the reliability  
3 and credibility of any person providing information to initiate  
4 detention (~~or involuntary outpatient treatment~~), if satisfied that  
5 the allegations are true and that the person will not voluntarily  
6 seek appropriate treatment, file a petition for initial detention  
7 under this section (~~or a petition for involuntary outpatient~~  
8 ~~behavioral health treatment under RCW 71.05.148~~). Before filing the  
9 petition, the designated crisis responder must personally interview  
10 the person, unless the person refuses an interview, and determine  
11 whether the person will voluntarily receive appropriate evaluation  
12 and treatment at an evaluation and treatment facility, crisis  
13 stabilization unit, triage facility, secure withdrawal management and  
14 stabilization facility, or approved substance use disorder treatment  
15 program. As part of the assessment, the designated crisis responder  
16 must attempt to ascertain if the person has executed a mental health  
17 advance directive under chapter 71.32 RCW. The interview performed by  
18 the designated crisis responder may be conducted by video provided  
19 that a licensed health care professional or professional person who  
20 can adequately and accurately assist with obtaining any necessary  
21 information is present with the person at the time of the interview.

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

30 (i) There is probable cause to support the petition; and  
31 (ii) The person has refused or failed to accept appropriate  
32 evaluation and treatment voluntarily.

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

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

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

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

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

37 (5) Tribal court orders for involuntary commitment shall be  
38 recognized and enforced in accordance with superior court civil rule  
39 82.5.

1 (6) In any investigation and evaluation of an individual under  
2 ((RCW 71.05.150)) this section or RCW 71.05.153 in which the  
3 designated crisis responder knows, or has reason to know, that the  
4 individual is an American Indian or Alaska Native who receives  
5 medical or behavioral health services from a tribe within this state,  
6 the designated crisis responder shall notify the tribe and Indian  
7 health care provider regarding whether or not a petition for initial  
8 detention or involuntary outpatient treatment will be filed.  
9 Notification shall be made in person or by telephonic or electronic  
10 communication to the tribal contact listed in the authority's tribal  
11 crisis coordination plan as soon as possible but no later than three  
12 hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A  
13 designated crisis responder may restrict the release of information  
14 as necessary to comply with 42 C.F.R. Part 2.

15 **Sec. 7.** RCW 71.05.156 and 2018 c 291 s 12 are each amended to  
16 read as follows:

17 A designated crisis responder who conducts an evaluation for  
18 imminent likelihood of serious harm or imminent danger because of  
19 being gravely disabled under RCW 71.05.153 must also evaluate the  
20 person under RCW 71.05.150 for likelihood of serious harm or grave  
21 disability that does not meet the imminent standard for emergency  
22 detention(~~(, and to determine whether the person is in need of~~  
23 ~~assisted outpatient behavioral health treatment)~~).

24 **Sec. 8.** RCW 71.05.201 and 2020 c 302 s 24 and 2020 c 256 s 304  
25 are each reenacted and amended to read as follows:

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

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



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

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

12 (b) The petition must contain:

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

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

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

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

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

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

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

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

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

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

23 **Sec. 9.** RCW 71.05.212 and 2020 c 256 s 305 are each amended to  
24 read as follows:

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

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

32 (b) Historical behavior, including history of one or more violent  
33 acts;

34 (c) Prior determinations of incompetency or insanity under  
35 chapter 10.77 RCW; and

36 (d) Prior commitments under this chapter.

37 (2) Credible witnesses may include family members, landlords,  
38 neighbors, or others with significant contact and history of  
39 involvement with the person. If the designated crisis responder

1 relies upon information from a credible witness in reaching his or  
2 her decision to detain the individual, then he or she must provide  
3 contact information for any such witness to the prosecutor. The  
4 designated crisis responder or prosecutor shall provide notice of the  
5 date, time, and location of the probable cause hearing to such a  
6 witness.

7 (3) Symptoms and behavior of the respondent which standing alone  
8 would not justify civil commitment may support a finding of grave  
9 disability or likelihood of serious harm, or a finding that the  
10 person is in need of assisted outpatient ~~((behavioral health))~~  
11 treatment, when:

12 (a) Such symptoms or behavior are closely associated with  
13 symptoms or behavior which preceded and led to a past incident of  
14 involuntary hospitalization, severe deterioration, or one or more  
15 violent acts;

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

18 (c) Without treatment, the continued deterioration of the  
19 respondent is probable.

20 (4) When conducting an evaluation for offenders identified under  
21 RCW 72.09.370, the designated crisis responder or professional person  
22 shall consider an offender's history of judicially required or  
23 administratively ordered antipsychotic medication while in  
24 confinement.

25 ~~((5) The authority, in consultation with tribes and coordination  
26 with Indian health care providers and the American Indian health  
27 commission for Washington state, shall establish written guidelines  
28 by June 30, 2021, for conducting culturally appropriate evaluations  
29 of American Indians or Alaska Natives.))~~

30 **Sec. 10.** RCW 71.05.212 and 2020 c 302 s 28 and 2020 c 256 s 305  
31 are each reenacted and amended to read as follows:

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

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

1 (b) Historical behavior, including history of one or more violent  
2 acts;

3 (c) Prior determinations of incompetency or insanity under  
4 chapter 10.77 RCW; and

5 (d) Prior commitments under this chapter.

6 (2) Credible witnesses may include family members, landlords,  
7 neighbors, or others with significant contact and history of  
8 involvement with the person. If the designated crisis responder  
9 relies upon information from a credible witness in reaching his or  
10 her decision to detain the individual, then he or she must provide  
11 contact information for any such witness to the prosecutor. The  
12 designated crisis responder or prosecutor shall provide notice of the  
13 date, time, and location of the probable cause hearing to such a  
14 witness.

15 (3) Symptoms and behavior of the respondent which standing alone  
16 would not justify civil commitment may support a finding of grave  
17 disability or likelihood of serious harm, or a finding that the  
18 person is in need of assisted outpatient ~~((behavioral health))~~  
19 treatment, when:

20 (a) Such symptoms or behavior are closely associated with  
21 symptoms or behavior which preceded and led to a past incident of  
22 involuntary hospitalization, severe deterioration from safe behavior,  
23 or one or more violent acts;

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

26 (c) Without treatment, the continued deterioration of the  
27 respondent is probable.

28 (4) When conducting an evaluation for offenders identified under  
29 RCW 72.09.370, the designated crisis responder or professional person  
30 shall consider an offender's history of judicially required or  
31 administratively ordered antipsychotic medication while in  
32 confinement.

33 ~~((5) The authority, in consultation with tribes and coordination  
34 with Indian health care providers and the American Indian health  
35 commission for Washington state, shall establish written guidelines  
36 by June 30, 2021, for conducting culturally appropriate evaluations  
37 of American Indians or Alaska Natives.))~~

38 **Sec. 11.** RCW 71.05.230 and 2020 c 302 s 34 are each amended to  
39 read as follows:

1 A person detained for one hundred twenty (~~hour~~) hours of  
2 evaluation and treatment may be committed for not more than fourteen  
3 additional days of involuntary intensive treatment or ninety  
4 additional days of a less restrictive alternative treatment. A  
5 petition may only be filed if the following conditions are met:

6 (1) The professional staff of the facility providing evaluation  
7 services has analyzed the person's condition and finds that the  
8 condition is caused by a behavioral health disorder and results in:

9 (a) A likelihood of serious harm; or (b) the person being gravely  
10 disabled; (~~or (c) the person being in need of assisted outpatient~~  
11 ~~behavioral health treatment;~~) and are prepared to testify those  
12 conditions are met; and

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

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

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

22 (A) One physician, physician assistant, or psychiatric advanced  
23 registered nurse practitioner; and

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

26 (ii) If the petition is for substance use disorder treatment, the  
27 petition may be signed by a substance use disorder professional  
28 instead of a mental health professional and by an advanced registered  
29 nurse practitioner instead of a psychiatric advanced registered nurse  
30 practitioner. The persons signing the petition must have examined the  
31 person.

32 (b) If involuntary detention is sought the petition shall state  
33 facts that support the finding that such person, as a result of a  
34 behavioral health disorder, presents a likelihood of serious harm, or  
35 is gravely disabled and that there are no less restrictive  
36 alternatives to detention in the best interest of such person or  
37 others. The petition shall state specifically that less restrictive  
38 alternative treatment was considered and specify why treatment less  
39 restrictive than detention is not appropriate. If an involuntary less  
40 restrictive alternative is sought, the petition shall state facts

1 that support the finding that such person, as a result of a  
2 behavioral health disorder, presents a likelihood of serious  
3 harm(~~(r)~~) or is gravely disabled(~~(, or is in need of assisted~~  
4 ~~outpatient behavioral health treatment,~~) and shall set forth any  
5 recommendations for less restrictive alternative treatment services;  
6 and

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

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

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

16 (8) At the conclusion of the initial commitment period, the  
17 professional staff of the agency or facility or the designated crisis  
18 responder may petition for an additional period of either (~~(ninety))~~  
19 90 days of less restrictive alternative treatment or (~~(ninety))~~ 90  
20 days of involuntary intensive treatment as provided in RCW 71.05.290;  
21 and

22 (9) If the hospital or facility designated to provide less  
23 restrictive alternative treatment is other than the facility  
24 providing involuntary treatment, the outpatient facility so  
25 designated to provide less restrictive alternative treatment has  
26 agreed to assume such responsibility.

27 **Sec. 12.** RCW 71.05.240 and 2021 c 264 s 8 are each amended to  
28 read as follows:

29 (1) If a petition is filed for (~~(fourteen-day))~~ up to 14 days of  
30 involuntary treatment (~~(or ninety))~~, 90 days of less restrictive  
31 alternative treatment, or 18 months of less restrictive alternative  
32 treatment under RCW 71.05.148, the court shall hold a probable cause  
33 hearing within (~~(one hundred twenty))~~ 120 hours of the initial  
34 detention (~~(of such person as determined in))~~ under RCW 71.05.180, or  
35 at a time (~~(determined))~~ scheduled under RCW 71.05.148.

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

1 voluntary treatment as provided in RCW 71.05.230 will result in the  
2 loss of his or her firearm rights if the person is subsequently  
3 detained for involuntary treatment under this section.

4 (3) If the person or his or her attorney alleges, prior to the  
5 commencement of the hearing, that the person has in good faith  
6 volunteered for treatment, the petitioner must show, by preponderance  
7 of the evidence, that the person has not in good faith volunteered  
8 for appropriate treatment. In order to qualify as a good faith  
9 volunteer, the person must abide by procedures and a treatment plan  
10 as prescribed by a treatment facility and professional staff.

11 (4) (a) Subject to (b) of this subsection, at the conclusion of  
12 the probable cause hearing, if the court finds by a preponderance of  
13 the evidence that (~~such~~) a person detained for behavioral health  
14 treatment, as the result of a behavioral health disorder, presents a  
15 likelihood of serious harm, or is gravely disabled, and, after  
16 considering less restrictive alternatives to involuntary detention  
17 and treatment, finds that no such alternatives are in the best  
18 interests of such person or others, the court shall order that such  
19 person be detained for involuntary treatment not to exceed  
20 (~~fourteen~~) 14 days in a facility licensed or certified to provide  
21 treatment by the department or under RCW 71.05.745.

22 (b) A court may only order commitment to a secure withdrawal  
23 management and stabilization facility or approved substance use  
24 disorder treatment program if there is an available facility with  
25 adequate space for the person.

26 (c) At the conclusion of the probable cause hearing, if the court  
27 finds by a preponderance of the evidence that (~~such~~) a person  
28 detained for behavioral health treatment, as the result of a  
29 behavioral health disorder, presents a likelihood of serious harm or  
30 is gravely disabled, but that treatment in a less restrictive setting  
31 than detention is in the best interest of such person or others, the  
32 court shall order an appropriate less restrictive alternative course  
33 of treatment for up to ninety days.

34 (d) If the court finds by a preponderance of the evidence that  
35 (~~such~~) a person subject to a petition under RCW 71.05.148, as the  
36 result of a behavioral health disorder, is in need of assisted  
37 outpatient (~~behavioral health~~) treatment (~~(, and that the person~~  
38 ~~does not present a likelihood of serious harm and is not gravely~~  
39 ~~disabled)~~), the court shall order an appropriate less restrictive  
40 alternative course of treatment for up to (~~ninety days~~) 18 months.

1 (5) An order for less restrictive alternative treatment must name  
2 the behavioral health service provider responsible for identifying  
3 the services the person will receive in accordance with RCW  
4 71.05.585, and must include a requirement that the person cooperate  
5 with the treatment recommendations of the behavioral health service  
6 provider.

7 (6) The court shall notify the person orally and in writing that  
8 if involuntary treatment is sought beyond the (~~fourteen-day~~) 14-day  
9 inpatient or (~~ninety-day~~) 90-day less restrictive treatment period,  
10 the person has the right to a full hearing or jury trial under RCW  
11 71.05.310. If the commitment is for mental health treatment, the  
12 court shall (~~also~~) notify the person orally and in writing that the  
13 person is barred from the possession of firearms and that the  
14 prohibition remains in effect until a court restores his or her right  
15 to possess a firearm under RCW 9.41.047.

16 (7) If the court does not issue an order to detain or commit a  
17 person under this section, the court shall issue an order to dismiss  
18 the petition.

19 (8) Nothing in this section precludes the court from subsequently  
20 modifying the terms of an order for less restrictive alternative  
21 treatment under RCW 71.05.590(3).

22 **Sec. 13.** RCW 71.05.240 and 2021 c 264 s 9 are each amended to  
23 read as follows:

24 (1) If a petition is filed for (~~fourteen-day~~) up to 14 days of  
25 involuntary treatment (~~or ninety~~), 90 days of less restrictive  
26 alternative treatment, or 18 months of less restrictive alternative  
27 treatment under RCW 71.05.148, the court shall hold a probable cause  
28 hearing within (~~one hundred twenty~~) 120 hours of the initial  
29 detention (~~of such person as determined in~~) under RCW 71.05.180, or  
30 at a time (~~determined~~) scheduled under RCW 71.05.148.

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

38 (3) If the person or his or her attorney alleges, prior to the  
39 commencement of the hearing, that the person has in good faith



1 volunteered for treatment, the petitioner must show, by preponderance  
2 of the evidence, that the person has not in good faith volunteered  
3 for appropriate treatment. In order to qualify as a good faith  
4 volunteer, the person must abide by procedures and a treatment plan  
5 as prescribed by a treatment facility and professional staff.

6 (4) (a) At the conclusion of the probable cause hearing, if the  
7 court finds by a preponderance of the evidence that ~~((such))~~ a person  
8 detained for behavioral health treatment, as the result of a  
9 behavioral health disorder, presents a likelihood of serious harm, or  
10 is gravely disabled, and, after considering less restrictive  
11 alternatives to involuntary detention and treatment, finds that no  
12 such alternatives are in the best interests of such person or others,  
13 the court shall order that such person be detained for involuntary  
14 treatment not to exceed fourteen days in a facility licensed or  
15 certified to provide treatment by the department or under RCW  
16 71.05.745.

17 (b) At the conclusion of the probable cause hearing, if the court  
18 finds by a preponderance of the evidence that ~~((such))~~ a person  
19 detained for behavioral health treatment, as the result of a  
20 behavioral health disorder, presents a likelihood of serious harm or  
21 is gravely disabled, but that treatment in a less restrictive setting  
22 than detention is in the best interest of such person or others, the  
23 court shall order an appropriate less restrictive alternative course  
24 of treatment for up to ninety days.

25 (c) If the court finds by a preponderance of the evidence that  
26 ~~((such))~~ a person subject to a petition under RCW 71.05.148, as the  
27 result of a behavioral health disorder, is in need of assisted  
28 outpatient ~~((behavioral health))~~ treatment ~~((, and that the person~~  
29 ~~does not present a likelihood of serious harm and is not gravely~~  
30 ~~disabled))~~, the court shall order an appropriate less restrictive  
31 alternative course of treatment for up to ~~((ninety days))~~ 18 months.

32 (5) An order for less restrictive alternative treatment must name  
33 the behavioral health service provider responsible for identifying  
34 the services the person will receive in accordance with RCW  
35 71.05.585, and must include a requirement that the person cooperate  
36 with the treatment recommendations of the behavioral health service  
37 provider.

38 (6) The court shall notify the person orally and in writing that  
39 if involuntary treatment is sought beyond the ~~((fourteen-day))~~ 14-day  
40 inpatient or ~~((ninety-day))~~ 90-day less restrictive treatment period,

1 such person has the right to a full hearing or jury trial under RCW  
2 71.05.310. If the commitment is for mental health treatment, the  
3 court shall also notify the person orally and in writing that the  
4 person is barred from the possession of firearms and that the  
5 prohibition remains in effect until a court restores his or her right  
6 to possess a firearm under RCW 9.41.047.

7 (7) If the court does not issue an order to detain or commit a  
8 person under this section, the court shall issue an order to dismiss  
9 the petition.

10 (8) Nothing in this section precludes the court from subsequently  
11 modifying the terms of an order for less restrictive alternative  
12 treatment under RCW 71.05.590(3).

13 **Sec. 14.** RCW 71.05.245 and 2018 c 291 s 14 are each amended to  
14 read as follows:

15 (1) In making a determination of whether a person is gravely  
16 disabled, presents a likelihood of serious harm, or is in need of  
17 assisted outpatient (~~behavioral health~~) treatment in a hearing  
18 conducted under RCW 71.05.240 or 71.05.320, the court must consider  
19 the symptoms and behavior of the respondent in light of all available  
20 evidence concerning the respondent's historical behavior.

21 (2) Symptoms or behavior which standing alone would not justify  
22 civil commitment may support a finding of grave disability or  
23 likelihood of serious harm, or a finding that the person is in need  
24 of assisted outpatient (~~behavioral health~~) treatment, when: (a)  
25 Such symptoms or behavior are closely associated with symptoms or  
26 behavior which preceded and led to a past incident of involuntary  
27 hospitalization, severe deterioration, or one or more violent acts;  
28 (b) these symptoms or behavior represent a marked and concerning  
29 change in the baseline behavior of the respondent; and (c) without  
30 treatment, the continued deterioration of the respondent is probable.

31 (3) In making a determination of whether there is a likelihood of  
32 serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320,  
33 the court shall give great weight to any evidence before the court  
34 regarding whether the person has: (a) A recent history of one or more  
35 violent acts; or (b) a recent history of one or more commitments  
36 under this chapter or its equivalent provisions under the laws of  
37 another state which were based on a likelihood of serious harm. The  
38 existence of prior violent acts or commitments under this chapter or

1 its equivalent shall not be the sole basis for determining whether a  
2 person presents a likelihood of serious harm.

3 For the purposes of this subsection "recent" refers to the period  
4 of time not exceeding three years prior to the current hearing.

5 **Sec. 15.** RCW 71.05.280 and 2020 c 302 s 41 are each amended to  
6 read as follows:

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

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

16 (2) Such person was taken into custody as a result of conduct in  
17 which he or she attempted or inflicted physical harm upon the person  
18 of another or himself or herself, or substantial damage upon the  
19 property of others, and continues to present, as a result of a  
20 behavioral health disorder, a likelihood of serious harm; or

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

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

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

34 (4) Such person is gravely disabled(~~(; or~~

35 ~~(5) Such person is in need of assisted outpatient behavioral~~  
36 ~~health treatment)).~~

37 **Sec. 16.** RCW 71.05.290 and 2020 c 302 s 42 are each amended to  
38 read as follows:

1 (1) At any time during a person's (~~fourteen~~) 14-day intensive  
2 treatment period, the professional person in charge of a treatment  
3 facility or his or her professional designee or the designated crisis  
4 responder may petition the superior court for an order requiring such  
5 person to undergo an additional period of treatment. Such petition  
6 must be based on one or more of the grounds set forth in RCW  
7 71.05.280.

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

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

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

15 (ii) If the petition is for substance use disorder treatment, the  
16 petition may be signed by a substance use disorder professional  
17 instead of a mental health professional and by an advanced registered  
18 nurse practitioner instead of a psychiatric advanced registered nurse  
19 practitioner.

20 (b) The affidavits shall describe in detail the behavior of the  
21 detained person which supports the petition and shall explain what,  
22 if any, less restrictive treatments which are alternatives to  
23 detention are available to such person, and shall state the  
24 willingness of the affiant to testify to such facts in subsequent  
25 judicial proceedings under this chapter. If less restrictive  
26 alternative treatment is sought, the petition shall set forth any  
27 recommendations for less restrictive alternative treatment services.

28 (3) If a person has been determined to be incompetent pursuant to  
29 RCW 10.77.086(4), then the professional person in charge of the  
30 treatment facility or his or her professional designee or the  
31 designated crisis responder may directly file a petition for (~~one~~  
32 ~~hundred eighty-day~~) 180-day treatment under RCW 71.05.280(3), or for  
33 (~~ninety-day~~) 90-day treatment under RCW 71.05.280 (1), (2), or (4)  
34 (~~, or (5)~~). No petition for initial detention or (~~fourteen~~) 14-  
35 day detention is required before such a petition may be filed.

36 **Sec. 17.** RCW 71.05.320 and 2021 c 264 s 10 and 2021 c 263 s 2  
37 are each reenacted and amended to read as follows:

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

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

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

13 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of  
14 commitment, then the period of treatment may be up to but not exceed  
15 one hundred eighty days from the date of judgment to the custody of  
16 the department of social and health services or to a facility  
17 certified for (~~one hundred eighty day~~) 180-day treatment by the  
18 department or under RCW 71.05.745.

19 (2) If the court or jury finds that grounds set forth in RCW  
20 71.05.280 have been proven, but finds that treatment less restrictive  
21 than detention will be in the best interest of the person or others,  
22 then the court shall remand him or her to the custody of the  
23 department of social and health services or to a facility certified  
24 for ninety day treatment by the department or to a less restrictive  
25 alternative for a further period of less restrictive treatment not to  
26 exceed (~~ninety~~) 90 days from the date of judgment. If the grounds  
27 set forth in RCW 71.05.280(3) are the basis of commitment, then the  
28 period of treatment may be up to but not exceed (~~one hundred~~  
29 ~~eighty~~) 180 days from the date of judgment. If the court has made an  
30 affirmative special finding under RCW 71.05.280(3)(b), the court  
31 shall appoint a multidisciplinary transition team as provided in  
32 subsection (6)(a)(i) of this section. (~~If the court or jury finds~~  
33 ~~that the grounds set forth in RCW 71.05.280(5) have been proven, and~~  
34 ~~provide the only basis for commitment, the court must enter an order~~  
35 ~~for less restrictive alternative treatment for up to ninety days from~~  
36 ~~the date of judgment and may not order inpatient treatment.))~~

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

1 requirement that the person cooperate with the services planned by  
2 the behavioral health service provider.

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

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

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

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

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

40 (d) Continues to be gravely disabled(~~(; or~~

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

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

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

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

15       (6) (a) The hearing shall be held as provided in RCW 71.05.310,  
16 and if the court or jury finds that the grounds for additional  
17 confinement as set forth in this section are present, subject to  
18 subsection (1)(b) of this section, the court may order the committed  
19 person returned for an additional period of treatment not to exceed  
20 ~~((one hundred eighty))~~ 180 days from the date of judgment, except as  
21 provided in subsection (7) of this section. ~~((If the court's order is~~  
22 ~~based solely on the grounds identified in subsection (4)(e) of this~~  
23 ~~section, the court may enter an order for less restrictive~~  
24 ~~alternative treatment not to exceed one hundred eighty days from the~~  
25 ~~date of judgment, and may not enter an order for inpatient~~  
26 ~~treatment.))~~ An order for less restrictive alternative treatment must  
27 name the behavioral health service provider responsible for  
28 identifying the services the person will receive in accordance with  
29 RCW 71.05.585, and must include a requirement that the person  
30 cooperate with the services planned by the behavioral health service  
31 provider.

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

1 the appointment of a community corrections officer would not  
2 facilitate the success of the person, or the safety of the person and  
3 the community under (a)(ii) of this subsection.

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

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

19 (b) At the end of the (~~one hundred eighty day~~) 180-day period  
20 of commitment, or one-year period of commitment if subsection (7) of  
21 this section applies, the committed person shall be released unless a  
22 petition for an additional (~~one hundred eighty day~~) 180-day period  
23 of continued treatment is filed and heard in the same manner as  
24 provided in this section. Successive (~~one hundred eighty day~~) 180-  
25 day commitments are permissible on the same grounds and pursuant to  
26 the same procedures as the original (~~one hundred eighty day~~) 180-  
27 day commitment.

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

32 (8) No person committed (~~as provided in~~) under this section may  
33 be detained unless a valid order of commitment is in effect. No order  
34 of commitment (~~can~~) under this section may exceed (~~one hundred~~  
35 ~~eighty~~) 180 days in length except as provided in subsection (7) of  
36 this section.

37 (9) Nothing in this section precludes the court from subsequently  
38 modifying the terms of an order for less restrictive alternative  
39 treatment under RCW 71.05.590(3).



1       **Sec. 18.** RCW 71.05.320 and 2021 c 264 s 11 and 2021 c 263 s 3  
2 are each reenacted and amended to read as follows:

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

11       If the order for inpatient treatment is based on a substance use  
12 disorder, treatment must take place at an approved substance use  
13 disorder treatment program. If the grounds set forth in RCW  
14 71.05.280(3) are the basis of commitment, then the period of  
15 treatment may be up to but not exceed one hundred eighty days from  
16 the date of judgment to the custody of the department of social and  
17 health services or to a facility certified for (~~one hundred eighty-~~  
18 ~~day~~) 180-day treatment by the department or under RCW 71.05.745.

19       (2) If the court or jury finds that grounds set forth in RCW  
20 71.05.280 have been proven, but finds that treatment less restrictive  
21 than detention will be in the best interest of the person or others,  
22 then the court shall remand him or her to the custody of the  
23 department of social and health services or to a facility certified  
24 for ninety day treatment by the department or to a less restrictive  
25 alternative for a further period of less restrictive treatment not to  
26 exceed (~~ninety~~) 90 days from the date of judgment. If the grounds  
27 set forth in RCW 71.05.280(3) are the basis of commitment, then the  
28 period of treatment may be up to but not exceed (~~one hundred~~  
29 ~~eighty~~) 180 days from the date of judgment. If the court has made an  
30 affirmative special finding under RCW 71.05.280(3)(b), the court  
31 shall appoint a multidisciplinary transition team as provided in  
32 subsection (6)(a)(i) of this section. (~~If the court or jury finds~~  
33 ~~that the grounds set forth in RCW 71.05.280(5) have been proven, and~~  
34 ~~provide the only basis for commitment, the court must enter an order~~  
35 ~~for less restrictive alternative treatment for up to ninety days from~~  
36 ~~the date of judgment and may not order inpatient treatment.))~~

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

1 requirement that the person cooperate with the services planned by  
2 the behavioral health service provider.

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

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

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

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

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

40 (d) Continues to be gravely disabled(~~(; or~~

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

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

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

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

15 (6) (a) The hearing shall be held as provided in RCW 71.05.310,  
16 and if the court or jury finds that the grounds for additional  
17 confinement as set forth in this section are present, the court may  
18 order the committed person returned for an additional period of  
19 treatment not to exceed (~~one hundred eighty~~) 180 days from the date  
20 of judgment, except as provided in subsection (7) of this section.  
21 (~~If the court's order is based solely on the grounds identified in~~  
22 ~~subsection (4) (c) of this section, the court may enter an order for~~  
23 ~~less restrictive alternative treatment not to exceed one hundred~~  
24 ~~eighty days from the date of judgment, and may not enter an order for~~  
25 ~~inpatient treatment.)) An order for less restrictive alternative  
26 treatment must name the behavioral health service provider  
27 responsible for identifying the services the person will receive in  
28 accordance with RCW 71.05.585, and must include a requirement that  
29 the person cooperate with the services planned by the behavioral  
30 health service provider.~~

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

1 facilitate the success of the person, or the safety of the person and  
2 the community under (a)(ii) of this subsection.

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

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

18 (b) At the end of the (~~one hundred eighty day~~) 180-day period  
19 of commitment, or one-year period of commitment if subsection (7) of  
20 this section applies, the committed person shall be released unless a  
21 petition for an additional (~~one hundred eighty day~~) 180-day period  
22 of continued treatment is filed and heard in the same manner as  
23 provided in this section. Successive (~~one hundred eighty day~~) 180-  
24 day commitments are permissible on the same grounds and pursuant to  
25 the same procedures as the original (~~one hundred eighty day~~) 180-  
26 day commitment.

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

31 (8) No person committed (~~as provided in~~) under this section may  
32 be detained unless a valid order of commitment is in effect. No order  
33 of commitment (~~can~~) under this section may exceed (~~one hundred~~  
34 ~~eighty~~) 180 days in length except as provided in subsection (7) of  
35 this section.

36 (9) Nothing in this section precludes the court from subsequently  
37 modifying the terms of an order for less restrictive alternative  
38 treatment under RCW 71.05.590(3).

1       **Sec. 19.** RCW 71.05.365 and 2019 c 325 s 3008 are each amended to  
2 read as follows:

3       When a person has been involuntarily committed for treatment to a  
4 hospital for a period of (~~ninety~~) 90 or (~~one hundred eighty~~) 180  
5 days, and the superintendent or professional person in charge of the  
6 hospital determines that the person no longer requires active  
7 psychiatric treatment at an inpatient level of care, the behavioral  
8 health administrative services organization, managed care  
9 organization, or agency providing oversight of long-term care or  
10 developmental disability services that is responsible for resource  
11 management services for the person must work with the hospital to  
12 develop an individualized discharge plan, including whether a  
13 petition should be filed for less restrictive alternative treatment  
14 on the basis that the person is in need of assisted outpatient  
15 treatment, and arrange for a transition to the community in  
16 accordance with the person's individualized discharge plan within  
17 (~~fourteen~~) 14 days of the determination.

18       **Sec. 20.** RCW 71.05.585 and 2021 c 264 s 13 are each amended to  
19 read as follows:

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

22       (a) Assignment of a care coordinator;

23       (b) An intake evaluation with the provider of the less  
24 restrictive alternative treatment;

25       (c) A psychiatric evaluation, a substance use disorder  
26 evaluation, or both;

27       (d) A schedule of regular contacts with the provider of the  
28 treatment services for the duration of the order;

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

31       (f) An individual crisis plan;

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

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

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

39       (a) Medication management;

- 1 (b) Psychotherapy;
- 2 (c) Nursing;
- 3 (d) Substance use disorder counseling;
- 4 (e) Residential treatment;
- 5 (f) Partial hospitalization or intensive outpatient treatment;
- 6 (g) Support for housing, benefits, education, and employment; and
- 7 ((g)) (h) Periodic court review.

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

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

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

31 (6) A care coordinator may disclose information and records  
32 related to mental health services pursuant to RCW 70.02.230(2)(k) for  
33 purposes of implementing less restrictive alternative treatment.

34 (7) For the purpose of this section, "care coordinator" means a  
35 clinical practitioner who coordinates the activities of less  
36 restrictive alternative treatment. The care coordinator coordinates  
37 activities with the designated crisis responders that are necessary  
38 for enforcement and continuation of less restrictive alternative  
39 orders and is responsible for coordinating service activities with

1 other agencies and establishing and maintaining a therapeutic  
2 relationship with the individual on a continuing basis.

3 **Sec. 21.** RCW 71.34.755 and 2021 c 287 s 21 and 2021 c 264 s 16  
4 are each reenacted and amended to read as follows:

5 (1) Less restrictive alternative treatment, at a minimum, must  
6 include the following services:

7 (a) Assignment of a care coordinator;

8 (b) An intake evaluation with the provider of the less  
9 restrictive alternative treatment;

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

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

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

17 (f) An individual crisis plan;

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

20 (h) Notification to the care coordinator assigned in (a) of this  
21 subsection if reasonable efforts to engage the client fail to produce  
22 substantial compliance with court-ordered treatment conditions.

23 (2) Less restrictive alternative treatment may include the  
24 following additional services:

25 (a) Medication management;

26 (b) Psychotherapy;

27 (c) Nursing;

28 (d) Substance use disorder counseling;

29 (e) Residential treatment;

30 (f) Partial hospitalization or intensive outpatient treatment;

31 (g) Support for housing, benefits, education, and employment; and

32 ~~((g))~~ (h) Periodic court review.

33 (3) If the minor was provided with involuntary medication during  
34 the involuntary commitment period, the less restrictive alternative  
35 treatment order may authorize the less restrictive alternative  
36 treatment provider or its designee to administer involuntary  
37 antipsychotic medication to the person if the provider has attempted  
38 and failed to obtain the informed consent of the person and there is  
39 a concurring medical opinion approving the medication by a

1 psychiatrist, physician assistant working with a supervising  
2 psychiatrist, psychiatric advanced registered nurse practitioner, or  
3 physician or physician assistant in consultation with an independent  
4 mental health professional with prescribing authority.

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

9 (5) The care coordinator assigned to a minor ordered to less  
10 restrictive alternative treatment must submit an individualized plan  
11 for the minor's treatment services to the court that entered the  
12 order. An initial plan must be submitted as soon as possible  
13 following the intake evaluation and a revised plan must be submitted  
14 upon any subsequent modification in which a type of service is  
15 removed from or added to the treatment plan.

16 (6) A care coordinator may disclose information and records  
17 related to mental health services pursuant to RCW 70.02.230(2)(k) for  
18 purposes of implementing less restrictive alternative treatment.

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

27 **Sec. 22.** RCW 10.77.175 and 2021 c 263 s 4 are each amended to  
28 read as follows:

29 (1) Conditional release planning should start at admission and  
30 proceed in coordination between the department and the person's  
31 managed care organization, or behavioral health administrative  
32 services organization if the person is not eligible for medical  
33 assistance under chapter 74.09 RCW. If needed, the department shall  
34 assist the person to enroll in medical assistance in suspense status  
35 under RCW 74.09.670. The state hospital liaison for the managed care  
36 organization or behavioral health administrative services  
37 organization shall facilitate conditional release planning in  
38 collaboration with the department.



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

4 (a) Assignment of a care coordinator;

5 (b) An intake evaluation with the provider of the conditional  
6 treatment;

7 (c) A psychiatric evaluation or a substance use disorder  
8 evaluation, or both;

9 (d) A schedule of regular contacts with the provider of the less  
10 restrictive alternative treatment services for the duration of the  
11 order;

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

14 (f) An individual crisis plan;

15 (g) Consultation about the formation of a mental health advance  
16 directive under chapter 71.32 RCW; (~~and~~)

17 (h) Appointment of a transition team under RCW 10.77.150;  
18 (~~and~~) and

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

23 (3) Less restrictive alternative treatment pursuant to a  
24 conditional release order may additionally include requirements to  
25 participate in the following services:

26 (a) Medication management;

27 (b) Psychotherapy;

28 (c) Nursing;

29 (d) Substance use disorder counseling;

30 (e) Residential treatment;

31 (f) Partial hospitalization or intensive outpatient treatment;

32 (g) Support for housing, benefits, education, and employment; and

33 (~~(g)~~) (h) Periodic court review.

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

37 (5) If the person was provided with involuntary medication under  
38 RCW 10.77.094 or pursuant to a judicial order during the involuntary  
39 commitment period, the less restrictive alternative treatment  
40 pursuant to the conditional release order may authorize the less

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

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

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

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

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

36 **Sec. 23.** RCW 71.05.590 and 2021 c 264 s 14 are each amended to  
37 read as follows:

38 (1) Either an agency or facility designated to monitor or provide  
39 services under a less restrictive alternative order or conditional

1 release, or a designated crisis responder, may take action to  
2 enforce, modify, or revoke a less restrictive alternative treatment  
3 order or conditional release order. The agency, facility, or  
4 designated crisis responder must determine that:

5 (a) The person is failing to adhere to the terms and conditions  
6 of the ~~((court))~~ order;

7 (b) Substantial deterioration in the person's functioning has  
8 occurred;

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

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

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

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

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

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

37 (d) To ~~((cause))~~ detain the person ~~((to be transported by a peace~~  
38 ~~officer, designated crisis responder, or other means to the))~~ for up  
39 to 12 hours for evaluation at an agency ~~((or))~~, facility ~~((monitoring~~  
40 ~~or))~~ providing services under the court order, ~~((or to a))~~ triage

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

22 (e) To initiate revocation procedures under subsection (5) of  
23 this section ~~((or, if the current commitment is solely based on the  
24 person being in need of assisted outpatient behavioral health  
25 treatment as defined in RCW 71.05.020, initiate initial inpatient  
26 detention procedures under subsection (7) of this section)).~~

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

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

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

36 (4) The facility or agency designated to provide outpatient  
37 treatment shall notify the secretary of the department of social and  
38 health services or designated crisis responder when a person fails to  
39 adhere to terms and conditions of court ordered treatment or

1 experiences substantial deterioration in his or her condition and, as  
2 a result, presents an increased likelihood of serious harm.

3 ~~(5) (a) ((Except as provided in subsection (7) of this section,~~  
4 ~~a))~~ A designated crisis responder or the secretary of the department  
5 of social and health services may, upon their own motion or  
6 ((notification by)) upon request of the facility or agency designated  
7 to provide outpatient care ((order)), cause a person ((subject to a  
8 court order under this chapter)) to be ((apprehended and taken into  
9 eustody and temporary detention)) detained in an evaluation and

10 treatment facility, ((an)) available secure withdrawal management and  
11 stabilization facility with adequate space, or ((an)) available  
12 approved substance use disorder treatment program with adequate  
13 space((r)) in or near the county in which he or she is receiving  
14 outpatient treatment((. Proceedings under this subsection (5) may be  
15 initiated without ordering the apprehension and)) for the purpose of

16 a hearing for revocation of a less restrictive alternative treatment  
17 order or conditional release order under this chapter. The designated  
18 crisis responder or secretary of the department of social and health  
19 services shall file a petition for revocation within 24 hours and  
20 serve the person, their guardian, if any, and their attorney. A  
21 hearing for revocation of a less restrictive alternative treatment  
22 order or conditional release order may be scheduled without detention  
23 of the person.

24 (b) ~~((Except as provided in subsection (7) of this section, a))~~ A  
25 person detained under this subsection (5) must be held until such  
26 time, not exceeding five days, as a hearing can be scheduled to  
27 determine whether or not the ((person should be returned to the  
28 hospital or facility from which he or she had been released)) order  
29 for less restrictive alternative treatment or conditional release  
30 should be revoked, modified, or retained. If the person is not  
31 detained, the hearing must be scheduled within five days of service  
32 on the person. The designated crisis responder or the secretary of  
33 the department of social and health services may ~~((modify or rescind~~  
34 ~~the order at any time prior to commencement of)) withdraw its~~  
35 petition for revocation at any time before the court hearing.

36 (c) ~~((The designated crisis responder or secretary of the~~  
37 ~~department of social and health services shall file a revocation~~  
38 ~~petition and order of apprehension and detention with the court of~~  
39 ~~the county where the person is currently located or being detained.~~  
40 ~~The designated crisis responder shall serve the person and their~~

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

10 (d) (~~Except as provided in subsection (7) of this section, the))~~  
11 The issues for the court to determine are whether: (i) The person  
12 adhered to the terms and conditions of the (~~court~~) order; (ii)  
13 substantial deterioration in the person's functioning has occurred;  
14 (iii) there is evidence of substantial decompensation with a  
15 reasonable probability that the decompensation can be reversed by  
16 further inpatient treatment; or (iv) there is a likelihood of serious  
17 harm; and, if any of the above conditions apply, whether it is  
18 appropriate for the court (~~should~~) to reinstate or modify the  
19 person's less restrictive alternative treatment order or conditional  
20 release order or order the person's detention for inpatient  
21 treatment. The person may waive the court hearing and allow the court  
22 to enter a stipulated order upon the agreement of all parties. If the  
23 court orders detention for inpatient treatment, the treatment period  
24 must be for (~~fourteen~~) 14 days from the revocation hearing if the  
25 (~~outpatient~~) less restrictive alternative treatment order or  
26 conditional release order was based on a petition under RCW  
27 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for  
28 inpatient treatment and the (~~outpatient~~) less restrictive  
29 alternative treatment order or conditional release order was based on  
30 a petition under RCW 71.05.290 or 71.05.320, the number of days  
31 remaining on the (~~outpatient~~) order must be converted to days of  
32 inpatient treatment (~~authorized in the original court order~~). A  
33 court may not (~~issue an order to~~) detain a person for inpatient  
34 treatment (~~in~~) to a secure withdrawal management and stabilization  
35 facility or approved substance use disorder treatment program under  
36 this subsection unless there is a (~~secure withdrawal management and~~  
37 ~~stabilization~~) facility or (~~approved substance use disorder~~  
38 ~~treatment~~) program available (~~and~~) with adequate space for the  
39 person.

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

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

24 ~~(b) A person detained under this subsection may be held for  
25 evaluation for up to one hundred twenty hours, excluding weekends and  
26 holidays, pending a court hearing. If the person is not detained, the  
27 hearing must be scheduled within one hundred twenty hours of service  
28 on the person. The designated crisis responder or the secretary may  
29 modify or rescind the order at any time prior to commencement of the  
30 court hearing.~~

31 ~~(c) The issues for the court to determine are whether to continue  
32 the detention of the person for inpatient treatment or whether the  
33 court should reinstate or modify the person's less restrictive  
34 alternative order or order the person's detention for inpatient  
35 treatment. To continue detention after the one hundred twenty hour  
36 period, the court must find that the person, as a result of a  
37 behavioral health disorder, presents a likelihood of serious harm or  
38 is gravely disabled and, after considering less restrictive  
39 alternatives to involuntary detention and treatment, that no such  
40 alternatives are in the best interest of the person or others.~~

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

7 **Sec. 24.** RCW 71.05.590 and 2021 c 264 s 15 are each amended to  
8 read as follows:

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

15 (a) The person is failing to adhere to the terms and conditions  
16 of the ~~((court))~~ order;

17 (b) Substantial deterioration in the person's functioning has  
18 occurred;

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

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

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

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

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

36 (c) To request a court hearing for review and modification of the  
37 court order. The request must be ~~((made to or by))~~ directed to the  
38 court with jurisdiction over the order and specify the circumstances  
39 that give rise to the request and what modification is being sought.



1 The county prosecutor shall assist ~~((the agency or facility in))~~  
2 entity requesting ~~((this))~~ the hearing and ~~((issuing))~~ issue an  
3 appropriate summons to the person. This subsection does not limit the  
4 inherent authority of a treatment provider to alter conditions of  
5 treatment for clinical reasons, and is intended to be used only when  
6 court intervention is necessary or advisable to secure the person's  
7 compliance and prevent decompensation or deterioration;

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

33 (e) To initiate revocation procedures under subsection (5) of  
34 this section ~~((or, if the current commitment is solely based on the  
35 person being in need of assisted outpatient behavioral health  
36 treatment as defined in RCW 71.05.020, initial inpatient detention  
37 procedures under subsection (7) of this section))~~.

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

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

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

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

13 (5) (a) ~~((Except as provided in subsection (7) of this section,~~  
14 ~~a))~~ A designated crisis responder or the secretary of the department  
15 of social and health services may, upon their own motion or  
16 ~~((notification by))~~ upon request of the facility or agency designated  
17 to provide outpatient care ~~((order))~~, cause a person ~~((subject to a~~  
18 ~~court order under this chapter))~~ to be ~~((apprehended and taken into~~  
19 ~~eustody and temporary detention))~~ detained in an evaluation and  
20 treatment facility, ~~((in a))~~ secure withdrawal management and  
21 stabilization facility, ~~((in an))~~ approved substance use disorder  
22 treatment program~~((r))~~ in or near the county in which he or she is  
23 receiving outpatient treatment~~((Proceedings under this subsection~~  
24 ~~(5) may be initiated without ordering the apprehension and))~~ for the  
25 purpose of a hearing for revocation of a less restrictive alternative  
26 treatment order or conditional release order under this chapter. The  
27 designated crisis responder or secretary of the department of social  
28 and health services shall file a petition for revocation within 24  
29 hours and serve the person, their guardian, if any, and their  
30 attorney. A hearing for revocation of a less restrictive alternative  
31 treatment order or conditional release order may be scheduled without  
32 detention of the person.

33 (b) ~~((Except as provided in subsection (7) of this section, a))~~ A  
34 person detained under this subsection (5) must be held until such  
35 time, not exceeding five days, as a hearing can be scheduled to  
36 determine whether or not the ~~((person should be returned to the~~  
37 ~~hospital or facility from which he or she had been released))~~ order  
38 for less restrictive alternative treatment or conditional release  
39 should be revoked, modified, or retained. If the person is not  
40 detained, the hearing must be scheduled within five days of service

1 on the person. The designated crisis responder or the secretary of  
2 the department of social and health services may (~~modify or rescind~~  
3 ~~the order at any time prior to commencement of~~) withdraw its  
4 petition for revocation at any time before the court hearing.

5 (c) (~~The designated crisis responder or secretary of the~~  
6 ~~department of social and health services shall file a revocation~~  
7 ~~petition and order of apprehension and detention with the court of~~  
8 ~~the county where the person is currently located or being detained.~~  
9 ~~The designated crisis responder shall serve the person and their~~  
10 ~~attorney, guardian, and conservator, if any. The~~) A person detained  
11 under this subsection (5) has the same rights with respect to notice,  
12 hearing, and counsel as in any involuntary treatment proceeding,  
13 except as specifically set forth in this section. There is no right  
14 to jury trial. The venue for proceedings is the county where the  
15 petition is filed. Notice of the filing must be provided to the court  
16 that originally ordered commitment, if different from the court where  
17 the petition for revocation is filed, within two judicial days of the  
18 person's detention.

19 (d) (~~Except as provided in subsection (7) of this section, the~~)  
20 The issues for the court to determine are whether: (i) The person  
21 adhered to the terms and conditions of the (~~court~~) order; (ii)  
22 substantial deterioration in the person's functioning has occurred;  
23 (iii) there is evidence of substantial decompensation with a  
24 reasonable probability that the decompensation can be reversed by  
25 further inpatient treatment; or (iv) there is a likelihood of serious  
26 harm; and, if any of the above conditions apply, whether it is  
27 appropriate for the court (~~should~~) to reinstate or modify the  
28 person's less restrictive alternative treatment order or conditional  
29 release order or order the person's detention for inpatient  
30 treatment. The person may waive the court hearing and allow the court  
31 to enter a stipulated order upon the agreement of all parties. If the  
32 court orders detention for inpatient treatment, the treatment period  
33 must be for (~~fourteen~~) 14 days from the revocation hearing if the  
34 (~~outpatient~~) less restrictive alternative treatment order or  
35 conditional release order was based on a petition under RCW  
36 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for  
37 inpatient treatment and the (~~outpatient~~) less restrictive  
38 alternative treatment order or conditional release order was based on  
39 a petition under RCW 71.05.290 or 71.05.320, the number of days

1 remaining on the (~~outpatient~~) order must be converted to days of  
2 inpatient treatment (~~authorized in the original court order~~).

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

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

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

31 (~~(c) The issues for the court to determine are whether to continue  
32 the detention of the person for inpatient treatment or whether the  
33 court should reinstate or modify the person's less restrictive  
34 alternative order or order the person's detention for inpatient  
35 treatment. To continue detention after the one hundred twenty hour  
36 period, the court must find that the person, as a result of a  
37 behavioral health disorder, presents a likelihood of serious harm or  
38 is gravely disabled and, after considering less restrictive  
39 alternatives to involuntary detention and treatment, that no such  
40 alternatives are in the best interest of the person or others.))~~

1       **Sec. 25.** RCW 71.05.595 and 2018 c 291 s 16 are each amended to  
2 read as follows:

3       A court order for less restrictive alternative treatment for a  
4 person found to be in need of assisted outpatient (~~behavioral~~  
5 ~~health~~) treatment must be terminated prior to the expiration of the  
6 order when, in the opinion of the professional person in charge of  
7 the less restrictive alternative treatment provider, (1) the person  
8 is prepared to accept voluntary treatment, or (2) the outpatient  
9 treatment ordered is no longer necessary to prevent a relapse,  
10 decompensation, or deterioration that is likely to result in the  
11 person presenting a likelihood of serious harm or the person becoming  
12 gravely disabled within a reasonably short period of time.

13       **Sec. 26.** RCW 71.24.045 and 2021 c 263 s 17 are each amended to  
14 read as follows:

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

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

19       (i) A behavioral health crisis hotline for its assigned regional  
20 service area;

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

23       (iii) Services related to involuntary commitments under chapters  
24 71.05 and 71.34 RCW;

25       (iv) Tracking of less restrictive alternative orders issued  
26 within the region by superior courts, and providing notification to a  
27 managed care organization in the region when one of its enrollees  
28 receives a less restrictive alternative order so that the managed  
29 care organization may ensure that the person is connected to services  
30 and that the requirements of RCW 71.05.585 are complied with. If the  
31 person receives a less restrictive alternative order and is returning  
32 to another region, the behavioral health administrative services  
33 organization shall notify the behavioral health administrative  
34 services organization in the home region of the less restrictive  
35 alternative order so that the home behavioral health administrative  
36 services organization may notify the person's managed care  
37 organization or provide services if the person is not enrolled in  
38 medicaid and does not have other insurance which can pay for those  
39 services;

1 (v) Additional noncrisis behavioral health services, within  
2 available resources, to individuals who meet certain criteria set by  
3 the authority in its contracts with the behavioral health  
4 administrative services organization. These services may include  
5 services provided through federal grant funds, provisos, and general  
6 fund state appropriations;

7 (vi) Care coordination, diversion services, and discharge  
8 planning for nonmedicaid individuals transitioning from state  
9 hospitals or inpatient settings to reduce rehospitalization and  
10 utilization of crisis services, as required by the authority in  
11 contract; and

12 (vii) Regional coordination, cross-system and cross-jurisdiction  
13 coordination with tribal governments, and capacity building efforts,  
14 such as supporting the behavioral health advisory board, the  
15 behavioral health ombuds, and efforts to support access to services  
16 or to improve the behavioral health system;

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

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

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

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

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

30 (g) Establish and maintain quality assurance processes;

31 (h) Meet established limitations on administrative costs for  
32 agencies that contract with the behavioral health administrative  
33 services organization; and

34 (i) Maintain patient tracking information as required by the  
35 authority.

36 (2) The behavioral health administrative services organization  
37 must collaborate with the authority and its contracted managed care  
38 organizations to develop and implement strategies to coordinate care  
39 with tribes and community behavioral health providers for individuals  
40 with a history of frequent crisis system utilization.

1 (3) The behavioral health administrative services organization  
2 shall:

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

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

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

12 (4) The behavioral health administrative services organization  
13 shall employ an assisted outpatient treatment program coordinator to  
14 oversee system coordination and legal compliance for assisted  
15 outpatient treatment under RCW 71.05.148 and section 4 of this act.

16 **Sec. 27.** RCW 71.24.045 and 2021 c 263 s 17 and 2021 c 202 s 15  
17 are each reenacted and amended to read as follows:

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

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

22 (i) A behavioral health crisis hotline for its assigned regional  
23 service area;

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

26 (iii) Services related to involuntary commitments under chapters  
27 71.05 and 71.34 RCW;

28 (iv) Tracking of less restrictive alternative orders issued  
29 within the region by superior courts, and providing notification to a  
30 managed care organization in the region when one of its enrollees  
31 receives a less restrictive alternative order so that the managed  
32 care organization may ensure that the person is connected to services  
33 and that the requirements of RCW 71.05.585 are complied with. If the  
34 person receives a less restrictive alternative order and is returning  
35 to another region, the behavioral health administrative services  
36 organization shall notify the behavioral health administrative  
37 services organization in the home region of the less restrictive  
38 alternative order so that the home behavioral health administrative  
39 services organization may notify the person's managed care

1 organization or provide services if the person is not enrolled in  
2 medicaid and does not have other insurance which can pay for those  
3 services;

4 (v) Additional noncrisis behavioral health services, within  
5 available resources, to individuals who meet certain criteria set by  
6 the authority in its contracts with the behavioral health  
7 administrative services organization. These services may include  
8 services provided through federal grant funds, provisos, and general  
9 fund state appropriations;

10 (vi) Care coordination, diversion services, and discharge  
11 planning for nonmedicaid individuals transitioning from state  
12 hospitals or inpatient settings to reduce rehospitalization and  
13 utilization of crisis services, as required by the authority in  
14 contract; and

15 (vii) Regional coordination, cross-system and cross-jurisdiction  
16 coordination with tribal governments, and capacity building efforts,  
17 such as supporting the behavioral health advisory board and efforts  
18 to support access to services or to improve the behavioral health  
19 system;

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

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

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

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

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

33 (g) Establish and maintain quality assurance processes;

34 (h) Meet established limitations on administrative costs for  
35 agencies that contract with the behavioral health administrative  
36 services organization; and

37 (i) Maintain patient tracking information as required by the  
38 authority.

39 (2) The behavioral health administrative services organization  
40 must collaborate with the authority and its contracted managed care



1 organizations to develop and implement strategies to coordinate care  
2 with tribes and community behavioral health providers for individuals  
3 with a history of frequent crisis system utilization.

4 (3) The behavioral health administrative services organization  
5 shall:

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

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

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

15 (4) The behavioral health administrative services organization  
16 shall employ an assisted outpatient treatment program coordinator to  
17 oversee system coordination and legal compliance for assisted  
18 outpatient treatment under RCW 71.05.148 and section 4 of this act.

19 NEW SECTION. **Sec. 28.** By December 31, 2022, the administrative  
20 office of the courts, in collaboration with stakeholders, shall: (1)  
21 Develop a court form or forms for the filing of a petition under RCW  
22 71.05.148 and section 4 of this act; and (2) develop and publish on  
23 its website a user's guide to assist litigants in the preparation and  
24 filing of a petition under RCW 71.05.148 or section 4 of this act.

25 **Sec. 29.** RCW 71.05.740 and 2021 c 263 s 15 are each amended to  
26 read as follows:

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

1 (2) The clerk of the court must share commitment hearing outcomes  
2 in all hearings under this chapter with the local behavioral health  
3 administrative services organization that serves the region where the  
4 superior court is located, including in cases in which the designated  
5 crisis responder investigation occurred outside the region. The  
6 hearing outcome data must include the name of the facility to which a  
7 person has been committed.

8 NEW SECTION. **Sec. 30.** A new section is added to chapter 71.05  
9 RCW to read as follows:

10 (1) The legislature finds that prevention of harm and the safety  
11 of persons with behavioral health disorders, behavioral health  
12 professionals, and other health care professionals engaging in a  
13 variety of activities under this chapter and chapters 71.34, and  
14 10.77 RCW, depends upon a close and collaborative working  
15 relationship with peace officers and other first responders to de-  
16 escalate situations with a potential for harm and accomplish the  
17 goals of these chapters.

18 (2) A peace officer's obligation under RCW 10.120.020 to provide  
19 assistance under this chapter and chapters 71.34 and 10.77 RCW  
20 includes, but is not limited to:

21 (a) Taking a person into custody who a designated crisis  
22 responder has determined meets criteria for detention under this  
23 chapter or chapter 71.34 or 10.77 RCW;

24 (b) Taking a person into custody who the peace officer has  
25 reasonable cause to believe may have a behavioral health disorder and  
26 may present an imminent likelihood of serious harm or may be in  
27 imminent danger due to being gravely disabled; and

28 (c) Executing or enforcing an order to detain, an order to  
29 apprehend, or any other order or warrant that supports a detention  
30 under this chapter or chapter 71.34 or 10.77 RCW.

31 (3) De-escalation tactics employed by an officer under RCW  
32 10.120.010 must include supporting the safety of a crisis  
33 intervention team, designated crisis responder, or other behavioral  
34 health professional in responding to an incident or executing other  
35 duties under this chapter or chapter 71.34 or 10.77 RCW.

36 NEW SECTION. **Sec. 31.** Sections 1, 2, and 32 of this act take  
37 effect July 1, 2022.

1       **Sec. 32.** 2021 c 264 s 24 (uncodified) and 2021 c 263 s 21  
2 (uncodified) are each reenacted and amended to read as follows:

3       (1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and  
4 14, chapter 263, Laws of 2021, (~~and, until July 1, 2022, section 22,~~  
5 ~~chapter 264, Laws of 2021 and, beginning July 1, 2022,~~) section 23,  
6 chapter 264, Laws of 2021, and sections 2 and 10, chapter ... (this  
7 act), Laws of 2022 take effect when monthly single-bed certifications  
8 authorized under RCW 71.05.745 fall below 200 reports for 3  
9 consecutive months.

10       (2) The health care authority must provide written notice of the  
11 effective date of sections 4 and 28, chapter 302, Laws of 2020,  
12 sections 13 and 14, chapter 263, Laws of 2021, (~~and sections 22~~  
13 ~~and~~) section 23, chapter 264, Laws of 2021, and sections 2 and 10,  
14 chapter ... (this act), Laws of 2022 to affected parties, the chief  
15 clerk of the house of representatives, the secretary of the senate,  
16 the office of the code reviser, and others as deemed appropriate by  
17 the authority.

18       NEW SECTION.   **Sec. 33.** Sections 5, 12, 17, and 23 of this act  
19 expire July 1, 2026.

20       NEW SECTION.   **Sec. 34.** Sections 6, 13, 18, and 24 of this act  
21 take effect July 1, 2026.

22       NEW SECTION.   **Sec. 35.** Section 26 of this act expires October 1,  
23 2022.

24       NEW SECTION.   **Sec. 36.** Section 27 of this act takes effect  
25 October 1, 2022.

26       NEW SECTION.   **Sec. 37.** If specific funding for the purposes of  
27 this act, referencing this act by bill or chapter number, is not  
28 provided by June 30, 2022, in the omnibus appropriations act, this  
29 act is null and void."

**SHB 1773** - S COMM AMD

By Subcommittee on Behavioral Health

**OUT OF ORDER 03/03/2022**

1 On page 1, line 2 of the title, after "disorders;" strike the  
2 remainder of the title and insert "amending RCW 71.05.148, 71.05.150,  
3 71.05.150, 71.05.156, 71.05.212, 71.05.230, 71.05.240, 71.05.240,  
4 71.05.245, 71.05.280, 71.05.290, 71.05.365, 71.05.585, 10.77.175,  
5 71.05.590, 71.05.590, 71.05.595, 71.24.045, and 71.05.740; reenacting  
6 and amending RCW 71.05.020, 71.05.020, 71.05.201, 71.05.212,  
7 71.05.320, 71.05.320, 71.34.755, and 71.24.045; reenacting and  
8 amending 2021 c 264 s 24 and 2021 c 263 s 21 (uncodified); adding a  
9 new section to chapter 71.34 RCW; adding a new section to chapter  
10 71.05 RCW; creating new sections; providing effective dates;  
11 providing a contingent effective date; and providing expiration  
12 dates."

EFFECT: Amends criteria used to find that a person is in need of assisted outpatient treatment (AOT). Allows an AOT petition to be filed by the designee of the director of a hospital or behavioral health service provider. Eliminates review of AOT petition by the prosecutor and the obligation of the prosecutor to effectuate service of an AOT petition or schedule an AOT hearing and instead requires the court to fix a hearing date 3 to 7 days after the date of service or as stipulated by the parties but no later than 30 days. Allows the court to conduct an AOT hearing in the respondent's absence if the respondent fails to appear and is represented by counsel. Allows the court to order a mental examination of the respondent if the respondent previously refused to be examined by a qualified professional. Requires the Administrative Office of the Courts to develop court forms and a User's Guide for filing an AOT petition. Allows a court to order partial hospitalization or intensive outpatient treatment as part of a less restrictive alternative order, including for an adolescent. Changes terminology in involuntary commitment statutes from written order for apprehension to warrant. Specifies that involuntary commitment hearing outcomes which must be shared by the clerk of the court are limited to commitment hearings. Specifies that a peace officer's obligation to provide assistance to an involuntary commitment civil process includes taking a person into custody who a designated crisis responder has determined meets the criteria for detention, who the peace office has reasonable cause to believe may have a behavioral health disorder and may present an imminent likelihood of serious harm or may be in imminent danger due to being gravely disabled, and to execute or enforce an order to detain, apprehend, or a warrant, and that officers must support the safety of a crisis intervention team, designated crisis responder, or other behavioral health professional responding to an incident or performing other duties relating to involuntary commitment as part of de-escalation tactics.

--- END ---