

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1773

67th Legislature
2022 Regular Session

Passed by the House March 7, 2022
Yeas 90 Nays 8

**Speaker of the House of
Representatives**

Passed by the Senate March 3, 2022
Yeas 47 Nays 1

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1773** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1773

AS AMENDED BY THE SENATE

Passed Legislature - 2022 Regular Session

State of Washington 67th Legislature 2022 Regular Session

By House Appropriations (originally sponsored by Representatives Taylor, Davis, Leavitt, Callan, Cody, Macri, Ormsby, and Harris-Talley)

READ FIRST TIME 02/07/22.

1 AN ACT Relating to assisted outpatient treatment for persons with
2 behavioral health disorders; 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; creating new sections; providing
10 effective dates; providing a contingent effective date; and providing
11 expiration dates.

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

13 **Sec. 1.** RCW 71.05.020 and 2021 c 264 s 21 and 2021 c 263 s 12
14 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

6 (11) "Community behavioral health agency" has the same meaning as
7 "licensed or certified behavioral health agency" defined in RCW
8 71.24.025;

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

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

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

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

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

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

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

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

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

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

4 (22) "Drug addiction" means a disease, characterized by a
5 dependency on psychoactive chemicals, loss of control over the amount
6 and circumstances of use, symptoms of tolerance, physiological or
7 psychological withdrawal, or both, if use is reduced or discontinued,
8 and impairment of health or disruption of social or economic
9 functioning;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (34) "Less restrictive alternative treatment" means a program of
13 individualized treatment in a less restrictive setting than inpatient
14 treatment that includes the services described in RCW 71.05.585. This
15 term includes: Treatment pursuant to a less restrictive alternative
16 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
17 to a conditional release under RCW 71.05.340; and treatment pursuant
18 to an assisted outpatient (~~behavioral health~~) treatment order under
19 RCW 71.05.148;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (47) "Public agency" means any evaluation and treatment facility
39 or institution, secure withdrawal management and stabilization
40 facility, approved substance use disorder treatment program, or

1 hospital which is conducted for, or includes a department or ward
2 conducted for, the care and treatment of persons with behavioral
3 health disorders, if the agency is operated directly by federal,
4 state, county, or municipal government, or a combination of such
5 governments;

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

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

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

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

19 (a) Provide the following services:

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

22 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 (7) "Behavioral health disorder" means either a mental disorder
34 as defined in this section, a substance use disorder as defined in
35 this section, or a co-occurring mental disorder and substance use
36 disorder;

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

1 disorders as defined under this section and receives funding from
2 public sources. This includes, but is not limited to: Hospitals
3 licensed under chapter 70.41 RCW; evaluation and treatment facilities
4 as defined in this section; community mental health service delivery
5 systems or community behavioral health programs as defined in RCW
6 71.24.025; licensed or certified behavioral health agencies under RCW
7 71.24.037; facilities conducting competency evaluations and
8 restoration under chapter 10.77 RCW; approved substance use disorder
9 treatment programs as defined in this section; secure withdrawal
10 management and stabilization facilities as defined in this section;
11 and correctional facilities operated by state and local governments;

12 (9) "Co-occurring disorder specialist" means an individual
13 possessing an enhancement granted by the department of health under
14 chapter 18.205 RCW that certifies the individual to provide substance
15 use disorder counseling subject to the practice limitations under RCW
16 18.205.105;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (24) "Gravely disabled" means a condition in which a person, as a
37 result of a behavioral health disorder: (a) Is in danger of serious
38 physical harm resulting from a failure to provide for his or her
39 essential human needs of health or safety; or (b) manifests severe
40 deterioration from safe behavior evidenced by repeated and escalating

1 loss of cognitive or volitional control over his or her actions and
2 is not receiving such care as is essential for his or her health or
3 safety;

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

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

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

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

21 (29) "In need of assisted outpatient ~~((behavioral health))~~
22 treatment" ~~((means that a person, as a result of a behavioral health~~
23 ~~disorder: (a) Has been committed by a court to detention for~~
24 ~~involuntary behavioral health treatment during the preceding thirty-~~
25 ~~six months; (b) is unlikely to voluntarily participate in outpatient~~
26 ~~treatment without an order for less restrictive alternative~~
27 ~~treatment, based on a history of nonadherence with treatment or in~~
28 ~~view of the person's current behavior; (c) is likely to benefit from~~
29 ~~less restrictive alternative treatment; and (d) requires less~~
30 ~~restrictive alternative treatment to prevent a relapse,~~
31 ~~decompensation, or deterioration that is likely to result in the~~
32 ~~person presenting a likelihood of serious harm or the person becoming~~
33 ~~gravely disabled within a reasonably short period of time)) refers to~~
34 a person who meets the criteria for assisted outpatient treatment
35 established under RCW 71.05.148;

36 (30) "Individualized service plan" means a plan prepared by a
37 developmental disabilities professional with other professionals as a
38 team, for a person with developmental disabilities, which shall
39 state:

- 1 (a) The nature of the person's specific problems, prior charged
2 criminal behavior, and habilitation needs;
- 3 (b) The conditions and strategies necessary to achieve the
4 purposes of habilitation;
- 5 (c) The intermediate and long-range goals of the habilitation
6 program, with a projected timetable for the attainment;
- 7 (d) The rationale for using this plan of habilitation to achieve
8 those intermediate and long-range goals;
- 9 (e) The staff responsible for carrying out the plan;
- 10 (f) Where relevant in light of past criminal behavior and due
11 consideration for public safety, the criteria for proposed movement
12 to less-restrictive settings, criteria for proposed eventual
13 discharge or release, and a projected possible date for discharge or
14 release; and
- 15 (g) The type of residence immediately anticipated for the person
16 and possible future types of residences;
- 17 (31) "Intoxicated person" means a person whose mental or physical
18 functioning is substantially impaired as a result of the use of
19 alcohol or other psychoactive chemicals;
- 20 (32) "Judicial commitment" means a commitment by a court pursuant
21 to the provisions of this chapter;
- 22 (33) "Legal counsel" means attorneys and staff employed by county
23 prosecutor offices or the state attorney general acting in their
24 capacity as legal representatives of public behavioral health service
25 providers under RCW 71.05.130;
- 26 (34) "Less restrictive alternative treatment" means a program of
27 individualized treatment in a less restrictive setting than inpatient
28 treatment that includes the services described in RCW 71.05.585. This
29 term includes: Treatment pursuant to a less restrictive alternative
30 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
31 to a conditional release under RCW 71.05.340; and treatment pursuant
32 to an assisted outpatient (~~behavioral health~~) treatment order under
33 RCW 71.05.148;
- 34 (35) "Licensed physician" means a person licensed to practice
35 medicine or osteopathic medicine and surgery in the state of
36 Washington;
- 37 (36) "Likelihood of serious harm" means:
- 38 (a) A substantial risk that: (i) Physical harm will be inflicted
39 by a person upon his or her own person, as evidenced by threats or
40 attempts to commit suicide or inflict physical harm on oneself; (ii)

1 physical harm will be inflicted by a person upon another, as
2 evidenced by behavior which has caused harm, substantial pain, or
3 which places another person or persons in reasonable fear of harm to
4 themselves or others; or (iii) physical harm will be inflicted by a
5 person upon the property of others, as evidenced by behavior which
6 has caused substantial loss or damage to the property of others; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (a) Provide the following services:

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

37 (ii) Clinical stabilization services;

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

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

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

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

9 (52) "Severe deterioration from safe behavior" means that a
10 person will, if not treated, suffer or continue to suffer severe and
11 abnormal mental, emotional, or physical distress, and this distress
12 is associated with significant impairment of judgment, reason, or
13 behavior;

14 (53) "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 (54) "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 (55) "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 (56) "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 (57) "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 (58) "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 (59) "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 (60) "Violent act" means behavior that resulted in homicide,
26 attempted suicide, injury, or substantial loss or damage to property.

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

29 ~~((This section establishes a process for initial evaluation and
30 filing of a petition for assisted outpatient behavioral health
31 treatment, but however does not preclude the filing of a petition for
32 assisted outpatient behavioral health treatment following a period of
33 inpatient detention in appropriate circumstances:))~~

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

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

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

4 (i) The person is unlikely to survive safely in the community
5 without supervision and the person's condition is substantially
6 deteriorating; or

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

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

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

20 (ii) At least twice within the 36 months prior to the filing of
21 the petition been a significant factor in necessitating emergency
22 medical care or hospitalization for behavioral health-related medical
23 conditions including overdose, infected abscesses, sepsis,
24 endocarditis, or other maladies, or a significant factor in behavior
25 which resulted in the person's incarceration in a state or local
26 correctional facility; or

27 (iii) Resulted in one or more violent acts, threats, or attempts
28 to cause serious physical harm to the person or another within the 48
29 months prior to the filing of the petition, provided that the 48-
30 month period shall be extended by the length of any hospitalization
31 or incarceration of the person that occurred during the 48-month
32 period;

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

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

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

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

3 (b) The director of a behavioral health service provider
4 providing behavioral health care or residential services to the
5 person or the director's designee;

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

8 (d) A designated crisis responder;

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

10 (f) An emergency room physician.

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

19 ~~((2))~~ (4) The ((designated crisis responder)) petitioner must
20 ~~((investigate and evaluate the))~~ allege specific facts ~~((alleged~~
21 ~~and))~~ based on personal observation, evaluation, or investigation,
22 and must consider the reliability or credibility of any person
23 providing information~~((The designated crisis responder may spend up~~
24 ~~to forty-eight hours to complete the investigation, provided that the~~
25 ~~person may not be held for investigation for any period except as~~
26 ~~authorized by RCW 71.05.050 or 71.05.153))~~ material to the petition.

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

32 (a) A statement of the circumstances under which the person's
33 condition was made known and ~~((stating that there is evidence, as a~~
34 ~~result of the designated crisis responder's))~~ the basis for the
35 opinion, from personal observation or investigation, that the person
36 is in need of assisted outpatient ~~((behavioral health))~~ treatment~~((7~~
37 ~~and stating the))~~. The petitioner must state which specific facts
38 ~~((known as a result of))~~ come from personal observation ~~((or~~
39 ~~investigation, upon which the designated crisis responder bases))~~ and

1 specify what other sources of information the petitioner has relied
2 upon to form this belief;

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

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

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

22 (d) The name of an agency, provider, or facility ((which agreed))
23 that agrees to ((assume the responsibility of providing)) provide
24 less restrictive alternative treatment if the petition is granted by
25 the court; and

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

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

38 ~~(a) If the petition is filed in anticipation of the person's~~
39 ~~release from custody, the summons may be for a date up to five~~

1 ~~judicial days following the person's anticipated release date,~~
2 ~~provided that a clear time and place for the hearing is provided; or~~

3 ~~(b) The hearing may be held prior to the person's release from~~
4 ~~custody, provided that (i) the filing of the petition does not extend~~
5 ~~the time the person would otherwise spend in the custody of jail or~~
6 ~~prison; (ii) the charges or custody of the person is not a pretext to~~
7 ~~detain the person for the purpose of the involuntary commitment~~
8 ~~hearing; and (iii) the person's release from custody must be expected~~
9 ~~to swiftly follow the adjudication of the petition. In this~~
10 ~~circumstance, the time for hearing is shortened to three judicial~~
11 ~~days after the filing of the petition.~~

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

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

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

20 (ii) If the respondent is hospitalized at the time of filing of
21 the petition, before discharge of the respondent and in sufficient
22 time to arrange for a continuous transition from inpatient treatment
23 to assisted outpatient treatment.

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

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

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

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

38 (f) If the respondent has refused to be examined by the qualified
39 professional whose affidavit accompanied the petition, the court may
40 order a mental examination of the respondent. The examination of the

1 respondent may be performed by the qualified professional whose
2 affidavit accompanied the petition. If the examination is performed
3 by another qualified professional, the examining qualified
4 professional shall be authorized to consult with the qualified
5 professional whose affidavit accompanied the petition.

6 (g) If the respondent has refused to be examined by a qualified
7 professional and the court finds reasonable grounds to believe that
8 the allegations of the petition are true, the court may issue a
9 written order directing a peace officer who has completed crisis
10 intervention training to detain and transport the respondent to a
11 provider for examination by a qualified professional. A respondent
12 detained pursuant to this subsection shall be detained no longer than
13 necessary to complete the examination and in no event longer than 24
14 hours.

15 (7) If the petition involves a person whom the petitioner or
16 behavioral health administrative services organization knows, or has
17 reason to know, is an American Indian or Alaska Native who receives
18 medical or behavioral health services from a tribe within this state,
19 the behavioral health administrative services organization shall
20 notify the tribe and Indian health care provider. Notification shall
21 be made in person or by telephonic or electronic communication to the
22 tribal contact listed in the authority's tribal crisis coordination
23 plan as soon as possible.

24 ~~((+6))~~ (8) A petition for assisted outpatient ~~((behavioral~~
25 ~~health))~~ treatment filed under this section ~~((must))~~ shall be
26 adjudicated under RCW 71.05.240.

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

30 NEW SECTION. Sec. 4. A new section is added to chapter 71.34
31 RCW to read as follows:

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

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

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

1 (i) The adolescent is unlikely to survive safely in the community
2 without supervision and the adolescent's condition is substantially
3 deteriorating; or

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

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

10 (i) At least twice within the 36 months prior to the filing of
11 the petition been a significant factor in necessitating
12 hospitalization of the adolescent, or the adolescent's receipt of
13 services in a forensic or other mental health unit of a state
14 correctional facility or local correctional facility, provided that
15 the 36-month period shall be extended by the length of any
16 hospitalization or incarceration of the adolescent that occurred
17 within the 36-month period;

18 (ii) At least twice within the 36 months prior to the filing of
19 the petition been a significant factor in necessitating emergency
20 medical care or hospitalization for behavioral health-related medical
21 conditions including overdose, infected abscesses, sepsis,
22 endocarditis, or other maladies, or a significant factor in behavior
23 which resulted in the adolescent's incarceration in a state or local
24 correctional facility; or

25 (iii) Resulted in one or more violent acts, threats, or attempts
26 to cause serious physical harm to the adolescent or another within
27 the 48 months prior to the filing of the petition, provided that the
28 48-month period shall be extended by the length of any
29 hospitalization or incarceration of the person that occurred during
30 the 48-month period;

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

34 (e) The adolescent will benefit from assisted outpatient
35 treatment.

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

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

1 (b) The director of a behavioral health service provider
2 providing behavioral health care or residential services to the
3 adolescent or the director's designee;

4 (c) The adolescent's treating mental health professional or
5 substance use disorder professional or one who has evaluated the
6 person;

7 (d) A designated crisis responder;

8 (e) A release planner from a juvenile detention or rehabilitation
9 facility; or

10 (f) An emergency room physician.

11 (3) A court order for less restrictive alternative treatment on
12 the basis that the adolescent is in need of assisted outpatient
13 treatment may be effective for up to 18 months. The petitioner must
14 personally interview the adolescent, unless the adolescent refuses an
15 interview, to determine whether the adolescent will voluntarily
16 receive appropriate treatment.

17 (4) The petitioner must allege specific facts based on personal
18 observation, evaluation, or investigation, and must consider the
19 reliability or credibility of any person providing information
20 material to the petition.

21 (5) The petition must include:

22 (a) A statement of the circumstances under which the adolescent's
23 condition was made known and the basis for the opinion, from personal
24 observation or investigation, that the adolescent is in need of
25 assisted outpatient treatment. The petitioner must state which
26 specific facts come from personal observation and specify what other
27 sources of information the petitioner has relied upon to form this
28 belief;

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

1 cosigned by a supervising physician, physician assistant, or advanced
2 registered nurse practitioner who certifies that they have reviewed
3 the declaration;

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

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

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

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

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

19 (ii) If the adolescent is hospitalized at the time of filing of
20 the petition, before discharge of the adolescent and in sufficient
21 time to arrange for a continuous transition from inpatient treatment
22 to assisted outpatient treatment.

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

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

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

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

37 (f) If the adolescent has refused to be examined by the qualified
38 professional whose affidavit accompanied the petition, the court may
39 order a mental examination of the adolescent. The examination of the
40 adolescent may be performed by the qualified professional whose

1 affidavit accompanied the petition. If the examination is performed
2 by another qualified professional, the examining qualified
3 professional shall be authorized to consult with the qualified
4 professional whose affidavit accompanied the petition.

5 (g) If the adolescent has refused to be examined by a qualified
6 professional and the court finds reasonable grounds to believe that
7 the allegations of the petition are true, the court may issue a
8 written order directing a peace officer who has completed crisis
9 intervention training to detain and transport the adolescent to a
10 provider for examination by a qualified professional. An adolescent
11 detained pursuant to this subsection shall be detained no longer than
12 necessary to complete the examination and in no event longer than 24
13 hours. All papers in the court file must be provided to the
14 adolescent's designated attorney.

15 (7) If the petition involves an adolescent whom the petitioner or
16 behavioral health administrative services organization knows, or has
17 reason to know, is an American Indian or Alaska Native who receives
18 medical or behavioral health services from a tribe within this state,
19 the behavioral health administrative services organization shall
20 notify the tribe and Indian health care provider. Notification shall
21 be made in person or by telephonic or electronic communication to the
22 tribal contact listed in the authority's tribal crisis coordination
23 plan as soon as possible.

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

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

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

31 (1) When a designated crisis responder receives information
32 alleging that a person, as a result of a behavioral health disorder,
33 presents a likelihood of serious harm or is gravely disabled, (~~or~~
34 ~~that a person is in need of assisted outpatient behavioral health~~
35 ~~treatment~~;) the designated crisis responder may, after investigation
36 and evaluation of the specific facts alleged and of the reliability
37 and credibility of any person providing information to initiate
38 detention (~~or involuntary outpatient treatment~~), if satisfied that
39 the allegations are true and that the person will not voluntarily

1 seek appropriate treatment, file a petition for initial detention
2 under this section (~~or a petition for involuntary outpatient~~
3 ~~behavioral health treatment under RCW 71.05.148~~). Before filing the
4 petition, the designated crisis responder must personally interview
5 the person, unless the person refuses an interview, and determine
6 whether the person will voluntarily receive appropriate evaluation
7 and treatment at an evaluation and treatment facility, crisis
8 stabilization unit, triage facility, secure withdrawal management and
9 stabilization facility, or approved substance use disorder treatment
10 program. As part of the assessment, the designated crisis responder
11 must attempt to ascertain if the person has executed a mental health
12 advance directive under chapter 71.32 RCW. The interview performed by
13 the designated crisis responder may be conducted by video provided
14 that a licensed health care professional or professional person who
15 can adequately and accurately assist with obtaining any necessary
16 information is present with the person at the time of the interview.

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

- 25 (i) There is probable cause to support the petition; and
26 (ii) The person has refused or failed to accept appropriate
27 evaluation and treatment voluntarily.

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

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

36 (d) A court may not issue an order to detain a person to a secure
37 withdrawal management and stabilization facility or approved
38 substance use disorder treatment program unless there is an available
39 secure withdrawal management and stabilization facility or approved

1 substance use disorder treatment program that has adequate space for
2 the person.

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

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

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

1 (5) Tribal court orders for involuntary commitment shall be
2 recognized and enforced in accordance with superior court civil rule
3 82.5.

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

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

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

1 advance directive under chapter 71.32 RCW. The interview performed by
2 the designated crisis responder may be conducted by video provided
3 that a licensed health care professional or professional person who
4 can adequately and accurately assist with obtaining any necessary
5 information is present with the person at the time of the interview.

6 (2)(a) A superior court judge may issue a warrant to detain a
7 person with a behavioral health disorder to a designated evaluation
8 and treatment facility, a secure withdrawal management and
9 stabilization facility, or an approved substance use disorder
10 treatment program, for a period of not more than one hundred twenty
11 hours for evaluation and treatment upon request of a designated
12 crisis responder whenever it appears to the satisfaction of the judge
13 that:

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

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

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

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

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

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

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

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

21 (5) Tribal court orders for involuntary commitment shall be
22 recognized and enforced in accordance with superior court civil rule
23 82.5.

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

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

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

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

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

19 (2) A petition under this section must be filed within ten
20 calendar days following the designated crisis responder investigation
21 or the request for a designated crisis responder investigation. If
22 more than ten days have elapsed, the immediate family member,
23 guardian, or conservator may request a new designated crisis
24 responder investigation.

25 (3)(a) The petition must be filed in the county in which the
26 designated crisis responder investigation occurred or was requested
27 to occur and must be submitted on forms developed by the
28 administrative office of the courts for this purpose. The petition
29 must be accompanied by a sworn declaration from the petitioner, and
30 other witnesses if desired, describing why the person should be
31 detained for evaluation and treatment. The description of why the
32 person should be detained may contain, but is not limited to, the
33 information identified in RCW 71.05.212.

34 (b) The petition must contain:

35 (i) A description of the relationship between the petitioner and
36 the person; and

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

1 (4) The court shall, within one judicial day, review the petition
2 to determine whether the petition raises sufficient evidence to
3 support the allegation. If the court so finds, it shall provide a
4 copy of the petition to the designated crisis responder agency with
5 an order for the agency to provide the court, within one judicial
6 day, with a written sworn statement describing the basis for the
7 decision not to seek initial detention and a copy of all information
8 material to the designated crisis responder's current decision.

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

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

17 (7) The court must issue a final ruling on the petition within
18 five judicial days after it is filed. After reviewing all of the
19 information provided to the court, the court may enter an order for
20 initial detention (~~(or an order instructing the designated crisis
21 responder to file a petition for assisted outpatient behavioral
22 health treatment)~~) if the court finds that: (a) There is probable
23 cause to support a petition for detention (~~(or assisted outpatient
24 behavioral health treatment)~~); and (b) the person has refused or
25 failed to accept appropriate evaluation and treatment voluntarily.
26 The court shall transmit its final decision to the petitioner.

27 (8) If the court enters an order for initial detention, it shall
28 provide the order to the designated crisis responder agency and issue
29 a (~~(written order for apprehension)~~) warrant. The designated crisis
30 responder agency serving the jurisdiction of the court must
31 collaborate and coordinate with law enforcement regarding
32 apprehensions and detentions under this subsection, including sharing
33 of information relating to risk and which would assist in locating
34 the person. A person may not be detained to jail pursuant to a
35 (~~(written order)~~) warrant issued under this subsection. An order for
36 detention under this section should contain the advisement of rights
37 which the person would receive if the person were detained by a
38 designated crisis responder. An order for initial detention under
39 this section expires one hundred eighty days from issuance.

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

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

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

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

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

17 (b) Historical behavior, including history of one or more violent
18 acts;

19 (c) Prior determinations of incompetency or insanity under
20 chapter 10.77 RCW; and

21 (d) Prior commitments under this chapter.

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

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

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

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

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

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

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

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

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

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

24 (b) Historical behavior, including history of one or more violent
25 acts;

26 (c) Prior determinations of incompetency or insanity under
27 chapter 10.77 RCW; and

28 (d) Prior commitments under this chapter.

29 (2) Credible witnesses may include family members, landlords,
30 neighbors, or others with significant contact and history of
31 involvement with the person. If the designated crisis responder
32 relies upon information from a credible witness in reaching his or
33 her decision to detain the individual, then he or she must provide
34 contact information for any such witness to the prosecutor. The
35 designated crisis responder or prosecutor shall provide notice of the
36 date, time, and location of the probable cause hearing to such a
37 witness.

38 (3) Symptoms and behavior of the respondent which standing alone
39 would not justify civil commitment may support a finding of grave

1 disability or likelihood of serious harm, or a finding that the
2 person is in need of assisted outpatient ~~((behavioral health))~~
3 treatment, when:

4 (a) Such symptoms or behavior are closely associated with
5 symptoms or behavior which preceded and led to a past incident of
6 involuntary hospitalization, severe deterioration from safe behavior,
7 or one or more violent acts;

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

10 (c) Without treatment, the continued deterioration of the
11 respondent is probable.

12 (4) When conducting an evaluation for offenders identified under
13 RCW 72.09.370, the designated crisis responder or professional person
14 shall consider an offender's history of judicially required or
15 administratively ordered antipsychotic medication while in
16 confinement.

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

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

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

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

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

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

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

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

7 (A) One physician, physician assistant, or psychiatric advanced
8 registered nurse practitioner; and

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

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

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

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

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

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

1 (8) At the conclusion of the initial commitment period, the
2 professional staff of the agency or facility or the designated crisis
3 responder may petition for an additional period of either (~~ninety~~)
4 90 days of less restrictive alternative treatment or (~~ninety~~) 90
5 days of involuntary intensive treatment as provided in RCW 71.05.290;
6 and

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

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

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

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

28 (3) If the person or his or her attorney alleges, prior to the
29 commencement of the hearing, that the person has in good faith
30 volunteered for treatment, the petitioner must show, by preponderance
31 of the evidence, that the person has not in good faith volunteered
32 for appropriate treatment. In order to qualify as a good faith
33 volunteer, the person must abide by procedures and a treatment plan
34 as prescribed by a treatment facility and professional staff.

35 (4) (a) Subject to (b) of this subsection, at the conclusion of
36 the probable cause hearing, if the court finds by a preponderance of
37 the evidence that (~~such~~) a person detained for behavioral health
38 treatment, as the result of a behavioral health disorder, presents a
39 likelihood of serious harm, or is gravely disabled, and, after

1 considering less restrictive alternatives to involuntary detention
2 and treatment, finds that no such alternatives are in the best
3 interests of such person or others, the court shall order that such
4 person be detained for involuntary treatment not to exceed
5 (~~fourteen~~) 14 days in a facility licensed or certified to provide
6 treatment by the department or under RCW 71.05.745.

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

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

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

26 (5) An order for less restrictive alternative treatment must name
27 the behavioral health service provider responsible for identifying
28 the services the person will receive in accordance with RCW
29 71.05.585, and must include a requirement that the person cooperate
30 with the treatment recommendations of the behavioral health service
31 provider.

32 (6) The court shall notify the person orally and in writing that
33 if involuntary treatment is sought beyond the (~~fourteen-day~~) 14-day
34 inpatient or (~~ninety-day~~) 90-day less restrictive treatment period,
35 the person has the right to a full hearing or jury trial under RCW
36 71.05.310. If the commitment is for mental health treatment, the
37 court shall (~~also~~) notify the person orally and in writing that the
38 person is barred from the possession of firearms and that the
39 prohibition remains in effect until a court restores his or her right
40 to possess a firearm under RCW 9.41.047.

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

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

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

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

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

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

30 (4)(a) At the conclusion of the probable cause hearing, if the
31 court finds by a preponderance of the evidence that (~~such~~) a person
32 detained for behavioral health treatment, as the result of a
33 behavioral health disorder, presents a likelihood of serious harm, or
34 is gravely disabled, and, after considering less restrictive
35 alternatives to involuntary detention and treatment, finds that no
36 such alternatives are in the best interests of such person or others,
37 the court shall order that such person be detained for involuntary
38 treatment not to exceed fourteen days in a facility licensed or

1 certified to provide treatment by the department or under RCW
2 71.05.745.

3 (b) At the conclusion of the probable cause hearing, if the court
4 finds by a preponderance of the evidence that ~~((such))~~ a person
5 detained for behavioral health treatment, as the result of a
6 behavioral health disorder, presents a likelihood of serious harm or
7 is gravely disabled, but that treatment in a less restrictive setting
8 than detention is in the best interest of such person or others, the
9 court shall order an appropriate less restrictive alternative course
10 of treatment for up to ninety days.

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

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

24 (6) The court shall notify the person orally and in writing that
25 if involuntary treatment is sought beyond the ~~((fourteen-day))~~ 14-day
26 inpatient or ~~((ninety-day))~~ 90-day less restrictive treatment period,
27 such person has the right to a full hearing or jury trial under RCW
28 71.05.310. If the commitment is for mental health treatment, the
29 court shall also notify the person orally and in writing that the
30 person is barred from the possession of firearms and that the
31 prohibition remains in effect until a court restores his or her right
32 to possess a firearm under RCW 9.41.047.

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

36 (8) 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. 14.** RCW 71.05.245 and 2018 c 291 s 14 are each amended to
2 read as follows:

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

9 (2) Symptoms or behavior which standing alone would not justify
10 civil commitment may support a finding of grave disability or
11 likelihood of serious harm, or a finding that the person is in need
12 of assisted outpatient (~~behavioral health~~) treatment, when: (a)
13 Such symptoms or behavior are closely associated with symptoms or
14 behavior which preceded and led to a past incident of involuntary
15 hospitalization, severe deterioration, or one or more violent acts;
16 (b) these symptoms or behavior represent a marked and concerning
17 change in the baseline behavior of the respondent; and (c) without
18 treatment, the continued deterioration of the respondent is probable.

19 (3) In making a determination of whether there is a likelihood of
20 serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320,
21 the court shall give great weight to any evidence before the court
22 regarding whether the person has: (a) A recent history of one or more
23 violent acts; or (b) a recent history of one or more commitments
24 under this chapter or its equivalent provisions under the laws of
25 another state which were based on a likelihood of serious harm. The
26 existence of prior violent acts or commitments under this chapter or
27 its equivalent shall not be the sole basis for determining whether a
28 person presents a likelihood of serious harm.

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

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

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

36 (1) Such person after having been taken into custody for
37 evaluation and treatment has threatened, attempted, or inflicted: (a)
38 Physical harm upon the person of another or himself or herself, or
39 substantial damage upon the property of another, and (b) as a result

1 of a behavioral health disorder presents a likelihood of serious
2 harm; or

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

8 (3) Such person has been determined to be incompetent and
9 criminal charges have been dismissed pursuant to RCW 10.77.086(4),
10 and has committed acts constituting a felony, and as a result of a
11 behavioral health disorder, presents a substantial likelihood of
12 repeating similar acts.

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

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

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

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

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

26 (1) At any time during a person's (~~fourteen~~) 14-day intensive
27 treatment period, the professional person in charge of a treatment
28 facility or his or her professional designee or the designated crisis
29 responder may petition the superior court for an order requiring such
30 person to undergo an additional period of treatment. Such petition
31 must be based on one or more of the grounds set forth in RCW
32 71.05.280.

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

36 (A) One physician, physician assistant, or psychiatric advanced
37 registered nurse practitioner; and

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

1 (ii) If the petition is for substance use disorder treatment, the
2 petition may be signed by a substance use disorder professional
3 instead of a mental health professional and by an advanced registered
4 nurse practitioner instead of a psychiatric advanced registered nurse
5 practitioner.

6 (b) The affidavits shall describe in detail the behavior of the
7 detained person which supports the petition and shall explain what,
8 if any, less restrictive treatments which are alternatives to
9 detention are available to such person, and shall state the
10 willingness of the affiant to testify to such facts in subsequent
11 judicial proceedings under this chapter. If less restrictive
12 alternative treatment is sought, the petition shall set forth any
13 recommendations for less restrictive alternative treatment services.

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

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

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

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

38 (c) If the grounds set forth in RCW 71.05.280(3) are the basis of
39 commitment, then the period of treatment may be up to but not exceed

1 one hundred eighty days from the date of judgment to the custody of
2 the department of social and health services or to a facility
3 certified for (~~one hundred eighty day~~) 180-day treatment by the
4 department or under RCW 71.05.745.

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

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

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

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

1 (b) Was taken into custody as a result of conduct in which he or
2 she attempted or inflicted serious physical harm upon the person of
3 another, and continues to present, as a result of a behavioral health
4 disorder or developmental disability, a likelihood of serious harm;
5 or

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

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

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

27 ~~(e) Is in need of assisted outpatient behavioral health~~
28 ~~treatment)).~~

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

32 If less restrictive alternative treatment is sought, the petition
33 shall set forth any recommendations for less restrictive alternative
34 treatment services.

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

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

18 (i) In cases where the court has ordered less restrictive
19 alternative treatment and has previously made an affirmative special
20 finding under RCW 71.05.280(3)(b), the court shall appoint a
21 multidisciplinary transition team to supervise and assist the person
22 on the order for less restrictive treatment, which shall include a
23 representative of the community behavioral health agency providing
24 treatment under RCW 71.05.585, and a specially trained supervising
25 community corrections officer. The court may omit the appointment of
26 a community corrections officer if it makes a special finding that
27 the appointment of a community corrections officer would not
28 facilitate the success of the person, or the safety of the person and
29 the community under (a)(ii) of this subsection.

30 (ii) The role of the transition team shall be to facilitate the
31 success of the person on the less restrictive alternative order by
32 monitoring the person's progress in treatment, compliance with court-
33 ordered conditions, and to problem solve around extra support the
34 person may need or circumstances which may arise that threaten the
35 safety of the person or the community. The transition team may
36 develop a monitoring plan which may be carried out by any member of
37 the team. The transition team shall meet according to a schedule
38 developed by the team, and shall communicate as needed if issues
39 arise that require the immediate attention of the team.

1 (iii) The department of corrections shall collaborate with the
2 department to develop specialized training for community corrections
3 officers under this section. The lack of a trained community
4 corrections officer must not be the cause of delay to entry of a less
5 restrictive alternative order.

6 (b) At the end of the (~~one hundred eighty-day~~) 180-day period
7 of commitment, or one-year period of commitment if subsection (7) of
8 this section applies, the committed person shall be released unless a
9 petition for an additional (~~one hundred eighty-day~~) 180-day period
10 of continued treatment is filed and heard in the same manner as
11 provided in this section. Successive (~~one hundred eighty-day~~) 180-
12 day commitments are permissible on the same grounds and pursuant to
13 the same procedures as the original (~~one hundred eighty-day~~) 180-
14 day commitment.

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

19 (8) No person committed (~~as provided in~~) under this section may
20 be detained unless a valid order of commitment is in effect. No order
21 of commitment (~~can~~) under this section may exceed (~~one hundred~~
22 ~~eighty~~) 180 days in length except as provided in subsection (7) of
23 this section.

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

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

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

37 If the order for inpatient treatment is based on a substance use
38 disorder, treatment must take place at an approved substance use
39 disorder treatment program. If the grounds set forth in RCW

1 71.05.280(3) are the basis of commitment, then the period of
2 treatment may be up to but not exceed one hundred eighty days from
3 the date of judgment to the custody of the department of social and
4 health services or to a facility certified for (~~one hundred eighty-~~
5 ~~day~~) 180-day treatment by the department or under RCW 71.05.745.

6 (2) If the court or jury finds that grounds set forth in RCW
7 71.05.280 have been proven, but finds that treatment less restrictive
8 than detention will be in the best interest of the person or others,
9 then the court shall remand him or her to the custody of the
10 department of social and health services or to a facility certified
11 for ninety day treatment by the department or to a less restrictive
12 alternative for a further period of less restrictive treatment not to
13 exceed (~~ninety~~) 90 days from the date of judgment. If the grounds
14 set forth in RCW 71.05.280(3) are the basis of commitment, then the
15 period of treatment may be up to but not exceed (~~one hundred~~
16 ~~eighty~~) 180 days from the date of judgment. If the court has made an
17 affirmative special finding under RCW 71.05.280(3)(b), the court
18 shall appoint a multidisciplinary transition team as provided in
19 subsection (6)(a)(i) of this section. (~~If the court or jury finds~~
20 ~~that the grounds set forth in RCW 71.05.280(5) have been proven, and~~
21 ~~provide the only basis for commitment, the court must enter an order~~
22 ~~for less restrictive alternative treatment for up to ninety days from~~
23 ~~the date of judgment and may not order inpatient treatment.~~)

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

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

37 (a) During the current period of court ordered treatment: (i) Has
38 threatened, attempted, or inflicted physical harm upon the person of
39 another, or substantial damage upon the property of another, and (ii)

1 as a result of a behavioral health disorder or developmental
2 disability presents a likelihood of serious harm; or

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

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

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

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

29 ~~(e) Is in need of assisted outpatient behavioral health~~
30 ~~treatment)).~~

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

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

37 (5) A new petition for involuntary treatment filed under
38 subsection (4) of this section shall be filed and heard in the
39 superior court of the county of the facility which is filing the new
40 petition for involuntary treatment unless good cause is shown for a

1 change of venue. The cost of the proceedings shall be borne by the
2 state.

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

19 (i) In cases where the court has ordered less restrictive
20 alternative treatment and has previously made an affirmative special
21 finding under RCW 71.05.280(3)(b), the court shall appoint a
22 multidisciplinary transition team to supervise and assist the person
23 on the order for less restrictive treatment, which shall include a
24 representative of the community behavioral health agency providing
25 treatment under RCW 71.05.585, and a specially trained supervising
26 community corrections officer. The court may omit the appointment of
27 a community corrections officer if it makes a special finding that
28 the appointment of a community corrections officer would not
29 facilitate the success of the person, or the safety of the person and
30 the community under (a)(ii) of this subsection.

31 (ii) The role of the transition team shall be to facilitate the
32 success of the person on the less restrictive alternative order by
33 monitoring the person's progress in treatment, compliance with court-
34 ordered conditions, and to problem solve around extra support the
35 person may need or circumstances which may arise that threaten the
36 safety of the person or the community. The transition team may
37 develop a monitoring plan which may be carried out by any member of
38 the team. The transition team shall meet according to a schedule
39 developed by the team, and shall communicate as needed if issues
40 arise that require the immediate attention of the team.

1 (iii) The department of corrections shall collaborate with the
2 department to develop specialized training for community corrections
3 officers under this section. The lack of a trained community
4 corrections officer must not be the cause of delay to entry of a less
5 restrictive alternative order.

6 (b) At the end of the (~~one hundred eighty-day~~) 180-day period
7 of commitment, or one-year period of commitment if subsection (7) of
8 this section applies, the committed person shall be released unless a
9 petition for an additional (~~one hundred eighty-day~~) 180-day period
10 of continued treatment is filed and heard in the same manner as
11 provided in this section. Successive (~~one hundred eighty-day~~) 180-
12 day commitments are permissible on the same grounds and pursuant to
13 the same procedures as the original (~~one hundred eighty-day~~) 180-
14 day commitment.

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

19 (8) No person committed (~~as provided in~~) under this section may
20 be detained unless a valid order of commitment is in effect. No order
21 of commitment (~~can~~) under this section may exceed (~~one hundred~~
22 ~~eighty~~) 180 days in length except as provided in subsection (7) of
23 this section.

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

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

29 When a person has been involuntarily committed for treatment to a
30 hospital for a period of (~~ninety~~) 90 or (~~one hundred eighty~~) 180
31 days, and the superintendent or professional person in charge of the
32 hospital determines that the person no longer requires active
33 psychiatric treatment at an inpatient level of care, the behavioral
34 health administrative services organization, managed care
35 organization, or agency providing oversight of long-term care or
36 developmental disability services that is responsible for resource
37 management services for the person must work with the hospital to
38 develop an individualized discharge plan, including whether a
39 petition should be filed for less restrictive alternative treatment

1 on the basis that the person is in need of assisted outpatient
2 treatment, and arrange for a transition to the community in
3 accordance with the person's individualized discharge plan within
4 (~~fourteen~~) 14 days of the determination.

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

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

9 (a) Assignment of a care coordinator;

10 (b) An intake evaluation with the provider of the less
11 restrictive alternative treatment;

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

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

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

18 (f) An individual crisis plan;

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

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

24 (2) Less restrictive alternative treatment may additionally
25 include requirements to 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;

32 (g) Intensive outpatient treatment;

33 (h) Support for housing, benefits, education, and employment; and

34 (~~(g)~~) (i) Periodic court review.

35 (3) If the person was provided with involuntary medication under
36 RCW 71.05.215 or pursuant to a judicial order during the involuntary
37 commitment period, the less restrictive alternative treatment order
38 may authorize the less restrictive alternative treatment provider or
39 its designee to administer involuntary antipsychotic medication to

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

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

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

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

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

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

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

34 (a) Assignment of a care coordinator;

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

37 (c) A psychiatric evaluation, a substance use disorder
38 evaluation, or both;

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

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

6 (f) An individual crisis plan;

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

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

12 (2) Less restrictive alternative treatment may include the
13 following additional services:

14 (a) Medication management;

15 (b) Psychotherapy;

16 (c) Nursing;

17 (d) Substance use disorder counseling;

18 (e) Residential treatment;

19 (f) Partial hospitalization;

20 (g) Intensive outpatient treatment;

21 (h) Support for housing, benefits, education, and employment; and

22 ~~((g))~~ (i) Periodic court review.

23 (3) If the minor was provided with involuntary medication during
24 the involuntary commitment period, the less restrictive alternative
25 treatment order may authorize the less restrictive alternative
26 treatment provider or its designee to administer involuntary
27 antipsychotic medication to the person if the provider has attempted
28 and failed to obtain the informed consent of the person and there is
29 a concurring medical opinion approving the medication by a
30 psychiatrist, physician assistant working with a supervising
31 psychiatrist, psychiatric advanced registered nurse practitioner, or
32 physician or physician assistant in consultation with an independent
33 mental health professional with prescribing authority.

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

38 (5) The care coordinator assigned to a minor ordered to less
39 restrictive alternative treatment must submit an individualized plan
40 for the minor's treatment services to the court that entered the

1 order. An initial plan must be submitted as soon as possible
2 following the intake evaluation and a revised plan must be submitted
3 upon any subsequent modification in which a type of service is
4 removed from or added to the treatment plan.

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

8 (7) For the purpose of this section, "care coordinator" means a
9 clinical practitioner who coordinates the activities of less
10 restrictive alternative treatment. The care coordinator coordinates
11 activities with the designated crisis responders that are necessary
12 for enforcement and continuation of less restrictive alternative
13 treatment orders and is responsible for coordinating service
14 activities with other agencies and establishing and maintaining a
15 therapeutic relationship with the individual on a continuing basis.

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

18 (1) Conditional release planning should start at admission and
19 proceed in coordination between the department and the person's
20 managed care organization, or behavioral health administrative
21 services organization if the person is not eligible for medical
22 assistance under chapter 74.09 RCW. If needed, the department shall
23 assist the person to enroll in medical assistance in suspense status
24 under RCW 74.09.670. The state hospital liaison for the managed care
25 organization or behavioral health administrative services
26 organization shall facilitate conditional release planning in
27 collaboration with the department.

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

31 (a) Assignment of a care coordinator;

32 (b) An intake evaluation with the provider of the conditional
33 treatment;

34 (c) A psychiatric evaluation or a substance use disorder
35 evaluation, or both;

36 (d) A schedule of regular contacts with the provider of the less
37 restrictive alternative treatment services for the duration of the
38 order;

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

3 (f) An individual crisis plan;

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

6 (h) Appointment of a transition team under RCW 10.77.150;
7 (~~and~~) and

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

12 (3) Less restrictive alternative treatment pursuant to a
13 conditional release order may additionally include requirements to
14 participate in the following services:

15 (a) Medication management;

16 (b) Psychotherapy;

17 (c) Nursing;

18 (d) Substance use disorder counseling;

19 (e) Residential treatment;

20 (f) Partial hospitalization;

21 (g) Intensive outpatient treatment;

22 (h) Support for housing, benefits, education, and employment; and

23 (~~(g)~~) (i) Periodic court review.

24 (4) Nothing in this section prohibits items in subsection (2) of
25 this section from beginning before the conditional release of the
26 individual.

27 (5) If the person was provided with involuntary medication under
28 RCW 10.77.094 or pursuant to a judicial order during the involuntary
29 commitment period, the less restrictive alternative treatment
30 pursuant to the conditional release order may authorize the less
31 restrictive alternative treatment provider or its designee to
32 administer involuntary antipsychotic medication to the person if the
33 provider has attempted and failed to obtain the informed consent of
34 the person and there is a concurring medical opinion approving the
35 medication by a psychiatrist, physician assistant working with a
36 supervising psychiatrist, psychiatric advanced registered nurse
37 practitioner, or physician or physician assistant in consultation
38 with an independent mental health professional with prescribing
39 authority.

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

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

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

18 (9) For the purpose of this section, "care coordinator" means a
19 representative from the department of social and health services who
20 coordinates the activities of less restrictive alternative treatment
21 pursuant to a conditional release order. The care coordinator
22 coordinates activities with the person's transition team that are
23 necessary for enforcement and continuation of the conditional release
24 order and is responsible for coordinating service activities with
25 other agencies and establishing and maintaining a therapeutic
26 relationship with the individual on a continuing basis.

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

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

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

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

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

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

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

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

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

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

29 (d) To (~~cause~~) detain the person (~~to be transported by a peace~~
30 ~~officer, designated crisis responder, or other means to the~~) for up
31 to 12 hours for evaluation at an agency (~~or~~), facility (~~monitoring~~
32 ~~or~~) providing services under the court order, (~~or to a~~) triage
33 facility, crisis stabilization unit, emergency department, evaluation
34 and treatment facility, secure withdrawal management and
35 stabilization facility with available space, or an approved substance
36 use disorder treatment program with available space. The (~~person may~~
37 ~~be detained at the facility for up to twelve hours for the~~) purpose
38 of (~~an~~) the evaluation is to determine whether modification,
39 revocation, or commitment proceedings are necessary and appropriate
40 to stabilize the person and prevent decompensation, deterioration, or

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

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

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

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

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

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

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

1 treatment facility, ~~((an))~~ available secure withdrawal management and
2 stabilization facility with adequate space, or ~~((an))~~ available
3 approved substance use disorder treatment program with adequate
4 space~~((7))~~ in or near the county in which he or she is receiving
5 outpatient treatment~~((Proceedings under this subsection (5) may be
6 initiated without ordering the apprehension and))~~ for the purpose of
7 a hearing for revocation of a less restrictive alternative treatment
8 order or conditional release order under this chapter. The designated
9 crisis responder or secretary of the department of social and health
10 services shall file a petition for revocation within 24 hours and
11 serve the person, their guardian, if any, and their attorney. A
12 hearing for revocation of a less restrictive alternative treatment
13 order or conditional release order may be scheduled without detention
14 of the person.

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

27 (c) ~~((The designated crisis responder or secretary of the
28 department of social and health services shall file a revocation
29 petition and order of apprehension and detention with the court of
30 the county where the person is currently located or being detained.
31 The designated crisis responder shall serve the person and their
32 attorney, guardian, and conservator, if any. The))~~ A person detained
33 under this subsection (5) has the same rights with respect to notice,
34 hearing, and counsel as in any involuntary treatment proceeding,
35 except as specifically set forth in this section. There is no right
36 to jury trial. The venue for proceedings is the county where the
37 petition is filed. Notice of the filing must be provided to the court
38 that originally ordered commitment, if different from the court where
39 the petition for revocation is filed, within two judicial days of the
40 person's detention.

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

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

37 (~~(7)(a) If the current commitment is solely based on the person~~
38 ~~being in need of assisted outpatient behavioral health treatment as~~
39 ~~defined in RCW 71.05.020, a designated crisis responder may initiate~~
40 ~~inpatient detention procedures under RCW 71.05.150 or 71.05.153 when~~

1 appropriate. A designated crisis responder or the secretary may, upon
2 their own motion or notification by the facility or agency designated
3 to provide outpatient care to a person subject to a less restrictive
4 alternative treatment order under RCW 71.05.320 subsequent to an
5 order for assisted outpatient behavioral health treatment entered
6 under RCW 71.05.148, order the person to be apprehended and taken
7 into custody and temporary detention for inpatient evaluation in an
8 evaluation and treatment facility, secure withdrawal management and
9 stabilization facility, or in an approved substance use disorder
10 treatment program, in or near the county in which he or she is
11 receiving outpatient treatment. Proceedings under this subsection may
12 be initiated without ordering the apprehension and detention of the
13 person.

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (d) To ~~((cause))~~ detain the person ~~((to be transported by a peace~~
40 ~~officer, designated crisis responder, or other means to the))~~ for up

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

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

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

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

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

38 (4) The facility or agency designated to provide outpatient
39 treatment shall notify the secretary of the department of social and
40 health services or designated crisis responder when a person fails to

1 adhere to terms and conditions of court ordered treatment or
2 experiences substantial deterioration in his or her condition and, as
3 a result, presents an increased likelihood of serious harm.

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

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

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

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

39 (~~(7)(a) If the current commitment is solely based on the person~~
40 ~~being in need of assisted outpatient behavioral health treatment as~~

1 defined in RCW 71.05.020, a designated crisis responder may initiate
2 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when
3 appropriate. A designated crisis responder or the secretary may, upon
4 their own motion or notification by the facility or agency designated
5 to provide outpatient care to a person subject to a less restrictive
6 alternative treatment order under RCW 71.05.320 subsequent to an
7 order for assisted outpatient behavioral health treatment entered
8 under RCW 71.05.148, order the person to be apprehended and taken
9 into custody and temporary detention for inpatient evaluation in an
10 evaluation and treatment facility, in a secure withdrawal management
11 and stabilization facility, or in an approved substance use disorder
12 treatment program, in or near the county in which he or she is
13 receiving outpatient treatment. Proceedings under this subsection may
14 be initiated without ordering the apprehension and detention of the
15 person.

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

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

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

33 A court order for less restrictive alternative treatment for a
34 person found to be in need of assisted outpatient ((behavioral
35 health)) treatment must be terminated prior to the expiration of the
36 order when, in the opinion of the professional person in charge of
37 the less restrictive alternative treatment provider, (1) the person
38 is prepared to accept voluntary treatment, or (2) the outpatient
39 treatment ordered is no longer necessary to prevent a relapse,

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

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

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

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

10 (i) A behavioral health crisis hotline for its assigned regional
11 service area;

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

14 (iii) Services related to involuntary commitments under chapters
15 71.05 and 71.34 RCW;

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

31 (v) Additional noncrisis behavioral health services, within
32 available resources, to individuals who meet certain criteria set by
33 the authority in its contracts with the behavioral health
34 administrative services organization. These services may include
35 services provided through federal grant funds, provisos, and general
36 fund state appropriations;

37 (vi) Care coordination, diversion services, and discharge
38 planning for nonmedicaid individuals transitioning from state
39 hospitals or inpatient settings to reduce rehospitalization and

1 utilization of crisis services, as required by the authority in
2 contract; and

3 (vii) Regional coordination, cross-system and cross-jurisdiction
4 coordination with tribal governments, and capacity building efforts,
5 such as supporting the behavioral health advisory board, the
6 behavioral health ombuds, and efforts to support access to services
7 or to improve the behavioral health system;

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

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

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

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

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

21 (g) Establish and maintain quality assurance processes;

22 (h) Meet established limitations on administrative costs for
23 agencies that contract with the behavioral health administrative
24 services organization; and

25 (i) Maintain patient tracking information as required by the
26 authority.

27 (2) The behavioral health administrative services organization
28 must collaborate with the authority and its contracted managed care
29 organizations to develop and implement strategies to coordinate care
30 with tribes and community behavioral health providers for individuals
31 with a history of frequent crisis system utilization.

32 (3) The behavioral health administrative services organization
33 shall:

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

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

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

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

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

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

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

14 (i) A behavioral health crisis hotline for its assigned regional
15 service area;

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

18 (iii) Services related to involuntary commitments under chapters
19 71.05 and 71.34 RCW;

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

35 (v) Additional noncrisis behavioral health services, within
36 available resources, to individuals who meet certain criteria set by
37 the authority in its contracts with the behavioral health
38 administrative services organization. These services may include

1 services provided through federal grant funds, provisos, and general
2 fund state appropriations;

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

8 (vii) Regional coordination, cross-system and cross-jurisdiction
9 coordination with tribal governments, and capacity building efforts,
10 such as supporting the behavioral health advisory board and efforts
11 to support access to services or to improve the behavioral health
12 system;

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

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

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

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

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

26 (g) Establish and maintain quality assurance processes;

27 (h) Meet established limitations on administrative costs for
28 agencies that contract with the behavioral health administrative
29 services organization; and

30 (i) Maintain patient tracking information as required by the
31 authority.

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

37 (3) The behavioral health administrative services organization
38 shall:

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

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

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

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

14 NEW SECTION. **Sec. 28.** By December 31, 2022, the administrative
15 office of the courts, in collaboration with stakeholders, shall: (1)
16 Develop a court form or forms for the filing of a petition under RCW
17 71.05.148 and section 4 of this act; and (2) develop and publish on
18 its website a user's guide to assist litigants in the preparation and
19 filing of a petition under RCW 71.05.148 or section 4 of this act.

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

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

34 (2) The clerk of the court must share commitment hearing outcomes
35 in all hearings under this chapter with the local behavioral health
36 administrative services organization that serves the region where the
37 superior court is located, including in cases in which the designated
38 crisis responder investigation occurred outside the region. The

1 hearing outcome data must include the name of the facility to which a
2 person has been committed.

3 NEW SECTION. **Sec. 30.** Sections 1, 2, and 31 of this act take
4 effect July 1, 2022.

5 **Sec. 31.** 2021 c 264 s 24 (uncodified) and 2021 c 263 s 21
6 (uncodified) are each reenacted and amended to read as follows:

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

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

22 NEW SECTION. **Sec. 32.** Sections 5, 12, 17, and 23 of this act
23 expire July 1, 2026.

24 NEW SECTION. **Sec. 33.** Sections 6, 13, 18, and 24 of this act
25 take effect July 1, 2026.

26 NEW SECTION. **Sec. 34.** Section 26 of this act expires October 1,
27 2022.

28 NEW SECTION. **Sec. 35.** Section 27 of this act takes effect
29 October 1, 2022.

30 NEW SECTION. **Sec. 36.** If specific funding for the purposes of
31 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2022, in the omnibus appropriations act, this
2 act is null and void.

--- **END** ---