

CERTIFICATION OF ENROLLMENT

SECOND SUBSTITUTE SENATE BILL 5120

Chapter 433, Laws of 2023

68th Legislature
2023 Regular Session

23-HOUR CRISIS RELIEF CENTERS

EFFECTIVE DATE: July 23, 2023—Except for sections 4 and 13, which are contingent; and sections 7, 9, and 11, which take effect July 1, 2026.

Passed by the Senate March 1, 2023
Yeas 47 Nays 0

DENNY HECK

President of the Senate

Passed by the House April 20, 2023
Yeas 98 Nays 0

Laurie Jinkins

**Speaker of the House of
Representatives**

Approved May 11, 2023 10:00 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5120** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

May 11, 2023

**Secretary of State
State of Washington**

SECOND SUBSTITUTE SENATE BILL 5120

Passed Legislature - 2023 Regular Session

State of Washington

68th Legislature

2023 Regular Session

By Senate Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Braun, Frame, Hasegawa, Keiser, Kuderer, Nguyen, Nobles, Pedersen, Randall, Saldaña, Shewmake, Stanford, Warnick, Wellman, and C. Wilson)

READ FIRST TIME 02/24/23.

1 AN ACT Relating to establishing crisis relief centers in
2 Washington state; amending RCW 71.05.020, 71.05.020, 71.05.050,
3 71.05.150, 71.05.150, 71.05.590, 71.05.590, 71.34.020, 71.34.020,
4 71.34.351, 71.05.755, 71.24.890, 10.31.110, 10.77.086, and 10.77.088;
5 amending 2022 c 210 s 31 and 2021 c 264 s 29 (uncodified); reenacting
6 and amending RCW 71.24.025, 71.05.153, 71.05.153, and 48.43.005;
7 adding a new section to chapter 71.24 RCW; creating new sections;
8 repealing RCW 71.24.647; providing an effective date; providing
9 contingent effective dates; and providing an expiration date.

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

11 **Sec. 1.** RCW 71.24.025 and 2021 c 302 s 402 are each reenacted
12 and amended to read as follows:

13 Unless the context clearly requires otherwise, the definitions in
14 this section apply throughout this chapter.

15 (1) "988 crisis hotline" means the universal telephone number
16 within the United States designated for the purpose of the national
17 suicide prevention and mental health crisis hotline system operating
18 through the national suicide prevention lifeline.

19 (2) "Acutely mentally ill" means a condition which is limited to
20 a short-term severe crisis episode of:

1 (a) A mental disorder as defined in RCW 71.05.020 or, in the case
2 of a child, as defined in RCW 71.34.020;

3 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
4 case of a child, a gravely disabled minor as defined in RCW
5 71.34.020; or

6 (c) Presenting a likelihood of serious harm as defined in RCW
7 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

14 (4) "Approved substance use disorder treatment program" means a
15 program for persons with a substance use disorder provided by a
16 treatment program licensed or certified by the department as meeting
17 standards adopted under this chapter.

18 (5) "Authority" means the Washington state health care authority.

19 (6) "Available resources" means funds appropriated for the
20 purpose of providing community behavioral health programs, federal
21 funds, except those provided according to Title XIX of the Social
22 Security Act, and state funds appropriated under this chapter or
23 chapter 71.05 RCW by the legislature during any biennium for the
24 purpose of providing residential services, resource management
25 services, community support services, and other behavioral health
26 services. This does not include funds appropriated for the purpose of
27 operating and administering the state psychiatric hospitals.

28 (7) "Behavioral health administrative services organization"
29 means an entity contracted with the authority to administer
30 behavioral health services and programs under RCW 71.24.381,
31 including crisis services and administration of chapter 71.05 RCW,
32 the involuntary treatment act, for all individuals in a defined
33 regional service area.

34 (8) "Behavioral health aide" means a counselor, health educator,
35 and advocate who helps address individual and community-based
36 behavioral health needs, including those related to alcohol, drug,
37 and tobacco abuse as well as mental health problems such as grief,
38 depression, suicide, and related issues and is certified by a
39 community health aide program of the Indian health service or one or

1 more tribes or tribal organizations consistent with the provisions of
2 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

3 (9) "Behavioral health provider" means a person licensed under
4 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as
5 it applies to registered nurses and advanced registered nurse
6 practitioners.

7 (10) "Behavioral health services" means mental health services,
8 substance use disorder treatment services, and co-occurring disorder
9 treatment services as described in this chapter and chapter 71.36 RCW
10 (~~and substance use disorder treatment services as described in this~~
11 ~~chapter~~) that, depending on the type of service, are provided by
12 licensed or certified behavioral health agencies, behavioral health
13 providers, or integrated into other health care providers.

14 (11) "Child" means a person under the age of eighteen years.

15 (12) "Chronically mentally ill adult" or "adult who is
16 chronically mentally ill" means an adult who has a mental disorder
17 and meets at least one of the following criteria:

18 (a) Has undergone two or more episodes of hospital care for a
19 mental disorder within the preceding two years; or

20 (b) Has experienced a continuous psychiatric hospitalization or
21 residential treatment exceeding six months' duration within the
22 preceding year; or

23 (c) Has been unable to engage in any substantial gainful activity
24 by reason of any mental disorder which has lasted for a continuous
25 period of not less than twelve months. "Substantial gainful activity"
26 shall be defined by the authority by rule consistent with Public Law
27 92-603, as amended.

28 (13) "Clubhouse" means a community-based program that provides
29 rehabilitation services and is licensed or certified by the
30 department.

31 (14) "Community behavioral health program" means all
32 expenditures, services, activities, or programs, including reasonable
33 administration and overhead, designed and conducted to prevent or
34 treat substance use disorder, mental illness, or both in the
35 community behavioral health system.

36 (15) "Community behavioral health service delivery system" means
37 public, private, or tribal agencies that provide services
38 specifically to persons with mental disorders, substance use
39 disorders, or both, as defined under RCW 71.05.020 and receive
40 funding from public sources.

1 (16) "Community support services" means services authorized,
2 planned, and coordinated through resource management services
3 including, at a minimum, assessment, diagnosis, emergency crisis
4 intervention available twenty-four hours, seven days a week,
5 prescreening determinations for persons who are mentally ill being
6 considered for placement in nursing homes as required by federal law,
7 screening for patients being considered for admission to residential
8 services, diagnosis and treatment for children who are acutely
9 mentally ill or severely emotionally or behaviorally disturbed
10 discovered under screening through the federal Title XIX early and
11 periodic screening, diagnosis, and treatment program, investigation,
12 legal, and other nonresidential services under chapter 71.05 RCW,
13 case management services, psychiatric treatment including medication
14 supervision, counseling, psychotherapy, assuring transfer of relevant
15 patient information between service providers, recovery services, and
16 other services determined by behavioral health administrative
17 services organizations.

18 (17) "Consensus-based" means a program or practice that has
19 general support among treatment providers and experts, based on
20 experience or professional literature, and may have anecdotal or case
21 study support, or that is agreed but not possible to perform studies
22 with random assignment and controlled groups.

23 (18) "County authority" means the board of county commissioners,
24 county council, or county executive having authority to establish a
25 behavioral health administrative services organization, or two or
26 more of the county authorities specified in this subsection which
27 have entered into an agreement to establish a behavioral health
28 administrative services organization.

29 (19) "Crisis call center hub" means a state-designated center
30 participating in the national suicide prevention lifeline network to
31 respond to statewide or regional 988 calls that meets the
32 requirements of RCW 71.24.890.

33 (20) "Crisis stabilization services" means services such as 23-
34 hour crisis (~~(stabilization units based on the living room model)~~)
35 relief centers, crisis stabilization units (~~(as provided in RCW~~
36 ~~71.05.020, triage facilities as provided in RCW 71.05.020)~~), short-
37 term respite facilities, peer-run respite services, and same-day
38 walk-in behavioral health services, including within the overall
39 crisis system components that operate like hospital emergency
40 departments that accept all walk-ins, and ambulance, fire, and police

1 drop-offs, or determine the need for involuntary hospitalization of
2 an individual.

3 (21) "Department" means the department of health.

4 (22) "Designated crisis responder" has the same meaning as in RCW
5 71.05.020.

6 (23) "Director" means the director of the authority.

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

13 (25) "Early adopter" means a regional service area for which all
14 of the county authorities have requested that the authority purchase
15 medical and behavioral health services through a managed care health
16 system as defined under RCW 71.24.380(~~(+6)~~) (7).

17 (26) "Emerging best practice" or "promising practice" means a
18 program or practice that, based on statistical analyses or a well
19 established theory of change, shows potential for meeting the
20 evidence-based or research-based criteria, which may include the use
21 of a program that is evidence-based for outcomes other than those
22 listed in subsection (27) of this section.

23 (27) "Evidence-based" means a program or practice that has been
24 tested in heterogeneous or intended populations with multiple
25 randomized, or statistically controlled evaluations, or both; or one
26 large multiple site randomized, or statistically controlled
27 evaluation, or both, where the weight of the evidence from a systemic
28 review demonstrates sustained improvements in at least one outcome.
29 "Evidence-based" also means a program or practice that can be
30 implemented with a set of procedures to allow successful replication
31 in Washington and, when possible, is determined to be cost-
32 beneficial.

33 (28) "Indian health care provider" means a health care program
34 operated by the Indian health service or by a tribe, tribal
35 organization, or urban Indian organization as those terms are defined
36 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

37 (29) "Intensive behavioral health treatment facility" means a
38 community-based specialized residential treatment facility for
39 individuals with behavioral health conditions, including individuals
40 discharging from or being diverted from state and local hospitals,

1 whose impairment or behaviors do not meet, or no longer meet,
2 criteria for involuntary inpatient commitment under chapter 71.05
3 RCW, but whose care needs cannot be met in other community-based
4 placement settings.

5 (30) "Licensed or certified behavioral health agency" means:

6 (a) An entity licensed or certified according to this chapter or
7 chapter 71.05 RCW;

8 (b) An entity deemed to meet state minimum standards as a result
9 of accreditation by a recognized behavioral health accrediting body
10 recognized and having a current agreement with the department; or

11 (c) An entity with a tribal attestation that it meets state
12 minimum standards for a licensed or certified behavioral health
13 agency.

14 (31) "Licensed physician" means a person licensed to practice
15 medicine or osteopathic medicine and surgery in the state of
16 Washington.

17 (32) "Long-term inpatient care" means inpatient services for
18 persons committed for, or voluntarily receiving intensive treatment
19 for, periods of ninety days or greater under chapter 71.05 RCW.

20 "Long-term inpatient care" as used in this chapter does not include:

21 (a) Services for individuals committed under chapter 71.05 RCW who
22 are receiving services pursuant to a conditional release or a court-
23 ordered less restrictive alternative to detention; or (b) services
24 for individuals voluntarily receiving less restrictive alternative
25 treatment on the grounds of the state hospital.

26 (33) "Managed care organization" means an organization, having a
27 certificate of authority or certificate of registration from the
28 office of the insurance commissioner, that contracts with the
29 authority under a comprehensive risk contract to provide prepaid
30 health care services to enrollees under the authority's managed care
31 programs under chapter 74.09 RCW.

32 (34) "Mental health peer-run respite center" means a peer-run
33 program to serve individuals in need of voluntary, short-term,
34 noncrisis services that focus on recovery and wellness.

35 (35) Mental health "treatment records" include registration and
36 all other records concerning persons who are receiving or who at any
37 time have received services for mental illness, which are maintained
38 by the department of social and health services or the authority, by
39 behavioral health administrative services organizations and their
40 staffs, by managed care organizations and their staffs, or by

1 treatment facilities. "Treatment records" do not include notes or
2 records maintained for personal use by a person providing treatment
3 services for the entities listed in this subsection, or a treatment
4 facility if the notes or records are not available to others.

5 (36) "Mentally ill persons," "persons who are mentally ill," and
6 "the mentally ill" mean persons and conditions defined in subsections
7 (2), (12), (44), and (45) of this section.

8 (37) "Mobile rapid response crisis team" means a team that
9 provides professional on-site community-based intervention such as
10 outreach, de-escalation, stabilization, resource connection, and
11 follow-up support for individuals who are experiencing a behavioral
12 health crisis, that shall include certified peer counselors as a best
13 practice to the extent practicable based on workforce availability,
14 and that meets standards for response times established by the
15 authority.

16 (38) "Recovery" means a process of change through which
17 individuals improve their health and wellness, live a self-directed
18 life, and strive to reach their full potential.

19 (39) "Research-based" means a program or practice that has been
20 tested with a single randomized, or statistically controlled
21 evaluation, or both, demonstrating sustained desirable outcomes; or
22 where the weight of the evidence from a systemic review supports
23 sustained outcomes as described in subsection (27) of this section
24 but does not meet the full criteria for evidence-based.

25 (40) "Residential services" means a complete range of residences
26 and supports authorized by resource management services and which may
27 involve a facility, a distinct part thereof, or services which
28 support community living, for persons who are acutely mentally ill,
29 adults who are chronically mentally ill, children who are severely
30 emotionally disturbed, or adults who are seriously disturbed and
31 determined by the behavioral health administrative services
32 organization or managed care organization to be at risk of becoming
33 acutely or chronically mentally ill. The services shall include at
34 least evaluation and treatment services as defined in chapter 71.05
35 RCW, acute crisis respite care, long-term adaptive and rehabilitative
36 care, and supervised and supported living services, and shall also
37 include any residential services developed to service persons who are
38 mentally ill in nursing homes, residential treatment facilities,
39 assisted living facilities, and adult family homes, and may include
40 outpatient services provided as an element in a package of services

1 in a supported housing model. Residential services for children in
2 out-of-home placements related to their mental disorder shall not
3 include the costs of food and shelter, except for children's long-
4 term residential facilities existing prior to January 1, 1991.

5 (41) "Resilience" means the personal and community qualities that
6 enable individuals to rebound from adversity, trauma, tragedy,
7 threats, or other stresses, and to live productive lives.

8 (42) "Resource management services" mean the planning,
9 coordination, and authorization of residential services and community
10 support services administered pursuant to an individual service plan
11 for: (a) Adults and children who are acutely mentally ill; (b) adults
12 who are chronically mentally ill; (c) children who are severely
13 emotionally disturbed; or (d) adults who are seriously disturbed and
14 determined by a behavioral health administrative services
15 organization or managed care organization to be at risk of becoming
16 acutely or chronically mentally ill. Such planning, coordination, and
17 authorization shall include mental health screening for children
18 eligible under the federal Title XIX early and periodic screening,
19 diagnosis, and treatment program. Resource management services
20 include seven day a week, twenty-four hour a day availability of
21 information regarding enrollment of adults and children who are
22 mentally ill in services and their individual service plan to
23 designated crisis responders, evaluation and treatment facilities,
24 and others as determined by the behavioral health administrative
25 services organization or managed care organization, as applicable.

26 (43) "Secretary" means the secretary of the department of health.

27 (44) "Seriously disturbed person" means a person who:

28 (a) Is gravely disabled or presents a likelihood of serious harm
29 to himself or herself or others, or to the property of others, as a
30 result of a mental disorder as defined in chapter 71.05 RCW;

31 (b) Has been on conditional release status, or under a less
32 restrictive alternative order, at some time during the preceding two
33 years from an evaluation and treatment facility or a state mental
34 health hospital;

35 (c) Has a mental disorder which causes major impairment in
36 several areas of daily living;

37 (d) Exhibits suicidal preoccupation or attempts; or

38 (e) Is a child diagnosed by a mental health professional, as
39 defined in chapter 71.34 RCW, as experiencing a mental disorder which
40 is clearly interfering with the child's functioning in family or

1 school or with peers or is clearly interfering with the child's
2 personality development and learning.

3 (45) "Severely emotionally disturbed child" or "child who is
4 severely emotionally disturbed" means a child who has been determined
5 by the behavioral health administrative services organization or
6 managed care organization, if applicable, to be experiencing a mental
7 disorder as defined in chapter 71.34 RCW, including those mental
8 disorders that result in a behavioral or conduct disorder, that is
9 clearly interfering with the child's functioning in family or school
10 or with peers and who meets at least one of the following criteria:

11 (a) Has undergone inpatient treatment or placement outside of the
12 home related to a mental disorder within the last two years;

13 (b) Has undergone involuntary treatment under chapter 71.34 RCW
14 within the last two years;

15 (c) Is currently served by at least one of the following child-
16 serving systems: Juvenile justice, child-protection/welfare, special
17 education, or developmental disabilities;

18 (d) Is at risk of escalating maladjustment due to:

19 (i) Chronic family dysfunction involving a caretaker who is
20 mentally ill or inadequate;

21 (ii) Changes in custodial adult;

22 (iii) Going to, residing in, or returning from any placement
23 outside of the home, for example, psychiatric hospital, short-term
24 inpatient, residential treatment, group or foster home, or a
25 correctional facility;

26 (iv) Subject to repeated physical abuse or neglect;

27 (v) Drug or alcohol abuse; or

28 (vi) Homelessness.

29 (46) "State minimum standards" means minimum requirements
30 established by rules adopted and necessary to implement this chapter
31 by:

32 (a) The authority for:

33 (i) Delivery of mental health and substance use disorder
34 services; and

35 (ii) Community support services and resource management services;

36 (b) The department of health for:

37 (i) Licensed or certified behavioral health agencies for the
38 purpose of providing mental health or substance use disorder programs
39 and services, or both;

1 (ii) Licensed behavioral health providers for the provision of
2 mental health or substance use disorder services, or both; and
3 (iii) Residential services.

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

10 (48) "Tribe," for the purposes of this section, means a federally
11 recognized Indian tribe.

12 (49) "23-hour crisis relief center" means a community-based
13 facility or portion of a facility serving adults, which is licensed
14 or certified by the department of health and open 24 hours a day,
15 seven days a week, offering access to mental health and substance use
16 care for no more than 23 hours and 59 minutes at a time per patient,
17 and which accepts all behavioral health crisis walk-ins drop-offs
18 from first responders, and individuals referred through the 988
19 system regardless of behavioral health acuity, and meets the
20 requirements under section 2 of this act.

21 (50) "Crisis stabilization unit" has the same meaning as under
22 RCW 71.05.020.

23 (51) "First responders" includes ambulance, fire, mobile rapid
24 response crisis team, coresponder team, designated crisis responder,
25 fire department mobile integrated health team, community assistance
26 referral and education services program under RCW 35.21.930, and law
27 enforcement personnel.

28 NEW SECTION. Sec. 2. A new section is added to chapter 71.24
29 RCW to read as follows:

30 (1) The secretary shall license or certify 23-hour crisis relief
31 centers that meet state minimum standards. The department shall
32 create rules in consultation with the authority by January 1, 2024,
33 to develop standards for licensure or certification of 23-hour crisis
34 relief centers.

35 (2) The rules, at a minimum, must require the 23-hour crisis
36 relief center to:

37 (a) Offer walk-in options and drop-off options for first
38 responders and persons referred through the 988 system, without a
39 requirement for medical clearance for these individuals. The facility

1 must be structured to have the capacity to accept admissions 90
2 percent of the time when the facility is not at its full capacity,
3 and to have a no-refusal policy for law enforcement, with instances
4 of declined admission and the reasons for the declines tracked and
5 made available to the department;

6 (b) Provide services to address mental health and substance use
7 crisis issues;

8 (c) Maintain capacity to screen for physical health needs,
9 deliver minor wound care for nonlife-threatening wounds, and provide
10 care for most minor physical or basic health needs that can be
11 addressed without need for medical diagnosis or health care
12 prescriber orders, with an identified pathway to transfer the person
13 to more medically appropriate services if needed;

14 (d) Be staffed 24 hours a day, seven days a week, with a
15 multidisciplinary team capable of meeting the needs of individuals
16 experiencing all levels of crisis in the community, which includes
17 access to a prescriber and the ability to dispense medications
18 appropriate for 23-hour crisis relief center clients;

19 (e) Screen all individuals for suicide risk and engage in
20 comprehensive suicide risk assessment and planning when clinically
21 indicated;

22 (f) Screen all individuals for violence risk and engage in
23 comprehensive violence risk assessment and planning when clinically
24 indicated;

25 (g) Limit patient stays to a maximum of 23 hours and 59 minutes
26 except for patients waiting on a designated crisis responder
27 evaluation or making an imminent transition to another setting as
28 part of an established aftercare plan. Exceptions to the time limit
29 made under this subsection shall not cause a 23-hour crisis relief
30 center to be classified as a residential treatment facility under RCW
31 71.12.455;

32 (h) Maintain relationships with entities capable of providing for
33 reasonably anticipated ongoing service needs of clients, unless the
34 licensee itself provides sufficient services; and

35 (i) When appropriate, coordinate connection to ongoing care.

36 (3) The rules, at a minimum, must develop standards for
37 determining medical stability before an emergency medical services
38 drop-off.

39 (4) The rules must include standards for the number of recliner
40 chairs that may be licensed or certified in a 23-hour crisis relief

1 center and the appropriate variance for temporarily exceeding that
2 number in order to provide the no-refusal policy for law enforcement.

3 (5) The department shall specify physical environment standards
4 for the construction review process that are responsive to the unique
5 characteristics of the types of interventions used to provide care
6 for all levels of acuity in facilities operating under the 23-hour
7 crisis relief center model.

8 (6) The department shall coordinate with the authority and
9 department of social and health services to establish rules that
10 prohibit facilities that are licensed or required to be licensed
11 under chapter 18.51, 18.20, 70.97, 72.36, or 70.128 RCW from
12 discharging or transferring a resident to a 23-hour crisis relief
13 center.

14 (7) The department shall coordinate with the authority to
15 establish rules that prohibit a hospital that is licensed under
16 chapter 70.41 RCW from discharging or transferring a patient to a 23-
17 hour crisis relief center unless the hospital has a formal
18 relationship with the 23-hour crisis relief center.

19 (8) The authority shall take steps necessary to make 23-hour
20 crisis relief center services, including on-site physical health
21 care, eligible for medicaid billing to the maximum extent allowed by
22 federal law.

23 **Sec. 3.** RCW 71.05.020 and 2022 c 210 s 1 are each amended to
24 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 (19) "Developmental disability" means that condition defined in
31 RCW 71A.10.020(~~(+5)~~) (6);

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

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

36 (22) "Drug addiction" means a disease, characterized by a
37 dependency on psychoactive chemicals, loss of control over the amount
38 and circumstances of use, symptoms of tolerance, physiological or
39 psychological withdrawal, or both, if use is reduced or discontinued,

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

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

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

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

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

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

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

1 (29) "In need of assisted outpatient treatment" refers to a
2 person who meets the criteria for assisted outpatient treatment
3 established under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (a) Provide the following services:

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

3 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

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

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

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

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

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

25 ~~((59))~~ (58) "Violent act" means behavior that resulted in
26 homicide, attempted suicide, injury, or substantial loss or damage to
27 property;

28 (59) "23-hour crisis relief center" has the same meaning as under
29 RCW 71.24.025.

30 **Sec. 4.** RCW 71.05.020 and 2022 c 210 s 2 are each amended to
31 read as follows:

32 The definitions in this section apply throughout this chapter
33 unless the context clearly requires otherwise.

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

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

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

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

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

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

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

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

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

35 (9) "Co-occurring disorder specialist" means an individual
36 possessing an enhancement granted by the department of health under
37 chapter 18.205 RCW that certifies the individual to provide substance
38 use disorder counseling subject to the practice limitations under RCW
39 18.205.105;

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

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

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

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

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

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

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

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

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

36 (19) "Developmental disability" means that condition defined in
37 RCW 71A.10.020(~~(+5)~~) (6);

38 (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 from safe behavior evidenced by repeated and escalating
28 loss of cognitive or volitional control over his or her actions and
29 is not receiving such care as is essential for his or her health or
30 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 treatment" refers to a
9 person who meets the criteria for assisted outpatient treatment
10 established under RCW 71.05.148;

11 (30) "Individualized service plan" means a plan prepared by a
12 developmental disabilities professional with other professionals as a
13 team, for a person with developmental disabilities, which shall
14 state:

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

17 (b) The conditions and strategies necessary to achieve the
18 purposes of habilitation;

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

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

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

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

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

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

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

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

1 (34) "Less restrictive alternative treatment" means a program of
2 individualized treatment in a less restrictive setting than inpatient
3 treatment that includes the services described in RCW 71.05.585. This
4 term includes: Treatment pursuant to a less restrictive alternative
5 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
6 to a conditional release under RCW 71.05.340; and treatment pursuant
7 to an assisted outpatient treatment order under RCW 71.05.148;

8 (35) "Licensed physician" means a person licensed to practice
9 medicine or osteopathic medicine and surgery in the state of
10 Washington;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (a) Provide the following services:

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

11 (ii) Clinical stabilization services;

12 (iii) Acute or subacute detoxification services for intoxicated
13 individuals; and

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

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

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

22 (52) "Severe deterioration from safe behavior" means that a
23 person will, if not treated, suffer or continue to suffer severe and
24 abnormal mental, emotional, or physical distress, and this distress
25 is associated with significant impairment of judgment, reason, or
26 behavior;

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

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

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

39 (56) "Therapeutic court personnel" means the staff of a mental
40 health court or other therapeutic court which has jurisdiction over

1 defendants who are dually diagnosed with mental disorders, including
2 court personnel, probation officers, a court monitor, prosecuting
3 attorney, or defense counsel acting within the scope of therapeutic
4 court duties;

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

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

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

38 ~~((+60))~~ (59) "Violent act" means behavior that resulted in
39 homicide, attempted suicide, injury, or substantial loss or damage to
40 property;

1 (60) "23-hour crisis relief center" has the same meaning as under
2 RCW 71.24.025.

3 **Sec. 5.** RCW 71.05.050 and 2020 c 302 s 9 are each amended to
4 read as follows:

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

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

32 (3) If a person is brought to the emergency room of a public or
33 private agency or hospital for observation or treatment, the person
34 refuses voluntary admission, and the professional staff of the public
35 or private agency or hospital regard such person as presenting as a
36 result of a behavioral health disorder an imminent likelihood of
37 serious harm, or as presenting an imminent danger because of grave
38 disability, they may detain such person for sufficient time to notify
39 the designated crisis responder of such person's condition to enable

1 the designated crisis responder to authorize such person being
2 further held in custody or transported to an evaluation treatment
3 center, secure withdrawal management and stabilization facility, or
4 approved substance use disorder treatment program pursuant to the
5 conditions in this chapter, but which time shall be no more than six
6 hours from the time the professional staff notify the designated
7 crisis responder of the need for evaluation, not counting time
8 periods prior to medical clearance.

9 (4) If a person is brought to or accepted at a 23-hour crisis
10 relief center and thereafter refuses to stay voluntarily, and the
11 professional staff of the 23-hour crisis relief center regard the
12 person as presenting as a result of a behavioral health disorder an
13 imminent likelihood of serious harm, or presenting as an imminent
14 danger because of grave disability, they may detain the person for
15 sufficient time to enable the designated crisis responder to complete
16 an evaluation, and, if involuntary commitment criteria are met,
17 authorize the person being further held in custody or transported to
18 a hospital emergency department, evaluation and treatment center,
19 secure withdrawal management and stabilization facility, or approved
20 substance use disorder treatment program pursuant to the provisions
21 of this chapter, but which time shall be no more than 12 hours from
22 the time the professional staff notify the designated crisis
23 responder of the need for evaluation.

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

29 **Sec. 6.** RCW 71.05.150 and 2022 c 210 s 5 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, the
34 designated crisis responder may, after investigation and evaluation
35 of the specific facts alleged and of the reliability and credibility
36 of any person providing information to initiate detention, if
37 satisfied that the allegations are true and that the person will not
38 voluntarily seek appropriate treatment, file a petition for initial
39 detention under this section. Before filing the petition, the

1 designated crisis responder must personally interview the person,
2 unless the person refuses an interview, and determine whether the
3 person will voluntarily receive appropriate evaluation and treatment
4 at an evaluation and treatment facility, crisis stabilization unit,
5 (~~(triage facility)~~) 23-hour crisis relief center, secure withdrawal
6 management and stabilization facility, or approved substance use
7 disorder treatment program. As part of the assessment, the designated
8 crisis responder must attempt to ascertain if the person has executed
9 a mental health advance directive under chapter 71.32 RCW. The
10 interview performed by the designated crisis responder may be
11 conducted by video provided that a licensed health care professional
12 or professional person who can adequately and accurately assist with
13 obtaining any necessary information is present with the person at the
14 time of the interview.

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

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

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

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

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

34 (d) A court may not issue an order to detain a person to a secure
35 withdrawal management and stabilization facility or approved
36 substance use disorder treatment program unless there is an available
37 secure withdrawal management and stabilization facility or approved
38 substance use disorder treatment program that has adequate space for
39 the person.

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

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

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

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

39 (6) In any investigation and evaluation of an individual under
40 this section or RCW 71.05.153 in which the designated crisis

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

13 **Sec. 7.** RCW 71.05.150 and 2022 c 210 s 6 are each amended to
14 read as follows:

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

38 (2)(a) A superior court judge may issue a warrant to detain a
39 person with a behavioral health disorder to a designated evaluation

1 and treatment facility, a secure withdrawal management and
2 stabilization facility, or an approved substance use disorder
3 treatment program, for a period of not more than one hundred twenty
4 hours for evaluation and treatment upon request of a designated
5 crisis responder whenever it appears to the satisfaction of the judge
6 that:

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

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

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

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

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

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

1 admission evaluation. The facility may exclude the individual if his
2 or her presence would present a safety risk, delay the proceedings,
3 or otherwise interfere with the evaluation.

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

13 (5) Tribal court orders for involuntary commitment shall be
14 recognized and enforced in accordance with superior court civil rule
15 82.5.

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

30 **Sec. 8.** RCW 71.05.153 and 2021 c 264 s 3 and 2021 c 125 s 1 are
31 each reenacted and amended to read as follows:

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

1 into emergency custody in an emergency department, evaluation and
2 treatment facility, secure withdrawal management and stabilization
3 facility if available with adequate space for the person, or approved
4 substance use disorder treatment program if available with adequate
5 space for the person, for not more than one hundred twenty hours as
6 described in RCW 71.05.180.

7 (2) (a) Subject to (b) of this subsection, a peace officer may
8 take or cause such person to be taken into custody and immediately
9 delivered to a (~~(triage facility,~~) crisis stabilization unit, 23-
10 hour crisis relief center, evaluation and treatment facility, secure
11 withdrawal management and stabilization facility, approved substance
12 use disorder treatment program, or the emergency department of a
13 local hospital under (~~(the following circumstances:~~

14 ~~(i) Pursuant to~~) subsection (1) of this section(~~(+)~~) or
15 (~~(ii) When~~) when he or she has reasonable cause to believe that
16 such person is suffering from a behavioral health disorder and
17 presents an imminent likelihood of serious harm or is in imminent
18 danger because of being gravely disabled.

19 (b) A peace officer's delivery of a person, to a secure
20 withdrawal management and stabilization facility or approved
21 substance use disorder treatment program is subject to the
22 availability of a secure withdrawal management and stabilization
23 facility or approved substance use disorder treatment program with
24 adequate space for the person.

25 (3) Persons delivered to a crisis stabilization unit, 23-hour
26 crisis relief center, evaluation and treatment facility, emergency
27 department of a local hospital, (~~(triage facility that has elected to~~
28 ~~operate as an involuntary facility,~~) secure withdrawal management
29 and stabilization facility, or approved substance use disorder
30 treatment program by peace officers pursuant to subsection (2) of
31 this section may be held by the facility for a period of up to twelve
32 hours, not counting time periods prior to medical clearance.

33 (4) Within three hours after arrival at an emergency department,
34 not counting time periods prior to medical clearance, the person must
35 be examined by a mental health professional or substance use disorder
36 professional. Within twelve hours of notice of the need for
37 evaluation, not counting time periods prior to medical clearance, the
38 designated crisis responder must determine whether the individual
39 meets detention criteria. In conjunction with this evaluation, the
40 facility where the patient is located must inquire as to a person's

1 veteran status or eligibility for veterans benefits and, if the
2 person appears to be potentially eligible for these benefits, inquire
3 whether the person would be amenable to treatment by the veterans
4 health administration compared to other relevant treatment options.
5 This information must be shared with the designated crisis responder.
6 If the person has been identified as being potentially eligible for
7 veterans health administration services and as being amenable for
8 those services, and if appropriate in light of all reasonably
9 available information about the person's circumstances, the
10 designated crisis responder must first refer the person to the
11 veterans health administration for mental health or substance use
12 disorder treatment at a facility capable of meeting the needs of the
13 person including, but not limited to, the involuntary treatment
14 options available at the Seattle division of the VA Puget Sound
15 health care system. If the person is accepted for treatment by the
16 veterans health administration, and is willing to accept treatment by
17 the veterans health administration as an alternative to other
18 available treatment options, the designated crisis responder, the
19 veterans health administration, and the facility where the patient is
20 located will work to make arrangements to have the person transported
21 to a veterans health administration facility. As part of the
22 assessment, the designated crisis responder must attempt to ascertain
23 if the person has executed a mental health advance directive under
24 chapter 71.32 RCW. The interview performed by the designated crisis
25 responder may be conducted by video provided that a licensed health
26 care professional or professional person who can adequately and
27 accurately assist with obtaining any necessary information is present
28 with the person at the time of the interview. If the individual is
29 detained, the designated crisis responder shall file a petition for
30 detention or a supplemental petition as appropriate and commence
31 service on the designated attorney for the detained person. If the
32 individual is released to the community, the behavioral health
33 service provider shall inform the peace officer of the release within
34 a reasonable period of time after the release if the peace officer
35 has specifically requested notification and provided contact
36 information to the provider.

37 (5) Dismissal of a commitment petition is not the appropriate
38 remedy for a violation of the timeliness requirements of this section
39 based on the intent of this chapter under RCW 71.05.010 except in the

1 few cases where the facility staff or designated crisis responder has
2 totally disregarded the requirements of this section.

3 **Sec. 9.** RCW 71.05.153 and 2021 c 264 s 4 and 2021 c 125 s 2 are
4 each reenacted and amended to read as follows:

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

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

24 ~~(a) Pursuant to~~) subsection (1) of this section(~~(a)~~) or
25 (~~(b) When~~) when he or she has reasonable cause to believe that
26 such person is suffering from a behavioral health disorder and
27 presents an imminent likelihood of serious harm or is in imminent
28 danger because of being gravely disabled.

29 (3) Persons delivered to a crisis stabilization unit, 23-hour
30 crisis relief center, evaluation and treatment facility, emergency
31 department of a local hospital, (~~triage facility that has elected to~~
32 ~~operate as an involuntary facility,~~) secure withdrawal management
33 and stabilization facility, or approved substance use disorder
34 treatment program by peace officers pursuant to subsection (2) of
35 this section may be held by the facility for a period of up to twelve
36 hours, not counting time periods prior to medical clearance.

37 (4) Within three hours after arrival at an emergency department,
38 not counting time periods prior to medical clearance, the person must
39 be examined by a mental health professional or substance use disorder

1 professional. Within twelve hours of notice of the need for
2 evaluation, not counting time periods prior to medical clearance, the
3 designated crisis responder must determine whether the individual
4 meets detention criteria. In conjunction with this evaluation, the
5 facility where the patient is located must inquire as to a person's
6 veteran status or eligibility for veterans benefits and, if the
7 person appears to be potentially eligible for these benefits, inquire
8 whether the person would be amenable to treatment by the veterans
9 health administration compared to other relevant treatment options.
10 This information must be shared with the designated crisis responder.
11 If the person has been identified as being potentially eligible for
12 veterans health administration services and as being amenable for
13 those services, and if appropriate in light of all reasonably
14 available information about the person's circumstances, the
15 designated crisis responder must first refer the person to the
16 veterans health administration for mental health or substance use
17 disorder treatment at a facility capable of meeting the needs of the
18 person including, but not limited to, the involuntary treatment
19 options available at the Seattle division of the VA Puget Sound
20 health care system. If the person is accepted for treatment by the
21 veterans health administration, and is willing to accept treatment by
22 the veterans health administration as an alternative to other
23 available treatment options, the designated crisis responder, the
24 veterans health administration, and the facility where the patient is
25 located will work to make arrangements to have the person transported
26 to a veterans health administration facility. As part of the
27 assessment, the designated crisis responder must attempt to ascertain
28 if the person has executed a mental health advance directive under
29 chapter 71.32 RCW. The interview performed by the designated crisis
30 responder may be conducted by video provided that a licensed health
31 care professional or professional person who can adequately and
32 accurately assist with obtaining any necessary information is present
33 with the person at the time of the interview. If the individual is
34 detained, the designated crisis responder shall file a petition for
35 detention or a supplemental petition as appropriate and commence
36 service on the designated attorney for the detained person. If the
37 individual is released to the community, the behavioral health
38 service provider shall inform the peace officer of the release within
39 a reasonable period of time after the release if the peace officer

1 has specifically requested notification and provided contact
2 information to the provider.

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

8 **Sec. 10.** RCW 71.05.590 and 2022 c 210 s 23 are each amended to
9 read as follows:

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

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

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

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

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

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

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

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

37 (c) To request a court hearing for review and modification of the
38 court order. The request must be directed to the court with
39 jurisdiction over the order and specify the circumstances that give

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

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

28 (e) To initiate revocation procedures under subsection (5) of
29 this section.

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

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

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

39 (4) The facility or agency designated to provide outpatient
40 treatment shall notify the secretary of the department of social and

1 health services or designated crisis responder when a person fails to
2 adhere to terms and conditions of court ordered treatment or
3 experiences substantial deterioration in his or her condition and, as
4 a result, presents an increased likelihood of serious harm.

5 (5) (a) A designated crisis responder or the secretary of the
6 department of social and health services may, upon their own motion
7 or upon request of the facility or agency designated to provide
8 outpatient care, cause a person to be detained in an evaluation and
9 treatment facility, available secure withdrawal management and
10 stabilization facility with adequate space, or available approved
11 substance use disorder treatment program with adequate space in or
12 near the county in which he or she is receiving outpatient treatment
13 for the purpose of a hearing for revocation of a less restrictive
14 alternative treatment order or conditional release order under this
15 chapter. The designated crisis responder or secretary of the
16 department of social and health services shall file a petition for
17 revocation within 24 hours and serve the person, their guardian, if
18 any, and their attorney. A hearing for revocation of a less
19 restrictive alternative treatment order or conditional release order
20 may be scheduled without detention of the person.

21 (b) A person detained under this subsection (5) must be held
22 until such time, not exceeding five days, as a hearing can be
23 scheduled to determine whether or not the order for less restrictive
24 alternative treatment or conditional release should be revoked,
25 modified, or retained. If the person is not detained, the hearing
26 must be scheduled within five days of service on the person. The
27 designated crisis responder or the secretary of the department of
28 social and health services may withdraw its petition for revocation
29 at any time before the court hearing.

30 (c) A person detained under this subsection (5) has the same
31 rights with respect to notice, hearing, and counsel as in any
32 involuntary treatment proceeding, except as specifically set forth in
33 this section. There is no right to jury trial. The venue for
34 proceedings is the county where the petition is filed. Notice of the
35 filing must be provided to the court that originally ordered
36 commitment, if different from the court where the petition for
37 revocation is filed, within two judicial days of the person's
38 detention.

39 (d) The issues for the court to determine are whether: (i) The
40 person adhered to the terms and conditions of the order; (ii)

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

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

30 **Sec. 11.** RCW 71.05.590 and 2022 c 210 s 24 are each amended to
31 read as follows:

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

38 (a) The person is failing to adhere to the terms and conditions
39 of the order;

1 (b) Substantial deterioration in the person's functioning has
2 occurred;

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

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

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

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

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

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

30 (d) To detain the person for up to 12 hours for evaluation at an
31 agency, facility providing services under the court order, (~~(triage~~
32 ~~facility,)~~) crisis stabilization unit, 23-hour crisis relief center,
33 emergency department, evaluation and treatment facility, secure
34 withdrawal management and stabilization facility, or an approved
35 substance use disorder treatment program. The purpose of the
36 evaluation is to determine whether modification, revocation, or
37 commitment proceedings are necessary and appropriate to stabilize the
38 person and prevent decompensation, deterioration, or physical harm.
39 Temporary detention for evaluation under this subsection is intended
40 to occur only following a pattern of noncompliance or the failure of

1 reasonable attempts at outreach and engagement, and may occur only
2 when, based on clinical judgment, temporary detention is appropriate.
3 The agency, facility, or designated crisis responder may request
4 assistance from a peace officer for the purposes of temporary
5 detention under this subsection (2)(d). This subsection does not
6 limit the ability or obligation of the agency, facility, or
7 designated crisis responder to pursue revocation procedures under
8 subsection (5) of this section in appropriate circumstances; and

9 (e) To initiate revocation procedures under subsection (5) of
10 this section.

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

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

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

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

26 (5)(a) A designated crisis responder or the secretary of the
27 department of social and health services may, upon their own motion
28 or upon request of the facility or agency designated to provide
29 outpatient care, cause a person to be detained in an evaluation and
30 treatment facility, secure withdrawal management and stabilization
31 facility, or approved substance use disorder treatment program in or
32 near the county in which he or she is receiving outpatient treatment
33 for the purpose of a hearing for revocation of a less restrictive
34 alternative treatment order or conditional release order under this
35 chapter. The designated crisis responder or secretary of the
36 department of social and health services shall file a petition for
37 revocation within 24 hours and serve the person, their guardian, if
38 any, and their attorney. A hearing for revocation of a less
39 restrictive alternative treatment order or conditional release order
40 may be scheduled without detention of the person.

1 (b) A person detained under this subsection (5) must be held
2 until such time, not exceeding five days, as a hearing can be
3 scheduled to determine whether or not the order for less restrictive
4 alternative treatment or conditional release should be revoked,
5 modified, or retained. If the person is not detained, the hearing
6 must be scheduled within five days of service on the person. The
7 designated crisis responder or the secretary of the department of
8 social and health services may withdraw its petition for revocation
9 at any time before the court hearing.

10 (c) A person detained under this subsection (5) has the same
11 rights with respect to notice, hearing, and counsel as in any
12 involuntary treatment proceeding, except as specifically set forth in
13 this section. There is no right to jury trial. The venue for
14 proceedings is the county where the petition is filed. Notice of the
15 filing must be provided to the court that originally ordered
16 commitment, if different from the court where the petition for
17 revocation is filed, within two judicial days of the person's
18 detention.

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

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

7 **Sec. 12.** RCW 71.34.020 and 2021 c 264 s 26 are each amended to
8 read as follows:

9 Unless the context clearly requires otherwise, the definitions in
10 this section apply throughout this chapter.

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

15 (2) "Adolescent" means a minor thirteen years of age or older.

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

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

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

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

33 (7) "Authority" means the Washington state health care authority.

34 (8) "Behavioral health administrative services organization" has
35 the same meaning as provided in RCW 71.24.025.

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

1 (10) "Child psychiatrist" means a person having a license as a
2 physician and surgeon in this state, who has had graduate training in
3 child psychiatry in a program approved by the American Medical
4 Association or the American Osteopathic Association, and who is board
5 eligible or board certified in child psychiatry.

6 (11) "Children's mental health specialist" means:

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

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

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

18 (13) "Conditional release" means a revocable modification of a
19 commitment, which may be revoked upon violation of any of its terms.

20 (14) "Co-occurring disorder specialist" means an individual
21 possessing an enhancement granted by the department of health under
22 chapter 18.205 RCW that certifies the individual to provide substance
23 use disorder counseling subject to the practice limitations under RCW
24 18.205.105.

25 (15) "Crisis stabilization unit" means a short-term facility or a
26 portion of a facility licensed or certified by the department of
27 health under RCW 71.24.035, such as a residential treatment facility
28 or a hospital, which has been designed to assess, diagnose, and treat
29 individuals experiencing an acute crisis without the use of long-term
30 hospitalization, or to determine the need for involuntary commitment
31 of an individual.

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

36 (17) "Department" means the department of social and health
37 services.

38 (18) "Designated crisis responder" has the same meaning as
39 provided in RCW 71.05.020.

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

3 (20) "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.

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

13 (22) "Director" means the director of the authority.

14 (23) "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 (24) "Evaluation and treatment facility" means a public or
18 private facility or unit that is licensed or certified by the
19 department of health to provide emergency, inpatient, residential, or
20 outpatient mental health evaluation and treatment services for
21 minors. A physically separate and separately operated portion of a
22 state hospital may be designated as an evaluation and treatment
23 facility for minors. A facility which is part of or operated by the
24 state or federal agency does not require licensure or certification.
25 No correctional institution or facility, juvenile court detention
26 facility, or jail may be an evaluation and treatment facility within
27 the meaning of this chapter.

28 (25) "Evaluation and treatment program" means the total system of
29 services and facilities coordinated and approved by a county or
30 combination of counties for the evaluation and treatment of minors
31 under this chapter.

32 (26) "Gravely disabled minor" means a minor who, as a result of a
33 behavioral health disorder, (a) is in danger of serious physical harm
34 resulting from a failure to provide for his or her essential human
35 needs of health or safety, or (b) manifests severe deterioration in
36 routine functioning evidenced by repeated and escalating loss of
37 cognitive or volitional control over his or her actions and is not
38 receiving such care as is essential for his or her health or safety.

39 (27) "Habilitative services" means those services provided by
40 program personnel to assist minors in acquiring and maintaining life

1 skills and in raising their levels of physical, behavioral, social,
2 and vocational functioning. Habilitative services include education,
3 training for employment, and therapy.

4 (28) "Hearing" means any proceeding conducted in open court that
5 conforms to the requirements of RCW 71.34.910.

6 (29) "History of one or more violent acts" refers to the period
7 of time five years prior to the filing of a petition under this
8 chapter, excluding any time spent, but not any violent acts
9 committed, in a mental health facility, a long-term substance use
10 disorder treatment facility, or in confinement as a result of a
11 criminal conviction.

12 (30) "Individualized service plan" means a plan prepared by a
13 developmental disabilities professional with other professionals as a
14 team, for a person with developmental disabilities, which states:

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

17 (b) The conditions and strategies necessary to achieve the
18 purposes of habilitation;

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

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

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

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

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

31 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day
32 mental health care provided within a general hospital, psychiatric
33 hospital, residential treatment facility licensed or certified by the
34 department of health as an evaluation and treatment facility for
35 minors, secure withdrawal management and stabilization facility for
36 minors, or approved substance use disorder treatment program for
37 minors.

38 (b) For purposes of family-initiated treatment under RCW
39 71.34.600 through 71.34.670, "inpatient treatment" has the meaning

1 included in (a) of this subsection and any other residential
2 treatment facility licensed under chapter 71.12 RCW.

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

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

8 (34) "Kinship caregiver" has the same meaning as in RCW
9 74.13.031(19) (a).

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

14 (36) "Less restrictive alternative" or "less restrictive setting"
15 means outpatient treatment provided to a minor as a program of
16 individualized treatment in a less restrictive setting than inpatient
17 treatment that includes the services described in RCW 71.34.755,
18 including residential treatment.

19 (37) "Licensed physician" means a person licensed to practice
20 medicine or osteopathic medicine and surgery in the state of
21 Washington.

22 (38) "Likelihood of serious harm" means:

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

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

34 (39) "Managed care organization" has the same meaning as provided
35 in RCW 71.24.025.

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

39 (41) "Medical necessity" for inpatient care means a requested
40 service which is reasonably calculated to: (a) Diagnose, correct,

1 cure, or alleviate a mental disorder or substance use disorder; or
2 (b) prevent the progression of a mental disorder or substance use
3 disorder that endangers life or causes suffering and pain, or results
4 in illness or infirmity or threatens to cause or aggravate a
5 disability, or causes physical deformity or malfunction, and there is
6 no adequate less restrictive alternative available.

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

13 (43) "Mental health professional" means a psychiatrist,
14 psychiatric advanced registered nurse practitioner, physician
15 assistant working with a supervising psychiatrist, psychologist,
16 psychiatric nurse, social worker, and such other mental health
17 professionals as defined by rules adopted by the secretary of the
18 department of health under this chapter.

19 (44) "Minor" means any person under the age of eighteen years.

20 (45) "Outpatient treatment" means any of the nonresidential
21 services mandated under chapter 71.24 RCW and provided by licensed or
22 certified behavioral health agencies as identified by RCW 71.24.025.

23 (46)(a) "Parent" has the same meaning as defined in RCW
24 26.26A.010, including either parent if custody is shared under a
25 joint custody agreement, or a person or agency judicially appointed
26 as legal guardian or custodian of the child.

27 (b) For purposes of family-initiated treatment under RCW
28 71.34.600 through 71.34.670, "parent" also includes a person to whom
29 a parent defined in (a) of this subsection has given a signed
30 authorization to make health care decisions for the adolescent, a
31 stepparent who is involved in caring for the adolescent, a kinship
32 caregiver who is involved in caring for the adolescent, or another
33 relative who is responsible for the health care of the adolescent,
34 who may be required to provide a declaration under penalty of perjury
35 stating that he or she is a relative responsible for the health care
36 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises
37 between individuals authorized to act as a parent for the purpose of
38 RCW 71.34.600 through 71.34.670, the disagreement must be resolved
39 according to the priority established under RCW 7.70.065(2)(a).

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

5 (48) "Physician assistant" means a person licensed as a physician
6 assistant under chapter 18.71A RCW.

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

15 (50) "Professional person in charge" or "professional person"
16 means a physician, other mental health professional, or other person
17 empowered by an evaluation and treatment facility, secure withdrawal
18 management and stabilization facility, or approved substance use
19 disorder treatment program with authority to make admission and
20 discharge decisions on behalf of that facility.

21 (51) "Psychiatric nurse" means a registered nurse who has
22 experience in the direct treatment of persons who have a mental
23 illness or who are emotionally disturbed, such experience gained
24 under the supervision of a mental health professional.

25 (52) "Psychiatrist" means a person having a license as a
26 physician in this state who has completed residency training in
27 psychiatry in a program approved by the American Medical Association
28 or the American Osteopathic Association, and is board eligible or
29 board certified in psychiatry.

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

32 (54) "Public agency" means any evaluation and treatment facility
33 or institution, or hospital, or approved substance use disorder
34 treatment program that is conducted for, or includes a distinct unit,
35 floor, or ward conducted for, the care and treatment of persons with
36 mental illness, substance use disorders, or both mental illness and
37 substance use disorders if the agency is operated directly by
38 federal, state, county, or municipal government, or a combination of
39 such governments.

1 (55) "Release" means legal termination of the commitment under
2 the provisions of this chapter.

3 (56) "Resource management services" has the meaning given in
4 chapter 71.24 RCW.

5 (57) "Responsible other" means the minor, the minor's parent or
6 estate, or any other person legally responsible for support of the
7 minor.

8 (58) "Secretary" means the secretary of the department or
9 secretary's designee.

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

17 (a) Provide the following services:

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

20 (ii) Clinical stabilization services;

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

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

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

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

31 (60) "Social worker" means a person with a master's or further
32 advanced degree from a social work educational program accredited and
33 approved as provided in RCW 18.320.010.

34 (61) "Start of initial detention" means the time of arrival of
35 the minor at the first evaluation and treatment facility, secure
36 withdrawal management and stabilization facility, or approved
37 substance use disorder treatment program offering inpatient treatment
38 if the minor is being involuntarily detained at the time. With regard
39 to voluntary patients, "start of initial detention" means the time at

1 which the minor gives notice of intent to leave under the provisions
2 of this chapter.

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

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

13 (64) "Substance use disorder professional" means a person
14 certified as a substance use disorder professional by the department
15 of health under chapter 18.205 RCW.

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

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

35 (~~"Triage facility" means a short-term facility or a portion~~
36 ~~of a facility licensed or certified by the department of health under~~
37 ~~RCW 71.24.035, which is designed as a facility to assess and~~
38 ~~stabilize an individual or determine the need for involuntary~~
39 ~~commitment of an individual, and must meet department of health~~

1 ~~residential treatment facility standards. A triage facility may be~~
2 ~~structured as a voluntary or involuntary placement facility.~~

3 ~~(68))~~ "Video" means the delivery of behavioral health services
4 through the use of interactive audio and video technology, permitting
5 real-time communication between a person and a designated crisis
6 responder, for the purpose of evaluation. "Video" does not include
7 the use of audio-only telephone, facsimile, email, or store and
8 forward technology.

9 ~~((69))~~ (68) "Violent act" means behavior that resulted in
10 homicide, attempted suicide, injury, or substantial loss or damage to
11 property.

12 **Sec. 13.** RCW 71.34.020 and 2021 c 264 s 28 are each amended to
13 read as follows:

14 Unless the context clearly requires otherwise, the definitions in
15 this section apply throughout this chapter.

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

20 (2) "Adolescent" means a minor thirteen years of age or older.

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

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

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

35 (6) "Attending staff" means any person on the staff of a public
36 or private agency having responsibility for the care and treatment of
37 a minor patient.

38 (7) "Authority" means the Washington state health care authority.

1 (8) "Behavioral health administrative services organization" has
2 the same meaning as provided in RCW 71.24.025.

3 (9) "Behavioral health disorder" means either a mental disorder
4 as defined in this section, a substance use disorder as defined in
5 this section, or a co-occurring mental disorder and substance use
6 disorder.

7 (10) "Child psychiatrist" means a person having a license as a
8 physician and surgeon in this state, who has had graduate training in
9 child psychiatry in a program approved by the American Medical
10 Association or the American Osteopathic Association, and who is board
11 eligible or board certified in child psychiatry.

12 (11) "Children's mental health specialist" means:

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

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

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

24 (13) "Conditional release" means a revocable modification of a
25 commitment, which may be revoked upon violation of any of its terms.

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

31 (15) "Crisis stabilization unit" means a short-term facility or a
32 portion of a facility licensed or certified by the department of
33 health under RCW 71.24.035, such as a residential treatment facility
34 or a hospital, which has been designed to assess, diagnose, and treat
35 individuals experiencing an acute crisis without the use of long-term
36 hospitalization, or to determine the need for involuntary commitment
37 of an individual.

38 (16) "Custody" means involuntary detention under the provisions
39 of this chapter or chapter 10.77 RCW, uninterrupted by any period of

1 unconditional release from commitment from a facility providing
2 involuntary care and treatment.

3 (17) "Department" means the department of social and health
4 services.

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

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

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

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

19 (22) "Director" means the director of the authority.

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

23 (24) "Evaluation and treatment facility" means a public or
24 private facility or unit that is licensed or certified by the
25 department of health to provide emergency, inpatient, residential, or
26 outpatient mental health evaluation and treatment services for
27 minors. A physically separate and separately operated portion of a
28 state hospital may be designated as an evaluation and treatment
29 facility for minors. A facility which is part of or operated by the
30 state or federal agency does not require licensure or certification.
31 No correctional institution or facility, juvenile court detention
32 facility, or jail may be an evaluation and treatment facility within
33 the meaning of this chapter.

34 (25) "Evaluation and treatment program" means the total system of
35 services and facilities coordinated and approved by a county or
36 combination of counties for the evaluation and treatment of minors
37 under this chapter.

38 (26) "Gravely disabled minor" means a minor who, as a result of a
39 behavioral health disorder, (a) is in danger of serious physical harm
40 resulting from a failure to provide for his or her essential human

1 needs of health or safety, or (b) manifests severe deterioration from
2 safe behavior evidenced by repeated and escalating loss of cognitive
3 or volitional control over his or her actions and is not receiving
4 such care as is essential for his or her health or safety.

5 (27) "Habilitative services" means those services provided by
6 program personnel to assist minors in acquiring and maintaining life
7 skills and in raising their levels of physical, behavioral, social,
8 and vocational functioning. Habilitative services include education,
9 training for employment, and therapy.

10 (28) "Hearing" means any proceeding conducted in open court that
11 conforms to the requirements of RCW 71.34.910.

12 (29) "History of one or more violent acts" refers to the period
13 of time five years prior to the filing of a petition under this
14 chapter, excluding any time spent, but not any violent acts
15 committed, in a mental health facility, a long-term substance use
16 disorder treatment facility, or in confinement as a result of a
17 criminal conviction.

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

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

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

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

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

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

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

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

37 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day
38 mental health care provided within a general hospital, psychiatric
39 hospital, residential treatment facility licensed or certified by the
40 department of health as an evaluation and treatment facility for

1 minors, secure withdrawal management and stabilization facility for
2 minors, or approved substance use disorder treatment program for
3 minors.

4 (b) For purposes of family-initiated treatment under RCW
5 71.34.600 through 71.34.670, "inpatient treatment" has the meaning
6 included in (a) of this subsection and any other residential
7 treatment facility licensed under chapter 71.12 RCW.

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

11 (33) "Judicial commitment" means a commitment by a court pursuant
12 to the provisions of this chapter.

13 (34) "Kinship caregiver" has the same meaning as in RCW
14 74.13.031(19)(a).

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

19 (36) "Less restrictive alternative" or "less restrictive setting"
20 means outpatient treatment provided to a minor as a program of
21 individualized treatment in a less restrictive setting than inpatient
22 treatment that includes the services described in RCW 71.34.755,
23 including residential treatment.

24 (37) "Licensed physician" means a person licensed to practice
25 medicine or osteopathic medicine and surgery in the state of
26 Washington.

27 (38) "Likelihood of serious harm" means:

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

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

39 (39) "Managed care organization" has the same meaning as provided
40 in RCW 71.24.025.

1 (40) "Medical clearance" means a physician or other health care
2 provider has determined that a person is medically stable and ready
3 for referral to the designated crisis responder.

4 (41) "Medical necessity" for inpatient care means a requested
5 service which is reasonably calculated to: (a) Diagnose, correct,
6 cure, or alleviate a mental disorder or substance use disorder; or
7 (b) prevent the progression of a mental disorder or substance use
8 disorder that endangers life or causes suffering and pain, or results
9 in illness or infirmity or threatens to cause or aggravate a
10 disability, or causes physical deformity or malfunction, and there is
11 no adequate less restrictive alternative available.

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

18 (43) "Mental health professional" means a psychiatrist,
19 psychiatric advanced registered nurse practitioner, physician
20 assistant working with a supervising psychiatrist, psychologist,
21 psychiatric nurse, social worker, and such other mental health
22 professionals as defined by rules adopted by the secretary of the
23 department of health under this chapter.

24 (44) "Minor" means any person under the age of eighteen years.

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

28 (46)(a) "Parent" has the same meaning as defined in RCW
29 26.26A.010, including either parent if custody is shared under a
30 joint custody agreement, or a person or agency judicially appointed
31 as legal guardian or custodian of the child.

32 (b) For purposes of family-initiated treatment under RCW
33 71.34.600 through 71.34.670, "parent" also includes a person to whom
34 a parent defined in (a) of this subsection has given a signed
35 authorization to make health care decisions for the adolescent, a
36 stepparent who is involved in caring for the adolescent, a kinship
37 caregiver who is involved in caring for the adolescent, or another
38 relative who is responsible for the health care of the adolescent,
39 who may be required to provide a declaration under penalty of perjury
40 stating that he or she is a relative responsible for the health care

1 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises
2 between individuals authorized to act as a parent for the purpose of
3 RCW 71.34.600 through 71.34.670, the disagreement must be resolved
4 according to the priority established under RCW 7.70.065(2) (a).

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

9 (48) "Physician assistant" means a person licensed as a physician
10 assistant under chapter 18.71A RCW.

11 (49) "Private agency" means any person, partnership, corporation,
12 or association that is not a public agency, whether or not financed
13 in whole or in part by public funds, that constitutes an evaluation
14 and treatment facility or private institution, or hospital, or
15 approved substance use disorder treatment program, that is conducted
16 for, or includes a distinct unit, floor, or ward conducted for, the
17 care and treatment of persons with mental illness, substance use
18 disorders, or both mental illness and substance use disorders.

19 (50) "Professional person in charge" or "professional person"
20 means a physician, other mental health professional, or other person
21 empowered by an evaluation and treatment facility, secure withdrawal
22 management and stabilization facility, or approved substance use
23 disorder treatment program with authority to make admission and
24 discharge decisions on behalf of that facility.

25 (51) "Psychiatric nurse" means a registered nurse who has
26 experience in the direct treatment of persons who have a mental
27 illness or who are emotionally disturbed, such experience gained
28 under the supervision of a mental health professional.

29 (52) "Psychiatrist" means a person having a license as a
30 physician in this state who has completed residency training in
31 psychiatry in a program approved by the American Medical Association
32 or the American Osteopathic Association, and is board eligible or
33 board certified in psychiatry.

34 (53) "Psychologist" means a person licensed as a psychologist
35 under chapter 18.83 RCW.

36 (54) "Public agency" means any evaluation and treatment facility
37 or institution, or hospital, or approved substance use disorder
38 treatment program that is conducted for, or includes a distinct unit,
39 floor, or ward conducted for, the care and treatment of persons with
40 mental illness, substance use disorders, or both mental illness and

1 substance use disorders if the agency is operated directly by
2 federal, state, county, or municipal government, or a combination of
3 such governments.

4 (55) "Release" means legal termination of the commitment under
5 the provisions of this chapter.

6 (56) "Resource management services" has the meaning given in
7 chapter 71.24 RCW.

8 (57) "Responsible other" means the minor, the minor's parent or
9 estate, or any other person legally responsible for support of the
10 minor.

11 (58) "Secretary" means the secretary of the department or
12 secretary's designee.

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

20 (a) Provide the following services:

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

23 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

12 (63) "Store and forward technology" means use of an asynchronous
13 transmission of a person's medical information from a mental health
14 service provider to the designated crisis responder which results in
15 medical diagnosis, consultation, or treatment.

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

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

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

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

1 services for the department, the department of health, the authority,
2 behavioral health organizations, or a treatment facility if the notes
3 or records are not available to others.

4 ~~(68) ("Triage facility" means a short-term facility or a portion~~
5 ~~of a facility licensed or certified by the department of health under~~
6 ~~RCW 71.24.035, which is designed as a facility to assess and~~
7 ~~stabilize an individual or determine the need for involuntary~~
8 ~~commitment of an individual, and must meet department of health~~
9 ~~residential treatment facility standards. A triage facility may be~~
10 ~~structured as a voluntary or involuntary placement facility.~~

11 ~~(69))~~ "Video" means the delivery of behavioral health services
12 through the use of interactive audio and video technology, permitting
13 real-time communication between a person and a designated crisis
14 responder, for the purpose of evaluation. "Video" does not include
15 the use of audio-only telephone, facsimile, email, or store and
16 forward technology.

17 ~~((70))~~ (69) "Violent act" means behavior that resulted in
18 homicide, attempted suicide, injury, or substantial loss or damage to
19 property.

20 **Sec. 14.** RCW 71.34.351 and 2020 c 302 s 67 are each amended to
21 read as follows:

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

36 **Sec. 15.** RCW 71.05.755 and 2019 c 325 s 3014 are each amended to
37 read as follows:

1 (1) The authority shall promptly share reports it receives under
2 RCW 71.05.750 with the responsible behavioral health administrative
3 services organization or managed care organization, if
4 applicable. The behavioral health administrative services
5 organization or managed care organization, if applicable, receiving
6 this notification must attempt to engage the person in appropriate
7 services for which the person is eligible and report back within
8 seven days to the authority.

9 (2) The authority shall track and analyze reports submitted under
10 RCW 71.05.750. The authority must initiate corrective action when
11 appropriate to ensure that each behavioral health administrative
12 services organization or managed care organization, if applicable,
13 has implemented an adequate plan to provide evaluation and treatment
14 services. Corrective actions may include remedies under the
15 authority's contract with such entity. An adequate plan may include
16 development of less restrictive alternatives to involuntary
17 commitment such as (~~crisis triage,~~) crisis diversion, voluntary
18 treatment, or prevention programs reasonably calculated to reduce
19 demand for evaluation and treatment under this chapter.

20 **Sec. 16.** RCW 71.24.890 and 2021 c 302 s 102 are each amended to
21 read as follows:

22 (1) Establishing the state crisis call center hubs and enhancing
23 the crisis response system will require collaborative work between
24 the department and the authority within their respective roles. The
25 department shall have primary responsibility for establishing and
26 designating the crisis call center hubs. The authority shall have
27 primary responsibility for developing and implementing the crisis
28 response system and services to support the work of the crisis call
29 center hubs. In any instance in which one agency is identified as the
30 lead, the expectation is that agency will be communicating and
31 collaborating with the other to ensure seamless, continuous, and
32 effective service delivery within the statewide crisis response
33 system.

34 (2) The department shall provide adequate funding for the state's
35 crisis call centers to meet an expected increase in the use of the
36 call centers based on the implementation of the 988 crisis hotline.
37 The funding level shall be established at a level anticipated to
38 achieve an in-state call response rate of at least 90 percent by July
39 22, 2022. The funding level shall be determined by considering

1 standards and cost per call predictions provided by the administrator
2 of the national suicide prevention lifeline, call volume predictions,
3 guidance on crisis call center performance metrics, and necessary
4 technology upgrades.

5 (3) The department shall adopt rules by July 1, 2023, to
6 establish standards for designation of crisis call centers as crisis
7 call center hubs. The department shall collaborate with the authority
8 and other agencies to assure coordination and availability of
9 services, and shall consider national guidelines for behavioral
10 health crisis care as determined by the federal substance abuse and
11 mental health services administration, national behavioral health
12 accrediting bodies, and national behavioral health provider
13 associations to the extent they are appropriate, and recommendations
14 from the crisis response improvement strategy committee created in
15 RCW 71.24.892.

16 (4) The department shall designate crisis call center hubs by
17 July 1, 2024. The crisis call center hubs shall provide crisis
18 intervention services, triage, care coordination, referrals, and
19 connections to individuals contacting the 988 crisis hotline from any
20 jurisdiction within Washington 24 hours a day, seven days a week,
21 using the system platform developed under subsection (5) of this
22 section.

23 (a) To be designated as a crisis call center hub, the applicant
24 must demonstrate to the department the ability to comply with the
25 requirements of this section and to contract to provide crisis call
26 center hub services. The department may revoke the designation of any
27 crisis call center hub that fails to substantially comply with the
28 contract.

29 (b) The contracts entered shall require designated crisis call
30 center hubs to:

31 (i) Have an active agreement with the administrator of the
32 national suicide prevention lifeline for participation within its
33 network;

34 (ii) Meet the requirements for operational and clinical standards
35 established by the department and based upon the national suicide
36 prevention lifeline best practices guidelines and other recognized
37 best practices;

38 (iii) Employ highly qualified, skilled, and trained clinical
39 staff who have sufficient training and resources to provide empathy
40 to callers in acute distress, de-escalate crises, assess behavioral

1 health disorders and suicide risk, triage to system partners, and
2 provide case management and documentation. Call center staff shall be
3 trained to make every effort to resolve cases in the least
4 restrictive environment and without law enforcement involvement
5 whenever possible. Call center staff shall coordinate with certified
6 peer counselors to provide follow-up and outreach to callers in
7 distress as available. It is intended for transition planning to
8 include a pathway for continued employment and skill advancement as
9 needed for experienced crisis call center employees;

10 (iv) Collaborate with the authority, the national suicide
11 prevention lifeline, and veterans crisis line networks to assure
12 consistency of public messaging about the 988 crisis hotline; and

13 (v) Provide data and reports and participate in evaluations and
14 related quality improvement activities, according to standards
15 established by the department in collaboration with the authority.

16 (c) The department and the authority shall incorporate
17 recommendations from the crisis response improvement strategy
18 committee created under RCW 71.24.892 in its agreements with crisis
19 call center hubs, as appropriate.

20 (5) The department and authority must coordinate to develop the
21 technology and platforms necessary to manage and operate the
22 behavioral health crisis response and suicide prevention system. The
23 technologies developed must include:

24 (a) A new technologically advanced behavioral health and suicide
25 prevention crisis call center system platform using technology
26 demonstrated to be interoperable across crisis and emergency response
27 systems used throughout the state, such as 911 systems, emergency
28 medical services systems, and other nonbehavioral health crisis
29 services, for use in crisis call center hubs designated by the
30 department under subsection (4) of this section. This platform, which
31 shall be fully funded by July 1, 2023, shall be developed by the
32 department and must include the capacity to receive crisis assistance
33 requests through phone calls, texts, chats, and other similar methods
34 of communication that may be developed in the future that promote
35 access to the behavioral health crisis system; and

36 (b) A behavioral health integrated client referral system capable
37 of providing system coordination information to crisis call center
38 hubs and the other entities involved in behavioral health care. This
39 system shall be developed by the authority.

1 (6) In developing the new technologies under subsection (5) of
2 this section, the department and the authority must coordinate to
3 designate a primary technology system to provide each of the
4 following:

5 (a) Access to real-time information relevant to the coordination
6 of behavioral health crisis response and suicide prevention services,
7 including:

8 (i) Real-time bed availability for all behavioral health bed
9 types and recliner chairs, including but not limited to crisis
10 stabilization services, (~~(triage facilities,)~~) 23-hour crisis relief
11 centers, psychiatric inpatient, substance use disorder inpatient,
12 withdrawal management, peer-run respite centers, and crisis respite
13 services, inclusive of both voluntary and involuntary beds, for use
14 by crisis response workers, first responders, health care providers,
15 emergency departments, and individuals in crisis; and

16 (ii) Real-time information relevant to the coordination of
17 behavioral health crisis response and suicide prevention services for
18 a person, including the means to access:

19 (A) Information about any less restrictive alternative treatment
20 orders or mental health advance directives related to the person; and

21 (B) Information necessary to enable the crisis call center hub to
22 actively collaborate with emergency departments, primary care
23 providers and behavioral health providers within managed care
24 organizations, behavioral health administrative services
25 organizations, and other health care payers to establish a safety
26 plan for the person in accordance with best practices and provide the
27 next steps for the person's transition to follow-up noncrisis care.
28 To establish information-sharing guidelines that fulfill the intent
29 of this section the authority shall consider input from the
30 confidential information compliance and coordination subcommittee
31 established under RCW 71.24.892;

32 (b) The means to request deployment of appropriate crisis
33 response services, which may include mobile rapid response crisis
34 teams, co-responder teams, designated crisis responders, fire
35 department mobile integrated health teams, or community assistance
36 referral and educational services programs under RCW 35.21.930,
37 according to best practice guidelines established by the authority,
38 and track local response through global positioning technology;
39 (~~and~~)

1 (c) The means to track the outcome of the 988 call to enable
2 appropriate follow up, cross-system coordination, and accountability,
3 including as appropriate: (i) Any immediate services dispatched and
4 reports generated from the encounter; (ii) the validation of a safety
5 plan established for the caller in accordance with best practices;
6 (iii) the next steps for the caller to follow in transition to
7 noncrisis follow-up care, including a next-day appointment for
8 callers experiencing urgent, symptomatic behavioral health care
9 needs; and (iv) the means to verify and document whether the caller
10 was successful in making the transition to appropriate noncrisis
11 follow-up care indicated in the safety plan for the person, to be
12 completed either by the care coordinator provided through the
13 person's managed care organization, health plan, or behavioral health
14 administrative services organization, or if such a care coordinator
15 is not available or does not follow through, by the staff of the
16 crisis call center hub;

17 (d) A means to facilitate actions to verify and document whether
18 the person's transition to follow up noncrisis care was completed and
19 services offered, to be performed by a care coordinator provided
20 through the person's managed care organization, health plan, or
21 behavioral health administrative services organization, or if such a
22 care coordinator is not available or does not follow through, by the
23 staff of the crisis call center hub;

24 (e) The means to provide geographically, culturally, and
25 linguistically appropriate services to persons who are part of high-
26 risk populations or otherwise have need of specialized services or
27 accommodations, and to document these services or accommodations; and

28 (f) When appropriate, consultation with tribal governments to
29 ensure coordinated care in government-to-government relationships,
30 and access to dedicated services to tribal members.

31 (7) To implement this section the department and the authority
32 shall collaborate with the state (~~enhanced~~) 911 coordination
33 office, emergency management division, and military department to
34 develop technology that is demonstrated to be interoperable between
35 the 988 crisis hotline system and crisis and emergency response
36 systems used throughout the state, such as 911 systems, emergency
37 medical services systems, and other nonbehavioral health crisis
38 services, as well as the national suicide prevention lifeline, to
39 assure cohesive interoperability, develop training programs and
40 operations for both 911 public safety telecommunicators and crisis

1 line workers, develop suicide and other behavioral health crisis
2 assessments and intervention strategies, and establish efficient and
3 equitable access to resources via crisis hotlines.

4 (8) The authority shall:

5 (a) Collaborate with county authorities and behavioral health
6 administrative services organizations to develop procedures to
7 dispatch behavioral health crisis services in coordination with
8 crisis call center hubs to effectuate the intent of this section;

9 (b) Establish formal agreements with managed care organizations
10 and behavioral health administrative services organizations by
11 January 1, 2023, to provide for the services, capacities, and
12 coordination necessary to effectuate the intent of this section,
13 which shall include a requirement to arrange next-day appointments
14 for persons contacting the 988 crisis hotline experiencing urgent,
15 symptomatic behavioral health care needs with geographically,
16 culturally, and linguistically appropriate primary care or behavioral
17 health providers within the person's provider network, or, if
18 uninsured, through the person's behavioral health administrative
19 services organization;

20 (c) Create best practices guidelines by July 1, 2023, for
21 deployment of appropriate and available crisis response services by
22 crisis call center hubs to assist 988 hotline callers to minimize
23 nonessential reliance on emergency room services and the use of law
24 enforcement, considering input from relevant stakeholders and
25 recommendations made by the crisis response improvement strategy
26 committee created under RCW 71.24.892;

27 (d) Develop procedures to allow appropriate information sharing
28 and communication between and across crisis and emergency response
29 systems for the purpose of real-time crisis care coordination
30 including, but not limited to, deployment of crisis and outgoing
31 services, follow-up care, and linked, flexible services specific to
32 crisis response; and

33 (e) Establish guidelines to appropriately serve high-risk
34 populations who request crisis services. The authority shall design
35 these guidelines to promote behavioral health equity for all
36 populations with attention to circumstances of race, ethnicity,
37 gender, socioeconomic status, sexual orientation, and geographic
38 location, and include components such as training requirements for
39 call response workers, policies for transferring such callers to an
40 appropriate specialized center or subnetwork within or external to

1 the national suicide prevention lifeline network, and procedures for
2 referring persons who access the 988 crisis hotline to linguistically
3 and culturally competent care.

4 **Sec. 17.** RCW 10.31.110 and 2021 c 311 s 6 are each amended to
5 read as follows:

6 (1) When a police officer has reasonable cause to believe that
7 the individual has committed acts constituting a crime, and the
8 individual is known by history or consultation with the behavioral
9 health administrative services organization, managed care
10 organization, crisis hotline, local crisis services providers, or
11 community health providers to have a mental disorder or substance use
12 disorder, in addition to existing authority under state law or local
13 policy, as an alternative to arrest, the arresting officer is
14 authorized and encouraged to:

15 (a) Take the individual to a crisis stabilization unit as defined
16 in RCW 71.05.020. Individuals delivered to a crisis stabilization
17 unit pursuant to this section may be held by the facility for a
18 period of up to twelve hours. The individual must be examined by a
19 mental health professional or substance use disorder professional
20 within three hours of arrival;

21 (b) Take the individual to a (~~triage facility~~) 23-hour crisis
22 relief center as defined in RCW (~~71.05.020~~) 71.24.025. An
23 individual delivered to a (~~triage facility which has elected to~~
24 ~~operate as an involuntary facility~~) 23-hour crisis relief center may
25 be held up to a period of twelve hours. The individual must be
26 examined by a mental health professional or substance use disorder
27 professional within three hours of arrival;

28 (c) Refer the individual to a designated crisis responder for
29 evaluation for initial detention and proceeding under chapter 71.05
30 RCW;

31 (d) Release the individual upon agreement to voluntary
32 participation in outpatient treatment;

33 (e) Refer the individual to youth, adult, or geriatric mobile
34 crisis response services, as appropriate; or

35 (f) Refer the individual to the regional entity responsible to
36 receive referrals in lieu of legal system involvement, including the
37 recovery navigator program described in RCW 71.24.115.

38 (2) If the individual is released to the community from the
39 facilities in subsection (1)(a) through (c) of this section, the

1 mental health provider or substance use disorder professional shall
2 make reasonable efforts to inform the arresting officer of the
3 planned release prior to release if the arresting officer has
4 specifically requested notification and provided contact information
5 to the provider.

6 (3) In deciding whether to refer the individual to treatment
7 under this section, the police officer must be guided by local law
8 enforcement diversion guidelines for behavioral health developed and
9 mutually agreed upon with the prosecuting authority with an
10 opportunity for consultation and comment by the defense bar and
11 disability community. These guidelines must address, at a minimum,
12 the length, seriousness, and recency of the known criminal history of
13 the individual, the mental health history of the individual, if
14 available, the substance use disorder history of the individual, if
15 available, the opinions of a mental health professional, if
16 available, the opinions of a substance use disorder professional, if
17 available, and the circumstances surrounding the commission of the
18 alleged offense. The guidelines must include a process for clearing
19 outstanding warrants or referring the individual for assistance in
20 clearing outstanding warrants, if any, and issuing a new court date,
21 if appropriate, without booking or incarcerating the individual or
22 disqualifying the individual from referral to treatment under this
23 section, and define the circumstances under which such action is
24 permissible. Referrals to services, care, and treatment for substance
25 use disorder must be made in accordance with protocols developed for
26 the recovery navigator program described in RCW 71.24.115.

27 (4) Any agreement to participate in treatment or services in lieu
28 of jail booking or referring a case for prosecution shall not require
29 individuals to stipulate to any of the alleged facts regarding the
30 criminal activity as a prerequisite to participation in the
31 alternative response described in this section. Any agreement is
32 inadmissible in any criminal or civil proceeding. Such agreements do
33 not create immunity from prosecution for the alleged criminal
34 activity.

35 (5) If there are required terms of participation in the services
36 or treatment to which an individual was referred under this section,
37 and if the individual violates such terms and is therefore no longer
38 participating in services:

1 (a) The behavioral health or service provider shall inform the
2 referring law enforcement agency of the violation, if consistent with
3 the terms of the program and applicable law; and

4 (b) The original charges may be filed or referred to the
5 prosecutor, as appropriate, and the matter may proceed accordingly,
6 unless filing or referring the charges is inconsistent with the terms
7 of a local diversion program or a recovery navigator program
8 described in RCW 71.24.115.

9 (6) The police officer is immune from liability for any good
10 faith conduct under this section.

11 **Sec. 18.** RCW 10.77.086 and 2022 c 288 s 4 are each amended to
12 read as follows:

13 (1) If the defendant is charged with a felony and determined to
14 be incompetent, until he or she has regained the competency necessary
15 to understand the proceedings against him or her and assist in his or
16 her own defense, but in any event for a period of no longer than 90
17 days, the court shall commit the defendant to the custody of the
18 secretary for inpatient competency restoration, or may alternatively
19 order the defendant to receive outpatient competency restoration
20 based on a recommendation from a forensic navigator and input from
21 the parties.

22 (a) To be eligible for an order for outpatient competency
23 restoration, a defendant must be clinically appropriate and be
24 willing to:

25 (i) Adhere to medications or receive prescribed intramuscular
26 medication;

27 (ii) Abstain from alcohol and unprescribed drugs; and

28 (iii) Comply with urinalysis or breathalyzer monitoring if
29 needed.

30 (b) If the court orders inpatient competency restoration, the
31 department shall place the defendant in an appropriate facility of
32 the department for competency restoration.

33 (c) If the court orders outpatient competency restoration, the
34 court shall modify conditions of release as needed to authorize the
35 department to place the person in approved housing, which may include
36 access to supported housing, affiliated with a contracted outpatient
37 competency restoration program. The department, in conjunction with
38 the health care authority, must establish rules for conditions of
39 participation in the outpatient competency restoration program, which

1 must include the defendant being subject to medication management.
2 The court may order regular urinalysis testing. The outpatient
3 competency restoration program shall monitor the defendant during the
4 defendant's placement in the program and report any noncompliance or
5 significant changes with respect to the defendant to the department
6 and, if applicable, the forensic navigator.

7 (d) If a defendant fails to comply with the restrictions of the
8 outpatient restoration program such that restoration is no longer
9 appropriate in that setting or the defendant is no longer clinically
10 appropriate for outpatient competency restoration, the director of
11 the outpatient competency restoration program shall notify the
12 authority and the department of the need to terminate the outpatient
13 competency restoration placement and intent to request placement for
14 the defendant in an appropriate facility of the department for
15 inpatient competency restoration. The outpatient competency
16 restoration program shall coordinate with the authority, the
17 department, and any law enforcement personnel under (d)(i) of this
18 subsection to ensure that the time period between termination and
19 admission into the inpatient facility is as minimal as possible. The
20 time period for inpatient competency restoration shall be reduced by
21 the time period spent in active treatment within the outpatient
22 competency restoration program, excluding time periods in which the
23 defendant was absent from the program and all time from notice of
24 termination of the outpatient competency restoration period through
25 the defendant's admission to the facility. The department shall
26 obtain a placement for the defendant within seven days of the notice
27 of intent to terminate the outpatient competency restoration
28 placement.

29 (i) The department may authorize a peace officer to detain the
30 defendant into emergency custody for transport to the designated
31 inpatient competency restoration facility. If medical clearance is
32 required by the designated competency restoration facility before
33 admission, the peace officer must transport the defendant to a crisis
34 stabilization unit, evaluation and treatment facility, or emergency
35 department of a local hospital(~~(, or triage facility)~~) for medical
36 clearance once a bed is available at the designated inpatient
37 competency restoration facility. The signed outpatient competency
38 restoration order of the court shall serve as authority for the
39 detention of the defendant under this subsection. This subsection
40 does not preclude voluntary transportation of the defendant to a

1 facility for inpatient competency restoration or for medical
2 clearance, or authorize admission of the defendant into jail.

3 (ii) The department shall notify the court and parties of the
4 defendant's admission for inpatient competency restoration before the
5 close of the next judicial day. The court shall schedule a hearing
6 within five days to review the conditions of release of the defendant
7 and anticipated release from treatment and issue appropriate orders.

8 (e) The court may not issue an order for outpatient competency
9 restoration unless the department certifies that there is an
10 available appropriate outpatient competency restoration program that
11 has adequate space for the person at the time the order is issued or
12 the court places the defendant under the guidance and control of a
13 professional person identified in the court order.

14 (2) For a defendant whose highest charge is a class C felony, or
15 a class B felony that is not classified as violent under RCW
16 9.94A.030, the maximum time allowed for the initial competency
17 restoration period is 45 days if the defendant is referred for
18 inpatient competency restoration, or 90 days if the defendant is
19 referred for outpatient competency restoration, provided that if the
20 outpatient competency restoration placement is terminated and the
21 defendant is subsequently admitted to an inpatient facility, the
22 period of inpatient treatment during the first competency restoration
23 period under this subsection shall not exceed 45 days.

24 (3) If the court determines or the parties agree before the
25 initial competency restoration period or at any subsequent stage of
26 the proceedings that the defendant is unlikely to regain competency,
27 the court may dismiss the charges without prejudice without ordering
28 the defendant to undergo an initial or further period of competency
29 restoration treatment, in which case the court shall order that the
30 defendant be referred for evaluation for civil commitment in the
31 manner provided in subsection (5) of this section.

32 (4) On or before expiration of the initial competency restoration
33 period the court shall conduct a hearing to determine whether the
34 defendant is now competent to stand trial. If the court finds by a
35 preponderance of the evidence that the defendant is incompetent to
36 stand trial, the court may order an extension of the competency
37 restoration period for an additional period of 90 days, but the court
38 must at the same time set a date for a new hearing to determine the
39 defendant's competency to stand trial before the expiration of this
40 second restoration period. The defendant, the defendant's attorney,

1 and the prosecutor have the right to demand that the hearing be
2 before a jury. No extension shall be ordered for a second or third
3 competency restoration period if the defendant's incompetence has
4 been determined by the secretary to be solely the result of a
5 developmental disability which is such that competence is not
6 reasonably likely to be regained during an extension.

7 (5) At the hearing upon the expiration of the second competency
8 restoration period, or at the end of the first competency restoration
9 period if the defendant is ineligible for a second or third
10 competency restoration period under subsection (4) of this section,
11 if the jury or court finds that the defendant is incompetent to stand
12 trial, the court shall dismiss the charges without prejudice and
13 order the defendant to be committed to a state hospital for up to 120
14 hours if the defendant has not undergone competency restoration
15 services or has engaged in outpatient competency restoration services
16 and up to 72 hours if the defendant engaged in inpatient competency
17 restoration services starting from admission to the facility,
18 excluding Saturdays, Sundays, and holidays, for evaluation for the
19 purpose of filing a civil commitment petition under chapter 71.05
20 RCW. However, the court shall not dismiss the charges if the court or
21 jury finds that: (a) The defendant (i) is a substantial danger to
22 other persons; or (ii) presents a substantial likelihood of
23 committing criminal acts jeopardizing public safety or security; and
24 (b) there is a substantial probability that the defendant will regain
25 competency within a reasonable period of time. If the court or jury
26 makes such a finding, the court may extend the period of commitment
27 for up to an additional six months.

28 (6) Any period of competency restoration treatment under this
29 section includes only the time the defendant is actually at the
30 facility or is actively participating in an outpatient competency
31 restoration program and is in addition to reasonable time for
32 transport to or from the facility.

33 **Sec. 19.** RCW 10.77.088 and 2022 c 288 s 5 are each amended to
34 read as follows:

35 (1) If the defendant is charged with a nonfelony crime which is a
36 serious offense as identified in RCW 10.77.092 and found by the court
37 to be not competent, then the court:

38 (a) Shall dismiss the proceedings without prejudice and detain
39 the defendant for sufficient time to allow the designated crisis

1 responder to evaluate the defendant and consider initial detention
2 proceedings under chapter 71.05 RCW, unless the prosecutor objects to
3 the dismissal and provides notice of a motion for an order for
4 competency restoration treatment, in which case the court shall
5 schedule a hearing within seven days.

6 (b) At the hearing, the prosecuting attorney must establish that
7 there is a compelling state interest to order competency restoration
8 treatment for the defendant. The court may consider prior criminal
9 history, prior history in treatment, prior history of violence, the
10 quality and severity of the pending charges, any history that
11 suggests whether competency restoration treatment is likely to be
12 successful, in addition to the factors listed under RCW 10.77.092. If
13 the prosecuting attorney proves by a preponderance of the evidence
14 that there is a compelling state interest in ordering competency
15 restoration treatment, then the court shall issue an order in
16 accordance with subsection (2) of this section.

17 (2) If a court finds pursuant to subsection (1)(b) of this
18 section that there is a compelling state interest in pursuing
19 competency restoration treatment, the court shall commit the
20 defendant to the custody of the secretary for inpatient competency
21 restoration, or may alternatively order the defendant to receive
22 outpatient competency restoration based on a recommendation from a
23 forensic navigator and input from the parties.

24 (a) To be eligible for an order for outpatient competency
25 restoration, a defendant must be clinically appropriate and be
26 willing to:

27 (i) Adhere to medications or receive prescribed intramuscular
28 medication;

29 (ii) Abstain from alcohol and unprescribed drugs; and

30 (iii) Comply with urinalysis or breathalyzer monitoring if
31 needed.

32 (b) If the court orders inpatient competency restoration, the
33 department shall place the defendant in an appropriate facility of
34 the department for competency restoration under subsection (3) of
35 this section.

36 (c) If the court orders outpatient competency restoration, the
37 court shall modify conditions of release as needed to authorize the
38 department to place the person in approved housing, which may include
39 access to supported housing, affiliated with a contracted outpatient
40 competency restoration program. The department, in conjunction with

1 the health care authority, must establish rules for conditions of
2 participation in the outpatient competency restoration program, which
3 must include the defendant being subject to medication management.
4 The court may order regular urinalysis testing. The outpatient
5 competency restoration program shall monitor the defendant during the
6 defendant's placement in the program and report any noncompliance or
7 significant changes with respect to the defendant to the department
8 and, if applicable, the forensic navigator.

9 (d) If a defendant fails to comply with the restrictions of the
10 outpatient competency restoration program such that restoration is no
11 longer appropriate in that setting or the defendant is no longer
12 clinically appropriate for outpatient competency restoration, the
13 director of the outpatient competency restoration program shall
14 notify the authority and the department of the need to terminate the
15 outpatient competency restoration placement and intent to request
16 placement for the defendant in an appropriate facility of the
17 department for inpatient competency restoration. The outpatient
18 competency restoration program shall coordinate with the authority,
19 the department, and any law enforcement personnel under (d)(i) of
20 this subsection to ensure that the time period between termination
21 and admission into the inpatient facility is as minimal as possible.
22 The time period for inpatient competency restoration shall be reduced
23 by the time period spent in active treatment within the outpatient
24 competency restoration program, excluding time periods in which the
25 defendant was absent from the program and all time from notice of
26 termination of the outpatient competency restoration period through
27 the defendant's admission to the facility. The department shall
28 obtain a placement for the defendant within seven days of the notice
29 of intent to terminate the outpatient competency restoration
30 placement.

31 (i) The department may authorize a peace officer to detain the
32 defendant into emergency custody for transport to the designated
33 inpatient competency restoration facility. If medical clearance is
34 required by the designated competency restoration facility before
35 admission, the peace officer must transport the defendant to a crisis
36 stabilization unit, evaluation and treatment facility, or emergency
37 department of a local hospital (~~(, or triage facility)~~) for medical
38 clearance once a bed is available at the designated inpatient
39 competency restoration facility. The signed outpatient competency
40 restoration order of the court shall serve as authority for the

1 detention of the defendant under this subsection. This subsection
2 does not preclude voluntary transportation of the defendant to a
3 facility for inpatient competency restoration or for medical
4 clearance, or authorize admission of the defendant into jail.

5 (ii) The department shall notify the court and parties of the
6 defendant's admission for inpatient competency restoration before the
7 close of the next judicial day. The court shall schedule a hearing
8 within five days to review the conditions of release of the defendant
9 and anticipated release from treatment and issue appropriate orders.

10 (e) The court may not issue an order for outpatient competency
11 restoration unless the department certifies that there is an
12 available appropriate outpatient restoration program that has
13 adequate space for the person at the time the order is issued or the
14 court places the defendant under the guidance and control of a
15 professional person identified in the court order.

16 (3) The placement under subsection (2) of this section shall not
17 exceed 29 days if the defendant is ordered to receive inpatient
18 competency restoration, and shall not exceed 90 days if the defendant
19 is ordered to receive outpatient competency restoration. The court
20 may order any combination of this subsection, but the total period of
21 inpatient competency restoration may not exceed 29 days.

22 (4) If the court has determined or the parties agree that the
23 defendant is unlikely to regain competency, the court may dismiss the
24 charges without prejudice without ordering the defendant to undergo
25 competency restoration treatment, in which case the court shall order
26 that the defendant be referred for evaluation for civil commitment in
27 the manner provided in subsection (5) of this section.

28 (5) (a) If the proceedings are dismissed under RCW 10.77.084 and
29 the defendant was on conditional release at the time of dismissal,
30 the court shall order the designated crisis responder within that
31 county to evaluate the defendant pursuant to chapter 71.05 RCW. The
32 evaluation may be conducted in any location chosen by the
33 professional.

34 (b) If the defendant was in custody and not on conditional
35 release at the time of dismissal, the defendant shall be detained and
36 sent to an evaluation and treatment facility for up to 120 hours if
37 the defendant has not undergone competency restoration services or
38 has engaged in outpatient competency restoration services and up to
39 72 hours if the defendant engaged in inpatient competency restoration
40 services, excluding Saturdays, Sundays, and holidays, for evaluation

1 for purposes of filing a petition under chapter 71.05 RCW. The 120-
2 hour or 72-hour period shall commence upon the next nonholiday
3 weekday following the court order and shall run to the end of the
4 last nonholiday weekday within the 120-hour or 72-hour period.

5 (6) If the defendant is charged with a nonfelony crime that is
6 not a serious offense as defined in RCW 10.77.092 and found by the
7 court to be not competent, the court may stay or dismiss proceedings
8 and detain the defendant for sufficient time to allow the designated
9 crisis responder to evaluate the defendant and consider initial
10 detention proceedings under chapter 71.05 RCW. The court must give
11 notice to all parties at least 24 hours before the dismissal of any
12 proceeding under this subsection, and provide an opportunity for a
13 hearing on whether to dismiss the proceedings.

14 (7) If at any time the court dismisses charges under subsections
15 (1) through (6) of this section, the court shall make a finding as to
16 whether the defendant has a history of one or more violent acts. If
17 the court so finds, the defendant is barred from the possession of
18 firearms until a court restores his or her right to possess a firearm
19 under RCW 9.41.047. The court shall state to the defendant and
20 provide written notice that the defendant is barred from the
21 possession of firearms and that the prohibition remains in effect
22 until a court restores his or her right to possess a firearm under
23 RCW 9.41.047.

24 (8) Any period of competency restoration treatment under this
25 section includes only the time the defendant is actually at the
26 facility or is actively participating in an outpatient competency
27 restoration program and is in addition to reasonable time for
28 transport to or from the facility.

29 **Sec. 20.** RCW 48.43.005 and 2022 c 263 s 2 are each reenacted and
30 amended to read as follows:

31 Unless otherwise specifically provided, the definitions in this
32 section apply throughout this chapter.

33 (1) "Adjusted community rate" means the rating method used to
34 establish the premium for health plans adjusted to reflect
35 actuarially demonstrated differences in utilization or cost
36 attributable to geographic region, age, family size, and use of
37 wellness activities.

38 (2) "Adverse benefit determination" means a denial, reduction, or
39 termination of, or a failure to provide or make payment, in whole or

1 in part, for a benefit, including a denial, reduction, termination,
2 or failure to provide or make payment that is based on a
3 determination of an enrollee's or applicant's eligibility to
4 participate in a plan, and including, with respect to group health
5 plans, a denial, reduction, or termination of, or a failure to
6 provide or make payment, in whole or in part, for a benefit resulting
7 from the application of any utilization review, as well as a failure
8 to cover an item or service for which benefits are otherwise provided
9 because it is determined to be experimental or investigational or not
10 medically necessary or appropriate.

11 (3) "Air ambulance service" has the same meaning as defined in
12 section 2799A-2 of the public health service act (42 U.S.C. Sec.
13 300gg-112) and implementing federal regulations in effect on March
14 31, 2022.

15 (4) "Allowed amount" means the maximum portion of a billed charge
16 a health carrier will pay, including any applicable enrollee cost-
17 sharing responsibility, for a covered health care service or item
18 rendered by a participating provider or facility or by a
19 nonparticipating provider or facility.

20 (5) "Applicant" means a person who applies for enrollment in an
21 individual health plan as the subscriber or an enrollee, or the
22 dependent or spouse of a subscriber or enrollee.

23 (6) "Balance bill" means a bill sent to an enrollee by a
24 nonparticipating provider or facility for health care services
25 provided to the enrollee after the provider or facility's billed
26 amount is not fully reimbursed by the carrier, exclusive of permitted
27 cost-sharing.

28 (7) "Basic health plan" means the plan described under chapter
29 70.47 RCW, as revised from time to time.

30 (8) "Basic health plan model plan" means a health plan as
31 required in RCW 70.47.060(2)(e).

32 (9) "Basic health plan services" means that schedule of covered
33 health services, including the description of how those benefits are
34 to be administered, that are required to be delivered to an enrollee
35 under the basic health plan, as revised from time to time.

36 (10) "Behavioral health emergency services provider" means
37 emergency services provided in the following settings:

38 (a) A crisis stabilization unit as defined in RCW 71.05.020;

39 (b) A 23-hour crisis relief center as defined in RCW 71.24.025;

1 (c) An evaluation and treatment facility that can provide
2 directly, or by direct arrangement with other public or private
3 agencies, emergency evaluation and treatment, outpatient care, and
4 timely and appropriate inpatient care to persons suffering from a
5 mental disorder, and which is licensed or certified as such by the
6 department of health;

7 ~~((e))~~ (d) An agency certified by the department of health under
8 chapter 71.24 RCW to provide outpatient crisis services;

9 ~~((d) A triage facility as defined in RCW 71.05.020;))~~

10 (e) An agency certified by the department of health under chapter
11 71.24 RCW to provide medically managed or medically monitored
12 withdrawal management services; or

13 (f) A mobile rapid response crisis team as defined in RCW
14 71.24.025 that is contracted with a behavioral health administrative
15 services organization operating under RCW 71.24.045 to provide crisis
16 response services in the behavioral health administrative services
17 organization's service area.

18 (11) "Board" means the governing board of the Washington health
19 benefit exchange established in chapter 43.71 RCW.

20 (12)(a) For grandfathered health benefit plans issued before
21 January 1, 2014, and renewed thereafter, "catastrophic health plan"
22 means:

23 (i) In the case of a contract, agreement, or policy covering a
24 single enrollee, a health benefit plan requiring a calendar year
25 deductible of, at a minimum, one thousand seven hundred fifty dollars
26 and an annual out-of-pocket expense required to be paid under the
27 plan (other than for premiums) for covered benefits of at least three
28 thousand five hundred dollars, both amounts to be adjusted annually
29 by the insurance commissioner; and

30 (ii) In the case of a contract, agreement, or policy covering
31 more than one enrollee, a health benefit plan requiring a calendar
32 year deductible of, at a minimum, three thousand five hundred dollars
33 and an annual out-of-pocket expense required to be paid under the
34 plan (other than for premiums) for covered benefits of at least six
35 thousand dollars, both amounts to be adjusted annually by the
36 insurance commissioner.

37 (b) In July 2008, and in each July thereafter, the insurance
38 commissioner shall adjust the minimum deductible and out-of-pocket
39 expense required for a plan to qualify as a catastrophic plan to
40 reflect the percentage change in the consumer price index for medical

1 care for a preceding twelve months, as determined by the United
2 States department of labor. For a plan year beginning in 2014, the
3 out-of-pocket limits must be adjusted as specified in section
4 1302(c)(1) of P.L. 111-148 of 2010, as amended. The adjusted amount
5 shall apply on the following January 1st.

6 (c) For health benefit plans issued on or after January 1, 2014,
7 "catastrophic health plan" means:

8 (i) A health benefit plan that meets the definition of
9 catastrophic plan set forth in section 1302(e) of P.L. 111-148 of
10 2010, as amended; or

11 (ii) A health benefit plan offered outside the exchange
12 marketplace that requires a calendar year deductible or out-of-pocket
13 expenses under the plan, other than for premiums, for covered
14 benefits, that meets or exceeds the commissioner's annual adjustment
15 under (b) of this subsection.

16 (13) "Certification" means a determination by a review
17 organization that an admission, extension of stay, or other health
18 care service or procedure has been reviewed and, based on the
19 information provided, meets the clinical requirements for medical
20 necessity, appropriateness, level of care, or effectiveness under the
21 auspices of the applicable health benefit plan.

22 (14) "Concurrent review" means utilization review conducted
23 during a patient's hospital stay or course of treatment.

24 (15) "Covered person" or "enrollee" means a person covered by a
25 health plan including an enrollee, subscriber, policyholder,
26 beneficiary of a group plan, or individual covered by any other
27 health plan.

28 (16) "Dependent" means, at a minimum, the enrollee's legal spouse
29 and dependent children who qualify for coverage under the enrollee's
30 health benefit plan.

31 (17) "Emergency medical condition" means a medical, mental
32 health, or substance use disorder condition manifesting itself by
33 acute symptoms of sufficient severity including, but not limited to,
34 severe pain or emotional distress, such that a prudent layperson, who
35 possesses an average knowledge of health and medicine, could
36 reasonably expect the absence of immediate medical, mental health, or
37 substance use disorder treatment attention to result in a condition
38 (a) placing the health of the individual, or with respect to a
39 pregnant woman, the health of the woman or her unborn child, in

1 serious jeopardy, (b) serious impairment to bodily functions, or (c)
2 serious dysfunction of any bodily organ or part.

3 (18) "Emergency services" means:

4 (a) (i) A medical screening examination, as required under section
5 1867 of the social security act (42 U.S.C. Sec. 1395dd), that is
6 within the capability of the emergency department of a hospital,
7 including ancillary services routinely available to the emergency
8 department to evaluate that emergency medical condition;

9 (ii) Medical examination and treatment, to the extent they are
10 within the capabilities of the staff and facilities available at the
11 hospital, as are required under section 1867 of the social security
12 act (42 U.S.C. Sec. 1395dd) to stabilize the patient. Stabilize, with
13 respect to an emergency medical condition, has the meaning given in
14 section 1867(e)(3) of the social security act (42 U.S.C. Sec.
15 1395dd(e)(3)); and

16 (iii) Covered services provided by staff or facilities of a
17 hospital after the enrollee is stabilized and as part of outpatient
18 observation or an inpatient or outpatient stay with respect to the
19 visit during which screening and stabilization services have been
20 furnished. Poststabilization services relate to medical, mental
21 health, or substance use disorder treatment necessary in the short
22 term to avoid placing the health of the individual, or with respect
23 to a pregnant woman, the health of the woman or her unborn child, in
24 serious jeopardy, serious impairment to bodily functions, or serious
25 dysfunction of any bodily organ or part; or

26 (b) (i) A screening examination that is within the capability of a
27 behavioral health emergency services provider including ancillary
28 services routinely available to the behavioral health emergency
29 services provider to evaluate that emergency medical condition;

30 (ii) Examination and treatment, to the extent they are within the
31 capabilities of the staff and facilities available at the behavioral
32 health emergency services provider, as are required under section
33 1867 of the social security act (42 U.S.C. Sec. 1395dd) or as would
34 be required under such section if such section applied to behavioral
35 health emergency services providers, to stabilize the patient.
36 Stabilize, with respect to an emergency medical condition, has the
37 meaning given in section 1867(e)(3) of the social security act (42
38 U.S.C. Sec. 1395dd(e)(3)); and

39 (iii) Covered behavioral health services provided by staff or
40 facilities of a behavioral health emergency services provider after

1 the enrollee is stabilized and as part of outpatient observation or
2 an inpatient or outpatient stay with respect to the visit during
3 which screening and stabilization services have been furnished.
4 Poststabilization services relate to mental health or substance use
5 disorder treatment necessary in the short term to avoid placing the
6 health of the individual, or with respect to a pregnant woman, the
7 health of the woman or her unborn child, in serious jeopardy, serious
8 impairment to bodily functions, or serious dysfunction of any bodily
9 organ or part.

10 (19) "Employee" has the same meaning given to the term, as of
11 January 1, 2008, under section 3(6) of the federal employee
12 retirement income security act of 1974.

13 (20) "Enrollee point-of-service cost-sharing" or "cost-sharing"
14 means amounts paid to health carriers directly providing services,
15 health care providers, or health care facilities by enrollees and may
16 include copayments, coinsurance, or deductibles.

17 (21) "Essential health benefit categories" means:

18 (a) Ambulatory patient services;

19 (b) Emergency services;

20 (c) Hospitalization;

21 (d) Maternity and newborn care;

22 (e) Mental health and substance use disorder services, including
23 behavioral health treatment;

24 (f) Prescription drugs;

25 (g) Rehabilitative and habilitative services and devices;

26 (h) Laboratory services;

27 (i) Preventive and wellness services and chronic disease
28 management; and

29 (j) Pediatric services, including oral and vision care.

30 (22) "Exchange" means the Washington health benefit exchange
31 established under chapter 43.71 RCW.

32 (23) "Final external review decision" means a determination by an
33 independent review organization at the conclusion of an external
34 review.

35 (24) "Final internal adverse benefit determination" means an
36 adverse benefit determination that has been upheld by a health plan
37 or carrier at the completion of the internal appeals process, or an
38 adverse benefit determination with respect to which the internal
39 appeals process has been exhausted under the exhaustion rules
40 described in RCW 48.43.530 and 48.43.535.

1 (25) "Grandfathered health plan" means a group health plan or an
2 individual health plan that under section 1251 of the patient
3 protection and affordable care act, P.L. 111-148 (2010) and as
4 amended by the health care and education reconciliation act, P.L.
5 111-152 (2010) is not subject to subtitles A or C of the act as
6 amended.

7 (26) "Grievance" means a written complaint submitted by or on
8 behalf of a covered person regarding service delivery issues other
9 than denial of payment for medical services or nonprovision of
10 medical services, including dissatisfaction with medical care,
11 waiting time for medical services, provider or staff attitude or
12 demeanor, or dissatisfaction with service provided by the health
13 carrier.

14 (27) "Health care facility" or "facility" means hospices licensed
15 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW,
16 rural health care facilities as defined in RCW 70.175.020,
17 psychiatric hospitals licensed under chapter 71.12 RCW, nursing homes
18 licensed under chapter 18.51 RCW, community mental health centers
19 licensed under chapter 71.05 or 71.24 RCW, kidney disease treatment
20 centers licensed under chapter 70.41 RCW, ambulatory diagnostic,
21 treatment, or surgical facilities licensed under chapter 70.41 or
22 70.230 RCW, drug and alcohol treatment facilities licensed under
23 chapter 70.96A RCW, and home health agencies licensed under chapter
24 70.127 RCW, and includes such facilities if owned and operated by a
25 political subdivision or instrumentality of the state and such other
26 facilities as required by federal law and implementing regulations.

27 (28) "Health care provider" or "provider" means:

28 (a) A person regulated under Title 18 or chapter 70.127 RCW, to
29 practice health or health-related services or otherwise practicing
30 health care services in this state consistent with state law; or

31 (b) An employee or agent of a person described in (a) of this
32 subsection, acting in the course and scope of his or her employment.

33 (29) "Health care service" means that service offered or provided
34 by health care facilities and health care providers relating to the
35 prevention, cure, or treatment of illness, injury, or disease.

36 (30) "Health carrier" or "carrier" means a disability insurer
37 regulated under chapter 48.20 or 48.21 RCW, a health care service
38 contractor as defined in RCW 48.44.010, or a health maintenance
39 organization as defined in RCW 48.46.020, and includes "issuers" as

1 that term is used in the patient protection and affordable care act
2 (P.L. 111-148).

3 (31) "Health plan" or "health benefit plan" means any policy,
4 contract, or agreement offered by a health carrier to provide,
5 arrange, reimburse, or pay for health care services except the
6 following:

7 (a) Long-term care insurance governed by chapter 48.84 or 48.83
8 RCW;

9 (b) Medicare supplemental health insurance governed by chapter
10 48.66 RCW;

11 (c) Coverage supplemental to the coverage provided under chapter
12 55, Title 10, United States Code;

13 (d) Limited health care services offered by limited health care
14 service contractors in accordance with RCW 48.44.035;

15 (e) Disability income;

16 (f) Coverage incidental to a property/casualty liability
17 insurance policy such as automobile personal injury protection
18 coverage and homeowner guest medical;

19 (g) Workers' compensation coverage;

20 (h) Accident only coverage;

21 (i) Specified disease or illness-triggered fixed payment
22 insurance, hospital confinement fixed payment insurance, or other
23 fixed payment insurance offered as an independent, noncoordinated
24 benefit;

25 (j) Employer-sponsored self-funded health plans;

26 (k) Dental only and vision only coverage;

27 (l) Plans deemed by the insurance commissioner to have a short-
28 term limited purpose or duration, or to be a student-only plan that
29 is guaranteed renewable while the covered person is enrolled as a
30 regular full-time undergraduate or graduate student at an accredited
31 higher education institution, after a written request for such
32 classification by the carrier and subsequent written approval by the
33 insurance commissioner;

34 (m) Civilian health and medical program for the veterans affairs
35 administration (CHAMPVA); and

36 (n) Stand-alone prescription drug coverage that exclusively
37 supplements medicare part D coverage provided through an employer
38 group waiver plan under federal social security act regulation 42
39 C.F.R. Sec. 423.458(c).

1 (32) "Individual market" means the market for health insurance
2 coverage offered to individuals other than in connection with a group
3 health plan.

4 (33) "In-network" or "participating" means a provider or facility
5 that has contracted with a carrier or a carrier's contractor or
6 subcontractor to provide health care services to enrollees and be
7 reimbursed by the carrier at a contracted rate as payment in full for
8 the health care services, including applicable cost-sharing
9 obligations.

10 (34) "Material modification" means a change in the actuarial
11 value of the health plan as modified of more than five percent but
12 less than fifteen percent.

13 (35) "Nonemergency health care services performed by
14 nonparticipating providers at certain participating facilities" means
15 covered items or services other than emergency services with respect
16 to a visit at a participating health care facility, as provided in
17 section 2799A-1(b) of the public health service act (42 U.S.C. Sec.
18 300gg-111(b)), 45 C.F.R. Sec. 149.30, and 45 C.F.R. Sec. 149.120 as
19 in effect on March 31, 2022.

20 (36) "Open enrollment" means a period of time as defined in rule
21 to be held at the same time each year, during which applicants may
22 enroll in a carrier's individual health benefit plan without being
23 subject to health screening or otherwise required to provide evidence
24 of insurability as a condition for enrollment.

25 (37) "Out-of-network" or "nonparticipating" means a provider or
26 facility that has not contracted with a carrier or a carrier's
27 contractor or subcontractor to provide health care services to
28 enrollees.

29 (38) "Out-of-pocket maximum" or "maximum out-of-pocket" means the
30 maximum amount an enrollee is required to pay in the form of cost-
31 sharing for covered benefits in a plan year, after which the carrier
32 covers the entirety of the allowed amount of covered benefits under
33 the contract of coverage.

34 (39) "Preexisting condition" means any medical condition,
35 illness, or injury that existed any time prior to the effective date
36 of coverage.

37 (40) "Premium" means all sums charged, received, or deposited by
38 a health carrier as consideration for a health plan or the
39 continuance of a health plan. Any assessment or any "membership,"
40 "policy," "contract," "service," or similar fee or charge made by a

1 health carrier in consideration for a health plan is deemed part of
2 the premium. "Premium" shall not include amounts paid as enrollee
3 point-of-service cost-sharing.

4 (41) (a) "Protected individual" means:

5 (i) An adult covered as a dependent on the enrollee's health
6 benefit plan, including an individual enrolled on the health benefit
7 plan of the individual's registered domestic partner; or

8 (ii) A minor who may obtain health care without the consent of a
9 parent or legal guardian, pursuant to state or federal law.

10 (b) "Protected individual" does not include an individual deemed
11 not competent to provide informed consent for care under RCW
12 11.88.010(1)(e).

13 (42) "Review organization" means a disability insurer regulated
14 under chapter 48.20 or 48.21 RCW, health care service contractor as
15 defined in RCW 48.44.010, or health maintenance organization as
16 defined in RCW 48.46.020, and entities affiliated with, under
17 contract with, or acting on behalf of a health carrier to perform a
18 utilization review.

19 (43) "Sensitive health care services" means health services
20 related to reproductive health, sexually transmitted diseases,
21 substance use disorder, gender dysphoria, gender affirming care,
22 domestic violence, and mental health.

23 (44) "Small employer" or "small group" means any person, firm,
24 corporation, partnership, association, political subdivision, sole
25 proprietor, or self-employed individual that is actively engaged in
26 business that employed an average of at least one but no more than
27 fifty employees, during the previous calendar year and employed at
28 least one employee on the first day of the plan year, is not formed
29 primarily for purposes of buying health insurance, and in which a
30 bona fide employer-employee relationship exists. In determining the
31 number of employees, companies that are affiliated companies, or that
32 are eligible to file a combined tax return for purposes of taxation
33 by this state, shall be considered an employer. Subsequent to the
34 issuance of a health plan to a small employer and for the purpose of
35 determining eligibility, the size of a small employer shall be
36 determined annually. Except as otherwise specifically provided, a
37 small employer shall continue to be considered a small employer until
38 the plan anniversary following the date the small employer no longer
39 meets the requirements of this definition. A self-employed individual
40 or sole proprietor who is covered as a group of one must also: (a)

1 Have been employed by the same small employer or small group for at
2 least twelve months prior to application for small group coverage,
3 and (b) verify that he or she derived at least seventy-five percent
4 of his or her income from a trade or business through which the
5 individual or sole proprietor has attempted to earn taxable income
6 and for which he or she has filed the appropriate internal revenue
7 service form 1040, schedule C or F, for the previous taxable year,
8 except a self-employed individual or sole proprietor in an
9 agricultural trade or business, must have derived at least fifty-one
10 percent of his or her income from the trade or business through which
11 the individual or sole proprietor has attempted to earn taxable
12 income and for which he or she has filed the appropriate internal
13 revenue service form 1040, for the previous taxable year.

14 (45) "Special enrollment" means a defined period of time of not
15 less than thirty-one days, triggered by a specific qualifying event
16 experienced by the applicant, during which applicants may enroll in
17 the carrier's individual health benefit plan without being subject to
18 health screening or otherwise required to provide evidence of
19 insurability as a condition for enrollment.

20 (46) "Standard health questionnaire" means the standard health
21 questionnaire designated under chapter 48.41 RCW.

22 (47) "Utilization review" means the prospective, concurrent, or
23 retrospective assessment of the necessity and appropriateness of the
24 allocation of health care resources and services of a provider or
25 facility, given or proposed to be given to an enrollee or group of
26 enrollees.

27 (48) "Wellness activity" means an explicit program of an activity
28 consistent with department of health guidelines, such as, smoking
29 cessation, injury and accident prevention, reduction of alcohol
30 misuse, appropriate weight reduction, exercise, automobile and
31 motorcycle safety, blood cholesterol reduction, and nutrition
32 education for the purpose of improving enrollee health status and
33 reducing health service costs.

34 NEW SECTION. **Sec. 21.** The department of health shall convert
35 the license or certification of any facility licensed or certified by
36 the department to operate as a crisis triage facility to a license or
37 certification for the facility to operate as a crisis stabilization
38 unit by the start of the next licensing or certification period
39 following the effective date of this section.

1 NEW SECTION. **Sec. 22.** When making rules under section 2 of this
2 act, the department of health shall consult with stakeholders
3 including, but not limited to: The Washington council for behavioral
4 health; WAADAC, the voice for Washington state addiction
5 professionals persons with lived experience of behavioral health
6 crisis; family members with lived experience of caring for someone in
7 behavioral health crisis; the Washington state hospital association;
8 the American college of emergency physicians; behavioral health
9 administrative services organizations; the Washington association of
10 designated crisis responders; the Washington association of sheriffs
11 and police chiefs; and an individual or entity representing emergency
12 medical services.

13 NEW SECTION. **Sec. 23.** RCW 71.24.647 (Standards for
14 certification or licensure of triage facilities) and 2018 c 201 s
15 4056 are each repealed.

16 NEW SECTION. **Sec. 24.** Sections 6, 8, and 10 of this act expire
17 July 1, 2026.

18 NEW SECTION. **Sec. 25.** Sections 7, 9, and 11 of this act take
19 effect July 1, 2026.

20 **Sec. 26.** 2022 c 210 s 31 (uncodified) is amended to read as
21 follows:

22 (1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and
23 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021,
24 (~~and~~) sections 2 and 10, chapter 210, Laws of 2022, and section 4,
25 chapter . . . , Laws of 2023 (section 4 of this act) take effect when
26 monthly single-bed certifications authorized under RCW 71.05.745 fall
27 below 200 reports for 3 consecutive months.

28 (2) The health care authority must provide written notice of the
29 effective date of sections 4 and 28, chapter 302, Laws of 2020,
30 sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter
31 264, Laws of 2021, (~~and~~) sections 2 and 10, chapter 210, Laws of
32 2022, and section 4, chapter . . . , Laws of 2023 (section 4 of this
33 act) to affected parties, the chief clerk of the house of
34 representatives, the secretary of the senate, the office of the code
35 reviser, and others as deemed appropriate by the authority.

1 **Sec. 27.** 2021 c 264 s 29 (uncodified) is amended to read as
2 follows:

3 (1) Sections 64 and 81, chapter 302, Laws of 2020 (~~and, until~~
4 ~~July 1, 2022, section 27, chapter 264, Laws of 2021 and, beginning~~
5 ~~July 1, 2022))~~, section 28, chapter 264, Laws of 2021, and section
6 13, chapter . . ., Laws of 2023 (section 13 of this act) take effect
7 when the average wait time for children's long-term inpatient
8 placement admission is 30 days or less for two consecutive quarters.

9 (2) The health care authority must provide written notice of the
10 effective date of sections 64 and 81, chapter 302, Laws of 2020 (~~and~~
11 ~~sections 27 and~~), section 28, chapter 264, Laws of 2021, and section
12 13, chapter . . ., Laws of 2023 (section 13 of this act) to affected
13 parties, the chief clerk of the house of representatives, the
14 secretary of the senate, the office of the code reviser, and others
15 as deemed appropriate by the authority.

Passed by the Senate March 1, 2023.

Passed by the House April 20, 2023.

Approved by the Governor May 11, 2023.

Filed in Office of Secretary of State May 11, 2023.

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