
HOUSE BILL 2453

State of Washington

69th Legislature

2026 Regular Session

By Representatives Farivar, Thai, Scott, and Reed

Read first time 01/13/26. Referred to Committee on Civil Rights & Judiciary.

1 AN ACT Relating to psychiatric pharmacists; amending RCW
2 71.05.020, 71.05.020, 71.05.148, 71.05.148, 71.05.230, 71.05.230,
3 71.05.585, and 71.05.585; providing an effective date; providing a
4 contingent effective date; providing an expiration date; and
5 providing a contingent expiration date.

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

7 **Sec. 1.** RCW 71.05.020 and 2025 c 226 s 1 are each amended to
8 read as follows:

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

11 (1) "23-hour crisis relief center" has the same meaning as under
12 RCW 71.24.025;

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

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

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

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

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

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

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

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

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

36 (10) "Co-occurring disorder specialist" means an individual
37 possessing an enhancement granted by the department of health under
38 chapter 18.205 RCW that certifies the individual to provide substance
39 use disorder counseling subject to the practice limitations under RCW
40 18.205.105;

1 (11) "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 (12) "Community behavioral health agency" has the same meaning as
5 "licensed or certified behavioral health agency" defined in RCW
6 71.24.025;

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

9 (14) "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 (15) "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 (16) "Department" means the department of health;

20 (17) "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 tribe or after
23 meeting and conferring with an Indian health care provider, to
24 perform the duties specified in this chapter;

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

27 (19) "Developmental disabilities professional" means a person who
28 has specialized training and three years of experience in directly
29 treating or working with persons with developmental disabilities and
30 is a psychiatrist, physician assistant working with a psychiatrist
31 who is acting as a participating physician as defined in RCW
32 18.71A.010, 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 (20) "Developmental disability" means that condition defined in
37 RCW 71A.10.020(6);

38 (21) "Director" means the director of the authority;

1 (22) "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 (23) "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 (24) "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 (25) "Gravely disabled" means a condition in which a person, as a
24 result of a behavioral health disorder: (a) Is in danger of serious
25 physical harm resulting from a failure to provide for his or her
26 essential human needs of health or safety; or (b) manifests severe
27 deterioration in routine functioning evidenced by repeated and
28 escalating loss of cognitive or volitional control over his or her
29 actions and is not receiving such care as is essential for his or her
30 health or safety;

31 (26) "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 (27) "Hearing" means any proceeding conducted in open court that
40 conforms to the requirements of RCW 71.05.820;

1 (28) "History of one or more violent acts" refers to the period
2 of time (~~ten~~) 10 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 (29) "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 (30) "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 (31) "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 (32) "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 (33) "Judicial commitment" means a commitment by a court pursuant
35 to the provisions of this chapter;

36 (34) "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 (35) "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 (36) "Licensed physician" means a person licensed to practice
9 medicine or osteopathic medicine and surgery in the state of
10 Washington;

11 (37) "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 such harm or which places
17 another person or persons in reasonable fear of sustaining such harm;
18 or (iii) physical harm will be inflicted by a person upon the
19 property of others, as evidenced by behavior which has caused
20 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 (38) "Medical clearance" means a physician or other health care
24 provider, including an Indian health care provider, has determined
25 that a person is medically stable and ready for referral to the
26 designated crisis responder or facility. For a person presenting in
27 the community, no medical clearance is required prior to
28 investigation by a designated crisis responder;

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

32 (40) "Mental health professional" means an individual practicing
33 within the mental health professional's statutory scope of practice
34 who is:

35 (a) A psychiatrist, psychologist, physician assistant working
36 with a psychiatrist who is acting as a participating physician as
37 defined in RCW 18.71A.010, psychiatric advanced registered nurse
38 practitioner, psychiatric nurse, or social worker, as defined in this
39 chapter and chapter 71.34 RCW;

1 (b) A mental health counselor, mental health counselor associate,
2 marriage and family therapist, or marriage and family therapist
3 associate, as defined in chapter 18.225 RCW;

4 (c) A certified or licensed agency affiliated counselor, as
5 defined in chapter 18.19 RCW; or

6 (d) A licensed psychological associate as described in chapter
7 18.83 RCW;

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

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

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

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

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

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

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

39 (48) "Public agency" means any evaluation and treatment facility
40 or institution, secure withdrawal management and stabilization

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

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

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

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

13 (52) "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 (53) "Social worker" means a person with a master's or further
35 advanced degree from a social work educational program accredited and
36 approved as provided in RCW 18.320.010;

37 (54) "State facility" means:

38 (a) The center for behavioral health and learning located on the
39 University of Washington medical center northwest campus; and

1 (b) Facilities owned or operated by the department of social and
2 health services that are not state hospitals that provide inpatient
3 services to individuals under this chapter;

4 (55) "State hospital" means a hospital designated under RCW
5 72.23.020;

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

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

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

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

37 (60) "Tribe" has the same meaning as in RCW 71.24.025;

38 (61) "Video," unless the context clearly indicates otherwise,
39 means the delivery of behavioral health services through the use of
40 interactive audio and video technology, permitting real-time

1 communication between a person and a designated crisis responder, for
2 the purpose of evaluation. "Video" does not include the use of audio-
3 only telephone, facsimile, email, or store and forward technology.
4 "Store and forward technology" means use of an asynchronous
5 transmission of a person's medical information from a mental health
6 service provider to the designated crisis responder which results in
7 medical diagnosis, consultation, or treatment;

8 (62) "Violent act" means behavior that resulted in homicide,
9 attempted suicide, injury, or substantial loss or damage to property;

10 (63) "Board-certified psychiatric pharmacist" means a pharmacist
11 licensed under chapter 18.64 RCW who holds a psychiatric pharmacy
12 specialty certification.

13 **Sec. 2.** RCW 71.05.020 and 2025 c 226 s 2 are each amended to
14 read as follows:

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

17 (1) "23-hour crisis relief center" has the same meaning as under
18 RCW 71.24.025;

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

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

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

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

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

1 (7) "Authority" means the Washington state health care authority;

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

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

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

28 (11) "Commitment" means the determination by a court that a
29 person should be detained for a period of either evaluation or
30 treatment, or both, in an inpatient or a less restrictive setting;

31 (12) "Community behavioral health agency" has the same meaning as
32 "licensed or certified behavioral health agency" defined in RCW
33 71.24.025;

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

36 (14) "Crisis stabilization unit" means a short-term facility or a
37 portion of a facility licensed or certified by the department, such
38 as an evaluation and treatment facility or a hospital, which has been
39 designed to assess, diagnose, and treat individuals experiencing an

1 acute crisis without the use of long-term hospitalization, or to
2 determine the need for involuntary commitment of an individual;

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

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

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

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

15 (19) "Developmental disabilities professional" means a person who
16 has specialized training and three years of experience in directly
17 treating or working with persons with developmental disabilities and
18 is a psychiatrist, physician assistant working with a psychiatrist
19 who is acting as a participating physician as defined in RCW
20 18.71A.010, psychologist, psychiatric advanced registered nurse
21 practitioner, or social worker, and such other developmental
22 disabilities professionals as may be defined by rules adopted by the
23 secretary of the department of social and health services;

24 (20) "Developmental disability" means that condition defined in
25 RCW 71A.10.020(6);

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

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

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

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

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

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

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

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

27 (28) "History of one or more violent acts" refers to the period
28 of time (~~ten~~) 10 years prior to the filing of a petition under this
29 chapter, excluding any time spent, but not any violent acts
30 committed, in a behavioral health facility, or in confinement as a
31 result of a criminal conviction;

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

34 (30) "In need of assisted outpatient treatment" refers to a
35 person who meets the criteria for assisted outpatient treatment
36 established under RCW 71.05.148;

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

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

3 (b) The conditions and strategies necessary to achieve the
4 purposes of habilitation;

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

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

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

10 (f) Where relevant in light of past criminal behavior and due
11 consideration for public safety, the criteria for proposed movement
12 to less-restrictive settings, criteria for proposed eventual
13 discharge or release, and a projected possible date for discharge or
14 release; and

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

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

20 (33) "Judicial commitment" means a commitment by a court pursuant
21 to the provisions of this chapter;

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

26 (35) "Less restrictive alternative treatment" means a program of
27 individualized treatment in a less restrictive setting than inpatient
28 treatment that includes the services described in RCW 71.05.585. This
29 term includes: Treatment pursuant to a less restrictive alternative
30 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
31 to a conditional release under RCW 71.05.340; and treatment pursuant
32 to an assisted outpatient treatment order under RCW 71.05.148;

33 (36) "Licensed physician" means a person licensed to practice
34 medicine or osteopathic medicine and surgery in the state of
35 Washington;

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

37 (a) A substantial risk that: (i) Physical harm will be inflicted
38 by a person upon his or her own person, as evidenced by threats or
39 attempts to commit suicide or inflict physical harm on oneself; (ii)
40 physical harm will be inflicted by a person upon another, as

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

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

8 (38) "Medical clearance" means a physician or other health care
9 provider, including an Indian health care provider, has determined
10 that a person is medically stable and ready for referral to the
11 designated crisis responder or facility. For a person presenting in
12 the community, no medical clearance is required prior to
13 investigation by a designated crisis responder;

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

17 (40) "Mental health professional" means an individual practicing
18 within the mental health professional's statutory scope of practice
19 who is:

20 (a) A psychiatrist, psychologist, physician assistant working
21 with a psychiatrist who is acting as a participating physician as
22 defined in RCW 18.71A.010, psychiatric advanced registered nurse
23 practitioner, psychiatric nurse, or social worker, as defined in this
24 chapter and chapter 71.34 RCW;

25 (b) A mental health counselor, mental health counselor associate,
26 marriage and family therapist, or marriage and family therapist
27 associate, as defined in chapter 18.225 RCW;

28 (c) A certified or licensed agency affiliated counselor, as
29 defined in chapter 18.19 RCW; or

30 (d) A licensed psychological associate as described in chapter
31 18.83 RCW;

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

36 (42) "Physician assistant" means a person licensed as a physician
37 assistant under chapter 18.71A RCW;

38 (43) "Private agency" means any person, partnership, corporation,
39 or association that is not a public agency, whether or not financed
40 in whole or in part by public funds, which constitutes an evaluation

1 and treatment facility or private institution, or hospital, or
2 approved substance use disorder treatment program, which is conducted
3 for, or includes a department or ward conducted for, the care and
4 treatment of persons with behavioral health disorders;

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

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

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

21 (47) "Psychologist" means a person who has been licensed as a
22 psychologist pursuant to chapter 18.83 RCW;

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

31 (49) "Release" means legal termination of the commitment under
32 the provisions of this chapter;

33 (50) "Resource management services" has the meaning given in
34 chapter 71.24 RCW;

35 (51) "Secretary" means the secretary of the department of health,
36 or his or her designee;

37 (52) "Secure withdrawal management and stabilization facility"
38 means a facility operated by either a public or private agency or by
39 the program of an agency which provides care to voluntary individuals
40 and individuals involuntarily detained and committed under this

1 chapter for whom there is a likelihood of serious harm or who are
2 gravely disabled due to the presence of a substance use disorder.
3 Secure withdrawal management and stabilization facilities must:

4 (a) Provide the following services:

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

7 (ii) Clinical stabilization services;

8 (iii) Acute or subacute detoxification services for intoxicated
9 individuals; and

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

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

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

18 (53) "Severe deterioration from safe behavior" means that a
19 person will, if not treated, suffer or continue to suffer severe and
20 abnormal mental, emotional, or physical distress, and this distress
21 is associated with significant impairment of judgment, reason, or
22 behavior;

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

26 (55) "State facility" means:

27 (a) The center for behavioral health and learning located on the
28 University of Washington medical center northwest campus; and

29 (b) Facilities owned or operated by the department of social and
30 health services that are not state hospitals that provide inpatient
31 services to individuals under this chapter;

32 (56) "State hospital" means a hospital designated under RCW
33 72.23.020;

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

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

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

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

26 (61) "Tribe" has the same meaning as in RCW 71.24.025;

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

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

1 (64) "Board-certified psychiatric pharmacist" means a pharmacist
2 licensed under chapter 18.64 RCW who holds a psychiatric pharmacy
3 specialty certification.

4 **Sec. 3.** RCW 71.05.148 and 2024 c 209 s 9 are each amended to
5 read as follows:

6 (1) A person is in need of assisted outpatient treatment if the
7 court finds by clear, cogent, and convincing evidence pursuant to a
8 petition filed under this section that:

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

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

13 (i) The person is unlikely to survive safely in the community
14 without supervision and the person's condition is substantially
15 deteriorating; or

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

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

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

30 (ii) At least twice within the 36 months prior to the filing of
31 the petition been a significant factor in necessitating emergency
32 medical care or hospitalization for behavioral health-related medical
33 conditions including overdose, infected abscesses, sepsis,
34 endocarditis, or other maladies, or a significant factor in behavior
35 which resulted in the person's incarceration in a state, tribal, or
36 local correctional facility; or

37 (iii) Resulted in one or more violent acts, threats, or attempts
38 to cause serious physical harm to the person or another within the 48
39 months prior to the filing of the petition, provided that the 48-

1 month period shall be extended by the length of any hospitalization
2 or incarceration of the person that occurred during the 48-month
3 period;

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

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

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

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

13 (b) The director of a behavioral health service provider
14 providing behavioral health care or residential services to the
15 person or the director's designee;

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

18 (d) A designated crisis responder;

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

20 (f) An emergency room physician.

21 (3) A court order for less restrictive alternative treatment on
22 the basis that the person is in need of assisted outpatient treatment
23 may be effective for up to 18 months. The petitioner must personally
24 interview the person, unless the person refuses an interview, to
25 determine whether the person will voluntarily receive appropriate
26 treatment.

27 (4) The petitioner must allege specific facts based on personal
28 observation, evaluation, or investigation, and must consider the
29 reliability or credibility of any person providing information
30 material to the petition.

31 (5) The petition must include:

32 (a) A statement of the circumstances under which the person's
33 condition was made known and the basis for the opinion, from personal
34 observation or investigation, that the person is in need of assisted
35 outpatient treatment. The petitioner must state which specific facts
36 come from personal observation and specify what other sources of
37 information the petitioner has relied upon to form this belief;

38 (b) A declaration from a physician, physician assistant, advanced
39 registered nurse practitioner, board-certified psychiatric
40 pharmacist, or the person's treating mental health professional or

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

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

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

18 (e) If the person is detained in a state hospital, inpatient
19 treatment facility, jail, or correctional facility at the time the
20 petition is filed, the anticipated release date of the person and any
21 other details needed to facilitate successful reentry and transition
22 into the community.

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

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

28 (ii) If the respondent is hospitalized at the time of filing of
29 the petition, before discharge of the respondent and in sufficient
30 time to arrange for a continuous transition from inpatient treatment
31 to assisted outpatient treatment.

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

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

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

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

6 (f) If the respondent has refused to be examined by the qualified
7 professional whose affidavit accompanied the petition, the court may
8 order a mental examination of the respondent. The examination of the
9 respondent may be performed by the qualified professional whose
10 affidavit accompanied the petition. If the examination is performed
11 by another qualified professional, the examining qualified
12 professional shall be authorized to consult with the qualified
13 professional whose affidavit accompanied the petition.

14 (g) If the respondent has refused to be examined by a qualified
15 professional and the court finds reasonable grounds to believe that
16 the allegations of the petition are true, the court may issue a
17 written order directing a peace officer who has completed crisis
18 intervention training to detain and transport the respondent to a
19 provider for examination by a qualified professional. A respondent
20 detained pursuant to this subsection shall be detained no longer than
21 necessary to complete the examination and in no event longer than 24
22 hours.

23 (7) If the petition involves a person whom the petitioner or
24 behavioral health administrative services organization knows, or has
25 reason to know, is an American Indian or Alaska Native who receives
26 medical or behavioral health services from a tribe within this state,
27 the petitioner or behavioral health administrative services
28 organization shall notify the tribe and Indian health care provider.
29 Notification shall be made in person or by telephonic or electronic
30 communication to the tribal contact listed in the authority's tribal
31 crisis coordination plan as soon as possible, but before the hearing
32 and no later than 24 hours from the time the petition is served upon
33 the person and the person's guardian. The notice to the tribe or
34 Indian health care provider must include a copy of the petition,
35 together with any orders issued by the court and a notice of the
36 tribe's right to intervene. The court clerk shall provide copies of
37 any court orders necessary for the petitioner or the behavioral
38 health administrative services organization to provide notice to the
39 tribe or Indian health care provider under this section.

1 (8) A petition for assisted outpatient treatment filed under this
2 section shall be adjudicated under RCW 71.05.240.

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

6 **Sec. 4.** RCW 71.05.148 and 2025 c 58 s 5145 are each amended to
7 read as follows:

8 (1) A person is in need of assisted outpatient treatment if the
9 court finds by clear, cogent, and convincing evidence pursuant to a
10 petition filed under this section that:

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

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

15 (i) The person is unlikely to survive safely in the community
16 without supervision and the person's condition is substantially
17 deteriorating; or

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

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

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

32 (ii) At least twice within the 36 months prior to the filing of
33 the petition been a significant factor in necessitating emergency
34 medical care or hospitalization for behavioral health-related medical
35 conditions including overdose, infected abscesses, sepsis,
36 endocarditis, or other maladies, or a significant factor in behavior
37 which resulted in the person's incarceration in a state, tribal, or
38 local correctional facility; or

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

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

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

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

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

16 (b) The director of a behavioral health service provider
17 providing behavioral health care or residential services to the
18 person or the director's designee;

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

21 (d) A designated crisis responder;

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

23 (f) An emergency room physician.

24 (3) A court order for less restrictive alternative treatment on
25 the basis that the person is in need of assisted outpatient treatment
26 may be effective for up to 18 months. The petitioner must personally
27 interview the person, unless the person refuses an interview, to
28 determine whether the person will voluntarily receive appropriate
29 treatment.

30 (4) The petitioner must allege specific facts based on personal
31 observation, evaluation, or investigation, and must consider the
32 reliability or credibility of any person providing information
33 material to the petition.

34 (5) The petition must include:

35 (a) A statement of the circumstances under which the person's
36 condition was made known and the basis for the opinion, from personal
37 observation or investigation, that the person is in need of assisted
38 outpatient treatment. The petitioner must state which specific facts
39 come from personal observation and specify what other sources of
40 information the petitioner has relied upon to form this belief;

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

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

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

21 (e) If the person is detained in a state hospital, inpatient
22 treatment facility, jail, or correctional facility at the time the
23 petition is filed, the anticipated release date of the person and any
24 other details needed to facilitate successful reentry and transition
25 into the community.

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

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

31 (ii) If the respondent is hospitalized at the time of filing of
32 the petition, before discharge of the respondent and in sufficient
33 time to arrange for a continuous transition from inpatient treatment
34 to assisted outpatient treatment.

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

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

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

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

10 (f) If the respondent has refused to be examined by the qualified
11 professional whose affidavit accompanied the petition, the court may
12 order a mental examination of the respondent. The examination of the
13 respondent may be performed by the qualified professional whose
14 affidavit accompanied the petition. If the examination is performed
15 by another qualified professional, the examining qualified
16 professional shall be authorized to consult with the qualified
17 professional whose affidavit accompanied the petition.

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

27 (7) If the petition involves a person whom the petitioner or
28 behavioral health administrative services organization knows, or has
29 reason to know, is an American Indian or Alaska Native who receives
30 medical or behavioral health services from a tribe within this state,
31 the petitioner or behavioral health administrative services
32 organization shall notify the tribe and Indian health care provider.
33 Notification shall be made in person or by telephonic or electronic
34 communication to the tribal contact listed in the authority's tribal
35 crisis coordination plan as soon as possible, but before the hearing
36 and no later than 24 hours from the time the petition is served upon
37 the person and the person's guardian. The notice to the tribe or
38 Indian health care provider must include a copy of the petition,
39 together with any orders issued by the court and a notice of the
40 tribe's right to intervene. The court clerk shall provide copies of

1 any court orders necessary for the petitioner or the behavioral
2 health administrative services organization to provide notice to the
3 tribe or Indian health care provider under this section.

4 (8) A petition for assisted outpatient treatment filed under this
5 section shall be adjudicated under RCW 71.05.240.

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

9 **Sec. 5.** RCW 71.05.230 and 2022 c 210 s 11 are each amended to
10 read as follows:

11 A person detained for (~~one hundred twenty~~) 120 hours of
12 evaluation and treatment may be committed for not more than
13 (~~fourteen~~) 14 additional days of involuntary intensive treatment or
14 (~~ninety~~) 90 additional days of a less restrictive alternative
15 treatment. A petition may only be filed if the following conditions
16 are met:

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

20 (a) A likelihood of serious harm; or (b) the person being gravely
21 disabled; and are prepared to testify those conditions are met; and

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

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

27 (4) (a) (i) The professional staff of the facility or the
28 designated crisis responder has filed a petition with the court for a
29 (~~fourteen~~) 14 day involuntary detention or a (~~ninety~~) 90 day less
30 restrictive alternative. The petition must be signed by:

31 (A) One physician, physician assistant, board-certified
32 psychiatric pharmacist, or psychiatric advanced registered nurse
33 practitioner; and

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

36 (ii) If the petition is for substance use disorder treatment, the
37 petition may be signed by a substance use disorder professional
38 instead of a mental health professional and by an advanced registered
39 nurse practitioner instead of a psychiatric advanced registered nurse

1 practitioner. The persons signing the petition must have examined the
2 person.

3 (b) If involuntary detention is sought the petition shall state
4 facts that support the finding that such person, as a result of a
5 behavioral health disorder, presents a likelihood of serious harm, or
6 is gravely disabled and that there are no less restrictive
7 alternatives to detention in the best interest of such person or
8 others. The petition shall state specifically that less restrictive
9 alternative treatment was considered and specify why treatment less
10 restrictive than detention is not appropriate. If an involuntary less
11 restrictive alternative is sought, the petition shall state facts
12 that support the finding that such person, as a result of a
13 behavioral health disorder, presents a likelihood of serious harm or
14 is gravely disabled and shall set forth any recommendations for less
15 restrictive alternative treatment services; and

16 (5) A copy of the petition has been served on the detained
17 person, his or her attorney, and his or her guardian, if any, prior
18 to the probable cause hearing; and

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

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

25 (8) At the conclusion of the initial commitment period, the
26 professional staff of the agency or facility or the designated crisis
27 responder may petition for an additional period of either 90 days of
28 less restrictive alternative treatment or 90 days of involuntary
29 intensive treatment as provided in RCW 71.05.290; and

30 (9) If the hospital or facility designated to provide less
31 restrictive alternative treatment is other than the facility
32 providing involuntary treatment, the outpatient facility so
33 designated to provide less restrictive alternative treatment has
34 agreed to assume such responsibility.

35 **Sec. 6.** RCW 71.05.230 and 2025 c 58 s 5150 are each amended to
36 read as follows:

37 A person detained for (~~one hundred twenty~~) 120 hours of
38 evaluation and treatment may be committed for not more than
39 (~~fourteen~~) 14 additional days of involuntary intensive treatment or

1 ((~~ninety~~)) 90 additional days of a less restrictive alternative
2 treatment. A petition may only be filed if the following conditions
3 are met:

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

7 (a) A likelihood of serious harm; or (b) the person being gravely
8 disabled; and are prepared to testify those conditions are met; and

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

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

14 (4) (a) (i) The professional staff of the facility or the
15 designated crisis responder has filed a petition with the court for a
16 ((~~fourteen~~)) 14 day involuntary detention or a ((~~ninety~~)) 90 day less
17 restrictive alternative. The petition must be signed by:

18 (A) One physician, physician assistant, board-certified
19 psychiatric pharmacist, or psychiatric advanced practice registered
20 nurse; and

21 (B) One physician, physician assistant, psychiatric advanced
22 practice registered nurse, or mental health professional.

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

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

1 is gravely disabled and shall set forth any recommendations for less
2 restrictive alternative treatment services; and

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

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

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

12 (8) At the conclusion of the initial commitment period, the
13 professional staff of the agency or facility or the designated crisis
14 responder may petition for an additional period of either 90 days of
15 less restrictive alternative treatment or 90 days of involuntary
16 intensive treatment as provided in RCW 71.05.290; and

17 (9) If the hospital or facility designated to provide less
18 restrictive alternative treatment is other than the facility
19 providing involuntary treatment, the outpatient facility so
20 designated to provide less restrictive alternative treatment has
21 agreed to assume such responsibility.

22 **Sec. 7.** RCW 71.05.585 and 2024 c 62 s 22 are each amended to
23 read as follows:

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

26 (a) Assignment of a care coordinator;

27 (b) An intake evaluation with the provider of the less
28 restrictive alternative treatment;

29 (c) A psychiatric evaluation, a substance use disorder
30 evaluation, or both;

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

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

35 (f) An individual crisis plan;

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

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

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

6 (a) Medication management;

7 (b) Psychotherapy;

8 (c) Nursing;

9 (d) Substance use disorder counseling;

10 (e) Residential treatment;

11 (f) Partial hospitalization;

12 (g) Intensive outpatient treatment;

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

14 (i) Periodic court review.

15 (3) If the person was provided with involuntary medication under
16 RCW 71.05.215 or pursuant to a judicial order during the involuntary
17 commitment period, the less restrictive alternative treatment order
18 may authorize the less restrictive alternative treatment provider or
19 its designee to administer involuntary antipsychotic medication to
20 the person if the provider has attempted and failed to obtain the
21 informed consent of the person and there is a concurring medical
22 opinion approving the medication by a psychiatrist, physician
23 assistant working with a psychiatrist who is acting as a
24 participating physician as defined in RCW 18.71A.010, psychiatric
25 advanced registered nurse practitioner, board-certified psychiatric
26 pharmacist, or physician or physician assistant in consultation with
27 an independent mental health professional with prescribing authority.

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

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

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

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

12 **Sec. 8.** RCW 71.05.585 and 2025 c 58 s 5153 are each amended to
13 read as follows:

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

16 (a) Assignment of a care coordinator;

17 (b) An intake evaluation with the provider of the less
18 restrictive alternative treatment;

19 (c) A psychiatric evaluation, a substance use disorder
20 evaluation, or both;

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

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

25 (f) An individual crisis plan;

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

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

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

33 (a) Medication management;

34 (b) Psychotherapy;

35 (c) Nursing;

36 (d) Substance use disorder counseling;

37 (e) Residential treatment;

38 (f) Partial hospitalization;

39 (g) Intensive outpatient treatment;

- 1 (h) Support for housing, benefits, education, and employment; and
2 (i) Periodic court review.

3 (3) If the person was provided with involuntary medication under
4 RCW 71.05.215 or pursuant to a judicial order during the involuntary
5 commitment period, the less restrictive alternative treatment order
6 may authorize the less restrictive alternative treatment provider or
7 its designee to administer involuntary antipsychotic medication to
8 the person if the provider has attempted and failed to obtain the
9 informed consent of the person and there is a concurring medical
10 opinion approving the medication by a psychiatrist, physician
11 assistant working with a psychiatrist who is acting as a
12 participating physician as defined in RCW 18.71A.010, psychiatric
13 advanced practice registered nurse, board-certified psychiatric
14 pharmacist, or physician or physician assistant in consultation with
15 an independent mental health professional with prescribing authority.

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

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

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

30 (7) For the purpose of this section, "care coordinator" means a
31 clinical practitioner who coordinates the activities of less
32 restrictive alternative treatment. The care coordinator coordinates
33 activities with the designated crisis responders that are necessary
34 for enforcement and continuation of less restrictive alternative
35 orders and is responsible for coordinating service activities with
36 other agencies and establishing and maintaining a therapeutic
37 relationship with the individual on a continuing basis.

38 NEW SECTION. **Sec. 9.** Section 1 of this act expires when section
39 2 of this act takes effect.

1 NEW SECTION. **Sec. 10.** Section 2 of this act takes effect when
2 the contingency in section 26, chapter 433, Laws of 2023 takes
3 effect.

4 NEW SECTION. **Sec. 11.** Sections 3, 5, and 7 of this act expire
5 June 30, 2027.

6 NEW SECTION. **Sec. 12.** Sections 4, 6, and 8 of this act take
7 effect June 30, 2027.

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