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**SECOND SUBSTITUTE SENATE BILL 5720**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Dhingra, Wagoner, Kuderer, and Nguyen)

1           AN ACT Relating to the involuntary treatment act; amending RCW  
2   71.05.010, 71.05.012, 71.05.025, 71.05.026, 71.05.027, 71.05.030,  
3   71.05.040, 71.05.050, 71.05.100, 71.05.132, 71.05.150, 71.05.150,  
4   71.05.150, 71.05.153, 71.05.153, 71.05.153, 71.05.160, 71.05.170,  
5   71.05.180, 71.05.190, 71.05.195, 71.05.201, 71.05.210, 71.05.210,  
6   71.05.212, 71.05.214, 71.05.215, 71.05.217, 71.05.217, 71.05.230,  
7   71.05.230, 71.05.235, 71.05.235, 71.05.280, 71.05.290, 71.05.300,  
8   71.05.310, 71.05.320, 71.05.320, 71.05.380, 71.05.445, 71.05.455,  
9   71.05.457, 71.05.458, 71.05.525, 71.05.530, 71.05.585, 71.05.720,  
10  71.05.740, 71.05.745, 71.05.750, 71.05.760, 71.34.010, 71.34.020,  
11  71.34.305, 71.34.310, 71.34.355, 71.34.365, 71.34.410, 71.34.420,  
12  71.34.500, 71.34.600, 71.34.600, 71.34.650, 71.34.700, 71.34.700,  
13  71.34.710, 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.720,  
14  71.34.740, 71.34.740, 71.34.740, 71.34.750, 71.34.780, and 71.34.780;  
15  reenacting and amending RCW 71.05.020, 71.05.120, 71.05.240,  
16  71.05.240, 71.05.590, 71.05.590, 71.05.590, 71.34.730, 71.34.730, and  
17  71.34.750; adding new sections to chapter 71.05 RCW; adding new  
18  sections to chapter 71.34 RCW; recodifying RCW 71.05.525; repealing  
19  RCW 71.05.360 and 71.34.370; providing effective dates; and providing  
20  expiration dates.

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

1       **Sec. 1.** RCW 71.05.010 and 2016 sp.s. c 29 s 203 are each amended  
2 to read as follows:

3       (1) The provisions of this chapter apply to persons who are  
4 eighteen years of age or older and are intended by the legislature:

5       (a) To protect the health and safety of persons suffering from  
6 (~~mental disorders and substance use~~) behavioral health disorders  
7 and to protect public safety through use of the parens patriae and  
8 police powers of the state;

9       (b) To prevent inappropriate, indefinite commitment of (~~mentally~~  
10 ~~disordered persons and persons with substance use disorders~~) persons  
11 living with behavioral health disorders and to eliminate legal  
12 disabilities that arise from such commitment;

13       (c) To provide prompt evaluation and timely and appropriate  
14 treatment of persons with serious (~~mental disorders and substance~~  
15 ~~use~~) behavioral health disorders;

16       (d) To safeguard individual rights;

17       (e) To provide continuity of care for persons with serious  
18 (~~mental disorders and substance use~~) behavioral health disorders;

19       (f) To encourage the full use of all existing agencies,  
20 professional personnel, and public funds to prevent duplication of  
21 services and unnecessary expenditures; and

22       (g) To encourage, whenever appropriate, that services be provided  
23 within the community.

24       (2) When construing the requirements of this chapter the court  
25 must focus on the merits of the petition, except where requirements  
26 have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d  
27 259, 281 (2002). A presumption in favor of deciding petitions on  
28 their merits furthers both public and private interests because the  
29 mental and physical well-being of individuals as well as public  
30 safety may be implicated by the decision to release an individual and  
31 discontinue his or her treatment.

32       **Sec. 2.** RCW 71.05.012 and 1997 c 112 s 1 are each amended to  
33 read as follows:

34       It is the intent of the legislature to enhance continuity of care  
35 for persons with serious (~~mental~~) behavioral health disorders that  
36 can be controlled or stabilized in a less restrictive alternative  
37 commitment. Within the guidelines stated in *In re LaBelle* 107 Wn. 2d  
38 196 (1986), the legislature intends to encourage appropriate

1 interventions at a point when there is the best opportunity to  
2 restore the person to or maintain satisfactory functioning.

3 For persons with a prior history or pattern of repeated  
4 hospitalizations or law enforcement interventions due to  
5 decompensation, the consideration of prior (~~mental~~) history is  
6 particularly relevant in determining whether the person would  
7 receive, if released, such care as is essential for his or her health  
8 or safety.

9 Therefore, the legislature finds that for persons who are  
10 currently under a commitment order, a prior history of decompensation  
11 leading to repeated hospitalizations or law enforcement interventions  
12 should be given great weight in determining whether a new less  
13 restrictive alternative commitment should be ordered.

14 **Sec. 3.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and  
15 2018 c 201 s 3001 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

1           (7) (~~"Chemical dependency"~~) "Substance use disorder" means:  
2           (a) Alcoholism;  
3           (b) Drug addiction; or  
4           (c) Dependence on alcohol and one or more psychoactive chemicals,  
5 as the context requires;  
6           (8) "Chemical dependency professional" means a person certified  
7 as a chemical dependency professional by the department under chapter  
8 18.205 RCW;  
9           (9) "Commitment" means the determination by a court that a person  
10 should be detained for a period of either evaluation or treatment, or  
11 both, in an inpatient or a less restrictive setting;  
12           (10) "Conditional release" means a revocable modification of a  
13 commitment, which may be revoked upon violation of any of its terms;  
14           (11) "Crisis stabilization unit" means a short-term facility or a  
15 portion of a facility licensed or certified by the department under  
16 RCW 71.24.035, such as an evaluation and treatment facility or a  
17 hospital, which has been designed to assess, diagnose, and treat  
18 individuals experiencing an acute crisis without the use of long-term  
19 hospitalization;  
20           (12) "Custody" means involuntary detention under the provisions  
21 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
22 unconditional release from commitment from a facility providing  
23 involuntary care and treatment;  
24           (13) "Department" means the department of health;  
25           (14) "Designated crisis responder" means a mental health  
26 professional appointed by the county, an entity appointed by the  
27 county, or the behavioral health organization to perform the duties  
28 specified in this chapter;  
29           (15) "Detention" or "detain" means the lawful confinement of a  
30 person, under the provisions of this chapter;  
31           (16) "Developmental disabilities professional" means a person who  
32 has specialized training and three years of experience in directly  
33 treating or working with persons with developmental disabilities and  
34 is a psychiatrist, physician assistant working with a supervising  
35 psychiatrist, psychologist, psychiatric advanced registered nurse  
36 practitioner, or social worker, and such other developmental  
37 disabilities professionals as may be defined by rules adopted by the  
38 secretary of the department of social and health services;  
39           (17) "Developmental disability" means that condition defined in  
40 RCW 71A.10.020(5);

1 (18) "Director" means the director of the authority;

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

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

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

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

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

1 (24) "Hearing" means any proceeding conducted in open court(  
2 ~~For purposes of this chapter, at any hearing the petitioner, the~~  
3 ~~respondent, the witnesses, and the presiding judicial officer may be~~  
4 ~~present and participate either in person or by video, as determined~~  
5 ~~by the court. The term "video" as used herein shall include any~~  
6 ~~functional equivalent. At any hearing conducted by video, the~~  
7 ~~technology used must permit the judicial officer, counsel, all~~  
8 ~~parties, and the witnesses to be able to see, hear, and speak, when~~  
9 ~~authorized, during the hearing; to allow attorneys to use exhibits or~~  
10 ~~other materials during the hearing; and to allow respondent's counsel~~  
11 ~~to be in the same location as the respondent unless otherwise~~  
12 ~~requested by the respondent or the respondent's counsel. Witnesses in~~  
13 ~~a proceeding may also appear in court through other means, including~~  
14 ~~telephonically, pursuant to the requirements of superior court civil~~  
15 ~~rule 43. Notwithstanding the foregoing, the court, upon its own~~  
16 ~~motion or upon a motion for good cause by any party, may require all~~  
17 ~~parties and witnesses to participate in the hearing in person rather~~  
18 ~~than by video. In ruling on any such motion, the court may allow in-~~  
19 ~~person or video testimony; and the court may consider, among other~~  
20 ~~things, whether the respondent's alleged mental illness affects the~~  
21 ~~respondent's ability to perceive or participate in the proceeding by~~  
22 ~~video)) that conforms to the requirements of section 99 of this act;~~

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

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

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

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

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

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

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

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

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

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

11 (28) "Information related to (~~mental~~) behavioral health  
12 services" means all information and records compiled, obtained, or  
13 maintained in the course of providing services to either voluntary or  
14 involuntary recipients of services by a (~~mental~~) behavioral health  
15 service provider. This may include documents of legal proceedings  
16 under this chapter or chapter 71.34 or 10.77 RCW, or somatic health  
17 care information;

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

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

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

36 (32) "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 (~~mental~~) behavioral  
39 health (~~and substance use disorder~~) service providers under RCW  
40 71.05.130;

1 (33) "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;

4 (34) "Licensed physician" means a person licensed to practice  
5 medicine or osteopathic medicine and surgery in the state of  
6 Washington;

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

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

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

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

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

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

32 (39) "~~(Mental)~~ Behavioral health service provider" means a  
33 public or private agency that provides mental health, substance use  
34 disorder, or co-occurring disorder services to persons with (~~mental~~  
35 ~~disorders or substance use~~) behavioral health disorders as defined  
36 under this section and receives funding from public sources. This  
37 includes, but is not limited to, hospitals licensed under chapter  
38 70.41 RCW, evaluation and treatment facilities as defined in this  
39 section, community mental health service delivery systems or  
40 behavioral health programs as defined in RCW 71.24.025, facilities



1 conducting competency evaluations and restoration under chapter 10.77  
2 RCW, approved substance use disorder treatment programs as defined in  
3 this section, secure detoxification facilities as defined in this  
4 section, and correctional facilities operated by state and local  
5 governments;

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

10 (41) "Physician assistant" means a person licensed as a physician  
11 assistant under chapter 18.57A or 18.71A RCW;

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

21 (43) "Professional person" means a mental health professional,  
22 chemical dependency professional, or designated crisis responder and  
23 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 (44) "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 (45) "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 (46) "Psychologist" means a person who has been licensed as a  
38 psychologist pursuant to chapter 18.83 RCW;

39 (47) "Public agency" means any evaluation and treatment facility  
40 or institution, secure detoxification facility, approved substance

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

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

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

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

14 (51) "Secure detoxification facility" means a facility operated  
15 by either a public or private agency or by the program of an agency  
16 that:

17 (a) Provides for intoxicated persons:

18 (i) Evaluation and assessment, provided by certified chemical  
19 dependency professionals;

20 (ii) Acute or subacute detoxification services; and

21 (iii) Discharge assistance provided by certified chemical  
22 dependency professionals, including facilitating transitions to  
23 appropriate voluntary or involuntary inpatient services or to less  
24 restrictive alternatives as appropriate for the individual;

25 (b) Includes security measures sufficient to protect the  
26 patients, staff, and community; and

27 (c) Is licensed or certified as such by the department of health;

28 (52) (~~"Serious violent offense" has the same meaning as provided~~  
29 ~~in RCW 9.94A.030;~~

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

33 ~~((54))~~ (53) "Substance use disorder" means a cluster of  
34 cognitive, behavioral, and physiological symptoms indicating that an  
35 individual continues using the substance despite significant  
36 substance-related problems. The diagnosis of a substance use disorder  
37 is based on a pathological pattern of behaviors related to the use of  
38 the substances;

39 ~~((55))~~ (54) "Therapeutic court personnel" means the staff of a  
40 mental health court or other therapeutic court which has jurisdiction

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

5 ((+56)) (55) "Treatment records" include registration and all  
6 other records concerning persons who are receiving or who at any time  
7 have received services for ((mental—illness)) behavioral health  
8 disorders, which are maintained by the department of social and  
9 health services, the department, the authority, behavioral health  
10 organizations and their staffs, and by treatment facilities.  
11 Treatment records include mental health information contained in a  
12 medical bill including but not limited to mental health drugs, a  
13 mental health diagnosis, provider name, and dates of service stemming  
14 from a medical service. Treatment records do not include notes or  
15 records maintained for personal use by a person providing treatment  
16 services for the department of social and health services, the  
17 department, the authority, behavioral health organizations, or a  
18 treatment facility if the notes or records are not available to  
19 others;

20 ((+57)) (56) "Triage facility" means a short-term facility or a  
21 portion of a facility licensed or certified by the department under  
22 RCW 71.24.035, which is designed as a facility to assess and  
23 stabilize an individual or determine the need for involuntary  
24 commitment of an individual, and must meet department residential  
25 treatment facility standards. A triage facility may be structured as  
26 a voluntary or involuntary placement facility;

27 ((+58)) (57) "Violent act" means behavior that resulted in  
28 homicide, attempted suicide, ((nonfatal—injuries)) injury, or  
29 substantial loss or damage to property;

30 (58) "Behavioral health disorder" means either a mental disorder  
31 as defined in this section, a substance use disorder as defined in  
32 this section, or a co-occurring mental disorder and substance use  
33 disorder;

34 (59) "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;

39 (60) "Written order of apprehension" means an order of the court  
40 for a peace officer to deliver the named person in the order to a

1 facility or emergency room as determined by the designated crisis  
2 responder. Such orders shall be entered into the Washington crime  
3 information center database.

4 **Sec. 4.** RCW 71.05.025 and 2016 sp.s. c 29 s 205 are each amended  
5 to read as follows:

6 The legislature intends that the procedures and services  
7 authorized in this chapter be integrated with those in chapter 71.24  
8 RCW to the maximum extent necessary to assure ((a)) an appropriate  
9 continuum of care ((~~to~~)) for persons with ((~~mental illness or who~~  
10 ~~have mental disorders or substance use~~)) behavioral health disorders,  
11 as defined in either or both this chapter and chapter 71.24 RCW. To  
12 this end, behavioral health organizations established in accordance  
13 with chapter 71.24 RCW shall institute procedures which require  
14 timely consultation with resource management services by designated  
15 crisis responders, evaluation and treatment facilities, secure  
16 detoxification facilities, and approved substance use disorder  
17 treatment programs to assure that determinations to admit, detain,  
18 commit, treat, discharge, or release persons with ((~~mental disorders~~  
19 ~~or substance use~~)) behavioral health disorders under this chapter are  
20 made only after appropriate information regarding such person's  
21 treatment history and current treatment plan has been sought from  
22 resource management services.

23 **Sec. 5.** RCW 71.05.026 and 2018 c 201 s 3002 are each amended to  
24 read as follows:

25 (1) Except for monetary damage claims which have been reduced to  
26 final judgment by a superior court, this section applies to all  
27 claims against the state, state agencies, state officials, or state  
28 employees that exist on or arise after March 29, 2006.

29 (2) Except as expressly provided in contracts entered into  
30 between the authority and the behavioral health organizations after  
31 March 29, 2006, the entities identified in subsection (3) of this  
32 section shall have no claim for declaratory relief, injunctive  
33 relief, judicial review under chapter 34.05 RCW, or civil liability  
34 against the state or state agencies for actions or inactions  
35 performed pursuant to the administration of this chapter with regard  
36 to the following: (a) The allocation or payment of federal or state  
37 funds; (b) the use or allocation of state hospital beds; or (c)  
38 financial responsibility for the provision of inpatient ((~~mental~~))

1 behavioral health (~~(care or inpatient substance use)~~) disorder  
2 treatment and care.

3 (3) This section applies to counties, behavioral health  
4 organizations, and entities which contract to provide behavioral  
5 health organization services and their subcontractors, agents, or  
6 employees.

7 **Sec. 6.** RCW 71.05.027 and 2018 c 201 s 3003 are each amended to  
8 read as follows:

9 (1) Not later than January 1, 2007, all persons providing  
10 treatment under this chapter shall also implement the integrated  
11 comprehensive screening and assessment process for (~~(chemical  
12 dependency and mental)~~) behavioral health disorders adopted pursuant  
13 to RCW 71.24.630 and shall document the numbers of clients with co-  
14 occurring mental disorders and substance (~~(abuse)~~) use disorders  
15 based on a quadrant system of low and high needs.

16 (2) Treatment providers and behavioral health organizations who  
17 fail to implement the integrated comprehensive screening and  
18 assessment process for (~~(chemical dependency and mental)~~) behavioral  
19 health disorders (~~(by July 1, 2007,)~~) shall be subject to contractual  
20 penalties established under RCW 71.24.630.

21 **Sec. 7.** RCW 71.05.030 and 1998 c 297 s 4 are each amended to  
22 read as follows:

23 Persons suffering from a (~~(mental)~~) behavioral health disorder  
24 may not be involuntarily committed for treatment of such disorder  
25 except pursuant to provisions of this chapter, chapter 10.77 RCW,  
26 chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW  
27 72.68.031 through 72.68.037, or pursuant to court ordered evaluation  
28 and treatment not to exceed ninety days pending a criminal trial or  
29 sentencing.

30 **Sec. 8.** RCW 71.05.040 and 2018 c 201 s 3004 are each amended to  
31 read as follows:

32 Persons with developmental disabilities, impaired by substance  
33 use disorder, or suffering from dementia shall not be detained for  
34 evaluation and treatment or judicially committed solely by reason of  
35 that condition unless such condition causes a person to be gravely  
36 disabled or (~~(as a result of a mental disorder such condition exists  
37 that constitutes)~~) to present a likelihood of serious harm. However,

1 persons with developmental disabilities, impaired by substance use  
2 disorder, or suffering from dementia and who otherwise meet the  
3 criteria for detention or judicial commitment are not ineligible for  
4 detention or commitment based on this condition alone.

5 **Sec. 9.** RCW 71.05.050 and 2016 sp.s. c 29 s 207 are each amended  
6 to read as follows:

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

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

34 (3) If a person is brought to the emergency room of a public or  
35 private agency or hospital for observation or treatment, the person  
36 refuses voluntary admission, and the professional staff of the public  
37 or private agency or hospital regard such person as presenting as a  
38 result of a (~~mental disorder or substance use~~) behavioral health  
39 disorder an imminent likelihood of serious harm, or as presenting an

1 imminent danger because of grave disability, they may detain such  
2 person for sufficient time to notify the designated crisis responder  
3 of such person's condition to enable the designated crisis responder  
4 to authorize such person being further held in custody or transported  
5 to an evaluation treatment center, secure detoxification facility, or  
6 approved substance use disorder treatment program pursuant to the  
7 conditions in this chapter, but which time shall be no more than six  
8 hours from the time the professional staff notify the designated  
9 crisis responder of the need for evaluation, not counting time  
10 periods prior to medical clearance.

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

16 **Sec. 10.** RCW 71.05.100 and 2018 c 201 s 3005 are each amended to  
17 read as follows:

18 In addition to the responsibility provided for by RCW 43.20B.330,  
19 any person, or his or her estate, or his or her spouse, (~~or the~~  
20 ~~parents of a minor person~~) who is involuntarily detained pursuant to  
21 this chapter for the purpose of treatment and evaluation outside of a  
22 facility maintained and operated by the department of social and  
23 health services shall be responsible for the cost of such care and  
24 treatment. In the event that an individual is unable to pay for such  
25 treatment or in the event payment would result in a substantial  
26 hardship upon the individual or his or her family, then the county of  
27 residence of such person shall be responsible for such costs. If it  
28 is not possible to determine the county of residence of the person,  
29 the cost shall be borne by the county where the person was originally  
30 detained. The department of social and health services, or the  
31 authority, as appropriate, shall, pursuant to chapter 34.05 RCW,  
32 adopt standards as to (1) inability to pay in whole or in part, (2) a  
33 definition of substantial hardship, and (3) appropriate payment  
34 schedules. Financial responsibility with respect to services and  
35 facilities of the department of social and health services shall  
36 continue to be as provided in RCW 43.20B.320 through 43.20B.360 and  
37 43.20B.370.

1       **Sec. 11.** RCW 71.05.120 and 2016 sp.s. c 29 s 208 and 2016 c 158  
2 s 4 are each reenacted and amended to read as follows:

3       (1) No officer of a public or private agency, nor the  
4 superintendent, professional person in charge, his or her  
5 professional designee, or attending staff of any such agency, nor any  
6 public official performing functions necessary to the administration  
7 of this chapter, nor peace officer responsible for detaining a person  
8 pursuant to this chapter, nor any designated crisis responder, nor  
9 the state, a unit of local government, an evaluation and treatment  
10 facility, a secure detoxification facility, or an approved substance  
11 use disorder treatment program shall be civilly or criminally liable  
12 for performing duties pursuant to this chapter with regard to the  
13 decision of whether to admit, discharge, release, administer  
14 antipsychotic medications, or detain a person for evaluation and  
15 treatment: PROVIDED, That such duties were performed in good faith  
16 and without gross negligence.

17       (2) Peace officers and their employing agencies are not liable  
18 for the referral of a person, or the failure to refer a person, to a  
19 (~~mental~~) behavioral health agency pursuant to a policy adopted  
20 pursuant to RCW 71.05.457 if such action or inaction is taken in good  
21 faith and without gross negligence.

22       (3) This section does not relieve a person from giving the  
23 required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the  
24 duty to warn or to take reasonable precautions to provide protection  
25 from violent behavior where the patient has communicated an actual  
26 threat of physical violence against a reasonably identifiable victim  
27 or victims. The duty to warn or to take reasonable precautions to  
28 provide protection from violent behavior is discharged if reasonable  
29 efforts are made to communicate the threat to the victim or victims  
30 and to law enforcement personnel.

31       **Sec. 12.** RCW 71.05.132 and 2016 sp.s. c 29 s 209 are each  
32 amended to read as follows:

33       When any court orders a person to receive treatment under this  
34 chapter, the order shall include a statement that if the person is,  
35 or becomes, subject to supervision by the department of corrections,  
36 the person must notify the treatment provider and the person's  
37 (~~mental health~~) treatment (~~information and substance use disorder~~  
38 ~~treatment information~~) records must be shared with the department of  
39 corrections for the duration of the offender's incarceration and



1 supervision, under RCW 71.05.445. Upon a petition by a person who  
2 does not have a history of one or more violent acts, the court may,  
3 for good cause, find that public safety would not be enhanced by the  
4 sharing of this person's information.

5 **Sec. 13.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to  
6 read as follows:

7 (1) When a designated crisis responder receives information  
8 alleging that a person, as a result of a (~~mental~~) behavioral health  
9 disorder, (~~substance use disorder, or both~~) presents a likelihood  
10 of serious harm or is gravely disabled, or that a person is in need  
11 of assisted outpatient behavioral health treatment; the designated  
12 crisis responder may, after investigation and evaluation of the  
13 specific facts alleged and of the reliability and credibility of any  
14 person providing information to initiate detention or involuntary  
15 outpatient treatment, if satisfied that the allegations are true and  
16 that the person will not voluntarily seek appropriate treatment, file  
17 a petition for initial detention under this section or a petition for  
18 involuntary outpatient behavioral health treatment under RCW  
19 71.05.148. Before filing the petition, the designated crisis  
20 responder must personally interview the person, unless the person  
21 refuses an interview, and determine whether the person will  
22 voluntarily receive appropriate evaluation and treatment at an  
23 evaluation and treatment facility, crisis stabilization unit, triage  
24 facility, or approved substance use disorder treatment program.

25 (2) (a) (~~An~~) A written order of apprehension to detain a person  
26 with a (~~mental~~) behavioral health disorder to a designated  
27 evaluation and treatment facility, (~~or to detain a person with a~~  
28 ~~substance use disorder to~~) a secure detoxification facility, or an  
29 approved substance use disorder treatment program, for not more than  
30 a seventy-two-hour evaluation and treatment period, may be issued by  
31 a judge of the superior court upon request of a designated crisis  
32 responder, subject to (d) of this subsection, whenever it appears to  
33 the satisfaction of a judge of the superior court:

34 (i) That there is probable cause to support the petition; and

35 (ii) That the person has refused or failed to accept appropriate  
36 evaluation and treatment voluntarily.

37 (b) The petition for initial detention, signed under penalty of  
38 perjury, or sworn telephonic testimony may be considered by the court

1 in determining whether there are sufficient grounds for issuing the  
2 order.

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

7 (d) A court may not issue an order to detain a person to a secure  
8 detoxification facility or approved substance use disorder treatment  
9 program unless there is an available secure detoxification facility  
10 or approved substance use disorder treatment program that has  
11 adequate space for the person.

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

34 (4) The designated crisis responder may notify a peace officer to  
35 take such person or cause such person to be taken into custody and  
36 placed in an evaluation and treatment facility, secure detoxification  
37 facility, or approved substance use disorder treatment program. At  
38 the time such person is taken into custody there shall commence to be  
39 served on such person, his or her guardian, and conservator, if any,

1 a copy of the original order together with a notice of rights and a  
2 petition for initial detention.

3 **Sec. 14.** RCW 71.05.150 and 2018 c 291 s 4 are each amended to  
4 read as follows:

5 (1) When a designated crisis responder receives information  
6 alleging that a person, as a result of a (~~mental~~) behavioral health  
7 disorder, (~~substance use disorder, or both~~) presents a likelihood  
8 of serious harm or is gravely disabled, or that a person is in need  
9 of assisted outpatient behavioral health treatment; the designated  
10 crisis responder may, after investigation and evaluation of the  
11 specific facts alleged and of the reliability and credibility of any  
12 person providing information to initiate detention or involuntary  
13 outpatient treatment, if satisfied that the allegations are true and  
14 that the person will not voluntarily seek appropriate treatment, file  
15 a petition for initial detention under this section or a petition for  
16 involuntary outpatient behavioral health treatment under RCW  
17 71.05.148. Before filing the petition, the designated crisis  
18 responder must personally interview the person, unless the person  
19 refuses an interview, and determine whether the person will  
20 voluntarily receive appropriate evaluation and treatment at an  
21 evaluation and treatment facility, crisis stabilization unit, triage  
22 facility, or approved substance use disorder treatment program.

23 (2) (a) (~~An~~) A written order of apprehension to detain a person  
24 with a (~~mental~~) behavioral health disorder to a designated  
25 evaluation and treatment facility, (~~or to detain a person with a~~  
26 ~~substance use disorder to~~) a secure detoxification facility, or an  
27 approved substance use disorder treatment program, for a period of  
28 not more than (~~a seventy-two hour~~) five days for evaluation and  
29 treatment (~~period~~), may be issued by a judge of the superior court  
30 upon request of a designated crisis responder, subject to (d) of this  
31 subsection, whenever it appears to the satisfaction of a judge of the  
32 superior court:

33 (i) That there is probable cause to support the petition; and  
34 (ii) That the person has refused or failed to accept appropriate  
35 evaluation and treatment voluntarily.

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

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

5 (d) A court may not issue an order to detain a person to a secure  
6 detoxification facility or approved substance use disorder treatment  
7 program unless there is an available secure detoxification facility  
8 or approved substance use disorder treatment program that has  
9 adequate space for the person.

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

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

1       **Sec. 15.** RCW 71.05.150 and 2018 c 291 s 5 are each amended to  
2 read as follows:

3       (1) When a designated crisis responder receives information  
4 alleging that a person, as a result of a ~~((mental))~~ behavioral health  
5 disorder, ~~((substance use disorder, or both))~~ presents a likelihood  
6 of serious harm or is gravely disabled, or that a person is in need  
7 of assisted outpatient behavioral health treatment; the designated  
8 crisis responder may, after investigation and evaluation of the  
9 specific facts alleged and of the reliability and credibility of any  
10 person providing information to initiate detention or involuntary  
11 outpatient treatment, if satisfied that the allegations are true and  
12 that the person will not voluntarily seek appropriate treatment, file  
13 a petition for initial detention under this section or a petition for  
14 involuntary outpatient behavioral health treatment under RCW  
15 71.05.148. Before filing the petition, the designated crisis  
16 responder must personally interview the person, unless the person  
17 refuses an interview, and determine whether the person will  
18 voluntarily receive appropriate evaluation and treatment at an  
19 evaluation and treatment facility, crisis stabilization unit, triage  
20 facility, or approved substance use disorder treatment program.

21       (2)(a) ~~((An))~~ A written order of apprehension to detain a person  
22 with a ~~((mental))~~ behavioral health disorder to a designated  
23 evaluation and treatment facility, ~~((or to detain a person with a~~  
24 ~~substance use disorder to))~~ a secure detoxification facility, or an  
25 approved substance use disorder treatment program, for a period of  
26 not more than ~~((a seventy-two hour))~~ five days for evaluation and  
27 treatment ~~((period))~~, may be issued by a judge of the superior court  
28 upon request of a designated crisis responder whenever it appears to  
29 the satisfaction of a judge of the superior court:

30       (i) That there is probable cause to support the petition; and

31       (ii) That the person has refused or failed to accept appropriate  
32 evaluation and treatment voluntarily.

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

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

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

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

32 **Sec. 16.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each  
33 amended to read as follows:

34 (1) When a designated crisis responder receives information  
35 alleging that a person, as the result of a ((mental)) behavioral  
36 health disorder, presents an imminent likelihood of serious harm, or  
37 is in imminent danger because of being gravely disabled, after  
38 investigation and evaluation of the specific facts alleged and of the  
39 reliability and credibility of the person or persons providing the

1 information if any, the designated crisis responder may take such  
2 person, or cause by oral or written order such person to be taken  
3 into emergency custody in an evaluation and treatment facility,  
4 secure detoxification facility if available with adequate space for  
5 the person, or approved substance use disorder treatment program if  
6 available with adequate space for the person, for not more than  
7 seventy-two hours as described in RCW 71.05.180.

8 ~~(2) ((When a designated crisis responder receives information~~  
9 ~~alleging that a person, as the result of substance use disorder,~~  
10 ~~presents an imminent likelihood of serious harm, or is in imminent~~  
11 ~~danger because of being gravely disabled, after investigation and~~  
12 ~~evaluation of the specific facts alleged and of the reliability and~~  
13 ~~credibility of the person or persons providing the information if~~  
14 ~~any, the designated crisis responder may take the person, or cause by~~  
15 ~~oral or written order the person to be taken, into emergency custody~~  
16 ~~in a secure detoxification facility or approved substance use~~  
17 ~~disorder treatment program for not more than seventy-two hours as~~  
18 ~~described in RCW 71.05.180, if a secure detoxification facility or~~  
19 ~~approved substance use disorder treatment program is available and~~  
20 ~~has adequate space for the person.~~

21 ~~(3))~~ (a) Subject to (b) of this subsection, a peace officer may  
22 take or cause such person to be taken into custody and immediately  
23 delivered to a triage facility, crisis stabilization unit, evaluation  
24 and treatment facility, secure detoxification facility, approved  
25 substance use disorder treatment program, or the emergency department  
26 of a local hospital under the following circumstances:

27 (i) Pursuant to subsection (1) (~~(or (2))~~) of this section; or  
28 (ii) When he or she has reasonable cause to believe that such  
29 person is suffering from a (~~(mental)~~) behavioral health disorder (~~(or~~  
30 ~~substance use disorder)~~) and presents an imminent likelihood of  
31 serious harm or is in imminent danger because of being gravely  
32 disabled.

33 (b) A peace officer's delivery of a person, (~~(based on a~~  
34 ~~substance use disorder,~~) to a secure detoxification facility or  
35 approved substance use disorder treatment program is subject to the  
36 availability of a secure detoxification facility or approved  
37 substance use disorder treatment program with adequate space for the  
38 person.

39 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
40 evaluation and treatment facility, emergency department of a local

1 hospital, triage facility that has elected to operate as an  
2 involuntary facility, secure detoxification facility, or approved  
3 substance use disorder treatment program by peace officers pursuant  
4 to subsection ~~((3))~~ (2) of this section may be held by the facility  
5 for a period of up to twelve hours, not counting time periods prior  
6 to medical clearance.

7 ~~((5))~~ (4) Within three hours after arrival, not counting time  
8 periods prior to medical clearance, the person must be examined by a  
9 mental health professional or chemical dependency professional.  
10 Within twelve hours of notice of the need for evaluation, not  
11 counting time periods prior to medical clearance, the designated  
12 crisis responder must determine whether the individual meets  
13 detention criteria. If the individual is detained, the designated  
14 crisis responder shall file a petition for detention or a  
15 supplemental petition as appropriate and commence service on the  
16 designated attorney for the detained person. If the individual is  
17 released to the community, the ~~((mental))~~ behavioral health service  
18 provider shall inform the peace officer of the release within a  
19 reasonable period of time after the release if the peace officer has  
20 specifically requested notification and provided contact information  
21 to the provider.

22 ~~((6))~~ (5) Dismissal of a commitment petition is not the  
23 appropriate remedy for a violation of the timeliness requirements of  
24 this section based on the intent of this chapter under RCW 71.05.010  
25 except in the few cases where the facility staff or designated  
26 ~~((mental health professional))~~ crisis responder has totally  
27 disregarded the requirements of this section.

28 **Sec. 17.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each  
29 amended to read as follows:

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



1 the person, or approved substance use disorder treatment program if  
2 available with adequate space for the person, for not more than  
3 ~~((seventy-two hours))~~ five days as described in RCW 71.05.180.

4 ~~(2) ((When a designated crisis responder receives information~~  
5 ~~alleging that a person, as the result of substance use disorder,~~  
6 ~~presents an imminent likelihood of serious harm, or is in imminent~~  
7 ~~danger because of being gravely disabled, after investigation and~~  
8 ~~evaluation of the specific facts alleged and of the reliability and~~  
9 ~~credibility of the person or persons providing the information if~~  
10 ~~any, the designated crisis responder may take the person, or cause by~~  
11 ~~oral or written order the person to be taken, into emergency custody~~  
12 ~~in a secure detoxification facility or approved substance use~~  
13 ~~disorder treatment program for not more than seventy-two hours as~~  
14 ~~described in RCW 71.05.180, if a secure detoxification facility or~~  
15 ~~approved substance use disorder treatment program is available and~~  
16 ~~has adequate space for the person.~~

17 ~~(3))~~ (a) Subject to (b) of this subsection, a peace officer may  
18 take or cause such person to be taken into custody and immediately  
19 delivered to a triage facility, crisis stabilization unit, evaluation  
20 and treatment facility, secure detoxification facility, approved  
21 substance use disorder treatment program, or the emergency department  
22 of a local hospital under the following circumstances:

23 (i) Pursuant to subsection (1) ~~((or (2)))~~ of this section; or  
24 (ii) When he or she has reasonable cause to believe that such  
25 person is suffering from a ~~((mental))~~ behavioral health disorder ~~((or~~  
26 ~~substance use disorder))~~ and presents an imminent likelihood of  
27 serious harm or is in imminent danger because of being gravely  
28 disabled.

29 (b) A peace officer's delivery of a person, ~~((based on a~~  
30 ~~substance use disorder,))~~ to a secure detoxification facility or  
31 approved substance use disorder treatment program is subject to the  
32 availability of a secure detoxification facility or approved  
33 substance use disorder treatment program with adequate space for the  
34 person.

35 ~~((4))~~ (3) Persons delivered to a crisis stabilization unit,  
36 evaluation and treatment facility, emergency department of a local  
37 hospital, triage facility that has elected to operate as an  
38 involuntary facility, secure detoxification facility, or approved  
39 substance use disorder treatment program by peace officers pursuant  
40 to subsection ~~((3))~~ (2) of this section may be held by the facility

1 for a period of up to twelve hours, not counting time periods prior  
2 to medical clearance.

3 ~~((+5))~~ (4) Within three hours after arrival, not counting time  
4 periods prior to medical clearance, the person must be examined by a  
5 mental health professional or chemical dependency professional.  
6 Within twelve hours of notice of the need for evaluation, not  
7 counting time periods prior to medical clearance, the designated  
8 crisis responder must determine whether the individual meets  
9 detention criteria. If the individual is detained, the designated  
10 crisis responder shall file a petition for detention or a  
11 supplemental petition as appropriate and commence service on the  
12 designated attorney for the detained person. If the individual is  
13 released to the community, the ~~((mental))~~ behavioral health service  
14 provider shall inform the peace officer of the release within a  
15 reasonable period of time after the release if the peace officer has  
16 specifically requested notification and provided contact information  
17 to the provider.

18 ~~((+6))~~ (5) Dismissal of a commitment petition is not the  
19 appropriate remedy for a violation of the timeliness requirements of  
20 this section based on the intent of this chapter under RCW 71.05.010  
21 except in the few cases where the facility staff or designated  
22 ~~((mental health professional))~~ crisis responder has totally  
23 disregarded the requirements of this section.

24 **Sec. 18.** RCW 71.05.153 and 2016 sp.s. c 29 s 213 are each  
25 amended to read as follows:

26 (1) When a designated crisis responder receives information  
27 alleging that a person, as the result of a ~~((mental))~~ behavioral  
28 health disorder, presents an imminent likelihood of serious harm, or  
29 is in imminent danger because of being gravely disabled, after  
30 investigation and evaluation of the specific facts alleged and of the  
31 reliability and credibility of the person or persons providing the  
32 information if any, the designated crisis responder may take such  
33 person, or cause by oral or written order such person to be taken  
34 into emergency custody in an evaluation and treatment facility,  
35 secure detoxification facility, or approved substance use disorder  
36 treatment program, for not more than ~~((seventy-two hours))~~ five days  
37 as described in RCW 71.05.180.

38 ~~((When a designated crisis responder receives information~~  
39 ~~alleging that a person, as the result of substance use disorder,~~

1 ~~presents an imminent likelihood of serious harm, or is in imminent~~  
2 ~~danger because of being gravely disabled, after investigation and~~  
3 ~~evaluation of the specific facts alleged and of the reliability and~~  
4 ~~credibility of the person or persons providing the information if~~  
5 ~~any, the designated crisis responder may take the person, or cause by~~  
6 ~~oral or written order the person to be taken, into emergency custody~~  
7 ~~in a secure detoxification facility or approved substance use~~  
8 ~~disorder treatment program for not more than seventy-two hours as~~  
9 ~~described in RCW 71.05.180.~~

10 ~~(3))~~) A peace officer may take or cause such person to be taken  
11 into custody and immediately delivered to a triage facility, crisis  
12 stabilization unit, evaluation and treatment facility, secure  
13 detoxification facility, approved substance use disorder treatment  
14 program, or the emergency department of a local hospital under the  
15 following circumstances:

16 (a) Pursuant to subsection (1) (~~(or (2))~~) of this section; or

17 (b) When he or she has reasonable cause to believe that such  
18 person is suffering from a (~~mental~~) behavioral health disorder (~~(or~~  
19 ~~substance use disorder)~~) and presents an imminent likelihood of  
20 serious harm or is in imminent danger because of being gravely  
21 disabled.

22 ~~((4))~~) (3) Persons delivered to a crisis stabilization unit,  
23 evaluation and treatment facility, emergency department of a local  
24 hospital, triage facility that has elected to operate as an  
25 involuntary facility, secure detoxification facility, or approved  
26 substance use disorder treatment program by peace officers pursuant  
27 to subsection (~~(3))~~) (2) of this section may be held by the facility  
28 for a period of up to twelve hours, not counting time periods prior  
29 to medical clearance.

30 ~~((5))~~) (4) Within three hours after arrival, not counting time  
31 periods prior to medical clearance, the person must be examined by a  
32 mental health professional or chemical dependency professional,  
33 whichever is more appropriate to the person's presentation. Within  
34 twelve hours of notice of the need for evaluation, not counting time  
35 periods prior to medical clearance, the designated crisis responder  
36 must determine whether the individual meets detention criteria. If  
37 the individual is detained, the designated crisis responder shall  
38 file a petition for detention or a supplemental petition as  
39 appropriate and commence service on the designated attorney for the  
40 detained person. If the individual is released to the community, the

1 (~~mental~~) behavioral health service provider shall inform the peace  
2 officer of the release within a reasonable period of time after the  
3 release if the peace officer has specifically requested notification  
4 and provided contact information to the provider.

5 (~~(+6)~~) (5) Dismissal of a commitment petition is not the  
6 appropriate remedy for a violation of the timeliness requirements of  
7 this section based on the intent of this chapter under RCW 71.05.010  
8 except in the few cases where the facility staff or designated  
9 (~~mental—health—professional~~) crisis responder has totally  
10 disregarded the requirements of this section.

11 **Sec. 19.** RCW 71.05.160 and 2016 sp.s. c 29 s 217 are each  
12 amended to read as follows:

13 (1) Any facility receiving a person pursuant to RCW 71.05.150 or  
14 71.05.153 shall require the designated crisis responder to prepare a  
15 petition for initial detention stating the circumstances under which  
16 the person's condition was made known and stating that there is  
17 evidence, as a result of his or her personal observation or  
18 investigation, that the actions of the person for which application  
19 is made constitute a likelihood of serious harm, or that he or she is  
20 gravely disabled, and stating the specific facts known to him or her  
21 as a result of his or her personal observation or investigation, upon  
22 which he or she bases the belief that such person should be detained  
23 for the purposes and under the authority of this chapter.

24 (2)(a) If a person is involuntarily placed in an evaluation and  
25 treatment facility, secure detoxification facility, or approved  
26 substance use disorder treatment program pursuant to RCW 71.05.150 or  
27 71.05.153, on the next judicial day following the initial detention,  
28 the designated crisis responder shall file with the court and serve  
29 the designated attorney of the detained person the petition or  
30 supplemental petition for initial detention, proof of service of  
31 notice, and a copy of a notice of emergency detention.

32 (b) If the person is involuntarily detained at an evaluation and  
33 treatment facility, secure detoxification facility, or approved  
34 substance use disorder treatment program in a different county from  
35 where the person was initially detained, the facility or program may  
36 file with the court and serve the designated attorney of the detained  
37 person the petition or supplemental petition for initial detention,  
38 proof of service of notice, and a copy of a notice of emergency

1 detention at the request of the evaluating designated crisis  
2 responder.

3 **Sec. 20.** RCW 71.05.170 and 2016 sp.s. c 29 s 218 are each  
4 amended to read as follows:

5 Whenever the designated crisis responder petitions for detention  
6 of a person whose actions constitute a likelihood of serious harm, or  
7 who is gravely disabled, the facility providing (~~(seventy-two hour)~~)  
8 five-day evaluation and treatment must immediately accept on a  
9 provisional basis the petition and the person. The facility shall  
10 then evaluate the person's condition and admit, detain, transfer, or  
11 discharge such person in accordance with RCW 71.05.210. The facility  
12 shall notify in writing the court and the designated crisis responder  
13 of the date and time of the initial detention of each person  
14 involuntarily detained in order that a probable cause hearing shall  
15 be held no later than (~~(seventy-two hours)~~) five days after  
16 detention.

17 The duty of a state hospital to accept persons for evaluation and  
18 treatment under this section shall be limited by chapter 71.24 RCW.

19 **Sec. 21.** RCW 71.05.180 and 2016 sp.s. c 29 s 219 are each  
20 amended to read as follows:

21 If the evaluation and treatment facility, secure detoxification  
22 facility, or approved substance use disorder treatment program admits  
23 the person, it may detain him or her for evaluation and treatment for  
24 a period not to exceed (~~(seventy-two hours)~~) five days from the time  
25 of acceptance as set forth in RCW 71.05.170. The computation of such  
26 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,  
27 Sundays, and holidays.

28 **Sec. 22.** RCW 71.05.190 and 2016 sp.s. c 29 s 220 are each  
29 amended to read as follows:

30 If the person is not approved for admission by a facility  
31 providing (~~(seventy-two hour)~~) five-day evaluation and treatment, and  
32 the individual has not been arrested, the facility shall furnish  
33 transportation, if not otherwise available, for the person to his or  
34 her place of residence or other appropriate place. If the individual  
35 has been arrested, the evaluation and treatment facility, secure  
36 detoxification facility, or approved substance use disorder treatment  
37 program shall detain the individual for not more than eight hours at

1 the request of the peace officer. The facility shall make reasonable  
2 attempts to contact the requesting peace officer during this time to  
3 inform the peace officer that the person is not approved for  
4 admission in order to enable a peace officer to return to the  
5 facility and take the individual back into custody.

6 **Sec. 23.** RCW 71.05.195 and 2016 sp.s. c 29 s 221 are each  
7 amended to read as follows:

8 (1) A civil commitment may be initiated under the procedures  
9 described in RCW 71.05.150 or 71.05.153 for a person who has been  
10 found not guilty by reason of insanity in a state other than  
11 Washington and who has fled from detention, commitment, or  
12 conditional release in that state, on the basis of a request by the  
13 state in which the person was found not guilty by reason of insanity  
14 for the person to be detained and transferred back to the custody or  
15 care of the requesting state. A finding of likelihood of serious harm  
16 or grave disability is not required for a commitment under this  
17 section. The detention may occur at either an evaluation and  
18 treatment facility or a state hospital. The petition for (~~seventy-~~  
19 ~~two-hour~~) five-day detention filed by the designated crisis  
20 responder must be accompanied by the following documents:

21 (a) A copy of an order for detention, commitment, or conditional  
22 release of the person in a state other than Washington on the basis  
23 of a judgment of not guilty by reason of insanity;

24 (b) A warrant issued by a magistrate in the state in which the  
25 person was found not guilty by reason of insanity indicating that the  
26 person has fled from detention, commitment, or conditional release in  
27 that state and authorizing the detention of the person within the  
28 state in which the person was found not guilty by reason of insanity;

29 (c) A statement from the executive authority of the state in  
30 which the person was found not guilty by reason of insanity  
31 requesting that the person be returned to the requesting state and  
32 agreeing to facilitate the transfer of the person to the requesting  
33 state.

34 (2) The person shall be entitled to a probable cause hearing  
35 within the time limits applicable to other detentions under this  
36 chapter and shall be afforded the rights described in this chapter  
37 including the right to counsel. At the probable cause hearing, the  
38 court shall determine the identity of the person and whether the  
39 other requirements of this section are met. If the court so finds,

1 the court may order continued detention in a treatment facility for  
2 up to thirty days for the purpose of the transfer of the person to  
3 the custody or care of the requesting state. The court may order a  
4 less restrictive alternative to detention only under conditions which  
5 ensure the person's safe transfer to the custody or care of the  
6 requesting state within thirty days without undue risk to the safety  
7 of the person or others.

8 (3) For the purposes of this section, "not guilty by reason of  
9 insanity" shall be construed to include any provision of law which is  
10 generally equivalent to a finding of criminal insanity within the  
11 state of Washington; and "state" shall be construed to mean any  
12 state, district, or territory of the United States.

13 **Sec. 24.** RCW 71.05.201 and 2018 c 291 s 11 are each amended to  
14 read as follows:

15 (1) If a designated crisis responder decides not to detain a  
16 person for evaluation and treatment under RCW 71.05.150 or 71.05.153  
17 or forty-eight hours have elapsed since a designated crisis responder  
18 received a request for investigation and the designated crisis  
19 responder has not taken action to have the person detained, an  
20 immediate family member or guardian or conservator of the person may  
21 petition the superior court for the person's initial detention.

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

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

37 (b) The petition must contain:

38 (i) A description of the relationship between the petitioner and  
39 the person; and

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

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

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

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

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

29 (8) If the court enters an order for initial detention, it shall  
30 provide the order to the designated crisis responder agency and issue  
31 a written order for apprehension (~~of the person by a peace officer~~  
32 ~~for delivery of the person to a facility or emergency room determined~~  
33 ~~by the designated crisis responder)). The designated crisis responder~~  
34 agency serving the jurisdiction of the court must collaborate and  
35 coordinate with law enforcement regarding apprehensions and  
36 detentions under this subsection, including sharing of information  
37 relating to risk and which would assist in locating the person. A  
38 person may not be detained to jail pursuant to a written order issued  
39 under this subsection. An order for detention under this section  
40 should contain the advisement of rights which the person would



1 receive if the person were detained by a designated crisis responder.  
2 An order for initial detention under this section expires one hundred  
3 eighty days from issuance.

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

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

11 **Sec. 25.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 15 are each  
12 amended to read as follows:

13 (1) Each person involuntarily detained and accepted or admitted  
14 at an evaluation and treatment facility, secure detoxification  
15 facility, or approved substance use disorder treatment program:

16 (a) Shall, within twenty-four hours of his or her admission or  
17 acceptance at the facility, not counting time periods prior to  
18 medical clearance, be examined and evaluated by:

19 (i) One physician, physician assistant, or advanced registered  
20 nurse practitioner; and

21 (ii) One mental health professional. If the person is detained  
22 for substance use disorder evaluation and treatment, the person may  
23 be examined by a chemical dependency professional instead of a mental  
24 health professional; and

25 (b) Shall receive such treatment and care as his or her condition  
26 requires including treatment on an outpatient basis for the period  
27 that he or she is detained, except that, beginning twenty-four hours  
28 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
29 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
30 refuse psychiatric medications, but may not refuse: (i) Any other  
31 medication previously prescribed by a person licensed under Title 18  
32 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
33 be informed at an appropriate time of his or her right of such  
34 refusal. The person shall be detained up to (~~seventy-two hours~~)  
35 five days, if, in the opinion of the professional person in charge of  
36 the facility, or his or her professional designee, the person  
37 presents a likelihood of serious harm, or is gravely disabled. A  
38 person who has been detained for (~~seventy-two hours~~) five days  
39 shall no later than the end of such period be released, unless

1 referred for further care on a voluntary basis, or detained pursuant  
2 to court order for further treatment as provided in this chapter.

3 (2) If, after examination and evaluation, the mental health  
4 professional or chemical dependency professional and licensed  
5 physician, physician assistant, or psychiatric advanced registered  
6 nurse practitioner determine that the initial needs of the person, if  
7 detained to an evaluation and treatment facility, would be better  
8 served by placement in a substance use disorder treatment program,  
9 or, if detained to a secure detoxification facility or approved  
10 substance use disorder treatment program, would be better served in  
11 an evaluation and treatment facility then the person shall be  
12 referred to the more appropriate placement; however, a person may  
13 only be referred to a secure detoxification facility or approved  
14 substance use disorder treatment program if there is an available  
15 secure detoxification facility or approved substance use disorder  
16 treatment program with adequate space for the person.

17 (3) An evaluation and treatment center, secure detoxification  
18 facility, or approved substance use disorder treatment program  
19 admitting or accepting any person pursuant to this chapter whose  
20 physical condition reveals the need for hospitalization shall assure  
21 that such person is transferred to an appropriate hospital for  
22 evaluation or admission for treatment. Notice of such fact shall be  
23 given to the court, the designated attorney, and the designated  
24 crisis responder and the court shall order such continuance in  
25 proceedings under this chapter as may be necessary, but in no event  
26 may this continuance be more than fourteen days.

27 **Sec. 26.** RCW 71.05.210 and 2017 3rd sp.s. c 14 s 16 are each  
28 amended to read as follows:

29 (1) Each person involuntarily detained and accepted or admitted  
30 at an evaluation and treatment facility, secure detoxification  
31 facility, or approved substance use disorder treatment program:

32 (a) Shall, within twenty-four hours of his or her admission or  
33 acceptance at the facility, not counting time periods prior to  
34 medical clearance, be examined and evaluated by:

35 (i) One physician, physician assistant, or advanced registered  
36 nurse practitioner; and

37 (ii) One mental health professional. If the person is detained  
38 for substance use disorder evaluation and treatment, the person may

1 be examined by a chemical dependency professional instead of a mental  
2 health professional; and

3 (b) Shall receive such treatment and care as his or her condition  
4 requires including treatment on an outpatient basis for the period  
5 that he or she is detained, except that, beginning twenty-four hours  
6 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,  
7 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may  
8 refuse psychiatric medications, but may not refuse: (i) Any other  
9 medication previously prescribed by a person licensed under Title 18  
10 RCW; or (ii) emergency lifesaving treatment, and the individual shall  
11 be informed at an appropriate time of his or her right of such  
12 refusal. The person shall be detained up to (~~seventy-two hours~~)  
13 five days, if, in the opinion of the professional person in charge of  
14 the facility, or his or her professional designee, the person  
15 presents a likelihood of serious harm, or is gravely disabled. A  
16 person who has been detained for (~~seventy-two hours~~) five days  
17 shall no later than the end of such period be released, unless  
18 referred for further care on a voluntary basis, or detained pursuant  
19 to court order for further treatment as provided in this chapter.

20 (2) If, after examination and evaluation, the mental health  
21 professional or chemical dependency professional and licensed  
22 physician, physician assistant, or psychiatric advanced registered  
23 nurse practitioner determine that the initial needs of the person, if  
24 detained to an evaluation and treatment facility, would be better  
25 served by placement in a substance use disorder treatment program,  
26 or, if detained to a secure detoxification facility or approved  
27 substance use disorder treatment program, would be better served in  
28 an evaluation and treatment facility then the person shall be  
29 referred to the more appropriate placement.

30 (3) An evaluation and treatment center, secure detoxification  
31 facility, or approved substance use disorder treatment program  
32 admitting or accepting any person pursuant to this chapter whose  
33 physical condition reveals the need for hospitalization shall assure  
34 that such person is transferred to an appropriate hospital for  
35 evaluation or admission for treatment. Notice of such fact shall be  
36 given to the court, the designated attorney, and the designated  
37 crisis responder and the court shall order such continuance in  
38 proceedings under this chapter as may be necessary, but in no event  
39 may this continuance be more than fourteen days.

1       **Sec. 27.** RCW 71.05.212 and 2018 c 291 s 13 are each amended to  
2 read as follows:

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

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

10       (b) Historical behavior, including history of one or more violent  
11 acts;

12       (c) Prior determinations of incompetency or insanity under  
13 chapter 10.77 RCW; and

14       (d) Prior commitments under this chapter.

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

24       (3) Symptoms and behavior of the respondent which standing alone  
25 would not justify civil commitment may support a finding of grave  
26 disability or likelihood of serious harm, or a finding that the  
27 person is in need of assisted outpatient behavioral health treatment,  
28 when:

29       (a) Such symptoms or behavior are closely associated with  
30 symptoms or behavior which preceded and led to a past incident of  
31 involuntary hospitalization, severe deterioration from safe behavior,  
32 or one or more violent acts;

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

35       (c) Without treatment, the continued deterioration of the  
36 respondent is probable.

37       (4) When conducting an evaluation for offenders identified under  
38 RCW 72.09.370, the designated crisis responder or professional person  
39 shall consider an offender's history of judicially required or

1 administratively ordered antipsychotic medication while in  
2 confinement.

3 **Sec. 28.** RCW 71.05.214 and 2018 c 201 s 3007 are each amended to  
4 read as follows:

5 The authority shall develop statewide protocols to be utilized by  
6 professional persons and designated crisis responders in  
7 administration of this chapter and chapters 10.77 and 71.34 RCW. The  
8 protocols shall be updated at least every three years. The protocols  
9 shall provide uniform development and application of criteria in  
10 evaluation and commitment recommendations, of persons who have, or  
11 are alleged to have, (~~mental disorders or substance use~~) behavioral  
12 health disorders and are subject to this chapter.

13 The initial protocols shall be developed not later than September  
14 1, 1999. The authority shall develop and update the protocols in  
15 consultation with representatives of designated crisis responders,  
16 the department of social and health services, local government, law  
17 enforcement, county and city prosecutors, public defenders, and  
18 groups concerned with (~~mental illness and substance use~~) behavioral  
19 health disorders. The protocols shall be submitted to the governor  
20 and legislature upon adoption by the authority.

21 **Sec. 29.** RCW 71.05.215 and 2018 c 201 s 3008 are each amended to  
22 read as follows:

23 (1) A person found to be gravely disabled or (~~presents~~) to  
24 present a likelihood of serious harm as a result of a (~~mental~~  
25 ~~disorder or substance use~~) behavioral health disorder has a right to  
26 refuse antipsychotic medication unless it is determined that the  
27 failure to medicate may result in a likelihood of serious harm or  
28 substantial deterioration or substantially prolong the length of  
29 involuntary commitment and there is no less intrusive course of  
30 treatment than medication in the best interest of that person.

31 (2) The authority shall adopt rules to carry out the purposes of  
32 this chapter. These rules shall include:

33 (a) An attempt to obtain the informed consent of the person prior  
34 to administration of antipsychotic medication.

35 (b) For short-term treatment up to thirty days, the right to  
36 refuse antipsychotic medications unless there is an additional  
37 concurring medical opinion approving medication by a psychiatrist,  
38 physician assistant working with a supervising psychiatrist,

1 psychiatric advanced registered nurse practitioner, or physician or  
2 physician assistant in consultation with a mental health professional  
3 with prescriptive authority.

4 (c) For continued treatment beyond thirty days through the  
5 hearing on any petition filed under (~~RCW 71.05.217~~) section 32 of  
6 this act, the right to periodic review of the decision to medicate by  
7 the medical director or designee.

8 (d) Administration of antipsychotic medication in an emergency  
9 and review of this decision within twenty-four hours. An emergency  
10 exists if the person presents an imminent likelihood of serious harm,  
11 and medically acceptable alternatives to administration of  
12 antipsychotic medications are not available or are unlikely to be  
13 successful; and in the opinion of the physician, physician assistant,  
14 or psychiatric advanced registered nurse practitioner, the person's  
15 condition constitutes an emergency requiring the treatment be  
16 instituted prior to obtaining a second medical opinion.

17 (e) Documentation in the medical record of the attempt by the  
18 physician, physician assistant, or psychiatric advanced registered  
19 nurse practitioner to obtain informed consent and the reasons why  
20 antipsychotic medication is being administered over the person's  
21 objection or lack of consent.

22 **Sec. 30.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to  
23 read as follows:

24 (1) Insofar as danger to the individual or others is not created,  
25 each person involuntarily detained, treated in a less restrictive  
26 alternative course of treatment, or committed for treatment and  
27 evaluation pursuant to this chapter shall have, in addition to other  
28 rights not specifically withheld by law, the following rights, a list  
29 of which shall be prominently posted in all facilities, institutions,  
30 and hospitals providing such services:

31 (~~(1)~~) (a) To wear his or her own clothes and to keep and use  
32 his or her own personal possessions, except when deprivation of same  
33 is essential to protect the safety of the resident or other persons;

34 (~~(2)~~) (b) To keep and be allowed to spend a reasonable sum of  
35 his or her own money for canteen expenses and small purchases;

36 (~~(3)~~) (c) To have access to individual storage space for his or  
37 her private use;

38 (~~(4)~~) (d) To have visitors at reasonable times;

1       ~~((5))~~ (e) To have reasonable access to a telephone, both to  
2 make and receive confidential calls;

3       ~~((6))~~ (f) To have ready access to letter writing materials,  
4 including stamps, and to send and receive uncensored correspondence  
5 through the mails;

6       ~~((7))~~ (g) To have the right to individualized care and adequate  
7 treatment;

8       (h) To discuss treatment plans and decisions with professional  
9 persons;

10       (i) To not be denied access to treatment by spiritual means  
11 through prayer in accordance with the tenets and practices of a  
12 church or religious denomination in addition to the treatment  
13 otherwise proposed;

14       (j) Not to consent to the administration of antipsychotic  
15 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)  
16 or the performance of electroconvulsant therapy or surgery, except  
17 emergency lifesaving surgery, unless ordered by a court of competent  
18 jurisdiction ~~((pursuant to the following standards and procedures:~~

19       ~~(a) The administration of antipsychotic medication or~~  
20 ~~electroconvulsant therapy shall not be ordered unless the petitioning~~  
21 ~~party proves by clear, cogent, and convincing evidence that there~~  
22 ~~exists a compelling state interest that justifies overriding the~~  
23 ~~patient's lack of consent to the administration of antipsychotic~~  
24 ~~medications or electroconvulsant therapy, that the proposed treatment~~  
25 ~~is necessary and effective, and that medically acceptable alternative~~  
26 ~~forms of treatment are not available, have not been successful, or~~  
27 ~~are not likely to be effective.~~

28       ~~(b) The court shall make specific findings of fact concerning:~~  
29 ~~(i) The existence of one or more compelling state interests; (ii) the~~  
30 ~~necessity and effectiveness of the treatment; and (iii) the person's~~  
31 ~~desires regarding the proposed treatment. If the patient is unable to~~  
32 ~~make a rational and informed decision about consenting to or refusing~~  
33 ~~the proposed treatment, the court shall make a substituted judgment~~  
34 ~~for the patient as if he or she were competent to make such a~~  
35 ~~determination.~~

36       ~~(c) The person shall be present at any hearing on a request to~~  
37 ~~administer antipsychotic medication or electroconvulsant therapy~~  
38 ~~filed pursuant to this subsection. The person has the right: (i) To~~  
39 ~~be represented by an attorney; (ii) to present evidence; (iii) to~~  
40 ~~cross-examine witnesses; (iv) to have the rules of evidence enforced;~~

1 ~~(v) to remain silent; (vi) to view and copy all petitions and reports~~  
2 ~~in the court file; and (vii) to be given reasonable notice and an~~  
3 ~~opportunity to prepare for the hearing. The court may appoint a~~  
4 ~~psychiatrist, physician assistant working with a supervising~~  
5 ~~psychiatrist, psychiatric advanced registered nurse practitioner,~~  
6 ~~psychologist within their scope of practice, physician assistant, or~~  
7 ~~physician to examine and testify on behalf of such person. The court~~  
8 ~~shall appoint a psychiatrist, physician assistant working with a~~  
9 ~~supervising psychiatrist, psychiatric advanced registered nurse~~  
10 ~~practitioner, psychologist within their scope of practice, physician~~  
11 ~~assistant, or physician designated by such person or the person's~~  
12 ~~counsel to testify on behalf of the person in cases where an order~~  
13 ~~for electroconvulsant therapy is sought.~~

14 ~~(d) An order for the administration of antipsychotic medications~~  
15 ~~entered following a hearing conducted pursuant to this section shall~~  
16 ~~be effective for the period of the current involuntary treatment~~  
17 ~~order, and any interim period during which the person is awaiting~~  
18 ~~trial or hearing on a new petition for involuntary treatment or~~  
19 ~~involuntary medication.~~

20 ~~(e) Any person detained pursuant to RCW 71.05.320(4), who~~  
21 ~~subsequently refuses antipsychotic medication, shall be entitled to~~  
22 ~~the procedures set forth in this subsection.~~

23 ~~(f) Antipsychotic medication may be administered to a~~  
24 ~~nonconsenting person detained or committed pursuant to this chapter~~  
25 ~~without a court order pursuant to RCW 71.05.215(2) or under the~~  
26 ~~following circumstances:~~

27 ~~(i) A person presents an imminent likelihood of serious harm;~~

28 ~~(ii) Medically acceptable alternatives to administration of~~  
29 ~~antipsychotic medications are not available, have not been~~  
30 ~~successful, or are not likely to be effective; and~~

31 ~~(iii) In the opinion of the physician, physician assistant, or~~  
32 ~~psychiatric advanced registered nurse practitioner with~~  
33 ~~responsibility for treatment of the person, or his or her designee,~~  
34 ~~the person's condition constitutes an emergency requiring the~~  
35 ~~treatment be instituted before a judicial hearing as authorized~~  
36 ~~pursuant to this section can be held.~~

37 ~~If antipsychotic medications are administered over a person's~~  
38 ~~lack of consent pursuant to this subsection, a petition for an order~~  
39 ~~authorizing the administration of antipsychotic medications shall be~~  
40 ~~filed on the next judicial day. The hearing shall be held within two~~



1 ~~judicial days. If deemed necessary by the physician, physician~~  
2 ~~assistant, or psychiatric advanced registered nurse practitioner with~~  
3 ~~responsibility for the treatment of the person, administration of~~  
4 ~~antipsychotic medications may continue until the hearing is held;~~

5 ~~(8))~~ under section 32 of this act;

6 (k) To dispose of property and sign contracts unless such person  
7 has been adjudicated an incompetent in a court proceeding directed to  
8 that particular issue;

9 ~~((9))~~ (l) Not to have psychosurgery performed on him or her  
10 under any circumstances.

11 (2) Every person involuntarily detained or committed under the  
12 provisions of this chapter is entitled to all the rights set forth in  
13 this chapter and retains all rights not denied him or her under this  
14 chapter except as limited by chapter 9.41 RCW.

15 (3) No person may be presumed incompetent as a consequence of  
16 receiving evaluation or treatment for a behavioral health disorder.  
17 Competency may not be determined or withdrawn except under the  
18 provisions of chapter 10.77 or 11.88 RCW.

19 (4) Subject to RCW 71.05.745 and related regulations, persons  
20 receiving evaluation or treatment under this chapter must be given a  
21 reasonable choice of an available physician, physician assistant,  
22 psychiatric advanced registered nurse practitioner, or other  
23 professional person qualified to provide such services.

24 (5) Whenever any person is detained under this chapter, the  
25 person must be advised that unless the person is released or  
26 voluntarily admits himself or herself for treatment within seventy-  
27 two hours of the initial detention, a judicial hearing must be held  
28 in a superior court within seventy-two hours to determine whether  
29 there is probable cause to detain the person for up to an additional  
30 fourteen days based on an allegation that because of a behavioral  
31 health disorder the person presents a likelihood of serious harm or  
32 is gravely disabled, and that at the probable cause hearing the  
33 person has the following rights:

34 (a) To communicate immediately with an attorney; to have an  
35 attorney appointed if the person is indigent; and to be told the name  
36 and address of the attorney that has been designated;

37 (b) To remain silent, and to know that any statement the person  
38 makes may be used against him or her;

39 (c) To present evidence on the person's behalf;

40 (d) To cross-examine witnesses who testify against him or her;

1 (e) To be proceeded against by the rules of evidence;

2 (f) To have the court appoint a reasonably available independent  
3 professional person to examine the person and testify in the hearing,  
4 at public expense unless the person is able to bear the cost;

5 (g) To view and copy all petitions and reports in the court file;  
6 and

7 (h) To refuse psychiatric medications, including antipsychotic  
8 medication beginning twenty-four hours prior to the probable cause  
9 hearing.

10 (6) The judicial hearing described in subsection (5) of this  
11 section must be held according to the provisions of subsection (5) of  
12 this section and rules promulgated by the supreme court.

13 (7) (a) Privileges between patients and physicians, physician  
14 assistants, psychologists, or psychiatric advanced registered nurse  
15 practitioners are deemed waived in proceedings under this chapter  
16 relating to the administration of antipsychotic medications. As to  
17 other proceedings under this chapter, the privileges are waived when  
18 a court of competent jurisdiction in its discretion determines that  
19 such waiver is necessary to protect either the detained person or the  
20 public.

21 (b) The waiver of a privilege under this section is limited to  
22 records or testimony relevant to evaluation of the detained person  
23 for purposes of a proceeding under this chapter. Upon motion by the  
24 detained person or on its own motion, the court shall examine a  
25 record or testimony sought by a petitioner to determine whether it is  
26 within the scope of the waiver.

27 (c) The record maker may not be required to testify in order to  
28 introduce medical or psychological records of the detained person so  
29 long as the requirements of RCW 5.45.020 are met except that portions  
30 of the record which contain opinions as to the detained person's  
31 mental state must be deleted from such records unless the person  
32 making such conclusions is available for cross-examination.

33 (8) Nothing contained in this chapter prohibits the patient from  
34 petitioning by writ of habeas corpus for release.

35 (9) Nothing in this section permits any person to knowingly  
36 violate a no-contact order or a condition of an active judgment and  
37 sentence or an active condition of supervision by the department of  
38 corrections.

39 (10) The rights set forth under this section apply equally to  
40 ninety-day or one hundred eighty-day hearings under RCW 71.05.310.

1       **Sec. 31.** RCW 71.05.217 and 2016 c 155 s 4 are each amended to  
2 read as follows:

3       (1) Insofar as danger to the individual or others is not created,  
4 each person involuntarily detained, treated in a less restrictive  
5 alternative course of treatment, or committed for treatment and  
6 evaluation pursuant to this chapter shall have, in addition to other  
7 rights not specifically withheld by law, the following rights, a list  
8 of which shall be prominently posted in all facilities, institutions,  
9 and hospitals providing such services:

10       ~~((1))~~ (a) To wear his or her own clothes and to keep and use  
11 his or her own personal possessions, except when deprivation of same  
12 is essential to protect the safety of the resident or other persons;

13       ~~((2))~~ (b) To keep and be allowed to spend a reasonable sum of  
14 his or her own money for canteen expenses and small purchases;

15       ~~((3))~~ (c) To have access to individual storage space for his or  
16 her private use;

17       ~~((4))~~ (d) To have visitors at reasonable times;

18       ~~((5))~~ (e) To have reasonable access to a telephone, both to  
19 make and receive confidential calls;

20       ~~((6))~~ (f) To have ready access to letter writing materials,  
21 including stamps, and to send and receive uncensored correspondence  
22 through the mails;

23       ~~((7))~~ (g) To have the right to individualized care and adequate  
24 treatment;

25       (h) To discuss treatment plans and decisions with professional  
26 persons;

27       (i) To not be denied access to treatment by spiritual means  
28 through prayer in accordance with the tenets and practices of a  
29 church or religious denomination in addition to the treatment  
30 otherwise proposed;

31       (j) Not to consent to the administration of antipsychotic  
32 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)  
33 or the performance of electroconvulsant therapy or surgery, except  
34 emergency lifesaving surgery, unless ordered by a court of competent  
35 jurisdiction ~~((pursuant to the following standards and procedures:~~

36       ~~(a) The administration of antipsychotic medication or~~  
37 ~~electroconvulsant therapy shall not be ordered unless the petitioning~~  
38 ~~party proves by clear, cogent, and convincing evidence that there~~  
39 ~~exists a compelling state interest that justifies overriding the~~  
40 ~~patient's lack of consent to the administration of antipsychotic~~

1 ~~medications or electroconvulsant therapy, that the proposed treatment~~  
2 ~~is necessary and effective, and that medically acceptable alternative~~  
3 ~~forms of treatment are not available, have not been successful, or~~  
4 ~~are not likely to be effective.~~

5 ~~(b) The court shall make specific findings of fact concerning:~~  
6 ~~(i) The existence of one or more compelling state interests; (ii) the~~  
7 ~~necessity and effectiveness of the treatment; and (iii) the person's~~  
8 ~~desires regarding the proposed treatment. If the patient is unable to~~  
9 ~~make a rational and informed decision about consenting to or refusing~~  
10 ~~the proposed treatment, the court shall make a substituted judgment~~  
11 ~~for the patient as if he or she were competent to make such a~~  
12 ~~determination.~~

13 ~~(c) The person shall be present at any hearing on a request to~~  
14 ~~administer antipsychotic medication or electroconvulsant therapy~~  
15 ~~filed pursuant to this subsection. The person has the right: (i) To~~  
16 ~~be represented by an attorney; (ii) to present evidence; (iii) to~~  
17 ~~cross-examine witnesses; (iv) to have the rules of evidence enforced;~~  
18 ~~(v) to remain silent; (vi) to view and copy all petitions and reports~~  
19 ~~in the court file; and (vii) to be given reasonable notice and an~~  
20 ~~opportunity to prepare for the hearing. The court may appoint a~~  
21 ~~psychiatrist, physician assistant working with a supervising~~  
22 ~~psychiatrist, psychiatric advanced registered nurse practitioner,~~  
23 ~~psychologist within their scope of practice, physician assistant, or~~  
24 ~~physician to examine and testify on behalf of such person. The court~~  
25 ~~shall appoint a psychiatrist, physician assistant working with a~~  
26 ~~supervising psychiatrist, psychiatric advanced registered nurse~~  
27 ~~practitioner, psychologist within their scope of practice, physician~~  
28 ~~assistant, or physician designated by such person or the person's~~  
29 ~~counsel to testify on behalf of the person in cases where an order~~  
30 ~~for electroconvulsant therapy is sought.~~

31 ~~(d) An order for the administration of antipsychotic medications~~  
32 ~~entered following a hearing conducted pursuant to this section shall~~  
33 ~~be effective for the period of the current involuntary treatment~~  
34 ~~order, and any interim period during which the person is awaiting~~  
35 ~~trial or hearing on a new petition for involuntary treatment or~~  
36 ~~involuntary medication.~~

37 ~~(e) Any person detained pursuant to RCW 71.05.320(4), who~~  
38 ~~subsequently refuses antipsychotic medication, shall be entitled to~~  
39 ~~the procedures set forth in this subsection.~~

1       ~~(f) Antipsychotic medication may be administered to a~~  
2 ~~nonconsenting person detained or committed pursuant to this chapter~~  
3 ~~without a court order pursuant to RCW 71.05.215(2) or under the~~  
4 ~~following circumstances:~~

5       ~~(i) A person presents an imminent likelihood of serious harm;~~

6       ~~(ii) Medically acceptable alternatives to administration of~~  
7 ~~antipsychotic medications are not available, have not been~~  
8 ~~successful, or are not likely to be effective; and~~

9       ~~(iii) In the opinion of the physician, physician assistant, or~~  
10 ~~psychiatric advanced registered nurse practitioner with~~  
11 ~~responsibility for treatment of the person, or his or her designee,~~  
12 ~~the person's condition constitutes an emergency requiring the~~  
13 ~~treatment be instituted before a judicial hearing as authorized~~  
14 ~~pursuant to this section can be held.~~

15       ~~If antipsychotic medications are administered over a person's~~  
16 ~~lack of consent pursuant to this subsection, a petition for an order~~  
17 ~~authorizing the administration of antipsychotic medications shall be~~  
18 ~~filed on the next judicial day. The hearing shall be held within two~~  
19 ~~judicial days. If deemed necessary by the physician, physician~~  
20 ~~assistant, or psychiatric advanced registered nurse practitioner with~~  
21 ~~responsibility for the treatment of the person, administration of~~  
22 ~~antipsychotic medications may continue until the hearing is held;~~

23       ~~(8)) under section 32 of this act;~~

24       ~~(k) To dispose of property and sign contracts unless such person~~  
25 ~~has been adjudicated an incompetent in a court proceeding directed to~~  
26 ~~that particular issue;~~

27       ~~((9)) (1) Not to have psychosurgery performed on him or her~~  
28 ~~under any circumstances.~~

29       ~~(2) Every person involuntarily detained or committed under the~~  
30 ~~provisions of this chapter is entitled to all the rights set forth in~~  
31 ~~this chapter and retains all rights not denied him or her under this~~  
32 ~~chapter except as limited by chapter 9.41 RCW.~~

33       ~~(3) No person may be presumed incompetent as a consequence of~~  
34 ~~receiving evaluation or treatment for a behavioral health disorder.~~  
35 ~~Competency may not be determined or withdrawn except under the~~  
36 ~~provisions of chapter 10.77 or 11.88 RCW.~~

37       ~~(4) Subject to RCW 71.05.745 and related regulations, persons~~  
38 ~~receiving evaluation or treatment under this chapter must be given a~~  
39 ~~reasonable choice of an available physician, physician assistant,~~

1 psychiatric advanced registered nurse practitioner, or other  
2 professional person qualified to provide such services.

3 (5) Whenever any person is detained under this chapter, the  
4 person must be advised that unless the person is released or  
5 voluntarily admits himself or herself for treatment within five days  
6 of the initial detention, a judicial hearing must be held in a  
7 superior court within five days to determine whether there is  
8 probable cause to detain the person for up to an additional fourteen  
9 days based on an allegation that because of a behavioral health  
10 disorder the person presents a likelihood of serious harm or is  
11 gravely disabled, and that at the probable cause hearing the person  
12 has the following rights:

13 (a) To communicate immediately with an attorney; to have an  
14 attorney appointed if the person is indigent; and to be told the name  
15 and address of the attorney that has been designated;

16 (b) To remain silent, and to know that any statement the person  
17 makes may be used against him or her;

18 (c) To present evidence on the person's behalf;

19 (d) To cross-examine witnesses who testify against him or her;

20 (e) To be proceeded against by the rules of evidence;

21 (f) To have the court appoint a reasonably available independent  
22 professional person to examine the person and testify in the hearing,  
23 at public expense unless the person is able to bear the cost;

24 (g) To view and copy all petitions and reports in the court file;  
25 and

26 (h) To refuse psychiatric medications, including antipsychotic  
27 medication beginning twenty-four hours prior to the probable cause  
28 hearing.

29 (6) The judicial hearing described in subsection (5) of this  
30 section must be held according to the provisions of subsection (5) of  
31 this section and rules promulgated by the supreme court.

32 (7)(a) Privileges between patients and physicians, physician  
33 assistants, psychologists, or psychiatric advanced registered nurse  
34 practitioners are deemed waived in proceedings under this chapter  
35 relating to the administration of antipsychotic medications. As to  
36 other proceedings under this chapter, the privileges are waived when  
37 a court of competent jurisdiction in its discretion determines that  
38 such waiver is necessary to protect either the detained person or the  
39 public.

1       (b) The waiver of a privilege under this section is limited to  
2 records or testimony relevant to evaluation of the detained person  
3 for purposes of a proceeding under this chapter. Upon motion by the  
4 detained person or on its own motion, the court shall examine a  
5 record or testimony sought by a petitioner to determine whether it is  
6 within the scope of the waiver.

7       (c) The record maker may not be required to testify in order to  
8 introduce medical or psychological records of the detained person so  
9 long as the requirements of RCW 5.45.020 are met except that portions  
10 of the record which contain opinions as to the detained person's  
11 mental state must be deleted from such records unless the person  
12 making such conclusions is available for cross-examination.

13       (8) Nothing contained in this chapter prohibits the patient from  
14 petitioning by writ of habeas corpus for release.

15       (9) Nothing in this section permits any person to knowingly  
16 violate a no-contact order or a condition of an active judgment and  
17 sentence or an active condition of supervision by the department of  
18 corrections.

19       (10) The rights set forth under this section apply equally to  
20 ninety-day or one hundred eighty-day hearings under RCW 71.05.310.

21       NEW SECTION. Sec. 32. A new section is added to chapter 71.05  
22 RCW to read as follows:

23       (1) The involuntary administration of antipsychotic medication or  
24 electroconvulsant therapy shall not be ordered unless the petitioning  
25 party proves by clear, cogent, and convincing evidence that there  
26 exists a compelling state interest that justifies overriding the  
27 patient's lack of consent to the administration of antipsychotic  
28 medications or electroconvulsant therapy, that the proposed treatment  
29 is necessary and effective, and that medically acceptable alternative  
30 forms of treatment are not available, have not been successful, or  
31 are not likely to be effective.

32       (2) The court shall make specific findings of fact concerning:  
33 (a) The existence of one or more compelling state interests; (b) the  
34 necessity and effectiveness of the treatment; and (c) the person's  
35 desires regarding the proposed treatment. If the patient is unable to  
36 make a rational and informed decision about consenting to or refusing  
37 the proposed treatment, the court shall make a substituted judgment  
38 for the patient as if he or she were competent to make such a  
39 determination.

1 (3) The person shall be present at any hearing on a request to  
2 administer antipsychotic medication or electroconvulsant therapy  
3 filed pursuant to this subsection. The person has the right: (a) To  
4 be represented by an attorney; (b) to present evidence; (c) to cross-  
5 examine witnesses; (d) to have the rules of evidence enforced; (e) to  
6 remain silent; (f) to view and copy all petitions and reports in the  
7 court file; and (g) to be given reasonable notice and an opportunity  
8 to prepare for the hearing. The court may appoint a psychiatrist,  
9 physician assistant working with a supervising psychiatrist,  
10 psychiatric advanced registered nurse practitioner, psychologist  
11 within their scope of practice, physician assistant, or physician to  
12 examine and testify on behalf of such person. The court shall appoint  
13 a psychiatrist, physician assistant working with a supervising  
14 psychiatrist, psychiatric advanced registered nurse practitioner,  
15 psychologist within their scope of practice, physician assistant, or  
16 physician designated by such person or the person's counsel to  
17 testify on behalf of the person in cases where an order for  
18 electroconvulsant therapy is sought.

19 (4) An order for the administration of antipsychotic medications  
20 entered following a hearing conducted pursuant to this section shall  
21 be effective for the period of the current involuntary treatment  
22 order, and any interim period during which the person is awaiting  
23 trial or hearing on a new petition for involuntary treatment or  
24 involuntary medication.

25 (5) Any person detained pursuant to RCW 71.05.320(4), who  
26 subsequently refuses antipsychotic medication, is entitled to the  
27 procedures set forth in this subsection.

28 (6) Antipsychotic medication may be administered to a  
29 nonconsenting person detained or committed pursuant to this chapter  
30 without a court order pursuant to RCW 71.05.215(2) or under the  
31 following circumstances:

32 (a) A person presents an imminent likelihood of serious harm;

33 (b) Medically acceptable alternatives to administration of  
34 antipsychotic medications are not available, have not been  
35 successful, or are not likely to be effective; and

36 (c) In the opinion of the physician, physician assistant, or  
37 psychiatric advanced registered nurse practitioner with  
38 responsibility for treatment of the person, or his or her designee,  
39 the person's condition constitutes an emergency requiring the  
40 treatment be instituted before a judicial hearing as authorized



1 pursuant to this section can be held. If antipsychotic medications  
2 are administered over a person's lack of consent pursuant to this  
3 subsection, a petition for an order authorizing the administration of  
4 antipsychotic medications must be filed on the next judicial day. The  
5 hearing must be held within two judicial days. If deemed necessary by  
6 the physician, physician assistant, or psychiatric advanced  
7 registered nurse practitioner with responsibility for the treatment  
8 of the person, administration of antipsychotic medications may  
9 continue until the hearing is held.

10 **Sec. 33.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
11 read as follows:

12 A person detained for seventy-two hour evaluation and treatment  
13 may be committed for not more than fourteen additional days of  
14 involuntary intensive treatment or ninety additional days of a less  
15 restrictive alternative treatment. A petition may only be filed if  
16 the following conditions 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 ~~((mental disorder or substance use))~~ a  
20 behavioral health disorder and results in: (a) A likelihood of  
21 serious harm~~((, results in))~~; (b) the person being gravely  
22 disabled~~((, results in))~~; or ~~((results in))~~ (c) the person being in need of  
23 assisted outpatient behavioral health treatment~~((, results in))~~; and are  
24 prepared to testify those conditions are met; and

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

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

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

34 (A) One physician, physician assistant, or psychiatric advanced  
35 registered nurse practitioner; and

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

38 (ii) If the petition is for substance use disorder treatment, the  
39 petition may be signed by a chemical dependency professional instead

1 of a mental health professional and by an advanced registered nurse  
2 practitioner instead of a psychiatric advanced registered nurse  
3 practitioner. The persons signing the petition must have examined the  
4 person.

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

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

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

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

30 (8) At the conclusion of the initial commitment period, the  
31 professional staff of the agency or facility or the designated crisis  
32 responder may petition for an additional period of either ninety days  
33 of less restrictive alternative treatment or ninety days of  
34 involuntary intensive treatment as provided in RCW 71.05.290; and

35 (9) If the hospital or facility designated to provide less  
36 restrictive alternative treatment is other than the facility  
37 providing involuntary treatment, the outpatient facility so  
38 designated to provide less restrictive alternative treatment has  
39 agreed to assume such responsibility.

1       **Sec. 34.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
2 read as follows:

3       A person detained for (~~seventy-two hour~~) five-day evaluation  
4 and treatment may be committed for not more than fourteen additional  
5 days of involuntary intensive treatment or ninety additional days of  
6 a less restrictive alternative treatment. A petition may only be  
7 filed if the following conditions are met:

8       (1) The professional staff of the facility providing evaluation  
9 services has analyzed the person's condition and finds that the  
10 condition is caused by (~~mental disorder or substance use~~) a  
11 behavioral health disorder and results in: (a) A likelihood of  
12 serious harm(~~(r) results in~~); (b) the person being gravely  
13 disabled(~~(r)~~); or (~~results in~~) (c) the person being in need of  
14 assisted outpatient behavioral health treatment(~~(r)~~); and are  
15 prepared to testify those conditions are met; and

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

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

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

25       (A) One physician, physician assistant, or psychiatric advanced  
26 registered nurse practitioner; and

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

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

35       (b) If involuntary detention is sought the petition shall state  
36 facts that support the finding that such person, as a result of a  
37 (~~mental disorder or substance use~~) behavioral health disorder,  
38 presents a likelihood of serious harm, or is gravely disabled and  
39 that there are no less restrictive alternatives to detention in the  
40 best interest of such person or others. The petition shall state

1 specifically that less restrictive alternative treatment was  
2 considered and specify why treatment less restrictive than detention  
3 is not appropriate. If an involuntary less restrictive alternative is  
4 sought, the petition shall state facts that support the finding that  
5 such person, as a result of a (~~mental disorder or as a result of a~~  
6 ~~substance use~~) behavioral health disorder, presents a likelihood of  
7 serious harm, is gravely disabled, or is in need of assisted  
8 outpatient behavioral health treatment, and shall set forth any  
9 recommendations for less restrictive alternative treatment services;  
10 and

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

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

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

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

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

30 **Sec. 35.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each  
31 amended to read as follows:

32 (1) If an individual is referred to a designated crisis responder  
33 under RCW 10.77.088(1)(c)(i), the designated crisis responder shall  
34 examine the individual within forty-eight hours. If the designated  
35 crisis responder determines it is not appropriate to detain the  
36 individual or petition for a ninety-day less restrictive alternative  
37 under RCW 71.05.230(4), that decision shall be immediately presented  
38 to the superior court for hearing. The court shall hold a hearing to  
39 consider the decision of the designated crisis responder not later

1 than the next judicial day. At the hearing the superior court shall  
2 review the determination of the designated crisis responder and  
3 determine whether an order should be entered requiring the person to  
4 be evaluated at an evaluation and treatment facility. No person  
5 referred to an evaluation and treatment facility may be held at the  
6 facility longer than seventy-two hours.

7 (2) If an individual is placed in an evaluation and treatment  
8 facility under RCW 10.77.088(1)(c)(ii), a professional person shall  
9 evaluate the individual for purposes of determining whether to file a  
10 ninety-day inpatient or outpatient petition under this chapter.  
11 Before expiration of the seventy-two hour evaluation period  
12 authorized under RCW 10.77.088(1)(c)(ii), the professional person  
13 shall file a petition or, if the recommendation of the professional  
14 person is to release the individual, present his or her  
15 recommendation to the superior court of the county in which the  
16 criminal charge was dismissed. The superior court shall review the  
17 recommendation not later than forty-eight hours, excluding Saturdays,  
18 Sundays, and holidays, after the recommendation is presented. If the  
19 court rejects the recommendation to unconditionally release the  
20 individual, the court may order the individual detained at a  
21 designated evaluation and treatment facility for not more than a  
22 seventy-two hour evaluation and treatment period (~~and direct the~~  
23 ~~individual to appear at a surety hearing before that court within~~  
24 ~~seventy-two hours, or the court may release the individual but direct~~  
25 ~~the individual to appear at a surety hearing set before that court~~  
26 ~~within eleven days, at which time the prosecutor may file a petition~~  
27 ~~under this chapter for ninety-day inpatient or outpatient treatment.~~  
28 ~~If a petition is filed by the prosecutor, the court may order that~~  
29 ~~the person named in the petition be detained at the evaluation and~~  
30 ~~treatment facility that performed the evaluation under this~~  
31 ~~subsection or order the respondent to be in outpatient treatment. If~~  
32 ~~a petition is filed but the individual fails to appear in court for~~  
33 ~~the surety hearing, the court shall order that a mental health~~  
34 ~~professional or peace officer shall take such person or cause such~~  
35 ~~person to be taken into custody and placed in an evaluation and~~  
36 ~~treatment facility to be brought before the court the next judicial~~  
37 ~~day after detention)). If the evaluation and treatment facility files  
38 a ninety-day petition within the seventy-two-hour period, the clerk  
39 shall set a hearing after the day of filing consistent with RCW  
40 71.05.300. Upon the individual's first appearance in court after a~~

1 petition has been filed, proceedings under RCW 71.05.310 and  
2 71.05.320 shall commence. For an individual subject to this  
3 subsection, the (~~prosecutor or~~) professional person may directly  
4 file a petition for ninety-day inpatient or outpatient treatment and  
5 no petition for initial detention or fourteen-day detention is  
6 required before such a petition may be filed.

7 ~~((The court shall conduct the hearing on the petition filed under  
8 this subsection within five judicial days of the date the petition is  
9 filed. The court may continue the hearing upon the written request of  
10 the person named in the petition or the person's attorney, for good  
11 cause shown, which continuance shall not exceed five additional  
12 judicial days. If the person named in the petition requests a jury  
13 trial, the trial shall commence within ten judicial days of the date  
14 of the filing of the petition. The burden of proof shall be by clear,  
15 cogent, and convincing evidence and shall be upon the petitioner. The  
16 person shall be present at such proceeding, which shall in all  
17 respects accord with the constitutional guarantees of due process of  
18 law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).  
19~~

20 ~~During the proceeding the person named in the petition shall  
21 continue to be detained and treated until released by order of the  
22 court. If no order has been made within thirty days after the filing  
23 of the petition, not including any extensions of time requested by  
24 the detained person or his or her attorney, the detained person shall  
25 be released.))~~

26 (3) If a designated crisis responder or the professional person  
27 and prosecuting attorney for the county in which the criminal charge  
28 was dismissed or attorney general, as appropriate, stipulate that the  
29 individual does not present a likelihood of serious harm or is not  
30 gravely disabled, the hearing under this section is not required and  
31 the individual, if in custody, shall be released.

32 ~~((4) The individual shall have the rights specified in RCW  
71.05.360 (8) and (9).))~~

33 **Sec. 36.** RCW 71.05.235 and 2016 sp.s. c 29 s 231 are each  
34 amended to read as follows:

35 (1) If an individual is referred to a designated crisis responder  
36 under RCW 10.77.088(1)(c)(i), the designated crisis responder shall  
37 examine the individual within forty-eight hours. If the designated  
38 crisis responder determines it is not appropriate to detain the  
39 individual or petition for a ninety-day less restrictive alternative

1 under RCW 71.05.230(4), that decision shall be immediately presented  
2 to the superior court for hearing. The court shall hold a hearing to  
3 consider the decision of the designated crisis responder not later  
4 than the next judicial day. At the hearing the superior court shall  
5 review the determination of the designated crisis responder and  
6 determine whether an order should be entered requiring the person to  
7 be evaluated at an evaluation and treatment facility. No person  
8 referred to an evaluation and treatment facility may be held at the  
9 facility longer than (~~seventy-two hours~~) five days.

10 (2) If an individual is placed in an evaluation and treatment  
11 facility under RCW 10.77.088(1)(c)(ii), a professional person shall  
12 evaluate the individual for purposes of determining whether to file a  
13 ninety-day inpatient or outpatient petition under this chapter.  
14 Before expiration of the (~~seventy-two hour~~) five-day evaluation  
15 period authorized under RCW 10.77.088(1)(c)(ii), the professional  
16 person shall file a petition or, if the recommendation of the  
17 professional person is to release the individual, present his or her  
18 recommendation to the superior court of the county in which the  
19 criminal charge was dismissed. The superior court shall review the  
20 recommendation not later than forty-eight hours, excluding Saturdays,  
21 Sundays, and holidays, after the recommendation is presented. If the  
22 court rejects the recommendation to unconditionally release the  
23 individual, the court may order the individual detained at a  
24 designated evaluation and treatment facility for not more than a  
25 (~~seventy-two hour~~) five-day evaluation and treatment period (~~and~~  
26 ~~direct the individual to appear at a surety hearing before that court~~  
27 ~~within seventy-two hours, or the court may release the individual but~~  
28 ~~direct the individual to appear at a surety hearing set before that~~  
29 ~~court within eleven days, at which time the prosecutor may file a~~  
30 ~~petition under this chapter for ninety-day inpatient or outpatient~~  
31 ~~treatment. If a petition is filed by the prosecutor, the court may~~  
32 ~~order that the person named in the petition be detained at the~~  
33 ~~evaluation and treatment facility that performed the evaluation under~~  
34 ~~this subsection or order the respondent to be in outpatient~~  
35 ~~treatment. If a petition is filed but the individual fails to appear~~  
36 ~~in court for the surety hearing, the court shall order that a mental~~  
37 ~~health professional or peace officer shall take such person or cause~~  
38 ~~such person to be taken into custody and placed in an evaluation and~~  
39 ~~treatment facility to be brought before the court the next judicial~~  
40 ~~day after detention~~). If the evaluation and treatment facility files

1 a ninety-day petition within the five-day period, the clerk shall set  
2 a hearing after the day of filing consistent with RCW 71.05.300. Upon  
3 the individual's first appearance in court after a petition has been  
4 filed, proceedings under RCW 71.05.310 and 71.05.320 shall commence.  
5 For an individual subject to this subsection, the (~~(prosecutor or)~~)  
6 professional person may directly file a petition for ninety-day  
7 inpatient or outpatient treatment and no petition for initial  
8 detention or fourteen-day detention is required before such a  
9 petition may be filed.

10 (~~The court shall conduct the hearing on the petition filed under~~  
11 ~~this subsection within five judicial days of the date the petition is~~  
12 ~~filed. The court may continue the hearing upon the written request of~~  
13 ~~the person named in the petition or the person's attorney, for good~~  
14 ~~cause shown, which continuance shall not exceed five additional~~  
15 ~~judicial days. If the person named in the petition requests a jury~~  
16 ~~trial, the trial shall commence within ten judicial days of the date~~  
17 ~~of the filing of the petition. The burden of proof shall be by clear,~~  
18 ~~eogent, and convincing evidence and shall be upon the petitioner. The~~  
19 ~~person shall be present at such proceeding, which shall in all~~  
20 ~~respects accord with the constitutional guarantees of due process of~~  
21 ~~law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).~~

22 ~~During the proceeding the person named in the petition shall~~  
23 ~~continue to be detained and treated until released by order of the~~  
24 ~~court. If no order has been made within thirty days after the filing~~  
25 ~~of the petition, not including any extensions of time requested by~~  
26 ~~the detained person or his or her attorney, the detained person shall~~  
27 ~~be released.))~~

28 (3) If a designated crisis responder or the professional person  
29 and prosecuting attorney for the county in which the criminal charge  
30 was dismissed or attorney general, as appropriate, stipulate that the  
31 individual does not present a likelihood of serious harm or is not  
32 gravely disabled, the hearing under this section is not required and  
33 the individual, if in custody, shall be released.

34 (~~(4) The individual shall have the rights specified in RCW~~  
35 ~~71.05.360 (8) and (9).))~~

36 NEW SECTION. Sec. 37. A new section is added to chapter 71.05  
37 RCW to read as follows:

38 (1) In any proceeding for involuntary commitment under this  
39 chapter, the court may continue or postpone such proceeding for a



1 reasonable time on motion of the respondent for good cause, or on  
2 motion of the prosecuting attorney or the attorney general if:

3 (a) The respondent expressly consents to a continuance or delay  
4 and there is a showing of good cause; or

5 (b) Such continuance is required in the proper administration of  
6 justice and the respondent will not be substantially prejudiced in  
7 the presentation of the respondent's case.

8 (2) The court may on its own motion continue the case when  
9 required in due administration of justice and when the respondent  
10 will not be substantially prejudiced in the presentation of the  
11 respondent's case.

12 (3) The court shall state in any order of continuance or  
13 postponement the grounds for the continuance or postponement and  
14 whether detention will be extended.

15 **Sec. 38.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009  
16 are each reenacted and amended to read as follows:

17 (1) If a petition is filed for fourteen-day involuntary treatment  
18 or ninety days of less restrictive alternative treatment, the court  
19 shall hold a probable cause hearing within ~~((seventy-two hours))~~ five  
20 days of the initial detention of such person as determined in RCW  
21 71.05.180, or at a time determined under RCW 71.05.148. ~~((If~~  
22 ~~requested by the person or his or her attorney, the hearing may be~~  
23 ~~postponed for a period not to exceed forty-eight hours. The hearing~~  
24 ~~may also be continued subject to the conditions set forth in RCW~~  
25 ~~71.05.210 or subject to the petitioner's showing of good cause for a~~  
26 ~~period not to exceed twenty-four hours.))~~

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

34 (3) If the person or his or her attorney alleges, prior to the  
35 commencement of the hearing, that the person has in good faith  
36 volunteered for treatment, the petitioner must show, by preponderance  
37 of the evidence, that the person has not in good faith volunteered  
38 for appropriate treatment. In order to qualify as a good faith

1 volunteer, the person must abide by procedures and a treatment plan  
2 as prescribed by a treatment facility and professional staff.

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

14 (b) (~~(Commitment for up to fourteen days based on a substance use~~  
15 ~~disorder must be to either a secure detoxification facility or an~~  
16 ~~approved substance use disorder treatment program.)~~) A court may only  
17 (~~(enter a commitment)~~) order (~~(based on a substance use disorder if~~  
18 ~~there is an available)~~) commitment to a secure detoxification  
19 facility or approved substance use disorder treatment program if  
20 there is an available facility with adequate space for the person.

21 (c) At the conclusion of the probable cause hearing, if the court  
22 finds by a preponderance of the evidence that such person, as the  
23 result of a (~~(mental disorder or substance use)~~) behavioral health  
24 disorder, presents a likelihood of serious harm, or is gravely  
25 disabled, but that treatment in a less restrictive setting than  
26 detention is in the best interest of such person or others, the court  
27 shall order an appropriate less restrictive alternative course of  
28 treatment for (~~(not to exceed)~~) up to ninety days.

29 (d) If the court finds by a preponderance of the evidence that  
30 such person, as the result of a (~~(mental disorder or substance use)~~)  
31 behavioral health disorder, is in need of assisted outpatient  
32 behavioral health treatment, and that the person does not present a  
33 likelihood of serious harm (~~(or grave disability)~~) and is not gravely  
34 disabled, the court shall order an appropriate less restrictive  
35 alternative course of treatment (~~(not to exceed)~~) for up to ninety  
36 days.

37 (~~((4))~~) (5) An order for less restrictive alternative treatment  
38 must name the (~~(mental)~~) behavioral health service provider  
39 responsible for identifying the services the person will receive in  
40 accordance with RCW 71.05.585, and must include a requirement that

1 the person cooperate with the ~~((services planned by))~~ treatment  
2 recommendations of the ~~((mental))~~ behavioral health service provider.  
3 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~  
4 ~~and give such person notice))~~ notify the person orally and in writing  
5 that if involuntary treatment is sought beyond the fourteen-day  
6 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less  
7 restrictive treatment ~~((is to be sought))~~ period, ~~((such))~~ the person  
8 ~~((will have))~~ has the right to a full hearing or jury trial ~~((as~~  
9 ~~required by))~~ under RCW 71.05.310. If the commitment is for mental  
10 health treatment, the court shall also ~~((state to))~~ notify the person  
11 ~~((and provide written notice))~~ orally and in writing that the person  
12 is barred from the possession of firearms and that the prohibition  
13 remains in effect until a court restores his or her right to possess  
14 a firearm under RCW 9.41.047.

15 **Sec. 39.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010  
16 are each reenacted and amended to read as follows:

17 (1) If a petition is filed for fourteen-day involuntary treatment  
18 or ninety days of less restrictive alternative treatment, the court  
19 shall hold a probable cause hearing within ~~((seventy-two hours))~~ five  
20 days of the initial detention of such person as determined in RCW  
21 71.05.180, or at a time determined under RCW 71.05.148. ~~((If~~  
22 ~~requested by the person or his or her attorney, the hearing may be~~  
23 ~~postponed for a period not to exceed forty-eight hours. The hearing~~  
24 ~~may also be continued subject to the conditions set forth in RCW~~  
25 ~~71.05.210 or subject to the petitioner's showing of good cause for a~~  
26 ~~period not to exceed twenty-four hours.))~~

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

34 (3) If the person or his or her attorney alleges, prior to the  
35 commencement of the hearing, that the person has in good faith  
36 volunteered for treatment, the petitioner must show, by preponderance  
37 of the evidence, that the person has not in good faith volunteered  
38 for appropriate treatment. In order to qualify as a good faith

1 volunteer, the person must abide by procedures and a treatment plan  
2 as prescribed by a treatment facility and professional staff.

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

14 ~~(b) ((Commitment for up to fourteen days based on a substance use~~  
15 ~~disorder must be to either a secure detoxification facility or an~~  
16 ~~approved substance use disorder treatment program.~~

17 ~~(e))~~ At the conclusion of the probable cause hearing, if the  
18 court finds by a preponderance of the evidence that such person, as  
19 the result of a ~~((mental disorder or substance use))~~ behavioral  
20 health disorder, presents a likelihood of serious harm~~((7))~~ or is  
21 gravely disabled, but that treatment in a less restrictive setting  
22 than detention is in the best interest of such person or others, the  
23 court shall order an appropriate less restrictive alternative course  
24 of treatment for ~~((not to exceed))~~ up to ninety days.

25 ~~((d))~~ (c) If the court finds by a preponderance of the evidence  
26 that such person, as the result of a ~~((mental disorder or substance~~  
27 ~~use))~~ behavioral health disorder, is in need of assisted outpatient  
28 behavioral health treatment, and that the person does not present a  
29 likelihood of serious harm ~~((or grave disability))~~ and is not gravely  
30 disabled, the court shall order an appropriate less restrictive  
31 alternative course of treatment ~~((not to exceed))~~ for up to ninety  
32 days.

33 ~~((4))~~ (5) An order for less restrictive alternative treatment  
34 must name the ~~((mental))~~ behavioral health service provider  
35 responsible for identifying the services the person will receive in  
36 accordance with RCW 71.05.585, and must include a requirement that  
37 the person cooperate with the ~~((services planned by))~~ treatment  
38 recommendations of the ~~((mental))~~ behavioral health service provider.

39 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~  
40 ~~and give such person notice))~~ notify the person orally and in writing

1 that if involuntary treatment is sought beyond the fourteen-day  
2 (~~period~~) inpatient or (~~beyond the~~) ninety-day(~~s of~~) less  
3 restrictive treatment (~~is to be sought~~) period, such person (~~will~~  
4 ~~have~~) has the right to a full hearing or jury trial (~~as required~~  
5 ~~by~~) under RCW 71.05.310. If the commitment is for mental health  
6 treatment, the court shall also (~~state to~~) notify the person (~~and~~  
7 ~~provide written notice~~) orally and in writing that the person is  
8 barred from the possession of firearms and that the prohibition  
9 remains in effect until a court restores his or her right to possess  
10 a firearm under RCW 9.41.047.

11 **Sec. 40.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to  
12 read as follows:

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

16 (1) Such person after having been taken into custody for  
17 evaluation and treatment has threatened, attempted, or inflicted: (a)  
18 Physical harm upon the person of another or himself or herself, or  
19 substantial damage upon the property of another, and (b) as a result  
20 of (~~mental disorder or substance use~~) a behavioral health disorder  
21 presents a likelihood of serious harm; or

22 (2) Such person was taken into custody as a result of conduct in  
23 which he or she attempted or inflicted physical harm upon the person  
24 of another or himself or herself, or substantial damage upon the  
25 property of others, and continues to present, as a result of (~~mental~~  
26 ~~disorder or substance use~~) a behavioral health disorder, a  
27 likelihood of serious harm; or

28 (3) Such person has been determined to be incompetent and  
29 criminal charges have been dismissed pursuant to RCW 10.77.086(4),  
30 and has committed acts constituting a felony, and as a result of a  
31 (~~mental~~) behavioral health disorder, presents a substantial  
32 likelihood of repeating similar acts.

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

36 (b) For any person subject to commitment under this subsection  
37 where the charge underlying the finding of incompetence is for a  
38 felony classified as violent under RCW 9.94A.030, the court shall

1 determine whether the acts the person committed constitute a violent  
2 offense under RCW 9.94A.030; or

3 (4) Such person is gravely disabled; or

4 (5) Such person is in need of assisted outpatient behavioral  
5 health treatment.

6 **Sec. 41.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each  
7 amended to read as follows:

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

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

18 (A) One physician, physician assistant, or psychiatric advanced  
19 registered nurse practitioner; and

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

22 (ii) If the petition is for substance use disorder treatment, the  
23 petition may be signed by a chemical dependency professional instead  
24 of a mental health professional and by an advanced registered nurse  
25 practitioner instead of a psychiatric advanced registered nurse  
26 practitioner.

27 (b) The affidavits shall describe in detail the behavior of the  
28 detained person which supports the petition and shall explain what,  
29 if any, less restrictive treatments which are alternatives to  
30 detention are available to such person, and shall state the  
31 willingness of the affiant to testify to such facts in subsequent  
32 judicial proceedings under this chapter. If less restrictive  
33 alternative treatment is sought, the petition shall set forth any  
34 recommendations for less restrictive alternative treatment services.

35 (3) If a person has been determined to be incompetent pursuant to  
36 RCW 10.77.086(4), then the professional person in charge of the  
37 treatment facility or his or her professional designee or the  
38 designated crisis responder may directly file a petition for one  
39 hundred eighty-day treatment under RCW 71.05.280(3), or for ninety-

1 day treatment under RCW 71.05.280 (1), (2), (4), or (5). No petition  
2 for initial detention or fourteen day detention is required before  
3 such a petition may be filed.

4 **Sec. 42.** RCW 71.05.300 and 2017 3rd sp.s. c 14 s 19 are each  
5 amended to read as follows:

6 (1) The petition for ninety day treatment shall be filed with the  
7 clerk of the superior court at least three days before expiration of  
8 the fourteen-day period of intensive treatment. (~~At the time of~~  
9 ~~filing such petition,~~) The clerk shall set a (~~time for the person~~  
10 ~~to come before the court on the next judicial day after the day of~~  
11 ~~filing unless such appearance is waived by the person's attorney, and~~  
12 ~~the clerk shall~~) trial setting date as provided in RCW 71.05.310 on  
13 the next judicial day after the date of filing the petition and  
14 notify the designated crisis responder. The designated crisis  
15 responder shall immediately notify the person detained, his or her  
16 attorney, if any, and his or her guardian or conservator, if any, the  
17 prosecuting attorney, and the behavioral health organization  
18 administrator, and provide a copy of the petition to such persons as  
19 soon as possible. The behavioral health organization administrator or  
20 designee may review the petition and may appear and testify at the  
21 full hearing on the petition.

22 (2) (~~At the time set for appearance~~) The attorney for the  
23 detained person (~~shall be brought before the court, unless such~~  
24 ~~appearance has been waived and the court~~) shall advise him or her of  
25 his or her right to be represented by an attorney, his or her right  
26 to a jury trial, and, if the petition is for commitment for mental  
27 health treatment, his or her loss of firearm rights if involuntarily  
28 committed. If the detained person is not represented by an attorney,  
29 or is indigent or is unwilling to retain an attorney, the court shall  
30 immediately appoint an attorney to represent him or her. The court  
31 shall, if requested, appoint a reasonably available licensed  
32 physician, physician assistant, psychiatric advanced registered nurse  
33 practitioner, psychologist, psychiatrist, or other professional  
34 person(~~7~~) designated by the detained person to examine and testify  
35 on behalf of the detained person.

36 (3) The court may, if requested, also appoint a professional  
37 person as defined in RCW 71.05.020 to seek less restrictive  
38 alternative courses of treatment and to testify on behalf of the  
39 detained person. In the case of a person with a developmental

1 disability who has been determined to be incompetent pursuant to RCW  
2 10.77.086(4), ~~((then))~~ the appointed professional person under this  
3 section shall be a developmental disabilities professional.

4 ~~((4) The court shall also set a date for a full hearing on the  
5 petition as provided in RCW 71.05.310.))~~

6 **Sec. 43.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to  
7 read as follows:

8 The court shall ~~((conduct))~~ set a hearing on the petition for  
9 ninety-day or one hundred eighty-day treatment within five judicial  
10 days of the ~~((first court appearance after the probable cause  
11 hearing))~~ trial setting hearing, or within ten judicial days for a  
12 petition filed under RCW 71.05.280(3). The court may continue the  
13 hearing ~~((for good cause upon the written request of the person named  
14 in the petition or the person's attorney. The court may continue for  
15 good cause the hearing on a petition filed under RCW 71.05.280(3)  
16 upon written request by the person named in the petition, the  
17 person's attorney, or the petitioner))~~ in accordance with section 37  
18 of this act. If the person named in the petition requests a jury  
19 trial, the trial ~~((shall commence))~~ must be set within ten judicial  
20 days of the ~~((first court appearance after the probable cause  
21 hearing))~~ next judicial day after the date of filing the petition.  
22 The burden of proof shall be by clear, cogent, and convincing  
23 evidence and shall be upon the petitioner. The person ~~((shall))~~ has  
24 the right to be present at such proceeding, which shall in all  
25 respects accord with the constitutional guarantees of due process of  
26 law and the rules of evidence ~~((pursuant to RCW 71.05.360 (8) and  
27 (9))~~ under RCW 71.05.217.

28 During the proceeding, the person named in the petition shall  
29 continue to be treated until released by order of the superior court  
30 or discharged by the medical provider. If ~~((no order has been made))~~  
31 the hearing has not commenced within thirty days after the filing of  
32 the petition, not including extensions of time ~~((requested by the  
33 detained person or his or her attorney, or the petitioner in the case  
34 of a petition filed under RCW 71.05.280(3))~~ ordered under section 37  
35 of this act, the detained person shall be released.

36 **Sec. 44.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to  
37 read as follows:



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

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

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

21 (2) If the court or jury finds that grounds set forth in RCW  
22 71.05.280 have been proven, but finds that treatment less restrictive  
23 than detention will be in the best interest of the person or others,  
24 then the court shall remand him or her to the custody of the  
25 department of social and health services or to a facility certified  
26 for ninety day treatment by the department or to a less restrictive  
27 alternative for a further period of less restrictive treatment not to  
28 exceed ninety days from the date of judgment. (~~If the order for less~~  
29 ~~restrictive treatment is based on a substance use disorder, treatment~~  
30 ~~must be provided by an approved substance use disorder treatment~~  
31 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis  
32 of commitment, then the period of treatment may be up to but not  
33 exceed one hundred eighty days from the date of judgment. If the  
34 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
35 have been proven, and provide the only basis for commitment, the  
36 court must enter an order for less restrictive alternative treatment  
37 for up to ninety days from the date of judgment and may not order  
38 inpatient treatment.

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

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

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

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

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

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

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

1 period may include transfer to a specialized program of intensive  
2 support and treatment, which may be initiated prior to or after  
3 discharge from the state hospital; or

4 (d) Continues to be gravely disabled; or

5 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
6 health treatment.

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

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

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

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

36 (b) At the end of the one hundred eighty-day period of  
37 commitment, or one-year period of commitment if subsection (7) of  
38 this section applies, the committed person shall be released unless a  
39 petition for an additional one hundred eighty-day period of continued  
40 treatment is filed and heard in the same manner as provided in this

1 section. Successive one hundred eighty-day commitments are  
2 permissible on the same grounds and pursuant to the same procedures  
3 as the original one hundred eighty-day commitment.

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

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

12 **Sec. 45.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to  
13 read as follows:

14 (1) If the court or jury finds that grounds set forth in RCW  
15 71.05.280 have been proven and that the best interests of the person  
16 or others will not be served by a less restrictive treatment which is  
17 an alternative to detention, the court shall remand him or her to the  
18 custody of the department of social and health services or to a  
19 facility certified for ninety day treatment by the department for a  
20 further period of intensive treatment not to exceed ninety days from  
21 the date of judgment.

22 ~~If the ((order for inpatient treatment is based on a substance~~  
23 ~~use disorder, treatment must take place at an approved substance use~~  
24 ~~disorder treatment program. If the))~~ grounds set forth in RCW  
25 71.05.280(3) are the basis of commitment, then the period of  
26 treatment may be up to but not exceed one hundred eighty days from  
27 the date of judgment to the custody of the department of social and  
28 health services or to a facility certified for one hundred eighty-day  
29 treatment by the department or under RCW 71.05.745.

30 (2) If the court or jury finds that grounds set forth in RCW  
31 71.05.280 have been proven, but finds that treatment less restrictive  
32 than detention will be in the best interest of the person or others,  
33 then the court shall remand him or her to the custody of the  
34 department of social and health services or to a facility certified  
35 for ninety day treatment by the department or to a less restrictive  
36 alternative for a further period of less restrictive treatment not to  
37 exceed ninety days from the date of judgment. ~~((If the order for less~~  
38 ~~restrictive treatment is based on a substance use disorder, treatment~~  
39 ~~must be provided by an approved substance use disorder treatment~~

1 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis  
2 of commitment, then the period of treatment may be up to but not  
3 exceed one hundred eighty days from the date of judgment. If the  
4 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
5 have been proven, and provide the only basis for commitment, the  
6 court must enter an order for less restrictive alternative treatment  
7 for up to ninety days from the date of judgment and may not order  
8 inpatient treatment.

9 (3) An order for less restrictive alternative treatment entered  
10 under subsection (2) of this section must name the (~~mental~~)  
11 behavioral health service provider responsible for identifying the  
12 services the person will receive in accordance with RCW 71.05.585,  
13 and must include a requirement that the person cooperate with the  
14 services planned by the (~~mental~~) behavioral health service  
15 provider.

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

23 (a) During the current period of court ordered treatment: (i) Has  
24 threatened, attempted, or inflicted physical harm upon the person of  
25 another, or substantial damage upon the property of another, and (ii)  
26 as a result of a (~~mental disorder, substance use~~) behavioral health  
27 disorder(~~(r)~~) or developmental disability presents a likelihood of  
28 serious harm; or

29 (b) Was taken into custody as a result of conduct in which he or  
30 she attempted or inflicted serious physical harm upon the person of  
31 another, and continues to present, as a result of (~~mental disorder,~~  
32 ~~substance use~~) a behavioral health disorder(~~(r)~~) or developmental  
33 disability, a likelihood of serious harm; or

34 (c) (i) Is in custody pursuant to RCW 71.05.280(3) and as a result  
35 of (~~mental~~) a behavioral health disorder or developmental  
36 disability continues to present a substantial likelihood of repeating  
37 acts similar to the charged criminal behavior, when considering the  
38 person's life history, progress in treatment, and the public safety.

39 (ii) In cases under this subsection where the court has made an  
40 affirmative special finding under RCW 71.05.280(3)(b), the commitment

1 shall continue for up to an additional one hundred eighty-day period  
2 whenever the petition presents prima facie evidence that the person  
3 continues to suffer from a (~~mental~~) behavioral health disorder or  
4 developmental disability that results in a substantial likelihood of  
5 committing acts similar to the charged criminal behavior, unless the  
6 person presents proof through an admissible expert opinion that the  
7 person's condition has so changed such that the (~~mental~~) behavioral  
8 health disorder or developmental disability no longer presents a  
9 substantial likelihood of the person committing acts similar to the  
10 charged criminal behavior. The initial or additional commitment  
11 period may include transfer to a specialized program of intensive  
12 support and treatment, which may be initiated prior to or after  
13 discharge from the state hospital; or

14 (d) Continues to be gravely disabled; or

15 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
16 health treatment.

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

20 If less restrictive alternative treatment is sought, the petition  
21 shall set forth any recommendations for less restrictive alternative  
22 treatment services.

23 (5) A new petition for involuntary treatment filed under  
24 subsection (4) of this section shall be filed and heard in the  
25 superior court of the county of the facility which is filing the new  
26 petition for involuntary treatment unless good cause is shown for a  
27 change of venue. The cost of the proceedings shall be borne by the  
28 state.

29 (6) (a) The hearing shall be held as provided in RCW 71.05.310,  
30 and if the court or jury finds that the grounds for additional  
31 confinement as set forth in this section are present, the court may  
32 order the committed person returned for an additional period of  
33 treatment not to exceed one hundred eighty days from the date of  
34 judgment, except as provided in subsection (7) of this section. If  
35 the court's order is based solely on the grounds identified in  
36 subsection (4) (e) of this section, the court may enter an order for  
37 less restrictive alternative treatment not to exceed one hundred  
38 eighty days from the date of judgment, and may not enter an order for  
39 inpatient treatment. An order for less restrictive alternative  
40 treatment must name the (~~mental~~) behavioral health service provider

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

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

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

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

21 **Sec. 46.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each  
22 amended to read as follows:

23 All persons voluntarily entering or remaining in any facility,  
24 institution, or hospital providing evaluation and treatment for  
25 ((~~mental disorders or substance use~~)) behavioral health disorders  
26 shall have no less than all rights secured to involuntarily detained  
27 persons by RCW ((~~71.05.360 and~~)) 71.05.217.

28 **Sec. 47.** RCW 71.05.445 and 2018 c 201 s 3021 are each amended to  
29 read as follows:

30 (1)(a) When a ((~~mental~~)) behavioral health service provider  
31 conducts its initial assessment for a person receiving court-ordered  
32 treatment, the service provider shall inquire and shall be told by  
33 the offender whether he or she is subject to supervision by the  
34 department of corrections.

35 (b) When a person receiving court-ordered treatment or treatment  
36 ordered by the department of corrections discloses to his or her  
37 ((~~mental~~)) behavioral health service provider that he or she is  
38 subject to supervision by the department of corrections, the

1 (~~mental~~) behavioral health service provider shall notify the  
2 department of corrections that he or she is treating the offender and  
3 shall notify the offender that his or her community corrections  
4 officer will be notified of the treatment, provided that if the  
5 offender has received relief from disclosure pursuant to RCW  
6 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)  
7 behavioral health service provider with a copy of the order granting  
8 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the  
9 (~~mental~~) behavioral health service provider is not required to  
10 notify the department of corrections that the (~~mental~~) behavioral  
11 health service provider is treating the offender. The notification  
12 may be written or oral and shall not require the consent of the  
13 offender. If an oral notification is made, it must be confirmed by a  
14 written notification. For purposes of this section, a written  
15 notification includes notification by email or facsimile, so long as  
16 the notifying (~~mental~~) behavioral health service provider is  
17 clearly identified.

18 (2) The information to be released to the department of  
19 corrections shall include all relevant records and reports, as  
20 defined by rule, necessary for the department of corrections to carry  
21 out its duties.

22 (3) The authority and the department of corrections, in  
23 consultation with behavioral health organizations, (~~mental~~)  
24 behavioral health service providers as defined in RCW 71.05.020,  
25 (~~mental~~) behavioral health consumers, and advocates for persons  
26 with (~~mental-illness~~) behavioral health disorders, shall adopt  
27 rules to implement the provisions of this section related to the type  
28 and scope of information to be released. These rules shall:

29 (a) Enhance and facilitate the ability of the department of  
30 corrections to carry out its responsibility of planning and ensuring  
31 community protection with respect to persons subject to sentencing  
32 under chapter 9.94A or 9.95 RCW, including accessing and releasing or  
33 disclosing information of persons who received (~~mental~~) behavioral  
34 health services as a minor; and

35 (b) Establish requirements for the notification of persons under  
36 the supervision of the department of corrections regarding the  
37 provisions of this section.

38 (4) The information received by the department of corrections  
39 under this section shall remain confidential and subject to the



1 limitations on disclosure outlined in this chapter, except as  
2 provided in RCW 72.09.585.

3 (5) No (~~mental~~) behavioral health service provider or  
4 individual employed by a (~~mental~~) behavioral health service  
5 provider shall be held responsible for information released to or  
6 used by the department of corrections under the provisions of this  
7 section or rules adopted under this section.

8 (6) Whenever federal law or federal regulations restrict the  
9 release of information and records related to (~~mental~~) behavioral  
10 health services for any patient who receives treatment for alcoholism  
11 or drug dependency, the release of the information may be restricted  
12 as necessary to comply with federal law and regulations.

13 (7) This section does not modify the terms and conditions of  
14 disclosure of information related to sexually transmitted diseases  
15 under chapter 70.24 RCW.

16 (8) The authority shall, subject to available resources,  
17 electronically, or by the most cost-effective means available,  
18 provide the department of corrections with the names, last dates of  
19 services, and addresses of specific behavioral health organizations  
20 and (~~mental~~) behavioral health service providers that delivered  
21 (~~mental~~) behavioral health services to a person subject to chapter  
22 9.94A or 9.95 RCW pursuant to an agreement between the authority and  
23 the department of corrections.

24 **Sec. 48.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to  
25 read as follows:

26 When funded, the Washington association of sheriffs and police  
27 chiefs, in consultation with the criminal justice training  
28 commission, must develop and adopt a model policy for use by law  
29 enforcement agencies relating to a law enforcement officer's referral  
30 of a person to a (~~mental~~) behavioral health agency after receiving  
31 a report of threatened or attempted suicide. The model policy must  
32 complement the criminal justice training commission's crisis  
33 intervention training curriculum.

34 **Sec. 49.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to  
35 read as follows:

36 By July 1, 2017, all general authority Washington law enforcement  
37 agencies must adopt a policy establishing criteria and procedures for  
38 a law enforcement officer to refer a person to a (~~mental~~)

1 behavioral health agency after receiving a report of threatened or  
2 attempted suicide.

3 **Sec. 50.** RCW 71.05.458 and 2016 c 158 s 5 are each amended to  
4 read as follows:

5 As soon as possible, but no later than twenty-four hours from  
6 receiving a referral from a law enforcement officer or law  
7 enforcement agency, excluding Saturdays, Sundays, and holidays, a  
8 mental health professional contacted by the designated (~~mental~~  
9 ~~health professional~~) crisis responder agency must attempt to contact  
10 the referred person to determine whether additional mental health  
11 intervention is necessary including, if needed, an assessment by a  
12 designated (~~mental health professional~~) crisis responder for  
13 initial detention under RCW 71.05.150 or 71.05.153. Documentation of  
14 the mental health professional's attempt to contact and assess the  
15 person must be maintained by the designated (~~mental health~~  
16 ~~professional~~) crisis responder agency.

17 **Sec. 51.** RCW 71.05.525 and 2018 c 201 s 3024 are each amended to  
18 read as follows:

19 When, in the judgment of the department of social and health  
20 services, the welfare of any person committed to or confined in any  
21 state juvenile correctional institution or facility necessitates that  
22 such a person be transferred or moved for observation, diagnosis or  
23 treatment to any state institution or facility for the care of  
24 juveniles with (~~mental illness~~) behavioral health disorders the  
25 secretary of the department of social and health services, or his or  
26 her designee, is authorized to order and effect such move or  
27 transfer: PROVIDED, HOWEVER, That the secretary of the department of  
28 social and health services shall adopt and implement procedures to  
29 assure that persons so transferred shall, while detained or confined  
30 in such institution or facility for the care of juveniles with  
31 (~~mental illness~~) behavioral health disorders, be provided with  
32 substantially similar opportunities for parole or early release  
33 evaluation and determination as persons detained or confined in state  
34 juvenile correctional institutions or facilities: PROVIDED, FURTHER,  
35 That the secretary of the department of social and health services  
36 shall notify the original committing court of such transfer.

1       **Sec. 52.**     RCW 71.05.530 and 2016 sp.s. c 29 s 247 are each  
2 amended to read as follows:

3       Evaluation and treatment facilities and secure detoxification  
4 facilities authorized pursuant to this chapter may be part of the  
5 comprehensive community (~~mental~~) behavioral health services program  
6 conducted in counties pursuant to chapter 71.24 RCW, and may receive  
7 funding pursuant to the provisions thereof.

8       **Sec. 53.**     RCW 71.05.585 and 2018 c 291 s 2 are each amended to  
9 read as follows:

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

12       (a) Assignment of a care coordinator;

13       (b) An intake evaluation with the provider of the less  
14 restrictive alternative treatment;

15       (c) A psychiatric evaluation;

16       (d) A schedule of regular contacts with the provider of the less  
17 restrictive alternative treatment services for the duration of the  
18 order;

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

21       (f) An individual crisis plan; and

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

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

27       (a) Medication management;

28       (b) Psychotherapy;

29       (c) Nursing;

30       (d) Substance abuse counseling;

31       (e) Residential treatment; and

32       (f) Support for housing, benefits, education, and employment.

33       (3) If the person was provided with involuntary medication under  
34 RCW 71.05.215 or pursuant to a judicial order during the involuntary  
35 commitment period, the less restrictive alternative treatment order  
36 may authorize the less restrictive alternative treatment provider or  
37 its designee to administer involuntary antipsychotic medication to  
38 the person if the provider has attempted and failed to obtain the  
39 informed consent of the person and there is a concurring medical

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

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

10 ~~((4))~~ (5) The care coordinator assigned to a person ordered to  
11 less restrictive alternative treatment must submit an individualized  
12 plan for the person's treatment services to the court that entered  
13 the order. An initial plan must be submitted as soon as possible  
14 following the intake evaluation and a revised plan must be submitted  
15 upon any subsequent modification in which a type of service is  
16 removed from or added to the treatment plan.

17 ~~((5))~~ (6) For the purpose of this section, "care coordinator"  
18 means a clinical practitioner who coordinates the activities of less  
19 restrictive alternative treatment. The care coordinator coordinates  
20 activities with the designated crisis responders that are necessary  
21 for enforcement and continuation of less restrictive alternative  
22 orders and is responsible for coordinating service activities with  
23 other agencies and establishing and maintaining a therapeutic  
24 relationship with the individual on a continuing basis.

25 **Sec. 54.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026  
26 are each reenacted and amended to read as follows:

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

33 (a) The person is failing to adhere to the terms and conditions  
34 of the court order;

35 (b) Substantial deterioration in the person's functioning has  
36 occurred;

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

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

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

8 (a) To counsel or advise the person as to their rights and  
9 responsibilities under the court order, and to offer appropriate  
10 incentives to motivate compliance;

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

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

26 (d) To cause the person to be transported by a peace officer,  
27 designated crisis responder, or other means to the agency or facility  
28 monitoring or providing services under the court order, or to a  
29 triage facility, crisis stabilization unit, emergency department,  
30 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
31 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
32 detoxification facility with available space, or an approved  
33 substance use disorder treatment program with available space ~~((if~~  
34 ~~the person is committed for substance use disorder treatment))~~. The  
35 person may be detained at the facility for up to twelve hours for the  
36 purpose of an evaluation to determine whether modification,  
37 revocation, or commitment proceedings are necessary and appropriate  
38 to stabilize the person and prevent decompensation, deterioration, or  
39 physical harm. Temporary detention for evaluation under this  
40 subsection is intended to occur only following a pattern of

1 noncompliance or the failure of reasonable attempts at outreach and  
2 engagement, and may occur only when in the clinical judgment of a  
3 designated crisis responder or the professional person in charge of  
4 an agency or facility designated to monitor less restrictive  
5 alternative services temporary detention is appropriate. This  
6 subsection does not limit the ability or obligation to pursue  
7 revocation procedures under subsection (4) of this section in  
8 appropriate circumstances; and

9 (e) To initiate revocation procedures under subsection (4) of  
10 this section or, if the current commitment is solely based on the  
11 person being in need of assisted outpatient behavioral health  
12 treatment as defined in RCW 71.05.020, initiate initial inpatient  
13 detention procedures under subsection (6) of this section.

14 (3) The facility or agency designated to provide outpatient  
15 treatment shall notify the secretary of the department of social and  
16 health services or designated crisis responder when a person fails to  
17 adhere to terms and conditions of court ordered treatment or  
18 experiences substantial deterioration in his or her condition and, as  
19 a result, presents an increased likelihood of serious harm.

20 (4) (a) Except as provided in subsection (6) of this section, a  
21 designated crisis responder or the secretary of the department of  
22 social and health services may upon their own motion or notification  
23 by the facility or agency designated to provide outpatient care order  
24 a person subject to a court order under this chapter to be  
25 apprehended and taken into custody and temporary detention in an  
26 evaluation and treatment facility (~~in or near the county in which he~~  
27 ~~or she is receiving outpatient treatment if the person is committed~~  
28 ~~for mental health treatment, or, if the person is committed for~~  
29 ~~substance use disorder treatment, in a)), an available secure  
30 detoxification facility with adequate space, or an available approved  
31 substance use disorder treatment program ((if either is available))  
32 with adequate space, in or near the county in which he or she is  
33 receiving outpatient treatment (~~and has adequate space)).~~  
34 Proceedings under this subsection (4) may be initiated without  
35 ordering the apprehension and detention of the person.~~

36 (b) Except as provided in subsection (6) of this section, a  
37 person detained under this subsection (4) must be held until such  
38 time, not exceeding five days, as a hearing can be scheduled to  
39 determine whether or not the person should be returned to the  
40 hospital or facility from which he or she had been released. If the

1 person is not detained, the hearing must be scheduled within five  
2 days of service on the person. The designated crisis responder or the  
3 secretary of the department of social and health services may modify  
4 or rescind the order at any time prior to commencement of the court  
5 hearing.

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

20 (d) Except as provided in subsection (6) of this section, the  
21 issues for the court to determine are whether: (i) The person adhered  
22 to the terms and conditions of the court order; (ii) substantial  
23 deterioration in the person's functioning has occurred; (iii) there  
24 is evidence of substantial decompensation with a reasonable  
25 probability that the decompensation can be reversed by further  
26 inpatient treatment; or (iv) there is a likelihood of serious harm;  
27 and, if any of the above conditions apply, whether the court should  
28 reinstate or modify the person's less restrictive alternative or  
29 conditional release order or order the person's detention for  
30 inpatient treatment. The person may waive the court hearing and allow  
31 the court to enter a stipulated order upon the agreement of all  
32 parties. If the court orders detention for inpatient treatment, the  
33 treatment period (~~may be for no longer than the period~~) must be for  
34 fourteen days from the revocation hearing if the outpatient order was  
35 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
36 orders detention for inpatient treatment and the outpatient order was  
37 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
38 days remaining until the outpatient order must be converted to days  
39 of inpatient treatment authorized in the original court order. A  
40 court may not issue an order to detain a person for inpatient

1 treatment in a secure detoxification facility or approved substance  
2 use disorder treatment program under this subsection unless there is  
3 a secure detoxification facility or approved substance use disorder  
4 treatment program available and with adequate space for the person.

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

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

31 (b) A person detained under this subsection may be held for  
32 evaluation for up to seventy-two hours, excluding weekends and  
33 holidays, pending a court hearing. If the person is not detained, the  
34 hearing must be scheduled within seventy-two hours of service on the  
35 person. The designated crisis responder or the secretary may modify  
36 or rescind the order at any time prior to commencement of the court  
37 hearing.

38 (c) The issues for the court to determine are whether to continue  
39 the detention of the person for inpatient treatment or whether the  
40 court should reinstate or modify the person's less restrictive



1 alternative order or order the person's detention for inpatient  
2 treatment. To continue detention after the seventy-two hour period,  
3 the court must find that the person, as a result of a (~~mental~~  
4 ~~disorder or substance use~~) behavioral health disorder, presents a  
5 likelihood of serious harm or is gravely disabled and, after  
6 considering less restrictive alternatives to involuntary detention  
7 and treatment, that no such alternatives are in the best interest of  
8 the person or others.

9 (d) A court may not issue an order to detain a person for  
10 inpatient treatment in a secure detoxification facility or approved  
11 substance use disorder program under this subsection unless there is  
12 a secure detoxification facility or approved substance use disorder  
13 treatment program available and with adequate space for the person.

14 **Sec. 55.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026  
15 are each reenacted and amended to read as follows:

16 (1) Either an agency or facility designated to monitor or provide  
17 services under a less restrictive alternative order or conditional  
18 release order, or a designated crisis responder, may take action to  
19 enforce, modify, or revoke a less restrictive alternative or  
20 conditional release order. The agency, facility, or designated crisis  
21 responder must determine that:

22 (a) The person is failing to adhere to the terms and conditions  
23 of the court order;

24 (b) Substantial deterioration in the person's functioning has  
25 occurred;

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

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

30 (2) Actions taken under this section must include a flexible  
31 range of responses of varying levels of intensity appropriate to the  
32 circumstances and consistent with the interests of the individual and  
33 the public in personal autonomy, safety, recovery, and compliance.  
34 Available actions may include, but are not limited to, any of the  
35 following:

36 (a) To counsel or advise the person as to their rights and  
37 responsibilities under the court order, and to offer appropriate  
38 incentives to motivate compliance;

1 (b) To increase the intensity of outpatient services provided to  
2 the person by increasing the frequency of contacts with the provider,  
3 referring the person for an assessment for assertive community  
4 services, or by other means;

5 (c) To request a court hearing for review and modification of the  
6 court order. The request must be made to or by the court with  
7 jurisdiction over the order and specify the circumstances that give  
8 rise to the request and what modification is being sought. The county  
9 prosecutor shall assist the agency or facility in requesting this  
10 hearing and issuing an appropriate summons to the person. This  
11 subsection does not limit the inherent authority of a treatment  
12 provider to alter conditions of treatment for clinical reasons, and  
13 is intended to be used only when court intervention is necessary or  
14 advisable to secure the person's compliance and prevent  
15 decompensation or deterioration;

16 (d) To cause the person to be transported by a peace officer,  
17 designated crisis responder, or other means to the agency or facility  
18 monitoring or providing services under the court order, or to a  
19 triage facility, crisis stabilization unit, emergency department,  
20 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
21 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
22 detoxification facility with available space, or an approved  
23 substance use disorder treatment program with available space ~~((if~~  
24 ~~the person is committed for substance use disorder treatment))~~. The  
25 person may be detained at the facility for up to twelve hours for the  
26 purpose of an evaluation to determine whether modification,  
27 revocation, or commitment proceedings are necessary and appropriate  
28 to stabilize the person and prevent decompensation, deterioration, or  
29 physical harm. Temporary detention for evaluation under this  
30 subsection is intended to occur only following a pattern of  
31 noncompliance or the failure of reasonable attempts at outreach and  
32 engagement, and may occur only when in the clinical judgment of a  
33 designated crisis responder or the professional person in charge of  
34 an agency or facility designated to monitor less restrictive  
35 alternative services temporary detention is appropriate. This  
36 subsection does not limit the ability or obligation to pursue  
37 revocation procedures under subsection (4) of this section in  
38 appropriate circumstances; and

39 (e) To initiate revocation procedures under subsection (4) of  
40 this section or, if the current commitment is solely based on the

1 person being in need of assisted outpatient behavioral health  
2 treatment as defined in RCW 71.05.020, initiate initial inpatient  
3 detention procedures under subsection (6) of this section.

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

10 (4) (a) Except as provided in subsection (6) of this section, a  
11 designated crisis responder or the secretary of the department of  
12 social and health services may upon their own motion or notification  
13 by the facility or agency designated to provide outpatient care order  
14 a person subject to a court order under this chapter to be  
15 apprehended and taken into custody and temporary detention in an  
16 evaluation and treatment facility (~~((in or near the county in which he  
17 or she is receiving outpatient treatment if the person is committed  
18 for mental health treatment, or, if the person is committed for  
19 substance use disorder treatment, in a)),~~ an available secure  
20 detoxification facility with adequate space, or an available approved  
21 substance use disorder treatment program (~~((if either is available))~~  
22 with adequate space, in or near the county in which he or she is  
23 receiving outpatient treatment (~~((and has adequate space))~~).  
24 Proceedings under this subsection (4) may be initiated without  
25 ordering the apprehension and detention of the person.

26 (b) Except as provided in subsection (6) of this section, a  
27 person detained under this subsection (4) must be held until such  
28 time, not exceeding five days, as a hearing can be scheduled to  
29 determine whether or not the person should be returned to the  
30 hospital or facility from which he or she had been released. If the  
31 person is not detained, the hearing must be scheduled within five  
32 days of service on the person. The designated crisis responder or the  
33 secretary of the department of social and health services may modify  
34 or rescind the order at any time prior to commencement of the court  
35 hearing.

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

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

10 (d) Except as provided in subsection (6) of this section, the  
11 issues for the court to determine are whether: (i) The person adhered  
12 to the terms and conditions of the court order; (ii) substantial  
13 deterioration in the person's functioning has occurred; (iii) there  
14 is evidence of substantial decompensation with a reasonable  
15 probability that the decompensation can be reversed by further  
16 inpatient treatment; or (iv) there is a likelihood of serious harm;  
17 and, if any of the above conditions apply, whether the court should  
18 reinstate or modify the person's less restrictive alternative or  
19 conditional release order or order the person's detention for  
20 inpatient treatment. The person may waive the court hearing and allow  
21 the court to enter a stipulated order upon the agreement of all  
22 parties. If the court orders detention for inpatient treatment, the  
23 treatment period (~~may be for no longer than the period~~) must be for  
24 fourteen days from the revocation hearing if the outpatient order was  
25 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
26 orders detention for inpatient treatment and the outpatient order was  
27 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
28 days remaining until the outpatient order must be converted to days  
29 of inpatient treatment authorized in the original court order. A  
30 court may not issue an order to detain a person for inpatient  
31 treatment in a secure detoxification facility or approved substance  
32 use disorder treatment program under this subsection unless there is  
33 a secure detoxification facility or approved substance use disorder  
34 treatment program available and with adequate space for the person.

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

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

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

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

39 (d) A court may not issue an order to detain a person for  
40 inpatient treatment in a secure detoxification facility or approved

1 substance use disorder program under this subsection unless there is  
2 a secure detoxification facility or approved substance use disorder  
3 treatment program available and with adequate space for the person.

4 **Sec. 56.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027  
5 are each reenacted and amended to read as follows:

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

12 (a) The person is failing to adhere to the terms and conditions  
13 of the court order;

14 (b) Substantial deterioration in the person's functioning has  
15 occurred;

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

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

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

26 (a) To counsel or advise the person as to their rights and  
27 responsibilities under the court order, and to offer appropriate  
28 incentives to motivate compliance;

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

33 (c) To request a court hearing for review and modification of the  
34 court order. The request must be made to or by the court with  
35 jurisdiction over the order and specify the circumstances that give  
36 rise to the request and what modification is being sought. The county  
37 prosecutor shall assist the agency or facility in requesting this  
38 hearing and issuing an appropriate summons to the person. This  
39 subsection does not limit the inherent authority of a treatment

1 provider to alter conditions of treatment for clinical reasons, and  
2 is intended to be used only when court intervention is necessary or  
3 advisable to secure the person's compliance and prevent  
4 decompensation or deterioration;

5 (d) To cause the person to be transported by a peace officer,  
6 designated crisis responder, or other means to the agency or facility  
7 monitoring or providing services under the court order, or to a  
8 triage facility, crisis stabilization unit, emergency department,  
9 ~~((or to an))~~ evaluation and treatment facility ~~((if the person is~~  
10 ~~committed for mental health treatment))~~, ~~((or to a))~~ secure  
11 detoxification facility, or an approved substance use disorder  
12 treatment program ~~((if the person is committed for substance use~~  
13 ~~disorder treatment))~~. The person may be detained at the facility for  
14 up to twelve hours for the purpose of an evaluation 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 in the  
21 clinical judgment of a designated crisis responder or the  
22 professional person in charge of an agency or facility designated to  
23 monitor less restrictive alternative services temporary detention is  
24 appropriate. This subsection does not limit the ability or obligation  
25 to pursue revocation procedures under subsection (4) of this section  
26 in appropriate circumstances; and

27 (e) To initiate revocation procedures under subsection (4) of  
28 this section or, if the current commitment is solely based on the  
29 person being in need of assisted outpatient behavioral health  
30 treatment as defined in RCW 71.05.020, initial inpatient detention  
31 procedures under subsection (6) of this section.

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

38 (4) (a) Except as provided in subsection (6) of this section, a  
39 designated crisis responder or the secretary of the department of  
40 social and health services may upon their own motion or notification

1 by the facility or agency designated to provide outpatient care order  
2 a person subject to a court order under this chapter to be  
3 apprehended and taken into custody and temporary detention in an  
4 evaluation and treatment facility (~~(in or near the county in which he~~  
5 ~~or she is receiving outpatient treatment if the person is committed~~  
6 ~~for mental health treatment, or, if the person is committed for~~  
7 ~~substance use disorder treatment)), in a secure detoxification  
8 facility, or in an approved substance use disorder treatment program  
9 (~~if either is available~~), in or near the county in which he or she  
10 is receiving outpatient treatment. Proceedings under this subsection  
11 (4) may be initiated without ordering the apprehension and detention  
12 of the person.~~

13 (b) Except as provided in subsection (6) of this section, a  
14 person detained under this subsection (4) must be held until such  
15 time, not exceeding five days, as a hearing can be scheduled to  
16 determine whether or not the person should be returned to the  
17 hospital or facility from which he or she had been released. If the  
18 person is not detained, the hearing must be scheduled within five  
19 days of service on the person. The designated crisis responder or the  
20 secretary of the department of social and health services may modify  
21 or rescind the order at any time prior to commencement of the court  
22 hearing.

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

37 (d) Except as provided in subsection (6) of this section, the  
38 issues for the court to determine are whether: (i) The person adhered  
39 to the terms and conditions of the court order; (ii) substantial  
40 deterioration in the person's functioning has occurred; (iii) there



1 is evidence of substantial decompensation with a reasonable  
2 probability that the decompensation can be reversed by further  
3 inpatient treatment; or (iv) there is a likelihood of serious harm;  
4 and, if any of the above conditions apply, whether the court should  
5 reinstate or modify the person's less restrictive alternative or  
6 conditional release order or order the person's detention for  
7 inpatient treatment. The person may waive the court hearing and allow  
8 the court to enter a stipulated order upon the agreement of all  
9 parties. If the court orders detention for inpatient treatment, the  
10 treatment period (~~(may be for no longer than the period)~~) must be for  
11 fourteen days from the revocation hearing if the outpatient order was  
12 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
13 orders detention for inpatient treatment and the outpatient order was  
14 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
15 days remaining until the outpatient order must be converted to days  
16 of inpatient treatment authorized in the original court order.

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

23 (6) (a) If the current commitment is solely based on the person  
24 being in need of assisted outpatient behavioral health treatment as  
25 defined in RCW 71.05.020, a designated crisis responder may initiate  
26 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when  
27 appropriate. A designated crisis responder or the secretary may, upon  
28 their own motion or notification by the facility or agency designated  
29 to provide outpatient care to a person subject to a less restrictive  
30 alternative treatment order under RCW 71.05.320 subsequent to an  
31 order for assisted outpatient behavioral health treatment entered  
32 under RCW 71.05.148, order the person to be apprehended and taken  
33 into custody and temporary detention for inpatient evaluation in an  
34 evaluation and treatment facility (~~(in or near the county in which he~~  
35 ~~or she is receiving outpatient treatment if the person is committed~~  
36 ~~for mental health treatment, or, if the person is committed for~~  
37 ~~substance use disorder treatment)), in a secure detoxification  
38 facility, or in an approved substance use disorder treatment program  
39 (~~(if either is available)~~), in or near the county in which he or she  
40 is receiving outpatient treatment. Proceedings under this subsection~~

1 may be initiated without ordering the apprehension and detention of  
2 the person.

3 (b) A person detained under this subsection may be held for  
4 evaluation for up to ~~((seventy-two hours))~~ five days, excluding  
5 weekends and holidays, pending a court hearing. The designated crisis  
6 responder or the secretary may modify or rescind the order at any  
7 time prior to commencement of the court hearing.

8 (c) The issues for the court to determine are whether to continue  
9 the detention of the person for inpatient treatment or whether the  
10 court should reinstate or modify the person's less restrictive  
11 alternative order or order the person's detention for inpatient  
12 treatment. To continue detention after the ~~((seventy-two hour))~~ five-  
13 day period, the court must find that the person, as a result of a  
14 ~~((mental disorder or substance use))~~ behavioral health disorder,  
15 presents a likelihood of serious harm or is gravely disabled and,  
16 after considering less restrictive alternatives to involuntary  
17 detention and treatment, that no such alternatives are in the best  
18 interest of the person or others.

19 ~~((d) A court may not issue an order to detain a person for  
20 inpatient treatment in a secure detoxification facility or approved  
21 substance use disorder program under this subsection unless there is  
22 a secure detoxification facility or approved substance use disorder  
23 treatment program available and with adequate space for the person.))~~

24 **Sec. 57.** RCW 71.05.720 and 2018 c 201 s 3029 are each amended to  
25 read as follows:

26 Annually, all community mental health employees who work directly  
27 with clients shall be provided with training on safety and violence  
28 prevention topics described in RCW 49.19.030. The curriculum for the  
29 training shall be developed collaboratively among the authority, the  
30 department, contracted ~~((mental))~~ behavioral health service  
31 providers, and employee organizations that represent community mental  
32 health workers.

33 **Sec. 58.** RCW 71.05.740 and 2018 c 201 s 3031 are each amended to  
34 read as follows:

35 All behavioral health organizations in the state of Washington  
36 must forward historical ~~((mental))~~ behavioral health involuntary  
37 commitment information retained by the organization including  
38 identifying information and dates of commitment to the authority. As

1 soon as feasible, the behavioral health organizations must arrange to  
2 report new commitment data to the authority within twenty-four hours.  
3 Commitment information under this section does not need to be resent  
4 if it is already in the possession of the authority. Behavioral  
5 health organizations and the authority shall be immune from liability  
6 related to the sharing of commitment information under this section.

7 **Sec. 59.** RCW 71.05.745 and 2018 c 201 s 3032 are each amended to  
8 read as follows:

9 (1) The authority may use a single bed certification process as  
10 outlined in rule to provide additional treatment capacity for a  
11 person suffering from a (~~mental~~) behavioral health disorder for  
12 whom an evaluation and treatment facility, secure detoxification  
13 facility, or approved substance use disorder treatment program bed is  
14 not available. The facility that is the proposed site of the single  
15 bed certification must be a facility that is willing and able to  
16 provide the person with timely and appropriate treatment either  
17 directly or by arrangement with other public or private agencies.

18 (2) A single bed certification must be specific to the patient  
19 receiving treatment.

20 (3) A designated crisis responder who submits an application for  
21 a single bed certification for treatment at a facility that is  
22 willing and able to provide timely and appropriate (~~mental~~)  
23 behavioral health treatment in good faith belief that the single bed  
24 certification is appropriate may presume that the single bed  
25 certification will be approved for the purpose of completing the  
26 detention process and responding to other emergency calls.

27 (4) The authority may adopt rules implementing this section and  
28 continue to enforce rules it has already adopted except where  
29 inconsistent with this section.

30 **Sec. 60.** RCW 71.05.750 and 2018 c 201 s 3033 are each amended to  
31 read as follows:

32 (1) A designated crisis responder shall make a report to the  
33 authority when he or she determines a person meets detention criteria  
34 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are  
35 not any beds available at an evaluation and treatment facility, the  
36 person has not been provisionally accepted for admission by a  
37 facility, and the person cannot be served on a single bed  
38 certification or less restrictive alternative. Starting at the time

1 when the designated crisis responder determines a person meets  
2 detention criteria and the investigation has been completed, the  
3 designated crisis responder has twenty-four hours to submit a  
4 completed report to the authority.

5 (2) The report required under subsection (1) of this section must  
6 contain at a minimum:

7 (a) The date and time that the investigation was completed;

8 (b) The identity of the responsible behavioral health  
9 organization;

10 (c) The county in which the person met detention criteria;

11 (d) A list of facilities which refused to admit the person; and

12 (e) Identifying information for the person, including age or date  
13 of birth.

14 (3) The authority shall develop a standardized reporting form or  
15 modify the current form used for single bed certifications for the  
16 report required under subsection (2) of this section and may require  
17 additional reporting elements as it determines are necessary or  
18 supportive. The authority shall also determine the method for the  
19 transmission of the completed report from the designated crisis  
20 responder to the authority.

21 (4) The authority shall create quarterly reports displayed on its  
22 web site that summarize the information reported under subsection (2)  
23 of this section. At a minimum, the reports must display data by  
24 county and by month. The reports must also include the number of  
25 single bed certifications granted by category. The categories must  
26 include all of the reasons that the authority recognizes for issuing  
27 a single bed certification, as identified in rule.

28 (5) The reports provided according to this section may not  
29 display "protected health information" as that term is used in the  
30 federal health insurance portability and accountability act of 1996,  
31 nor information contained in "mental health treatment records" or  
32 "behavioral health treatment records" as (~~that term is~~) these terms  
33 are used in chapter 70.02 RCW or elsewhere in state law, and must  
34 otherwise be compliant with state and federal privacy laws.

35 (6) For purposes of this section, the term "single bed  
36 certification" means a situation in which an adult on a (~~seventy-two~~  
37 ~~hour~~) five-day detention, fourteen-day commitment, ninety-day  
38 commitment, or one hundred eighty-day commitment is detained to a  
39 facility that is:

1 (a) Not licensed or certified as an inpatient evaluation and  
2 treatment facility; or

3 (b) A licensed or certified inpatient evaluation and treatment  
4 facility that is already at capacity.

5 **Sec. 61.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to  
6 read as follows:

7 (1)(a) By April 1, 2018, the authority, by rule, must combine the  
8 functions of a designated mental health professional and designated  
9 chemical dependency specialist by establishing a designated crisis  
10 responder who is authorized to conduct investigations, detain persons  
11 up to (~~seventy-two hours~~) five days to the proper facility, and  
12 carry out the other functions identified in this chapter and chapter  
13 71.34 RCW. The behavioral health organizations shall provide training  
14 to the designated crisis responders as required by the authority.

15 (b)(i) To qualify as a designated crisis responder, a person must  
16 have received chemical dependency training as determined by the  
17 department and be a:

18 (A) Psychiatrist, psychologist, physician assistant working with  
19 a supervising psychiatrist, psychiatric advanced registered nurse  
20 practitioner, or social worker;

21 (B) Person who is licensed by the department as a mental health  
22 counselor or mental health counselor associate, or marriage and  
23 family therapist or marriage and family therapist associate;

24 (C) Person with a master's degree or further advanced degree in  
25 counseling or one of the social sciences from an accredited college  
26 or university and who have, in addition, at least two years of  
27 experience in direct treatment of persons with mental illness or  
28 emotional disturbance, such experience gained under the direction of  
29 a mental health professional;

30 (D) Person who meets the waiver criteria of RCW 71.24.260, which  
31 waiver was granted before 1986;

32 (E) Person who had an approved waiver to perform the duties of a  
33 mental health professional that was requested by the regional support  
34 network and granted by the department of social and health services  
35 before July 1, 2001; or

36 (F) Person who has been granted an exception of the minimum  
37 requirements of a mental health professional by the department  
38 consistent with rules adopted by the secretary.

1 (ii) Training must include chemical dependency training specific  
2 to the duties of a designated crisis responder, including diagnosis  
3 of substance abuse and dependence and assessment of risk associated  
4 with substance use.

5 (c) The authority must develop a transition process for any  
6 person who has been designated as a designated mental health  
7 professional or a designated chemical dependency specialist before  
8 April 1, 2018, to be converted to a designated crisis responder. The  
9 behavioral health organizations shall provide training, as required  
10 by the authority, to persons converting to designated crisis  
11 responders, which must include both mental health and chemical  
12 dependency training applicable to the designated crisis responder  
13 role.

14 (2)(a) The authority must ensure that at least one sixteen-bed  
15 secure detoxification facility is operational by April 1, 2018, and  
16 that at least two sixteen-bed secure detoxification facilities are  
17 operational by April 1, 2019.

18 (b) If, at any time during the implementation of secure  
19 detoxification facility capacity, federal funding becomes unavailable  
20 for federal match for services provided in secure detoxification  
21 facilities, then the authority must cease any expansion of secure  
22 detoxification facilities until further direction is provided by the  
23 legislature.

24 **Sec. 62.** RCW 71.34.010 and 2018 c 201 s 5001 are each amended to  
25 read as follows:

26 (1) It is the purpose of this chapter to assure that minors in  
27 need of (~~mental~~) behavioral health care and treatment receive an  
28 appropriate continuum of culturally relevant care and treatment,  
29 including prevention and early intervention, self-directed care,  
30 parent-directed care, and involuntary treatment. To facilitate the  
31 continuum of care and treatment to minors in out-of-home placements,  
32 all divisions of the authority and the department that provide  
33 (~~mental~~) behavioral health services to minors shall jointly plan  
34 and deliver those services.

35 (2) It is also the purpose of this chapter to protect the rights  
36 of minors against needless hospitalization and deprivations of  
37 liberty and to enable treatment decisions to be made in response to  
38 clinical needs in accordance with sound professional judgment. The  
39 (~~mental~~) behavioral health care and treatment providers shall

1 encourage the use of voluntary services and, whenever clinically  
2 appropriate, the providers shall offer less restrictive alternatives  
3 to inpatient treatment. Additionally, all (~~mental~~) behavioral  
4 health care and treatment providers shall assure that minors' parents  
5 are given an opportunity to participate in the treatment decisions  
6 for their minor children. The (~~mental~~) behavioral health care and  
7 treatment providers shall, to the extent possible, offer services  
8 that involve minors' parents or family.

9 (3) (a) It is the intent of the legislature to enhance continuity  
10 of care for minors with serious behavioral health disorders that can  
11 be controlled or stabilized in a less restrictive alternative  
12 commitment. Within the guidelines stated in *In re LaBelle*, 107 Wn.2d  
13 196 (1986), the legislature intends to encourage appropriate  
14 interventions at a point when there is the best opportunity to  
15 restore the minor to or maintain satisfactory functioning.

16 (b) For minors with a prior history or pattern of repeated  
17 hospitalizations or law enforcement interventions due to  
18 decompensation, the consideration of prior behavioral health history  
19 is particularly relevant in determining whether the minor would  
20 receive, if released, such care as is essential for his or her health  
21 or safety.

22 (c) Therefore, the legislature finds that for minors who are  
23 currently under a commitment order, a prior history of decompensation  
24 leading to repeated hospitalizations or law enforcement interventions  
25 should be given great weight in determining whether a new less  
26 restrictive alternative commitment should be ordered.

27 (4) It is also the purpose of this chapter to protect the health  
28 and safety of minors suffering from behavioral health disorders and  
29 to protect public safety through use of the *parens patriae* and police  
30 powers of the state. Accordingly, when construing the requirements of  
31 this chapter the court must focus on the merits of the petition,  
32 except where requirements have been totally disregarded, as provided  
33 in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of  
34 deciding petitions on their merits furthers both public and private  
35 interests because the mental and physical well-being of minors as  
36 well as public safety may be implicated by the decision to release a  
37 minor and discontinue his or her treatment.

38 (5) It is also the purpose of this chapter to assure the ability  
39 of parents to exercise reasonable, compassionate care and control of

1 their minor children when there is a medical necessity for treatment  
2 and without the requirement of filing a petition under this chapter.

3 **Sec. 63.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to  
4 read as follows:

5 Unless the context clearly requires otherwise, the definitions in  
6 this section apply throughout this chapter.

7 (1) "Alcoholism" means a disease, characterized by a dependency  
8 on alcoholic beverages, loss of control over the amount and  
9 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 (2) "Approved substance use disorder treatment program" means a  
14 program for minors with substance use disorders provided by a  
15 treatment program licensed or certified by the department of health  
16 as meeting standards adopted under chapter 71.24 RCW.

17 (3) "Authority" means the Washington state health care authority.

18 (4) "~~(Chemical dependency)~~ Substance use disorder" means:

19 (a) Alcoholism;

20 (b) Drug addiction; or

21 (c) Dependence on alcohol and one or more other psychoactive  
22 chemicals, as the context requires.

23 (5) "Chemical dependency professional" means a person certified  
24 as a chemical dependency professional by the department of health  
25 under chapter 18.205 RCW.

26 (6) "Child psychiatrist" means a person having a license as a  
27 physician and surgeon in this state, who has had graduate training in  
28 child psychiatry in a program approved by the American Medical  
29 Association or the American Osteopathic Association, and who is board  
30 eligible or board certified in child psychiatry.

31 (7) "Children's mental health specialist" means:

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

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



1 (8) "Commitment" means a determination by a judge or court  
2 commissioner, made after a commitment hearing, that the minor is in  
3 need of inpatient diagnosis, evaluation, or treatment or that the  
4 minor is in need of less restrictive alternative treatment.

5 (9) "Department" means the department of social and health  
6 services.

7 (10) "Designated crisis responder" means a person designated by a  
8 behavioral health organization to perform the duties specified in  
9 this chapter.

10 (11) "Director" means the director of the authority.

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

17 (13) "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 (14) "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 (15) "Gravely disabled minor" means a minor who, as a result of a  
33 (~~mental~~) behavioral health disorder (~~(, or as a result of the use of~~  
34 ~~alcohol or other psychoactive chemicals)~~), (a) is in danger of  
35 serious physical harm resulting from a failure to provide for his or  
36 her essential human needs of health or safety, or (b) manifests  
37 severe deterioration (~~(in routine functioning)~~) from safe behavior  
38 evidenced by repeated and escalating loss of cognitive or volitional  
39 control over his or her actions and is not receiving such care as is  
40 essential for his or her health or safety.

1 (16) "Inpatient treatment" means twenty-four-hour-per-day mental  
2 health care provided within a general hospital, psychiatric hospital,  
3 residential treatment facility licensed or certified by the  
4 department of health as an evaluation and treatment facility for  
5 minors, secure detoxification facility for minors, or approved  
6 substance use disorder treatment program for minors.

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

10 (18) "Less restrictive alternative" or "less restrictive setting"  
11 means outpatient treatment provided to a minor who is not residing in  
12 a facility providing inpatient treatment as defined in this chapter.

13 (19) "Likelihood of serious harm" means (~~either~~):

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

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

28 (20) "Medical necessity" for inpatient care means a requested  
29 service which is reasonably calculated to: (a) Diagnose, correct,  
30 cure, or alleviate a mental disorder or substance use disorder; or  
31 (b) prevent the progression of a substance use disorder that  
32 endangers life or causes suffering and pain, or results in illness or  
33 infirmity or threatens to cause or aggravate a handicap, or causes  
34 physical deformity or malfunction, and there is no adequate less  
35 restrictive alternative available.

36 (21) "Mental disorder" means any organic, mental, or emotional  
37 impairment that has substantial adverse effects on an individual's  
38 cognitive or volitional functions. The presence of alcohol abuse,  
39 drug abuse, juvenile criminal history, antisocial behavior, or

1 intellectual disabilities alone is insufficient to justify a finding  
2 of "mental disorder" within the meaning of this section.

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

9 (23) "Minor" means any person under the age of eighteen years.

10 (24) "Outpatient treatment" means any of the nonresidential  
11 services mandated under chapter 71.24 RCW and provided by licensed or  
12 certified service providers as identified by RCW 71.24.025.

13 (25) "Parent" means:

14 (a) A biological or adoptive parent who has legal custody of the  
15 child, including either parent if custody is shared under a joint  
16 custody agreement; or

17 (b) A person or agency judicially appointed as legal guardian or  
18 custodian of the child.

19 (26) "Private agency" means any person, partnership, corporation,  
20 or association that is not a public agency, whether or not financed  
21 in whole or in part by public funds, that constitutes an evaluation  
22 and treatment facility or private institution, or hospital, or  
23 approved substance use disorder treatment program, that is conducted  
24 for, or includes a distinct unit, floor, or ward conducted for, the  
25 care and treatment of persons with mental illness, substance use  
26 disorders, or both mental illness and substance use disorders.

27 (27) "Physician assistant" means a person licensed as a physician  
28 assistant under chapter 18.57A or 18.71A RCW.

29 (28) "Professional person in charge" or "professional person"  
30 means a physician, other mental health professional, or other person  
31 empowered by an evaluation and treatment facility, secure  
32 detoxification facility, or approved substance use disorder treatment  
33 program with authority to make admission and discharge decisions on  
34 behalf of that facility.

35 (29) "Psychiatric nurse" means a registered nurse who has  
36 experience in the direct treatment of persons who have a mental  
37 illness or who are emotionally disturbed, such experience gained  
38 under the supervision of a mental health professional.

39 (30) "Psychiatrist" means a person having a license as a  
40 physician in this state who has completed residency training in

1 psychiatry in a program approved by the American Medical Association  
2 or the American Osteopathic Association, and is board eligible or  
3 board certified in psychiatry.

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

6 (32) "Public agency" means any evaluation and treatment facility  
7 or institution, or hospital, or approved substance use disorder  
8 treatment program that is conducted for, or includes a distinct unit,  
9 floor, or ward conducted for, the care and treatment of persons with  
10 mental illness, substance use disorders, or both mental illness and  
11 substance use disorders if the agency is operated directly by  
12 federal, state, county, or municipal government, or a combination of  
13 such governments.

14 (33) "Responsible other" means the minor, the minor's parent or  
15 estate, or any other person legally responsible for support of the  
16 minor.

17 (34) "Secretary" means the secretary of the department or  
18 secretary's designee.

19 (35) "Secure detoxification facility" means a facility operated  
20 by either a public or private agency or by the program of an agency  
21 that:

22 (a) Provides for intoxicated minors:

23 (i) Evaluation and assessment, provided by certified chemical  
24 dependency professionals;

25 (ii) Acute or subacute detoxification services; and

26 (iii) Discharge assistance provided by certified chemical  
27 dependency professionals, including facilitating transitions to  
28 appropriate voluntary or involuntary inpatient services or to less  
29 restrictive alternatives as appropriate for the minor;

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

32 (c) Is licensed or certified as such by the department of health.

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

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

1 patients, "start of initial detention" means the time at which the  
2 minor gives notice of intent to leave under the provisions of this  
3 chapter.

4 (38) "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 (39) "Admission" or "admit" means a decision by a physician,  
11 physician assistant, or psychiatric advanced registered nurse  
12 practitioner that a minor should be examined or treated as a patient  
13 in a hospital.

14 (40) "Antipsychotic medications" means that class of drugs  
15 primarily used to treat serious manifestations of mental illness  
16 associated with thought disorders, which includes, but is not limited  
17 to, atypical antipsychotic medications.

18 (41) "Attending staff" means any person on the staff of a public  
19 or private agency having responsibility for the care and treatment of  
20 a minor patient.

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

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

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

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

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

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

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

7 (48) "Developmental disability" has the same meaning as defined  
8 in RCW 71A.10.020.

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

12 (50) "Habilitative services" means those services provided by  
13 program personnel to assist minors in acquiring and maintaining life  
14 skills and in raising their levels of physical, behavioral, social,  
15 and vocational functioning. Habilitative services include education,  
16 training for employment, and therapy.

17 (51) "Hearing" means any proceeding conducted in open court that  
18 conforms to the requirements of section 98 of this act.

19 (52) "History of one or more violent acts" refers to the period  
20 of time five years prior to the filing of a petition under this  
21 chapter, excluding any time spent, but not any violent acts  
22 committed, in a mental health facility, a long-term alcoholism or  
23 drug treatment facility, or in confinement as a result of a criminal  
24 conviction.

25 (53) "Individualized service plan" means a plan prepared by a  
26 developmental disabilities professional with other professionals as a  
27 team, for a person with developmental disabilities, which states:

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

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

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

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

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

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

1 discharge or release, and a projected possible date for discharge or  
2 release; and

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

5 (54) "Information related to behavioral health" means all  
6 information and records compiled, obtained, or maintained in the  
7 course of providing services to either voluntary or involuntary  
8 recipients of services by a behavioral health service provider. This  
9 may include documents of legal proceedings under this chapter or  
10 chapter 71.05 or 10.77 RCW, or somatic health care information.

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

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

17 (57) "Licensed physician" means a person licensed to practice  
18 medicine or osteopathic medicine and surgery in the state of  
19 Washington.

20 (58) "Medical clearance" means a physician or other health care  
21 provider has determined that a person is medically stable and ready  
22 for referral to the designated crisis responder.

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

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

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

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

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

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

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

16 (65) "Triage facility" means a short-term facility or a portion  
17 of a facility licensed or certified by the department of health under  
18 RCW 71.24.035, which is designed as a facility to assess and  
19 stabilize an individual or determine the need for involuntary  
20 commitment of an individual, and must meet department of health  
21 residential treatment facility standards. A triage facility may be  
22 structured as a voluntary or involuntary placement facility.

23 (66) "Violent act" means behavior that resulted in homicide,  
24 attempted suicide, injury, or substantial loss or damage to property.

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

30 **Sec. 64.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each  
31 amended to read as follows:

32 School district personnel who contact a (~~mental health or~~  
33 ~~substance use~~) behavioral health disorder inpatient treatment  
34 program or provider for the purpose of referring a student to  
35 inpatient treatment shall provide the parents with notice of the  
36 contact within forty-eight hours.

37 **Sec. 65.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to  
38 read as follows:



1 (1) The superior court has jurisdiction over proceedings under  
2 this chapter.

3 (2) A record of all petitions and proceedings under this chapter  
4 shall be maintained by the clerk of the superior court in the county  
5 in which the petition or proceedings was initiated.

6 (3) Petitions for commitment shall be filed and venue for  
7 hearings under this chapter shall be in the county in which the minor  
8 is being detained. ~~((The court may, for good cause, transfer the  
9 proceeding to the county of the minor's residence, or to the county  
10 in which the alleged conduct evidencing need for commitment occurred.  
11 If the county of detention is changed, subsequent petitions may be  
12 filed in the county in which the minor is detained without the  
13 necessity of a change of venue.))~~

14 NEW SECTION. **Sec. 66.** A new section is added to chapter 71.34  
15 RCW to read as follows:

16 A peace officer may take or authorize a minor to be taken into  
17 custody and immediately delivered to an appropriate triage facility,  
18 crisis stabilization unit, evaluation and treatment facility, secure  
19 detoxification facility, approved substance use disorder treatment  
20 program, or the emergency department of a local hospital when he or  
21 she has reasonable cause to believe that such minor is suffering from  
22 a behavioral health disorder and presents an imminent likelihood of  
23 serious harm or is gravely disabled. Until July 1, 2026, a peace  
24 officer's delivery of a minor to a secure detoxification facility or  
25 approved substance use disorder treatment program is subject to the  
26 availability of a secure detoxification facility or approved  
27 substance use disorder treatment program with adequate space for the  
28 minor.

29 **Sec. 67.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to  
30 read as follows:

31 (1) Absent a risk to self or others, minors treated under this  
32 chapter have the following rights, which shall be prominently posted  
33 in the evaluation and treatment facility:

34 ~~((1))~~ (a) To wear their own clothes and to keep and use  
35 personal possessions;

36 ~~((2))~~ (b) To keep and be allowed to spend a reasonable sum of  
37 their own money for canteen expenses and small purchases;

38 ~~((3))~~ (c) To have individual storage space for private use;

- 1        ~~((4))~~ (d) To have visitors at reasonable times;
- 2        ~~((5))~~ (e) To have reasonable access to a telephone, both to  
3 make and receive confidential calls;
- 4        ~~((6))~~ (f) To have ready access to letter-writing materials,  
5 including stamps, and to send and receive uncensored correspondence  
6 through the mails;
- 7        ~~((7))~~ (g) To discuss treatment plans and decisions with mental  
8 health professionals;
- 9        ~~((8))~~ (h) To have the right to adequate care and individualized  
10 treatment;
- 11       ~~((9))~~ (i) To not be denied access to treatment by spiritual  
12 means through prayer in accordance with the tenets and practices of a  
13 church or religious denomination in addition to the treatment  
14 otherwise proposed;
- 15       (j) Not to consent to the administration of antipsychotic  
16 medications beyond the hearing conducted pursuant to RCW 71.34.750 or  
17 the performance of electroconvulsive treatment or surgery, except  
18 emergency lifesaving surgery, upon him or her, ~~((and not to have~~  
19 ~~electro-convulsive treatment or nonemergency surgery in such~~  
20 ~~circumstance)) unless ordered by a court ~~((pursuant to a judicial~~~~  
21 ~~hearing in which the minor is present and represented by counsel, and~~  
22 ~~the court shall appoint a psychiatrist, physician assistant,~~  
23 ~~psychologist, psychiatric advanced registered nurse practitioner, or~~  
24 ~~physician designated by the minor or the minor's counsel to testify~~  
25 ~~on behalf of the minor)) under procedures described in section 32 of~~  
26 this act. The minor's parent may exercise this right on the minor's  
27 behalf, and must be informed of any impending treatment;
- 28       ~~((10))~~ (k) Not to have psychosurgery performed on him or her  
29 under any circumstances.
- 30       (2)(a) Privileges between minors and physicians, physician  
31 assistants, psychologists, or psychiatric advanced registered nurse  
32 practitioners are deemed waived in proceedings under this chapter  
33 relating to the administration of antipsychotic medications. As to  
34 other proceedings under this chapter, the privileges are waived when  
35 a court of competent jurisdiction in its discretion determines that  
36 such waiver is necessary to protect either the detained minor or the  
37 public.
- 38       (b) The waiver of a privilege under this section is limited to  
39 records or testimony relevant to evaluation of the detained minor for  
40 purposes of a proceeding under this chapter. Upon motion by the

1 detained minor or on its own motion, the court shall examine a record  
2 or testimony sought by a petitioner to determine whether it is within  
3 the scope of the waiver.

4 (c) The record maker may not be required to testify in order to  
5 introduce medical or psychological records of the detained minor so  
6 long as the requirements of RCW 5.45.020 are met except that portions  
7 of the record which contain opinions as to the detained minor's  
8 mental state must be deleted from such records unless the person  
9 making such conclusions is available for cross-examination.

10 (3) No minor may be presumed incompetent as a consequence of  
11 receiving an evaluation or voluntary or involuntary treatment for a  
12 mental disorder or substance use disorder, under this chapter or any  
13 prior laws of this state dealing with mental illness or substance use  
14 disorders.

15 NEW SECTION. Sec. 68. A new section is added to chapter 71.34  
16 RCW to read as follows:

17 At the time a minor is involuntarily admitted to an evaluation  
18 and treatment facility, secure detoxification facility, or approved  
19 substance use disorder treatment program, the professional person in  
20 charge or his or her designee shall take reasonable precautions to  
21 inventory and safeguard the personal property of the detained minor.  
22 A copy of the inventory, signed by the staff member making it, must  
23 be given to the detained minor and must, in addition, be open to  
24 inspection to any responsible relative, subject to limitations, if  
25 any, specifically imposed by the detained minor. For purposes of this  
26 section, "responsible relative" includes the guardian, conservator,  
27 attorney, parent, or adult brother or sister of the minor. The  
28 facility shall not disclose the contents of the inventory to any  
29 other person without the consent of the minor or order of the court.

30 **Sec. 69.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to  
31 read as follows:

32 (1) If a minor is not accepted for admission or is released by an  
33 inpatient evaluation and treatment facility, the facility shall  
34 release the minor to the custody of the minor's parent or other  
35 responsible person. If not otherwise available, the facility shall  
36 furnish transportation for the minor to the minor's residence or  
37 other appropriate place. If the minor has been arrested, the  
38 evaluation and treatment facility, secure detoxification facility, or

1 approved substance use disorder treatment program shall detain the  
2 minor for not more than eight hours at the request of the peace  
3 officer. The facility shall make reasonable attempts to contact the  
4 requesting peace officer during this time to inform the peace officer  
5 that the minor is not approved for admission or is being released in  
6 order to enable a peace officer to return to the facility and take  
7 the minor back into custody.

8 (2) If the minor is released to someone other than the minor's  
9 parent, the facility shall make every effort to notify the minor's  
10 parent of the release as soon as possible.

11 (3) No indigent minor may be released to less restrictive  
12 alternative treatment or setting or discharged from inpatient  
13 treatment without suitable clothing, and the authority shall furnish  
14 this clothing. As funds are available, the director may provide  
15 necessary funds for the immediate welfare of indigent minors upon  
16 discharge or release to less restrictive alternative treatment.

17 **Sec. 70.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each  
18 amended to read as follows:

19 (1) No public or private agency or governmental entity, nor  
20 officer of a public or private agency, nor the superintendent, or  
21 professional person in charge, his or her professional designee or  
22 attending staff of any such agency, nor any public official  
23 performing functions necessary to the administration of this chapter,  
24 nor peace officer responsible for detaining a ((person)) minor under  
25 this chapter, nor any designated crisis responder, nor professional  
26 person, nor evaluation and treatment facility, nor secure  
27 detoxification facility, nor approved substance use disorder  
28 treatment program shall be civilly or criminally liable for  
29 performing actions authorized in this chapter with regard to the  
30 decision of whether to admit, release, administer antipsychotic  
31 medications, or detain a ((person)) minor for evaluation and  
32 treatment: PROVIDED, That such duties were performed in good faith  
33 and without gross negligence.

34 (2) This section does not relieve a person from giving the  
35 required duty to warn or to take reasonable precautions to provide  
36 protection from violent behavior where the minor has communicated an  
37 actual threat of physical violence against a reasonably identifiable  
38 victim or victims. The duty to warn or to take reasonable precautions  
39 to provide protection from violent behavior is discharged if

1 reasonable efforts are made to communicate the threat to the victim  
2 or victims and to law enforcement personnel.

3 **Sec. 71.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to  
4 read as follows:

5 (1) The authority may use a single bed certification process as  
6 outlined in rule to provide additional treatment capacity for a minor  
7 suffering from a (~~mental~~) behavioral health disorder for whom an  
8 evaluation and treatment facility, secure detoxification facility, or  
9 approved substance use disorder treatment program bed is not  
10 available. The facility that is the proposed site of the single bed  
11 certification must be a facility that is willing and able to provide  
12 the person with timely and appropriate treatment either directly or  
13 by arrangement with other public or private agencies.

14 (2) A single bed certification must be specific to the minor  
15 receiving treatment.

16 (3) A designated crisis responder who submits an application for  
17 a single bed certification for treatment at a facility that is  
18 willing and able to provide timely and appropriate (~~mental~~)  
19 behavioral health treatment in good faith belief that the single bed  
20 certification is appropriate may presume that the single bed  
21 certification will be approved for the purpose of completing the  
22 detention process and responding to other emergency calls.

23 (4) The authority may adopt rules implementing this section and  
24 continue to enforce rules it has already adopted except where  
25 inconsistent with this section.

26 NEW SECTION. **Sec. 72.** A new section is added to chapter 71.34  
27 RCW to read as follows:

28 Nothing in this chapter shall prohibit the professional person in  
29 charge of a treatment facility, or his or her professional designee,  
30 from permitting a minor detained for intensive treatment to leave the  
31 facility for prescribed periods during the term of the minor's  
32 detention, under such conditions as may be appropriate.

33 **Sec. 73.** RCW 71.34.500 and 2016 sp.s. c 29 s 261 are each  
34 amended to read as follows:

35 (1) A minor thirteen years or older may admit himself or herself  
36 to an evaluation and treatment facility for inpatient mental health  
37 treatment or an approved substance use disorder treatment program for

1 inpatient substance use disorder treatment without parental consent.  
2 The admission shall occur only if the professional person in charge  
3 of the facility concurs with the need for inpatient treatment.  
4 Parental authorization, or authorization from a person who may  
5 consent on behalf of the minor pursuant to RCW 7.70.065, is required  
6 for inpatient treatment of a minor under the age of thirteen.

7 (2) When, in the judgment of the professional person in charge of  
8 an evaluation and treatment facility or approved substance use  
9 disorder treatment program, there is reason to believe that a minor  
10 is in need of inpatient treatment because of a (~~mental disorder or~~  
11 ~~substance use~~) behavioral health disorder, and the facility provides  
12 the type of evaluation and treatment needed by the minor, and it is  
13 not feasible to treat the minor in any less restrictive setting or  
14 the minor's home, the minor may be admitted to the facility.

15 (3) Written renewal of voluntary consent must be obtained from  
16 the applicant no less than once every twelve months. The minor's need  
17 for continued inpatient treatments shall be reviewed and documented  
18 no less than every one hundred eighty days.

19 **Sec. 74.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to  
20 read as follows:

21 (1) A parent may bring, or authorize the bringing of, his or her  
22 minor child to:

23 (a) An evaluation and treatment facility or an inpatient facility  
24 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
25 the professional person examine the minor to determine whether the  
26 minor has a mental disorder and is in need of inpatient treatment; or

27 (b) A secure detoxification facility or approved substance use  
28 disorder treatment program and request that a substance use disorder  
29 assessment be conducted by a professional person to determine whether  
30 the minor has a substance use disorder and is in need of inpatient  
31 treatment.

32 (2) The consent of the minor is not required for admission,  
33 evaluation, and treatment (~~(if)~~) of the minor at the direction of the  
34 parent (~~(brings the minor to the facility)~~).

35 (3) An appropriately trained professional person may evaluate  
36 whether the minor has a (~~mental disorder or has a substance use~~)  
37 behavioral health disorder. The evaluation shall be completed within  
38 twenty-four hours of the time the minor was brought to the facility,  
39 unless the professional person determines that the condition of the

1 minor necessitates additional time for evaluation. In no event shall  
2 a minor be held longer than seventy-two hours for evaluation. If, in  
3 the judgment of the professional person, it is determined it is a  
4 medical necessity for the minor to receive inpatient treatment, the  
5 minor may be held for treatment. The facility shall limit treatment  
6 to that which the professional person determines is medically  
7 necessary to stabilize the minor's condition until the evaluation has  
8 been completed. Within twenty-four hours of completion of the  
9 evaluation, the professional person shall notify the authority if the  
10 child is held for treatment and of the date of admission.

11 (4) No provider is obligated to provide treatment to a minor  
12 under the provisions of this section except that no provider may  
13 refuse to treat a minor under the provisions of this section solely  
14 on the basis that the minor has not consented to the treatment. No  
15 provider may admit a minor to treatment under this section unless it  
16 is medically necessary.

17 (5) No minor receiving inpatient treatment under this section may  
18 be discharged from the facility based solely on his or her request.

19 (6) Prior to the review conducted under RCW 71.34.610, the  
20 professional person shall notify the minor of his or her right to  
21 petition superior court for release from the facility.

22 ~~((7) For the purposes of this section "professional person"~~  
23 ~~means "professional person" as defined in RCW 71.05.020.))~~

24 **Sec. 75.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to  
25 read as follows:

26 (1) A parent may bring, or authorize the bringing of, his or her  
27 minor child to:

28 (a) An evaluation and treatment facility or an inpatient facility  
29 licensed under chapter 70.41, 71.12, or 72.23 RCW and request that  
30 the professional person examine the minor to determine whether the  
31 minor has a mental disorder and is in need of inpatient treatment; or

32 (b) A secure detoxification facility or approved substance use  
33 disorder treatment program and request that a substance use disorder  
34 assessment be conducted by a professional person to determine whether  
35 the minor has a substance use disorder and is in need of inpatient  
36 treatment.

37 (2) The consent of the minor is not required for admission,  
38 evaluation, and treatment ((if)) of the minor at the direction of the  
39 parent ((brings the minor to the facility)).

1 (3) An appropriately trained professional person may evaluate  
2 whether the minor has a (~~(mental disorder or has a substance use)~~)  
3 behavioral health disorder. The evaluation shall be completed within  
4 twenty-four hours of the time the minor was brought to the facility,  
5 unless the professional person determines that the condition of the  
6 minor necessitates additional time for evaluation. In no event shall  
7 a minor be held longer than (~~(seventy-two hours)~~) five days for  
8 evaluation. If, in the judgment of the professional person, it is  
9 determined it is a medical necessity for the minor to receive  
10 inpatient treatment, the minor may be held for treatment. The  
11 facility shall limit treatment to that which the professional person  
12 determines is medically necessary to stabilize the minor's condition  
13 until the evaluation has been completed. Within twenty-four hours of  
14 completion of the evaluation, the professional person shall notify  
15 the authority if the child is held for treatment and of the date of  
16 admission.

17 (4) No provider is obligated to provide treatment to a minor  
18 under the provisions of this section except that no provider may  
19 refuse to treat a minor under the provisions of this section solely  
20 on the basis that the minor has not consented to the treatment. No  
21 provider may admit a minor to treatment under this section unless it  
22 is medically necessary.

23 (5) No minor receiving inpatient treatment under this section may  
24 be discharged from the facility based solely on his or her request.

25 (6) Prior to the review conducted under RCW 71.34.610, the  
26 professional person shall notify the minor of his or her right to  
27 petition superior court for release from the facility.

28 (~~((7) For the purposes of this section "professional person"~~  
29 ~~means "professional person" as defined in RCW 71.05.020.))~~)

30 **Sec. 76.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each  
31 amended to read as follows:

32 (1) A parent may bring, or authorize the bringing of, his or her  
33 minor child to(~~(÷~~

34 ~~(a)~~) a provider of outpatient (~~(mental)~~) behavioral health  
35 treatment and request that an appropriately trained professional  
36 person examine the minor to determine whether the minor has a  
37 (~~(mental)~~) behavioral health disorder and is in need of outpatient  
38 treatment(~~(÷ or~~



1 ~~(b) A provider of outpatient substance use disorder treatment and~~  
2 ~~request that an appropriately trained professional person examine the~~  
3 ~~minor to determine whether the minor has a substance use disorder and~~  
4 ~~is in need of outpatient treatment)).~~

5 (2) The consent of the minor is not required for evaluation  
6 ~~((if))~~ of the minor at the direction of the parent ~~((brings the minor~~  
7 ~~to the provider)).~~

8 (3) The professional person may evaluate whether the minor has a  
9 ~~((mental disorder or substance use))~~ behavioral health disorder and  
10 is in need of outpatient treatment.

11 (4) Any minor admitted to inpatient treatment under RCW 71.34.500  
12 or 71.34.600 shall be discharged immediately from inpatient treatment  
13 upon written request of the parent.

14 **Sec. 77.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each  
15 amended to read as follows:

16 (1) If a minor, thirteen years or older, is brought to an  
17 evaluation and treatment facility, secure detoxification facility  
18 with available space, approved substance use disorder treatment  
19 program with available space, or hospital emergency room for  
20 immediate ~~((mental))~~ behavioral health services, the professional  
21 person in charge of the facility shall evaluate the minor's  
22 ~~((mental))~~ condition, determine whether the minor suffers from a  
23 ~~((mental))~~ behavioral health disorder, and whether the minor is in  
24 need of immediate inpatient treatment.

25 ~~(2) ((If a minor, thirteen years or older, is brought to a secure~~  
26 ~~detoxification facility with available space, or a hospital emergency~~  
27 ~~room for immediate substance use disorder treatment, the professional~~  
28 ~~person in charge of the facility shall evaluate the minor's~~  
29 ~~condition, determine whether the minor suffers from substance use~~  
30 ~~disorder, and whether the minor is in need of immediate inpatient~~  
31 ~~treatment.~~

32 ~~(3))~~ If it is determined under subsection (1) ~~((or (2))~~ of this  
33 section that the minor suffers from a ~~((mental disorder or substance~~  
34 ~~use))~~ behavioral health disorder, inpatient treatment is required,  
35 the minor is unwilling to consent to voluntary admission, and the  
36 professional person believes that the minor meets the criteria for  
37 initial detention ~~((set forth herein)),~~ the facility may detain or  
38 arrange for the detention of the minor for up to twelve hours, not  
39 including time periods prior to medical clearance, in order to enable

1 a designated crisis responder to evaluate the minor and commence  
2 initial detention proceedings under the provisions of this chapter.

3 (3) Dismissal of a commitment petition is not the appropriate  
4 remedy for a violation of the timeliness requirements of this  
5 section, based on the purpose of this chapter under RCW 71.34.010,  
6 except in the few cases where the facility staff or the designated  
7 crisis responder have totally disregarded the requirements of this  
8 section.

9 **Sec. 78.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each  
10 amended to read as follows:

11 (1) If a minor, thirteen years or older, is brought to an  
12 evaluation and treatment facility, secure detoxification facility,  
13 approved substance use disorder treatment program, or hospital  
14 emergency room for immediate ~~((mental))~~ behavioral health services,  
15 the professional person in charge of the facility shall evaluate the  
16 minor's ~~((mental))~~ condition, determine whether the minor suffers  
17 from a ~~((mental))~~ behavioral health disorder, and whether the minor  
18 is in need of immediate inpatient treatment.

19 ~~((If a minor, thirteen years or older, is brought to a secure~~  
20 ~~detoxification facility or a hospital emergency room for immediate~~  
21 ~~substance use disorder treatment, the professional person in charge~~  
22 ~~of the facility shall evaluate the minor's condition, determine~~  
23 ~~whether the minor suffers from substance use disorder, and whether~~  
24 ~~the minor is in need of immediate inpatient treatment.~~

25 ~~(3))~~ If it is determined under subsection (1) ~~((or (2)))~~ of this  
26 section that the minor suffers from a ~~((mental disorder or substance~~  
27 ~~use))~~ behavioral health disorder, inpatient treatment is required,  
28 the minor is unwilling to consent to voluntary admission, and the  
29 professional person believes that the minor meets the criteria for  
30 initial detention ~~((set forth herein)),~~ the facility may detain or  
31 arrange for the detention of the minor for up to twelve hours, not  
32 including time periods prior to medical clearance, in order to enable  
33 a designated crisis responder to evaluate the minor and commence  
34 initial detention proceedings under the provisions of this chapter.

35 (3) Dismissal of a commitment petition is not the appropriate  
36 remedy for a violation of the timeliness requirements of this  
37 section, based on the purpose of this chapter under RCW 71.34.010,  
38 except in the few cases where the facility staff or the designated

1 crisis responder have totally disregarded the requirements of this  
2 section.

3 NEW SECTION. **Sec. 79.** A new section is added to chapter 71.34  
4 RCW to read as follows:

5 (1) Whenever a designated crisis responder or professional person  
6 is conducting an evaluation under this chapter, the designated crisis  
7 responder or professional person must consider all reasonably  
8 available information from credible witnesses and records regarding:

9 (a) Historical behavior, including history of one or more violent  
10 acts; and

11 (b) Prior commitments under this chapter.

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

20 (3) Symptoms and behavior of the minor which standing alone would  
21 not justify civil commitment may support a finding of grave  
22 disability or likelihood of serious harm, when:

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

27 (b) These symptoms or behavior represent a marked and concerning  
28 change in the baseline behavior of the minor; and

29 (c) Without treatment, the continued deterioration of the minor  
30 is probable.

31 **Sec. 80.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each  
32 amended to read as follows:

33 (1) (a) (~~(i)~~) When a designated crisis responder receives  
34 information that a minor, thirteen years or older, as a result of a  
35 (~~mental~~) behavioral health disorder presents a likelihood of  
36 serious harm or is gravely disabled, has investigated the specific  
37 facts alleged and of the credibility of the person or persons  
38 providing the information, and has determined that voluntary

1 admission for inpatient treatment is not possible, the designated  
2 crisis responder may take the minor, or cause the minor to be taken,  
3 into custody and transported to an evaluation and treatment facility,  
4 secure detoxification facility, or approved substance use disorder  
5 treatment program providing inpatient treatment.

6 ~~((ii) When a designated crisis responder receives information~~  
7 ~~that a minor, thirteen years or older, as a result of substance use~~  
8 ~~disorder presents a likelihood of serious harm or is gravely~~  
9 ~~disabled, has investigated the specific facts alleged and of the~~  
10 ~~credibility of the person or persons providing the information, and~~  
11 ~~has determined that voluntary admission for inpatient treatment is~~  
12 ~~not possible, the designated crisis responder may take the minor, or~~  
13 ~~cause the minor to be taken, into custody and transported to a secure~~  
14 ~~detoxification facility or approved substance use disorder treatment~~  
15 ~~program, if)) A secure detoxification facility or approved substance~~  
16 ~~use disorder treatment program ((is)) must be available and ((has))~~  
17 ~~have adequate space for the minor.~~

18 (b) If ~~((the minor is not taken into custody for evaluation and~~  
19 ~~treatment, the parent who has custody of the minor may seek review of~~  
20 ~~that decision made by the designated crisis responder in court. The~~  
21 ~~parent shall file notice with the court and provide a copy of the~~  
22 ~~designated crisis responder's report or notes)) a designated crisis~~  
23 ~~responder decides not to detain a minor for evaluation and treatment~~  
24 ~~under RCW 71.34.700(2), or forty-eight hours have elapsed since a~~  
25 ~~designated crisis responder received a request for investigation and~~  
26 ~~the designated crisis responder has not taken action to have the~~  
27 ~~minor detained, an immediate family member or guardian or conservator~~  
28 ~~of the minor may petition the superior court for the minor's~~  
29 ~~detention using the procedures under RCW 71.05.201 and 71.05.203;~~  
30 ~~however, when the court enters an order of initial detention, except~~  
31 ~~as otherwise expressly stated in this chapter, all procedures must be~~  
32 ~~followed as if the order has been entered under RCW 71.34.710(1)(a).~~

33 (2)(a) Within twelve hours of the minor's arrival at the  
34 evaluation and treatment facility, secure detoxification facility, or  
35 approved substance use disorder treatment program, the designated  
36 crisis responder shall serve on the minor a copy of the petition for  
37 initial detention, notice of initial detention, and statement of  
38 rights. The designated crisis responder shall file with the court on  
39 the next judicial day following the initial detention the original  
40 petition for initial detention, notice of initial detention, and

1 statement of rights along with an affidavit of service. The  
2 designated crisis responder shall commence service of the petition  
3 for initial detention and notice of the initial detention on the  
4 minor's parent and the minor's attorney as soon as possible following  
5 the initial detention.

6 (b) If the minor is involuntarily detained at an evaluation and  
7 treatment facility, secure detoxification facility, or approved  
8 substance use disorder treatment program in a different county from  
9 where the minor was initially detained, the facility or program may  
10 serve the minor, notify the minor's parents and the minor's attorney,  
11 and file with the court on the next judicial day following the  
12 initial detention the original petition for initial detention, notice  
13 of initial detention, and statement of rights along with an affidavit  
14 of service when filing with the court at the request of the  
15 designated crisis responder.

16 (3)(a) At the time of initial detention, the designated crisis  
17 responder shall advise the minor both orally and in writing that if  
18 admitted to the evaluation and treatment facility, secure  
19 detoxification facility, or approved substance use disorder treatment  
20 program for inpatient treatment, a commitment hearing shall be held  
21 within seventy-two hours of the minor's provisional acceptance to  
22 determine whether probable cause exists to commit the minor for  
23 further treatment.

24 (b) The minor shall be advised that he or she has a right to  
25 communicate immediately with an attorney and that he or she has a  
26 right to have an attorney appointed to represent him or her before  
27 and at the hearing if the minor is indigent.

28 (4) Subject to subsection (5) of this section, whenever the  
29 designated crisis responder petitions for detention of a minor under  
30 this chapter, an evaluation and treatment facility, secure  
31 detoxification facility, or approved substance use disorder treatment  
32 program providing seventy-two hour evaluation and treatment must  
33 immediately accept on a provisional basis the petition and the  
34 person. Within twenty-four hours of the minor's arrival, the facility  
35 must evaluate the minor's condition and either admit or release the  
36 minor in accordance with this chapter.

37 (5) A designated crisis responder may not petition for detention  
38 of a minor to a secure detoxification facility or approved substance  
39 use disorder treatment program unless there is a secure

1 detoxification facility or approved substance use disorder treatment  
2 program available and that has adequate space for the minor.

3 (6) If a minor is not approved for admission by the inpatient  
4 evaluation and treatment facility, secure detoxification facility, or  
5 approved substance use disorder treatment program, the facility shall  
6 make such recommendations and referrals for further care and  
7 treatment of the minor as necessary.

8 (7) Dismissal of a commitment petition is not the appropriate  
9 remedy for a violation of the timeliness requirements of this  
10 section, based on the purpose of this chapter under RCW 71.34.010,  
11 except in the few cases where the facility staff or the designated  
12 crisis responder have totally disregarded the requirements of this  
13 section.

14 **Sec. 81.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each  
15 amended to read as follows:

16 (1) (a) ~~((i))~~ When a designated crisis responder receives  
17 information that a minor, thirteen years or older, as a result of a  
18 ~~((mental))~~ behavioral health disorder presents a likelihood of  
19 serious harm or is gravely disabled, has investigated the specific  
20 facts alleged and of the credibility of the person or persons  
21 providing the information, and has determined that voluntary  
22 admission for inpatient treatment is not possible, the designated  
23 crisis responder may take the minor, or cause the minor to be taken,  
24 into custody and transported to an evaluation and treatment facility,  
25 secure detoxification facility, or approved substance use disorder  
26 treatment program providing inpatient treatment.

27 ~~((ii) When a designated crisis responder receives information~~  
28 ~~that a minor, thirteen years or older, as a result of substance use~~  
29 ~~disorder presents a likelihood of serious harm or is gravely~~  
30 ~~disabled, has investigated the specific facts alleged and of the~~  
31 ~~credibility of the person or persons providing the information, and~~  
32 ~~has determined that voluntary admission for inpatient treatment is~~  
33 ~~not possible, the designated crisis responder may take the minor, or~~  
34 ~~cause the minor to be taken, into custody and transported to a secure~~  
35 ~~detoxification facility or approved substance use disorder treatment~~  
36 ~~program, if))~~ A secure detoxification facility or approved substance  
37 use disorder treatment program ~~((is))~~ must be available and ~~((has))~~  
38 have adequate space for the minor.

1 (b) ~~If ((the minor is not taken into custody for evaluation and~~  
2 ~~treatment, the parent who has custody of the minor may seek review of~~  
3 ~~that decision made by the designated crisis responder in court. The~~  
4 ~~parent shall file notice with the court and provide a copy of the~~  
5 ~~designated crisis responder's report or notes))~~ a designated crisis  
6 responder decides not to detain a minor for evaluation and treatment  
7 under RCW 71.34.700(2), or forty-eight hours have elapsed since a  
8 designated crisis responder received a request for investigation and  
9 the designated crisis responder has not taken action to have the  
10 minor detained, an immediate family member or guardian or conservator  
11 of the minor may petition the superior court for the minor's  
12 detention using the procedures under RCW 71.05.201 and 71.05.203;  
13 however, when the court enters an order of initial detention, except  
14 as otherwise expressly stated in this chapter, all procedures must be  
15 followed as if the order has been entered under RCW 71.34.710(1)(a).

16 (2)(a) Within twelve hours of the minor's arrival at the  
17 evaluation and treatment facility, secure detoxification facility, or  
18 approved substance use disorder treatment program, the designated  
19 crisis responder shall serve on the minor a copy of the petition for  
20 initial detention, notice of initial detention, and statement of  
21 rights. The designated crisis responder shall file with the court on  
22 the next judicial day following the initial detention the original  
23 petition for initial detention, notice of initial detention, and  
24 statement of rights along with an affidavit of service. The  
25 designated crisis responder shall commence service of the petition  
26 for initial detention and notice of the initial detention on the  
27 minor's parent and the minor's attorney as soon as possible following  
28 the initial detention.

29 (b) If the minor is involuntarily detained at an evaluation and  
30 treatment facility, secure detoxification facility, or approved  
31 substance use disorder treatment program in a different county from  
32 where the minor was initially detained, the facility or program may  
33 serve the minor, notify the minor's parents and the minor's attorney,  
34 and file with the court on the next judicial day following the  
35 initial detention the original petition for initial detention, notice  
36 of initial detention, and statement of rights along with an affidavit  
37 of service when filing with the court at the request of the  
38 designated crisis responder.

39 (3)(a) At the time of initial detention, the designated crisis  
40 responder shall advise the minor both orally and in writing that if

1 admitted to the evaluation and treatment facility, secure  
2 detoxification facility, or approved substance use disorder treatment  
3 program for inpatient treatment, a commitment hearing shall be held  
4 within (~~seventy-two hours~~) five days of the minor's provisional  
5 acceptance to determine whether probable cause exists to commit the  
6 minor for further treatment.

7 (b) The minor shall be advised that he or she has a right to  
8 communicate immediately with an attorney and that he or she has a  
9 right to have an attorney appointed to represent him or her before  
10 and at the hearing if the minor is indigent.

11 (4) Subject to subsection (5) of this section, whenever the  
12 designated crisis responder petitions for detention of a minor under  
13 this chapter, an evaluation and treatment facility, secure  
14 detoxification facility, or approved substance use disorder treatment  
15 program providing (~~seventy-two hour~~) five-day evaluation and  
16 treatment must immediately accept on a provisional basis the petition  
17 and the person. Within twenty-four hours of the minor's arrival, the  
18 facility must evaluate the minor's condition and either admit or  
19 release the minor in accordance with this chapter.

20 (5) A designated crisis responder may not petition for detention  
21 of a minor to a secure detoxification facility or approved substance  
22 use disorder treatment program unless there is a secure  
23 detoxification facility or approved substance use disorder treatment  
24 program available and that has adequate space for the minor.

25 (6) If a minor is not approved for admission by the inpatient  
26 evaluation and treatment facility, secure detoxification facility, or  
27 approved substance use disorder treatment program, the facility shall  
28 make such recommendations and referrals for further care and  
29 treatment of the minor as necessary.

30 (7) Dismissal of a commitment petition is not the appropriate  
31 remedy for a violation of the timeliness requirements of this  
32 section, based on the purpose of this chapter under RCW 71.34.010,  
33 except in the few cases where the facility staff or the designated  
34 crisis responder have totally disregarded the requirements of this  
35 section.

36 **Sec. 82.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each  
37 amended to read as follows:

38 (1) (a) (~~(i)~~) When a designated crisis responder receives  
39 information that a minor, thirteen years or older, as a result of a



1 (~~mental~~) behavioral health disorder presents a likelihood of  
2 serious harm or is gravely disabled, has investigated the specific  
3 facts alleged and of the credibility of the person or persons  
4 providing the information, and has determined that voluntary  
5 admission for inpatient treatment is not possible, the designated  
6 crisis responder may take the minor, or cause the minor to be taken,  
7 into custody and transported to an evaluation and treatment facility,  
8 secure detoxification facility, or approved substance use disorder  
9 treatment program providing inpatient treatment.

10 ~~((ii) When a designated crisis responder receives information  
11 that a minor, thirteen years or older, as a result of substance use  
12 disorder presents a likelihood of serious harm or is gravely  
13 disabled, has investigated the specific facts alleged and of the  
14 credibility of the person or persons providing the information, and  
15 has determined that voluntary admission for inpatient treatment is  
16 not possible, the designated crisis responder may take the minor, or  
17 cause the minor to be taken, into custody and transported to a secure  
18 detoxification facility or approved substance use disorder treatment  
19 program.))~~

20 (b) If ~~((the minor is not taken into custody for evaluation and  
21 treatment, the parent who has custody of the minor may seek review of  
22 that decision made by the designated crisis responder in court. The  
23 parent shall file notice with the court and provide a copy of the  
24 designated crisis responder's report or notes))~~ a designated crisis  
25 responder decides not to detain a minor for evaluation and treatment  
26 under RCW 71.34.700(2), or forty-eight hours have elapsed since a  
27 designated crisis responder received a request for investigation and  
28 the designated crisis responder has not taken action to have the  
29 minor detained, an immediate family member or guardian or conservator  
30 of the minor may petition the superior court for the minor's  
31 detention using the procedures under RCW 71.05.201 and 71.05.203;  
32 however, when the court enters an order of initial detention, except  
33 as otherwise expressly stated in this chapter, all procedures must be  
34 followed as if the order has been entered under RCW 71.34.710(1)(a).

35 (2)(a) Within twelve hours of the minor's arrival at the  
36 evaluation and treatment facility, secure detoxification facility, or  
37 approved substance use disorder treatment program, the designated  
38 crisis responder shall serve on the minor a copy of the petition for  
39 initial detention, notice of initial detention, and statement of  
40 rights. The designated crisis responder shall file with the court on

1 the next judicial day following the initial detention the original  
2 petition for initial detention, notice of initial detention, and  
3 statement of rights along with an affidavit of service. The  
4 designated crisis responder shall commence service of the petition  
5 for initial detention and notice of the initial detention on the  
6 minor's parent and the minor's attorney as soon as possible following  
7 the initial detention.

8 (b) If the minor is involuntarily detained at an evaluation and  
9 treatment facility, secure detoxification facility, or approved  
10 substance use disorder treatment program in a different county from  
11 where the minor was initially detained, the facility or program may  
12 serve the minor, notify the minor's parents and the minor's attorney,  
13 and file with the court on the next judicial day following the  
14 initial detention the original petition for initial detention, notice  
15 of initial detention, and statement of rights along with an affidavit  
16 of service when filing with the court at the request of the  
17 designated crisis responder.

18 (3) (a) At the time of initial detention, the designated crisis  
19 responder shall advise the minor both orally and in writing that if  
20 admitted to the evaluation and treatment facility, secure  
21 detoxification facility, or approved substance use disorder treatment  
22 program for inpatient treatment, a commitment hearing shall be held  
23 within (~~seventy-two hours~~) five days of the minor's provisional  
24 acceptance to determine whether probable cause exists to commit the  
25 minor for further treatment.

26 (b) The minor shall be advised that he or she has a right to  
27 communicate immediately with an attorney and that he or she has a  
28 right to have an attorney appointed to represent him or her before  
29 and at the hearing if the minor is indigent.

30 (4) Whenever the designated crisis responder petitions for  
31 detention of a minor under this chapter, an evaluation and treatment  
32 facility, secure detoxification facility, or approved substance use  
33 disorder treatment program providing (~~seventy-two hour~~) five-day  
34 evaluation and treatment must immediately accept on a provisional  
35 basis the petition and the person. Within twenty-four hours of the  
36 minor's arrival, the facility must evaluate the minor's condition and  
37 either admit or release the minor in accordance with this chapter.

38 (5) If a minor is not approved for admission by the inpatient  
39 evaluation and treatment facility, secure detoxification facility, or  
40 approved substance use disorder treatment program, the facility shall

1 make such recommendations and referrals for further care and  
2 treatment of the minor as necessary.

3 (6) Dismissal of a commitment petition is not the appropriate  
4 remedy for a violation of the timeliness requirements of this  
5 section, based on the purpose of this chapter under RCW 71.34.010,  
6 except in the few cases where the facility staff or the designated  
7 crisis responder have totally disregarded the requirements of this  
8 section.

9 **Sec. 83.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to  
10 read as follows:

11 (1) Each minor approved by the facility for inpatient admission  
12 shall be examined and evaluated by a children's mental health  
13 specialist, for minors admitted as a result of a mental disorder, or  
14 by a chemical dependency professional, for minors admitted as a  
15 result of a substance use disorder, as to the child's mental  
16 condition and by a physician, physician assistant, or psychiatric  
17 advanced registered nurse practitioner as to the child's physical  
18 condition within twenty-four hours of admission. Reasonable measures  
19 shall be taken to ensure medical treatment is provided for any  
20 condition requiring immediate medical attention.

21 (2) If, after examination and evaluation, the children's mental  
22 health specialist or substance use disorder specialist and the  
23 physician, physician assistant, or psychiatric advanced registered  
24 nurse practitioner determine that the initial needs of the minor, if  
25 detained to an evaluation and treatment facility, would be better  
26 served by placement in a substance use disorder treatment program or,  
27 if detained to a secure detoxification facility or approved substance  
28 use disorder treatment program, would be better served in an  
29 evaluation and treatment facility, then the minor shall be referred  
30 to the more appropriate placement; however a minor may only be  
31 referred to a secure detoxification facility or approved substance  
32 use disorder treatment program if there is a secure detoxification  
33 facility or approved substance use disorder treatment program  
34 available and that has adequate space for the minor.

35 (3) The admitting facility shall take reasonable steps to notify  
36 immediately the minor's parent of the admission.

37 (4) During the initial seventy-two hour treatment period, the  
38 minor has a right to associate or receive communications from parents  
39 or others unless the professional person in charge determines that

1 such communication would be seriously detrimental to the minor's  
2 condition or treatment and so indicates in the minor's clinical  
3 record, and notifies the minor's parents of this determination. (~~It~~  
4 ~~no event may the minor~~) A minor must not be denied the opportunity  
5 to consult an attorney unless there is an immediate risk of harm to  
6 the minor or others.

7 (5) If the evaluation and treatment facility, secure  
8 detoxification facility, or approved substance use disorder treatment  
9 program admits the minor, it may detain the minor for evaluation and  
10 treatment for a period not to exceed seventy-two hours from the time  
11 of provisional acceptance. The computation of such seventy-two hour  
12 period shall exclude Saturdays, Sundays, and holidays. This initial  
13 treatment period shall not exceed seventy-two hours except when an  
14 application for voluntary inpatient treatment is received or a  
15 petition for fourteen-day commitment is filed.

16 (6) Within twelve hours of the admission, the facility shall  
17 advise the minor of his or her rights as set forth in this chapter.

18 **Sec. 84.** RCW 71.34.720 and 2018 c 201 s 5017 are each amended to  
19 read as follows:

20 (1) Each minor approved by the facility for inpatient admission  
21 shall be examined and evaluated by a children's mental health  
22 specialist, for minors admitted as a result of a mental disorder, or  
23 by a chemical dependency professional, for minors admitted as a  
24 result of a substance use disorder, as to the child's mental  
25 condition and by a physician, physician assistant, or psychiatric  
26 advanced registered nurse practitioner as to the child's physical  
27 condition within twenty-four hours of admission. Reasonable measures  
28 shall be taken to ensure medical treatment is provided for any  
29 condition requiring immediate medical attention.

30 (2) If, after examination and evaluation, the children's mental  
31 health specialist or substance use disorder specialist and the  
32 physician, physician assistant, or psychiatric advanced registered  
33 nurse practitioner determine that the initial needs of the minor, if  
34 detained to an evaluation and treatment facility, would be better  
35 served by placement in a substance use disorder treatment program or,  
36 if detained to a secure detoxification facility or approved substance  
37 use disorder treatment program, would be better served in an  
38 evaluation and treatment facility, then the minor shall be referred  
39 to the more appropriate placement; however a minor may only be

1 referred to a secure detoxification facility or approved substance  
2 use disorder treatment program if there is a secure detoxification  
3 facility or approved substance use disorder treatment program  
4 available and that has adequate space for the minor.

5 (3) The admitting facility shall take reasonable steps to notify  
6 immediately the minor's parent of the admission.

7 (4) During the initial (~~(seventy-two hour)~~) five-day treatment  
8 period, the minor has a right to associate or receive communications  
9 from parents or others unless the professional person in charge  
10 determines that such communication would be seriously detrimental to  
11 the minor's condition or treatment and so indicates in the minor's  
12 clinical record, and notifies the minor's parents of this  
13 determination. (~~(In no event may the minor)~~) A minor must not be  
14 denied the opportunity to consult an attorney unless there is an  
15 immediate risk of harm to the minor or others.

16 (5) If the evaluation and treatment facility, secure  
17 detoxification facility, or approved substance use disorder treatment  
18 program admits the minor, it may detain the minor for evaluation and  
19 treatment for a period not to exceed (~~(seventy-two hours)~~) five days  
20 from the time of provisional acceptance. The computation of such  
21 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,  
22 Sundays, and holidays. This initial treatment period shall not exceed  
23 (~~(seventy-two hours)~~) five days except when an application for  
24 voluntary inpatient treatment is received or a petition for fourteen-  
25 day commitment is filed.

26 (6) Within twelve hours of the admission, the facility shall  
27 advise the minor of his or her rights as set forth in this chapter.

28 **Sec. 85.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to  
29 read as follows:

30 (1) Each minor approved by the facility for inpatient admission  
31 shall be examined and evaluated by a children's mental health  
32 specialist, for minors admitted as a result of a mental disorder, or  
33 by a chemical dependency professional, for minors admitted as a  
34 result of a substance use disorder, as to the child's mental  
35 condition and by a physician, physician assistant, or psychiatric  
36 advanced registered nurse practitioner as to the child's physical  
37 condition within twenty-four hours of admission. Reasonable measures  
38 shall be taken to ensure medical treatment is provided for any  
39 condition requiring immediate medical attention.

1 (2) If, after examination and evaluation, the children's mental  
2 health specialist or substance use disorder specialist and the  
3 physician, physician assistant, or psychiatric advanced registered  
4 nurse practitioner determine that the initial needs of the minor, if  
5 detained to an evaluation and treatment facility, would be better  
6 served by placement in a substance use disorder treatment program or,  
7 if detained to a secure detoxification facility or approved substance  
8 use disorder treatment program, would be better served in an  
9 evaluation and treatment facility, then the minor shall be referred  
10 to the more appropriate placement.

11 (3) The admitting facility shall take reasonable steps to notify  
12 immediately the minor's parent of the admission.

13 (4) During the initial (~~seventy-two hour~~) five-day treatment  
14 period, the minor has a right to associate or receive communications  
15 from parents or others unless the professional person in charge  
16 determines that such communication would be seriously detrimental to  
17 the minor's condition or treatment and so indicates in the minor's  
18 clinical record, and notifies the minor's parents of this  
19 determination. (~~In no event may the minor~~) A minor must not be  
20 denied the opportunity to consult an attorney unless there is an  
21 immediate risk of harm to the minor or others.

22 (5) If the evaluation and treatment facility, secure  
23 detoxification facility, or approved substance use disorder treatment  
24 program admits the minor, it may detain the minor for evaluation and  
25 treatment for a period not to exceed (~~seventy-two hours~~) five days  
26 from the time of provisional acceptance. The computation of such  
27 (~~seventy-two hour~~) five-day period shall exclude Saturdays,  
28 Sundays, and holidays. This initial treatment period shall not exceed  
29 (~~seventy-two hours~~) five days except when an application for  
30 voluntary inpatient treatment is received or a petition for fourteen-  
31 day commitment is filed.

32 (6) Within twelve hours of the admission, the facility shall  
33 advise the minor of his or her rights as set forth in this chapter.

34 **Sec. 86.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
35 s 20 are each reenacted and amended to read as follows:

36 (1) The professional person in charge of an evaluation and  
37 treatment facility, secure detoxification facility, or approved  
38 substance use disorder treatment program where a minor has been  
39 admitted involuntarily for the initial seventy-two hour treatment

1 period under this chapter may petition to have a minor committed to  
2 an evaluation and treatment facility (~~(or, in the case of a minor~~  
3 ~~with a substance use disorder, to)~~), a secure detoxification  
4 facility, or an approved substance use disorder treatment program for  
5 fourteen-day diagnosis, evaluation, and treatment.

6 If the professional person in charge of the facility does not  
7 petition to have the minor committed, the parent who has custody of  
8 the minor may seek review of that decision in court. The parent shall  
9 file notice with the court and provide a copy of the treatment and  
10 evaluation facility's report.

11 (2) A petition for commitment of a minor under this section shall  
12 be filed with the superior court in the county where the minor is  
13 (~~residing or~~) being detained.

14 (a) A petition for a fourteen-day commitment shall be signed by:  
15 (i) Two physicians; (ii) one physician and a mental health  
16 professional; (iii) one physician assistant and a mental health  
17 professional; or (iv) one psychiatric advanced registered nurse  
18 practitioner and a mental health professional. The person signing the  
19 petition must have examined the minor, and the petition must contain  
20 the following:

21 (A) The name and address of the petitioner;

22 (B) The name of the minor alleged to meet the criteria for  
23 fourteen-day commitment;

24 (C) The name, telephone number, and address if known of every  
25 person believed by the petitioner to be legally responsible for the  
26 minor;

27 (D) A statement that the petitioner has examined the minor and  
28 finds that the minor's condition meets required criteria for  
29 fourteen-day commitment and the supporting facts therefor;

30 (E) A statement that the minor has been advised of the need for  
31 voluntary treatment but has been unwilling or unable to consent to  
32 necessary treatment;

33 (F) If the petition is for mental health treatment, a statement  
34 that the minor has been advised of the loss of firearm rights if  
35 involuntarily committed;

36 (G) A statement recommending the appropriate facility or  
37 facilities to provide the necessary treatment; and

38 (H) A statement concerning whether a less restrictive alternative  
39 to inpatient treatment is in the best interests of the minor.

1 (b) A copy of the petition shall be personally (~~delivered to~~)  
2 served on the minor by the petitioner or petitioner's designee. A  
3 copy of the petition shall be (~~sent~~) provided to the minor's  
4 attorney and the minor's parent.

5 **Sec. 87.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
6 s 20 are each reenacted and amended to read as follows:

7 (1) The professional person in charge of an evaluation and  
8 treatment facility, secure detoxification facility, or approved  
9 substance use disorder treatment program where a minor has been  
10 admitted involuntarily for the initial (~~seventy-two hour~~) five-day  
11 treatment period under this chapter may petition to have a minor  
12 committed to an evaluation and treatment facility (~~or, in the case~~  
13 ~~of a minor with a substance use disorder, to~~), a secure  
14 detoxification facility, or an approved substance use disorder  
15 treatment program for fourteen-day diagnosis, evaluation, and  
16 treatment.

17 If the professional person in charge of the facility does not  
18 petition to have the minor committed, the parent who has custody of  
19 the minor may seek review of that decision in court. The parent shall  
20 file notice with the court and provide a copy of the treatment and  
21 evaluation facility's report.

22 (2) A petition for commitment of a minor under this section shall  
23 be filed with the superior court in the county where the minor is  
24 (~~residing or~~) being detained.

25 (a) A petition for a fourteen-day commitment shall be signed by:  
26 (i) Two physicians; (ii) one physician and a mental health  
27 professional; (iii) one physician assistant and a mental health  
28 professional; or (iv) one psychiatric advanced registered nurse  
29 practitioner and a mental health professional. The person signing the  
30 petition must have examined the minor, and the petition must contain  
31 the following:

32 (A) The name and address of the petitioner;

33 (B) The name of the minor alleged to meet the criteria for  
34 fourteen-day commitment;

35 (C) The name, telephone number, and address if known of every  
36 person believed by the petitioner to be legally responsible for the  
37 minor;



1 (D) A statement that the petitioner has examined the minor and  
2 finds that the minor's condition meets required criteria for  
3 fourteen-day commitment and the supporting facts therefor;

4 (E) A statement that the minor has been advised of the need for  
5 voluntary treatment but has been unwilling or unable to consent to  
6 necessary treatment;

7 (F) If the petition is for mental health treatment, a statement  
8 that the minor has been advised of the loss of firearm rights if  
9 involuntarily committed;

10 (G) A statement recommending the appropriate facility or  
11 facilities to provide the necessary treatment; and

12 (H) A statement concerning whether a less restrictive alternative  
13 to inpatient treatment is in the best interests of the minor.

14 (b) A copy of the petition shall be personally (~~delivered to~~)  
15 served on the minor by the petitioner or petitioner's designee. A  
16 copy of the petition shall be (~~sent~~) provided to the minor's  
17 attorney and the minor's parent.

18 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34  
19 RCW to read as follows:

20 (1) In any proceeding for involuntary commitment under this  
21 chapter, the court may continue or postpone such proceeding for a  
22 reasonable time on motion of the respondent for good cause, or on  
23 motion of the prosecuting attorney or the attorney general if:

24 (a) The respondent expressly consents to a continuance or delay  
25 and there is a showing of good cause; or

26 (b) Such continuance is required in the proper administration of  
27 justice and the respondent will not be substantially prejudiced in  
28 the presentation of the respondent's case.

29 (2) The court may on its own motion continue the case when  
30 required in due administration of justice and when the respondent  
31 will not be substantially prejudiced in the presentation of the  
32 respondent's case.

33 (3) The court shall state in any order of continuance or  
34 postponement the grounds for the continuance or postponement and  
35 whether detention will be extended.

36 **Sec. 89.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each  
37 amended to read as follows:

1 (1) A commitment hearing shall be held within seventy-two hours  
2 of the minor's admission, excluding Saturday, Sunday, and holidays,  
3 unless a continuance is (~~requested by the minor or the minor's~~  
4 ~~attorney~~) ordered under section 88 of this act.

5 (2) The commitment hearing shall be conducted at the superior  
6 court or an appropriate place at the facility in which the minor is  
7 being detained.

8 (3) At the commitment hearing, the evidence in support of the  
9 petition shall be presented by the county prosecutor.

10 (4) The minor shall be present at the commitment hearing unless  
11 the minor, with the assistance of the minor's attorney, waives the  
12 right to be present at the hearing.

13 (5) If the parents are opposed to the petition, they may be  
14 represented at the hearing and shall be entitled to court-appointed  
15 counsel if they are indigent.

16 (6) At the commitment hearing, the minor shall have the following  
17 rights:

18 (a) To be represented by an attorney;

19 (b) To present evidence on his or her own behalf;

20 (c) To question persons testifying in support of the petition.

21 (7) If the hearing is for commitment for mental health treatment,  
22 the court at the time of the commitment hearing and before an order  
23 of commitment is entered shall inform the minor both orally and in  
24 writing that the failure to make a good faith effort to seek  
25 voluntary treatment as provided in RCW 71.34.730 will result in the  
26 loss of his or her firearm rights if the minor is subsequently  
27 detained for involuntary treatment under this section.

28 (8) If the minor has received medication within twenty-four hours  
29 of the hearing, the court shall be informed of that fact and of the  
30 probable effects of the medication.

31 (~~Rules of evidence shall not apply in fourteen-day~~  
32 ~~commitment hearings.~~

33 ~~(10)~~) For a fourteen-day commitment, the court must find by a  
34 preponderance of the evidence that:

35 (a) The minor has a (~~mental disorder or substance use~~)  
36 behavioral health disorder and presents a likelihood of serious harm  
37 or is gravely disabled;

38 (b) The minor is in need of evaluation and treatment of the type  
39 provided by the inpatient evaluation and treatment facility, secure  
40 detoxification facility, or approved substance use disorder treatment

1 program to which continued inpatient care is sought or is in need of  
2 less restrictive alternative treatment found to be in the best  
3 interests of the minor or others;

4 (c) The minor is unwilling or unable in good faith to consent to  
5 voluntary treatment; and

6 (d) If commitment is for a substance use disorder, there is an  
7 available secure detoxification facility or approved substance use  
8 disorder treatment program with adequate space for the minor.

9 ~~((11))~~ (10) If the court finds that the minor meets the  
10 criteria for a fourteen-day commitment, the court shall either  
11 authorize commitment of the minor for inpatient treatment or for less  
12 restrictive alternative treatment upon such conditions as are  
13 necessary. If the court determines that the minor does not meet the  
14 criteria for a fourteen-day commitment, the minor shall be released.

15 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
16 professional person in charge of the facility from releasing the  
17 minor at any time, when, in the opinion of the professional person in  
18 charge of the facility, further inpatient treatment is no longer  
19 necessary. The release may be subject to reasonable conditions if  
20 appropriate.

21 (b) Whenever a minor is released under this section, the  
22 professional person in charge shall within three days, notify the  
23 court in writing of the release.

24 ~~((13))~~ (12) A minor who has been committed for fourteen days  
25 shall be released at the end of that period unless a petition for one  
26 hundred eighty-day commitment is pending before the court.

27 **Sec. 90.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each  
28 amended to read as follows:

29 (1) A commitment hearing shall be held within ~~((seventy-two  
30 hours))~~ five days of the minor's admission, excluding Saturday,  
31 Sunday, and holidays, unless a continuance is ~~((requested by the  
32 minor or the minor's attorney))~~ ordered under section 88 of this act.

33 (2) The commitment hearing shall be conducted at the superior  
34 court or an appropriate place at the facility in which the minor is  
35 being detained.

36 (3) At the commitment hearing, the evidence in support of the  
37 petition shall be presented by the county prosecutor.

1 (4) The minor shall be present at the commitment hearing unless  
2 the minor, with the assistance of the minor's attorney, waives the  
3 right to be present at the hearing.

4 (5) If the parents are opposed to the petition, they may be  
5 represented at the hearing and shall be entitled to court-appointed  
6 counsel if they are indigent.

7 (6) At the commitment hearing, the minor shall have the following  
8 rights:

9 (a) To be represented by an attorney;

10 (b) To present evidence on his or her own behalf;

11 (c) To question persons testifying in support of the petition.

12 (7) If the hearing is for commitment for mental health treatment,  
13 the court at the time of the commitment hearing and before an order  
14 of commitment is entered shall inform the minor both orally and in  
15 writing that the failure to make a good faith effort to seek  
16 voluntary treatment as provided in RCW 71.34.730 will result in the  
17 loss of his or her firearm rights if the minor is subsequently  
18 detained for involuntary treatment under this section.

19 (8) If the minor has received medication within twenty-four hours  
20 of the hearing, the court shall be informed of that fact and of the  
21 probable effects of the medication.

22 (9) ~~((Rules of evidence shall not apply in fourteen-day  
23 commitment hearings.~~

24 ~~(10))~~ For a fourteen-day commitment, the court must find by a  
25 preponderance of the evidence that:

26 (a) The minor has a ~~((mental disorder or substance use))~~  
27 behavioral health disorder and presents a likelihood of serious harm  
28 or is gravely disabled;

29 (b) The minor is in need of evaluation and treatment of the type  
30 provided by the inpatient evaluation and treatment facility, secure  
31 detoxification facility, or approved substance use disorder treatment  
32 program to which continued inpatient care is sought or is in need of  
33 less restrictive alternative treatment found to be in the best  
34 interests of the minor or others;

35 (c) The minor is unwilling or unable in good faith to consent to  
36 voluntary treatment; and

37 (d) If commitment is for a substance use disorder, there is an  
38 available secure detoxification facility or approved substance use  
39 disorder treatment program with adequate space for the minor.

1       (~~(11)~~) (10) If the court finds that the minor meets the  
2 criteria for a fourteen-day commitment, the court shall either  
3 authorize commitment of the minor for inpatient treatment or for less  
4 restrictive alternative treatment upon such conditions as are  
5 necessary. If the court determines that the minor does not meet the  
6 criteria for a fourteen-day commitment, the minor shall be released.

7       (~~(12)~~) (11)(a) Nothing in this section prohibits the  
8 professional person in charge of the facility from releasing the  
9 minor at any time, when, in the opinion of the professional person in  
10 charge of the facility, further inpatient treatment is no longer  
11 necessary. The release may be subject to reasonable conditions if  
12 appropriate.

13       **(b)** Whenever a minor is released under this section, the  
14 professional person in charge shall within three days, notify the  
15 court in writing of the release.

16       (~~(13)~~) (12) A minor who has been committed for fourteen days  
17 shall be released at the end of that period unless a petition for one  
18 hundred eighty-day commitment is pending before the court.

19       **Sec. 91.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each  
20 amended to read as follows:

21       (1) A commitment hearing shall be held within (~~seventy-two~~  
22 ~~hours~~) five days of the minor's admission, excluding Saturday,  
23 Sunday, and holidays, unless a continuance is (~~requested by the~~  
24 ~~minor or the minor's attorney~~) ordered under section 88 of this act.

25       (2) The commitment hearing shall be conducted at the superior  
26 court or an appropriate place at the facility in which the minor is  
27 being detained.

28       (3) At the commitment hearing, the evidence in support of the  
29 petition shall be presented by the county prosecutor.

30       (4) The minor shall be present at the commitment hearing unless  
31 the minor, with the assistance of the minor's attorney, waives the  
32 right to be present at the hearing.

33       (5) If the parents are opposed to the petition, they may be  
34 represented at the hearing and shall be entitled to court-appointed  
35 counsel if they are indigent.

36       (6) At the commitment hearing, the minor shall have the following  
37 rights:

38       (a) To be represented by an attorney;

39       (b) To present evidence on his or her own behalf;

1 (c) To question persons testifying in support of the petition.

2 (7) If the hearing is for commitment for mental health treatment,  
3 the court at the time of the commitment hearing and before an order  
4 of commitment is entered shall inform the minor both orally and in  
5 writing that the failure to make a good faith effort to seek  
6 voluntary treatment as provided in RCW 71.34.730 will result in the  
7 loss of his or her firearm rights if the minor is subsequently  
8 detained for involuntary treatment under this section.

9 (8) If the minor has received medication within twenty-four hours  
10 of the hearing, the court shall be informed of that fact and of the  
11 probable effects of the medication.

12 (9) ~~((Rules of evidence shall not apply in fourteen-day  
13 commitment hearings.~~

14 ~~(10))~~ For a fourteen-day commitment, the court must find by a  
15 preponderance of the evidence that:

16 (a) The minor has a ~~((mental disorder or substance use))~~  
17 behavioral health disorder and presents a likelihood of serious harm  
18 or is gravely disabled;

19 (b) The minor is in need of evaluation and treatment of the type  
20 provided by the inpatient evaluation and treatment facility, secure  
21 detoxification facility, or approved substance use disorder treatment  
22 program to which continued inpatient care is sought or is in need of  
23 less restrictive alternative treatment found to be in the best  
24 interests of the minor or others; and

25 (c) The minor is unwilling or unable in good faith to consent to  
26 voluntary treatment.

27 ~~((11))~~ (10) If the court finds that the minor meets the  
28 criteria for a fourteen-day commitment, the court shall either  
29 authorize commitment of the minor for inpatient treatment or for less  
30 restrictive alternative treatment upon such conditions as are  
31 necessary. If the court determines that the minor does not meet the  
32 criteria for a fourteen-day commitment, the minor shall be released.

33 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
34 professional person in charge of the facility from releasing the  
35 minor at any time, when, in the opinion of the professional person in  
36 charge of the facility, further inpatient treatment is no longer  
37 necessary. The release may be subject to reasonable conditions if  
38 appropriate.

1       **(b)** Whenever a minor is released under this section, the  
2 professional person in charge shall within three days, notify the  
3 court in writing of the release.

4       ~~((13))~~ (12) A minor who has been committed for fourteen days  
5 shall be released at the end of that period unless a petition for one  
6 hundred eighty-day commitment is pending before the court.

7       **Sec. 92.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155  
8 s 21 are each reenacted and amended to read as follows:

9       (1) At any time during the minor's period of fourteen-day  
10 commitment, the professional person in charge may petition the court  
11 for an order requiring the minor to undergo an additional one hundred  
12 eighty-day period of treatment. The evidence in support of the  
13 petition shall be presented by the county prosecutor unless the  
14 petition is filed by the professional person in charge of a state-  
15 operated facility in which case the evidence shall be presented by  
16 the attorney general.

17       (2) The petition for one hundred eighty-day commitment shall  
18 contain the following:

19       (a) The name and address of the petitioner or petitioners;

20       (b) The name of the minor alleged to meet the criteria for one  
21 hundred eighty-day commitment;

22       (c) A statement that the petitioner is the professional person in  
23 charge of the evaluation and treatment facility, secure  
24 detoxification facility, or approved substance use disorder treatment  
25 program responsible for the treatment of the minor;

26       (d) The date of the fourteen-day commitment order; and

27       (e) A summary of the facts supporting the petition.

28       (3) The petition shall be supported by accompanying affidavits  
29 signed by: (a) Two examining physicians, one of whom shall be a child  
30 psychiatrist, or two psychiatric advanced registered nurse  
31 practitioners, one of whom shall be a child and adolescent or family  
32 psychiatric advanced registered nurse practitioner, or two physician  
33 assistants, one of whom must be supervised by a child psychiatrist;

34       (b) one children's mental health specialist and either an examining  
35 physician, physician assistant, or a psychiatric advanced registered  
36 nurse practitioner; or (c) two among an examining physician,  
37 physician assistant, and a psychiatric advanced registered nurse  
38 practitioner, one of which needs to be a child psychiatrist~~((17))~~, a  
39 physician assistant supervised by a child psychiatrist, or a child

1 and adolescent psychiatric nurse practitioner. The affidavits shall  
2 describe in detail the behavior of the detained minor which supports  
3 the petition and shall state whether a less restrictive alternative  
4 to inpatient treatment is in the best interests of the minor.

5 (4) The petition for one hundred eighty-day commitment shall be  
6 filed with the clerk of the court at least three days before the  
7 expiration of the fourteen-day commitment period. The petitioner or  
8 the petitioner's designee shall within twenty-four hours of filing  
9 serve a copy of the petition on the minor and notify the minor's  
10 attorney and the minor's parent. A copy of the petition shall be  
11 provided to such persons at least twenty-four hours prior to the  
12 hearing.

13 (5) At the time of filing, the court shall set a date within  
14 seven days for the hearing on the petition. (~~The court may continue~~  
15 ~~the hearing upon the written request of the minor or the minor's~~  
16 ~~attorney for not more than ten days.~~) If the hearing is not  
17 commenced within thirty days after the filing of the petition,  
18 including extensions of time requested by the detained person or his  
19 or her attorney or the court in the administration of justice under  
20 section 88 of this act, the minor must be released. The minor or the  
21 parents shall be afforded the same rights as in a fourteen-day  
22 commitment hearing. Treatment of the minor shall continue pending the  
23 proceeding.

24 (6) For one hundred eighty-day commitment:

25 (a) The court must find by clear, cogent, and convincing evidence  
26 that the minor:

27 (i) Is suffering from a mental disorder or substance use  
28 disorder;

29 (ii) Presents a likelihood of serious harm or is gravely  
30 disabled; and

31 (iii) Is in need of further treatment that only can be provided  
32 in a one hundred eighty-day commitment.

33 (b) If commitment is for a substance use disorder, the court must  
34 find that there is an available approved substance use disorder  
35 treatment program that has adequate space for the minor.

36 (7) In determining whether an inpatient or less restrictive  
37 alternative commitment is appropriate, great weight must be given to  
38 evidence of a prior history or pattern of decompensation and  
39 discontinuation of treatment resulting in: (a) Repeated  
40 hospitalizations; or (b) repeated peace officer interventions



1 resulting in juvenile charges. Such evidence may be used to provide a  
2 factual basis for concluding that the minor would not receive, if  
3 released, such care as is essential for his or her health or safety.

4 (8)(a) If the court finds that the criteria for commitment are  
5 met and that less restrictive treatment in a community setting is not  
6 appropriate or available, the court shall order the minor committed  
7 to the custody of the secretary for further inpatient mental health  
8 treatment, to an approved substance use disorder treatment program  
9 for further substance use disorder treatment, or to a private  
10 treatment and evaluation facility for inpatient mental health or  
11 substance use disorder treatment if the minor's parents have assumed  
12 responsibility for payment for the treatment. If the court finds that  
13 a less restrictive alternative is in the best interest of the minor,  
14 the court shall order less restrictive alternative treatment upon  
15 such conditions as necessary.

16 (b) If the court determines that the minor does not meet the  
17 criteria for one hundred eighty-day commitment, the minor shall be  
18 released.

19 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are  
20 permissible on the same grounds and under the same procedures as the  
21 original one hundred eighty-day commitment. Such petitions shall be  
22 filed at least ~~((five))~~ three days prior to the expiration of the  
23 previous one hundred eighty-day commitment order.

24 **Sec. 93.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each  
25 amended to read as follows:

26 (1) At any time during the minor's period of fourteen-day  
27 commitment, the professional person in charge may petition the court  
28 for an order requiring the minor to undergo an additional one hundred  
29 eighty-day period of treatment. The evidence in support of the  
30 petition shall be presented by the county prosecutor unless the  
31 petition is filed by the professional person in charge of a state-  
32 operated facility in which case the evidence shall be presented by  
33 the attorney general.

34 (2) The petition for one hundred eighty-day commitment shall  
35 contain the following:

36 (a) The name and address of the petitioner or petitioners;

37 (b) The name of the minor alleged to meet the criteria for one  
38 hundred eighty-day commitment;

1 (c) A statement that the petitioner is the professional person in  
2 charge of the evaluation and treatment facility, secure  
3 detoxification facility, or approved substance use disorder treatment  
4 program responsible for the treatment of the minor;

5 (d) The date of the fourteen-day commitment order; and

6 (e) A summary of the facts supporting the petition.

7 (3) The petition shall be supported by accompanying affidavits  
8 signed by: (a) Two examining physicians, one of whom shall be a child  
9 psychiatrist, or two psychiatric advanced registered nurse  
10 practitioners, one of whom shall be a child and adolescent or family  
11 psychiatric advanced registered nurse practitioner, or two physician  
12 assistants, one of whom must be supervised by a child psychiatrist;  
13 (b) one children's mental health specialist and either an examining  
14 physician, physician assistant, or a psychiatric advanced registered  
15 nurse practitioner; or (c) two among an examining physician,  
16 physician assistant, and a psychiatric advanced registered nurse  
17 practitioner, one of which needs to be a child psychiatrist ~~((+,+))~~, a  
18 physician assistant supervised by a child psychiatrist, or a child  
19 and adolescent psychiatric nurse practitioner. The affidavits shall  
20 describe in detail the behavior of the detained minor which supports  
21 the petition and shall state whether a less restrictive alternative  
22 to inpatient treatment is in the best interests of the minor.

23 (4) The petition for one hundred eighty-day commitment shall be  
24 filed with the clerk of the court at least three days before the  
25 expiration of the fourteen-day commitment period. The petitioner or  
26 the petitioner's designee shall within twenty-four hours of filing  
27 serve a copy of the petition on the minor and notify the minor's  
28 attorney and the minor's parent. A copy of the petition shall be  
29 provided to such persons at least twenty-four hours prior to the  
30 hearing.

31 (5) At the time of filing, the court shall set a date within  
32 seven days for the hearing on the petition. ~~((The court may continue  
33 the hearing upon the written request of the minor or the minor's  
34 attorney for not more than ten days.))~~ If the hearing is not  
35 commenced within thirty days after the filing of the petition,  
36 including extensions of time requested by the detained person or his  
37 or her attorney or the court in the administration of justice under  
38 section 88 of this act, the minor must be released. The minor or the  
39 parents shall be afforded the same rights as in a fourteen-day

1 commitment hearing. Treatment of the minor shall continue pending the  
2 proceeding.

3 (6) For one hundred eighty-day commitment, the court must find by  
4 clear, cogent, and convincing evidence that the minor:

5 (a) Is suffering from a mental disorder or substance use  
6 disorder;

7 (b) Presents a likelihood of serious harm or is gravely disabled;  
8 and

9 (c) Is in need of further treatment that only can be provided in  
10 a one hundred eighty-day commitment.

11 (7) In determining whether an inpatient or less restrictive  
12 alternative commitment is appropriate, great weight must be given to  
13 evidence of a prior history or pattern of decompensation and  
14 discontinuation of treatment resulting in: (a) Repeated  
15 hospitalizations; or (b) repeated peace officer interventions  
16 resulting in juvenile charges. Such evidence may be used to provide a  
17 factual basis for concluding that the minor would not receive, if  
18 released, such care as is essential for his or her health or safety.

19 (8)(a) If the court finds that the criteria for commitment are  
20 met and that less restrictive treatment in a community setting is not  
21 appropriate or available, the court shall order the minor committed  
22 to the custody of the secretary for further inpatient mental health  
23 treatment, to an approved substance use disorder treatment program  
24 for further substance use disorder treatment, or to a private  
25 treatment and evaluation facility for inpatient mental health or  
26 substance use disorder treatment if the minor's parents have assumed  
27 responsibility for payment for the treatment. If the court finds that  
28 a less restrictive alternative is in the best interest of the minor,  
29 the court shall order less restrictive alternative treatment upon  
30 such conditions as necessary.

31 (b) If the court determines that the minor does not meet the  
32 criteria for one hundred eighty-day commitment, the minor shall be  
33 released.

34 ((+8)) (9) Successive one hundred eighty-day commitments are  
35 permissible on the same grounds and under the same procedures as the  
36 original one hundred eighty-day commitment. Such petitions shall be  
37 filed at least ((five)) three days prior to the expiration of the  
38 previous one hundred eighty-day commitment order.

1 NEW SECTION. **Sec. 94.** A new section is added to chapter 71.34

2 RCW to read as follows:

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

5 (a) Assignment of a care coordinator;

6 (b) An intake evaluation with the provider of the less  
7 restrictive alternative treatment;

8 (c) A psychiatric evaluation;

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

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

14 (f) An individual crisis plan; and

15 (g) Notification to the care coordinator assigned in (a) of this  
16 subsection if reasonable efforts to engage the client fail to produce  
17 substantial compliance with court-ordered treatment conditions.

18 (2) Less restrictive alternative treatment may include the  
19 following additional services:

20 (a) Medication management;

21 (b) Psychotherapy;

22 (c) Nursing;

23 (d) Substance abuse counseling;

24 (e) Residential treatment; and

25 (f) Support for housing, benefits, education, and employment.

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

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

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

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

16 **Sec. 95.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to  
17 read as follows:

18 (1) If the professional person in charge of an outpatient  
19 treatment program, a designated crisis responder, or the director or  
20 secretary, as appropriate, determines that a minor is failing to  
21 adhere to the conditions of the court order for less restrictive  
22 alternative treatment or the conditions for the conditional release,  
23 or that substantial deterioration in the minor's functioning has  
24 occurred, the designated crisis responder, or the director or  
25 secretary, as appropriate, may order that the minor(~~(, if committed~~  
26 ~~for mental health treatment,)~~) be taken into custody and transported  
27 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
28 ~~for substance use disorder treatment, be taken into custody and~~  
29 ~~transported to)), a secure detoxification facility, or an approved  
30 substance use disorder treatment program ((if there is an  
31 available)). A secure detoxification facility or approved substance  
32 use disorder treatment program that has adequate space for the minor  
33 must be available.~~

34 (2) (a) The designated crisis responder (~~(or the)~~), director,  
35 secretary, as appropriate, shall file the order of apprehension and  
36 detention and serve it upon the minor and notify the minor's parent  
37 and the minor's attorney, if any, of the detention within two days of  
38 return. At the time of service the minor shall be informed of the  
39 right to a hearing and to representation by an attorney. The

1 designated crisis responder or the director or secretary, as  
2 appropriate, may modify or rescind the order of apprehension and  
3 detention at any time prior to the hearing.

4 (b) If the minor is involuntarily detained for revocation at an  
5 evaluation and treatment facility, secure detoxification facility, or  
6 approved substance use disorder treatment program in a different  
7 county from where the minor was initially detained, the facility or  
8 program may file the order of apprehension, serve it on the minor and  
9 notify the minor's parents and the minor's attorney at the request of  
10 the designated crisis responder.

11 (3) A petition for revocation of less restrictive alternative  
12 treatment shall be filed by the designated crisis responder or the  
13 director (~~(or)~~), secretary, or evaluation and treatment facility, as  
14 appropriate, with the court in the county (~~(ordering the less~~  
15 ~~restrictive alternative treatment)~~) where the minor is detained. The  
16 court shall conduct the hearing in that county. A petition for  
17 revocation of conditional release (~~(may be filed with the court in~~  
18 ~~the county ordering inpatient treatment or the county where the minor~~  
19 ~~on conditional release is residing)~~) must be filed in the county  
20 where the minor is detained. A petition shall describe the behavior  
21 of the minor indicating violation of the conditions or deterioration  
22 of routine functioning and a dispositional recommendation. (~~(Upon~~  
23 ~~motion for good cause, the hearing may be transferred to the county~~  
24 ~~of the minor's residence or to the county in which the alleged~~  
25 ~~violations occurred.)~~) The hearing shall be held within seven days of  
26 the minor's return. The issues to be determined are whether the minor  
27 did or did not adhere to the conditions of the less restrictive  
28 alternative treatment or conditional release, or whether the minor's  
29 routine functioning has substantially deteriorated, and, if so,  
30 whether the conditions of less restrictive alternative treatment or  
31 conditional release should be modified or, subject to subsection (4)  
32 of this section, whether the minor should be returned to inpatient  
33 treatment. Pursuant to the determination of the court, the minor  
34 shall be returned to less restrictive alternative treatment or  
35 conditional release on the same or modified conditions or shall be  
36 returned to inpatient treatment. If the minor is returned to  
37 inpatient treatment, RCW 71.34.760 regarding the director's placement  
38 responsibility shall apply. The hearing may be waived by the minor  
39 and the minor returned to inpatient treatment or to less restrictive

1 alternative treatment or conditional release on the same or modified  
2 conditions.

3 (4) A court may not order the return of a minor to inpatient  
4 treatment in a secure detoxification facility or approved substance  
5 use disorder treatment program unless there is a secure  
6 detoxification facility or approved substance use disorder treatment  
7 program available with adequate space for the minor.

8 **Sec. 96.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to  
9 read as follows:

10 (1) If the professional person in charge of an outpatient  
11 treatment program, a designated crisis responder, or the director or  
12 secretary, as appropriate, determines that a minor is failing to  
13 adhere to the conditions of the court order for less restrictive  
14 alternative treatment or the conditions for the conditional release,  
15 or that substantial deterioration in the minor's functioning has  
16 occurred, the designated crisis responder, or the director or  
17 secretary, as appropriate, may order that the minor(~~(, if committed~~  
18 ~~for mental health treatment,)~~) be taken into custody and transported  
19 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
20 ~~for substance use disorder treatment, be taken into custody and~~  
21 ~~transported to)~~), a secure detoxification facility, or an approved  
22 substance use disorder treatment program.

23 (2) (a) The designated crisis responder (~~(or the)~~), director, or  
24 secretary, as appropriate, shall file the order of apprehension and  
25 detention and serve it upon the minor and notify the minor's parent  
26 and the minor's attorney, if any, of the detention within two days of  
27 return. At the time of service the minor shall be informed of the  
28 right to a hearing and to representation by an attorney. The  
29 designated crisis responder or the director or secretary, as  
30 appropriate, may modify or rescind the order of apprehension and  
31 detention at any time prior to the hearing.

32 (b) If the minor is involuntarily detained for revocation at an  
33 evaluation and treatment facility, secure detoxification facility, or  
34 approved substance use disorder treatment program in a different  
35 county from where the minor was initially detained, the facility or  
36 program may file the order of apprehension, serve it on the minor and  
37 notify the minor's parents and the minor's attorney at the request of  
38 the designated crisis responder.

1 (3) A petition for revocation of less restrictive alternative  
2 treatment shall be filed by the designated crisis responder or the  
3 director (~~(or)~~), secretary, or evaluation and treatment facility, as  
4 appropriate, with the court in the county (~~(ordering the less~~  
5 ~~restrictive alternative treatment)~~) where the minor is detained. The  
6 court shall conduct the hearing in that county. A petition for  
7 revocation of conditional release (~~(may be filed with the court in~~  
8 ~~the county ordering inpatient treatment or the county where the minor~~  
9 ~~on conditional release is residing)~~) must be filed in the county  
10 where the minor is detained. A petition shall describe the behavior  
11 of the minor indicating violation of the conditions or deterioration  
12 of routine functioning and a dispositional recommendation. (~~Upon~~  
13 ~~motion for good cause, the hearing may be transferred to the county~~  
14 ~~of the minor's residence or to the county in which the alleged~~  
15 ~~violations occurred.)) The hearing shall be held within seven days of  
16 the minor's return. The issues to be determined are whether the minor  
17 did or did not adhere to the conditions of the less restrictive  
18 alternative treatment or conditional release, or whether the minor's  
19 routine functioning has substantially deteriorated, and, if so,  
20 whether the conditions of less restrictive alternative treatment or  
21 conditional release should be modified or whether the minor should be  
22 returned to inpatient treatment. Pursuant to the determination of the  
23 court, the minor shall be returned to less restrictive alternative  
24 treatment or conditional release on the same or modified conditions  
25 or shall be returned to inpatient treatment. If the minor is returned  
26 to inpatient treatment, RCW 71.34.760 regarding the director's  
27 placement responsibility shall apply. The hearing may be waived by  
28 the minor and the minor returned to inpatient treatment or to less  
29 restrictive alternative treatment or conditional release on the same  
30 or modified conditions.~~

31 NEW SECTION. **Sec. 97.** A new section is added to chapter 71.34  
32 RCW to read as follows:

33 The legislature recognizes the inherent authority of the  
34 judiciary under Article IV, section 1 of the state Constitution to  
35 establish rules regarding access to court records, and respectfully  
36 requests the Washington state supreme court to adopt rules regarding  
37 potential access for the following entities to the files and records  
38 of court proceedings under this chapter and chapter 71.05 RCW:

39 (1) The department;



- 1 (2) The department of health;
- 2 (3) The authority;
- 3 (4) The state hospitals as defined in RCW 72.23.010;
- 4 (5) Any person who is the subject of a petition;
- 5 (6) The attorney or guardian of the person;
- 6 (7) Resource management services for that person; and
- 7 (8) Service providers authorized to receive such information by
- 8 resource management services.

9 NEW SECTION. **Sec. 98.** A new section is added to chapter 71.34  
10 RCW to read as follows:

11 For purposes of this chapter, at any hearing the petitioner, the  
12 respondent, the witnesses, the interpreters, and the presiding  
13 judicial officer may be present and participate either in person or  
14 by video, as determined by the court. The term "video" as used in  
15 this section includes any functional equivalent. At any hearing  
16 conducted by video, the technology used must permit the judicial  
17 officer, counsel, all parties, and the witnesses to be able to see,  
18 hear, and speak, when authorized, during the hearing; to allow  
19 attorneys to use exhibits or other materials during the hearing; and  
20 to allow the respondent's counsel to be in the same location as the  
21 respondent unless otherwise requested by the respondent or the  
22 respondent's counsel. Witnesses in a proceeding may also appear in  
23 court through other means, including telephonically, pursuant to the  
24 requirements of superior court civil rule 43. Notwithstanding the  
25 foregoing, the court, upon its own motion or upon a motion for good  
26 cause by any party, may require all parties and witnesses to  
27 participate in the hearing in person rather than by video. In ruling  
28 on any such motion, the court may allow in-person or video testimony;  
29 and the court may consider, among other things, whether the  
30 respondent's alleged behavioral health disorder affects the  
31 respondent's ability to perceive or participate in the proceeding by  
32 video.

33 NEW SECTION. **Sec. 99.** A new section is added to chapter 71.05  
34 RCW to read as follows:

35 For purposes of this chapter, at any hearing the petitioner, the  
36 respondent, the witnesses, the interpreters, and the presiding  
37 judicial officer may be present and participate either in person or  
38 by video, as determined by the court. The term "video" as used in

1 this section includes any functional equivalent. At any hearing  
2 conducted by video, the technology used must permit the judicial  
3 officer, counsel, all parties, and the witnesses to be able to see,  
4 hear, and speak, when authorized, during the hearing; to allow  
5 attorneys to use exhibits or other materials during the hearing; and  
6 to allow the respondent's counsel to be in the same location as the  
7 respondent unless otherwise requested by the respondent or the  
8 respondent's counsel. Witnesses in a proceeding may also appear in  
9 court through other means, including telephonically, pursuant to the  
10 requirements of superior court civil rule 43. Notwithstanding the  
11 foregoing, the court, upon its own motion or upon a motion for good  
12 cause by any party, may require all parties and witnesses to  
13 participate in the hearing in person rather than by video. In ruling  
14 on any such motion, the court may allow in-person or video testimony;  
15 and the court may consider, among other things, whether the  
16 respondent's alleged behavioral health disorder affects the  
17 respondent's ability to perceive or participate in the proceeding by  
18 video.

19 NEW SECTION. **Sec. 100.** A new section is added to chapter 71.34  
20 RCW to read as follows:

21 In addition to the responsibility provided for by RCW 43.20B.330,  
22 the parents of a minor person who is involuntarily detained pursuant  
23 to this chapter for the purpose of treatment and evaluation outside  
24 of a facility maintained and operated by the department shall be  
25 responsible for the cost of such care and treatment. In the event  
26 that an individual is unable to pay for such treatment or in the  
27 event payment would result in a substantial hardship upon the  
28 individual or his or her family, then the county of residence of such  
29 person shall be responsible for such costs. If it is not possible to  
30 determine the county of residence of the person, the cost shall be  
31 borne by the county where the person was originally detained. The  
32 department, or the authority, as appropriate, shall, pursuant to  
33 chapter 34.05 RCW, adopt standards as to (1) inability to pay in  
34 whole or in part, (2) a definition of substantial hardship, and (3)  
35 appropriate payment schedules. Financial responsibility with respect  
36 to services and facilities of the department shall continue to be as  
37 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

1        NEW SECTION.    **Sec. 101.**    A new section is added to chapter 71.05  
2    RCW to read as follows:

3        (1) An involuntary treatment act work group is established to  
4    evaluate the effect of changes to chapters 71.05 and 71.34 RCW and to  
5    evaluate vulnerabilities in the crisis system.

6        (2) The work group shall:

7        (a) Commencing September 1, 2019, meet at least three times to:

8        (i) Identify and evaluate systems and procedures that may be required  
9    to implement five-day initial detention; (ii) develop recommendations  
10   to implement five-day initial detention statewide; and (iii)  
11   disseminate the recommendations to stakeholders and report them to  
12   the appropriate committees of the legislature by January 1, 2020.

13       (b) Commencing January 1, 2020, meet at least six times to  
14   evaluate: (i) The implementation of five-day initial detention, and  
15   the effects, if any, on involuntary behavioral health treatment  
16   capacity statewide, including the frequency of detentions,  
17   commitments, revocations of less restrictive alternative treatment,  
18   conditional release orders, single bed certifications, and no-bed  
19   reports under RCW 71.05.750; (ii) other issues related to  
20   implementation of this act; and (iii) other vulnerabilities in the  
21   involuntary treatment system.

22       (c) (i) Develop recommendations for operating the crisis system  
23   based on the evaluations in (b) of this subsection; and (ii)  
24   disseminate those recommendations to stakeholders and report them to  
25   the appropriate committees of the legislature no later than June 30,  
26   2021.

27       (3) The work group shall be convened by the authority and shall  
28   receive technical and data gathering support from the authority, the  
29   department, and the department of social and health services as  
30   needed. The membership must consist of not more than eighteen members  
31   appointed by the governor, reflecting statewide representation,  
32   diverse viewpoints, and experience with involuntary treatment cases.  
33   Appointed members must include but not be limited to:

34       (a) Representatives of the authority, the department, and the  
35   department of social and health services;

36       (b) Certified short-term civil commitment providers and providers  
37   who accept single bed certification under RCW 71.05.745;

38       (c) Certified long-term inpatient care providers for involuntary  
39   patients or providers with experience providing community long-term  
40   inpatient care for involuntary patients;

- 1 (d) Prosecuting attorneys;  
2 (e) Defense attorneys;  
3 (f) Family members and persons with lived experience of  
4 behavioral health disorders;  
5 (g) Advocates for persons with behavioral health disorders;  
6 (h) Designated crisis responders;  
7 (i) Behavioral health administrative services organizations;  
8 (j) Managed care organizations;  
9 (k) Law enforcement; and  
10 (l) Judicial officers in involuntary treatment cases.  
11 (4) Interested legislators and legislative staff may participate  
12 in the work group. The governor must request participation in the  
13 work group by a representative of tribal governments.  
14 (5) The work group shall choose cochairs from among its members  
15 and receive staff support from the authority.  
16 (6) This section expires June 30, 2021.

17 NEW SECTION. **Sec. 102.** The following acts or parts of acts are  
18 each repealed:

- 19 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and  
20 2017 3rd sp.s. c 14 s 20; and  
21 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)  
22 and 1989 c 120 s 9.

23 NEW SECTION. **Sec. 103.** RCW 71.05.525 is recodified as a section  
24 in chapter 71.34 RCW.

25 NEW SECTION. **Sec. 104.** Sections 15, 18, 26, 39, 45, 56, 59, 71,  
26 78, 82, 85, 91, 93, and 96 of this act take effect July 1, 2026.

27 NEW SECTION. **Sec. 105.** Sections 14, 17, 25, 38, 44, 55, 77, 81,  
28 84, 90, 92, and 95 of this act expire July 1, 2026.

29 NEW SECTION. **Sec. 106.** Sections 14, 17, 20, 21, 22, 23, 25, 31,  
30 34, 36, 55, 61, 75, 81, 84, 87, and 90 of this act take effect  
31 January 1, 2020.

1        NEW SECTION.    **Sec. 107.**    Sections 13, 16, 30, 33, 35, 54, 74, 80,  
2    83, 86, and 89 of this act expire January 1, 2020.

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