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**SENATE BILL 5720**

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**State of Washington**

**66th Legislature**

**2019 Regular Session**

**By** Senators Dhingra and Wagoner

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 71.05.153, 71.05.153, 71.05.160, 71.05.170, 71.05.180, 71.05.190,  
5 71.05.195, 71.05.201, 71.05.210, 71.05.210, 71.05.212, 71.05.214,  
6 71.05.215, 71.05.217, 71.05.230, 71.05.235, 71.05.280, 71.05.290,  
7 71.05.300, 71.05.310, 71.05.320, 71.05.320, 71.05.380, 71.05.445,  
8 71.05.455, 71.05.457, 71.05.458, 71.05.525, 71.05.530, 71.05.585,  
9 71.05.720, 71.05.740, 71.05.745, 71.05.750, 71.05.760, 71.34.010,  
10 71.34.020, 71.34.305, 71.34.310, 71.34.355, 71.34.365, 71.34.410,  
11 71.34.420, 71.34.500, 71.34.600, 71.34.650, 71.34.700, 71.34.700,  
12 71.34.710, 71.34.710, 71.34.720, 71.34.720, 71.34.740, 71.34.740,  
13 71.34.750, 71.34.780, 71.34.780, and 2.30.010; reenacting and  
14 amending RCW 71.05.020, 71.05.120, 71.05.240, 71.05.240, 71.05.590,  
15 71.05.590, 71.34.730, and 71.34.750; adding new sections to chapter  
16 71.05 RCW; adding new sections to chapter 71.34 RCW; recodifying RCW  
17 71.05.525; repealing RCW 71.05.360 and 71.34.370; providing an  
18 effective date; and providing an expiration date.

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

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

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

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

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

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

14 (d) To safeguard individual rights;

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

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

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

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

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

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

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

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

12 **Sec. 3.** RCW 71.05.020 and 2018 c 305 s 1, 2018 c 291 s 1, and  
13 2018 c 201 s 3001 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

38 (7) (~~"Chemical dependency"~~) "Substance use disorder" means:

39 (a) Alcoholism;

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

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

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

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

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

32 (23) "Habilitative services" means those services provided by  
33 program personnel to assist persons in acquiring and maintaining life  
34 skills and in raising their levels of physical, mental, social, and  
35 vocational functioning. Habilitative services include education,  
36 training for employment, and therapy. The habilitative process shall  
37 be undertaken with recognition of the risk to the public safety  
38 presented by the person being assisted as manifested by prior charged  
39 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 89 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, physical pain,  
13 or trauma, or which places another person or persons in reasonable  
14 fear of ~~((sustaining such))~~ harm to themselves or others; or (iii)  
15 physical harm will be inflicted by a person upon the property of  
16 others, as evidenced by behavior which has caused substantial loss or  
17 damage to 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, pain, 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 a period of  
30 not more than (~~a seventy-two hour~~) five days for evaluation and  
31 treatment (~~period~~), may be issued by a judge of the superior court  
32 upon request of a designated crisis responder, subject to (d) of this  
33 subsection, whenever it appears to the satisfaction of a judge of the  
34 superior court:

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

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

38 (b) The petition for initial detention, signed under penalty of  
39 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~~) five days of the date and time of  
23 outpatient evaluation or admission to the evaluation and treatment  
24 facility, secure detoxification facility, or approved substance use  
25 disorder treatment program. The person shall be permitted to be  
26 accompanied by one or more of his or her relatives, friends, an  
27 attorney, a personal physician, or other professional or religious  
28 advisor to the place of evaluation. An attorney accompanying the  
29 person to the place of evaluation shall be permitted to be present  
30 during the admission evaluation. Any other individual accompanying  
31 the person may be present during the admission evaluation. The  
32 facility may exclude the individual if his or her presence would  
33 present a safety risk, delay the proceedings, or otherwise interfere  
34 with the evaluation.

35 (4) The designated crisis responder may notify a peace officer to  
36 take such person or cause such person to be taken into custody and  
37 placed in an evaluation and treatment facility, secure detoxification  
38 facility, or approved substance use disorder treatment program. At  
39 the time such person is taken into custody there shall commence to be  
40 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 5 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 whenever it appears to  
31 the satisfaction of a judge of the superior court:

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

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

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

36 **Sec. 15.** RCW 71.05.153 and 2016 sp.s. c 29 s 212 are each  
37 amended to read as follows:

38 (1) When a designated crisis responder receives information  
39 alleging that a person, as the result of a (~~mental~~) behavioral

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

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

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

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

37 (b) A peace officer's delivery of a person, (~~(based on a~~  
38 ~~substance use disorder,~~) to a secure detoxification facility or  
39 approved substance use disorder treatment program is subject to the  
40 availability of a secure detoxification facility or approved

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

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

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

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

32 **Sec. 16.** RCW 71.05.153 and 2016 sp.s. c 29 s 213 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, or approved substance use disorder  
5 treatment program, for not more than (~~seventy-two hours~~) five days  
6 as described in RCW 71.05.180.

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

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

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

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

30 (~~(4))~~ (3) Persons delivered to a crisis stabilization unit,  
31 evaluation and treatment facility, emergency department of a local  
32 hospital, triage facility that has elected to operate as an  
33 involuntary facility, secure detoxification facility, or approved  
34 substance use disorder treatment program by peace officers pursuant  
35 to subsection (~~(3)~~) (2) of this section may be held by the facility  
36 for a period of up to twelve hours, not counting time periods prior  
37 to medical clearance.

38 (~~(5))~~ (4) Within three hours after arrival, not counting time  
39 periods prior to medical clearance, the person must be examined by a  
40 mental health professional or chemical dependency professional,

1 whichever is more appropriate to the person's presentation. Within  
2 twelve hours of notice of the need for evaluation, not counting time  
3 periods prior to medical clearance, the designated crisis responder  
4 must determine whether the individual meets detention criteria. If  
5 the individual is detained, the designated crisis responder shall  
6 file a petition for detention or a supplemental petition as  
7 appropriate and commence service on the designated attorney for the  
8 detained person. If the individual is released to the community, the  
9 (~~mental~~) behavioral health service provider shall inform the peace  
10 officer of the release within a reasonable period of time after the  
11 release if the peace officer has specifically requested notification  
12 and provided contact information to the provider.

13 (~~(+6)~~) (5) Dismissal of a commitment petition is not the  
14 appropriate remedy for a violation of the timeliness requirements of  
15 this section based on the intent of this chapter under RCW 71.05.010  
16 except in the few cases where the facility staff or designated  
17 (~~mental—health—professional~~) crisis responder has totally  
18 disregarded the requirements of this section.

19 **Sec. 17.** RCW 71.05.160 and 2016 sp.s. c 29 s 217 are each  
20 amended to read as follows:

21 Any facility receiving a person pursuant to RCW 71.05.150 or  
22 71.05.153 shall require the designated crisis responder to prepare a  
23 petition for initial detention stating the circumstances under which  
24 the person's condition was made known and stating that there is  
25 evidence, as a result of his or her personal observation or  
26 investigation, that the actions of the person for which application  
27 is made constitute a likelihood of serious harm, or that he or she is  
28 gravely disabled, and stating the specific facts known to him or her  
29 as a result of his or her personal observation or investigation, upon  
30 which he or she bases the belief that such person should be detained  
31 for the purposes and under the authority of this chapter.

32 If a person is involuntarily placed in an evaluation and  
33 treatment facility, secure detoxification facility, or approved  
34 substance use disorder treatment program pursuant to RCW 71.05.150 or  
35 71.05.153, on the next judicial day following the initial detention,  
36 the designated crisis responder or accepting evaluation and treatment  
37 facility shall file with the court and serve the designated attorney  
38 of the detained person the petition or supplemental petition for

1 initial detention, proof of service of notice, and a copy of a notice  
2 of emergency detention.

3 **Sec. 18.** 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. 19.** 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. 20.** 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. 21.** 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. 22.** 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. 23.** 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. 24.** 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. 25.** 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. 26.** 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. 27.** 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 29 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. 28.** 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;

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~assistant, or psychiatric advanced registered nurse practitioner with~~  
2 ~~responsibility for the treatment of the person, administration of~~  
3 ~~antipsychotic medications may continue until the hearing is held;~~

4 ~~(8))~~ under section 29 of this act;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1        NEW SECTION.    **Sec. 29.**    A new section is added to chapter 71.05

2    RCW to read as follows:

3        (1) The involuntary administration of antipsychotic medication or  
4    electroconvulsant therapy shall not be ordered unless the petitioning  
5    party proves by clear, cogent, and convincing evidence that there  
6    exists a compelling state interest that justifies overriding the  
7    patient's lack of consent to the administration of antipsychotic  
8    medications or electroconvulsant therapy, that the proposed treatment  
9    is necessary and effective, and that medically acceptable alternative  
10   forms of treatment are not available, have not been successful, or  
11   are not likely to be effective.

12        (2) The court shall make specific findings of fact concerning:

13    (a) The existence of one or more compelling state interests; (b) the  
14    necessity and effectiveness of the treatment; and (c) the person's  
15    desires regarding the proposed treatment. If the patient is unable to  
16    make a rational and informed decision about consenting to or refusing  
17    the proposed treatment, the court shall make a substituted judgment  
18    for the patient as if he or she were competent to make such a  
19    determination.

20        (3) The person shall be present at any hearing on a request to  
21    administer antipsychotic medication or electroconvulsant therapy  
22    filed pursuant to this subsection. The person has the right: (a) To  
23    be represented by an attorney; (b) to present evidence; (c) to cross-  
24    examine witnesses; (d) to have the rules of evidence enforced; (e) to  
25    remain silent; (f) to view and copy all petitions and reports in the  
26    court file; and (g) to be given reasonable notice and an opportunity  
27    to prepare for the hearing. The court may appoint a psychiatrist,  
28    physician assistant working with a supervising psychiatrist,  
29    psychiatric advanced registered nurse practitioner, psychologist  
30    within their scope of practice, physician assistant, or physician to  
31    examine and testify on behalf of such person. The court shall appoint  
32    a psychiatrist, physician assistant working with a supervising  
33    psychiatrist, psychiatric advanced registered nurse practitioner,  
34    psychologist within their scope of practice, physician assistant, or  
35    physician designated by such person or the person's counsel to  
36    testify on behalf of the person in cases where an order for  
37    electroconvulsant therapy is sought.

38        (4) An order for the administration of antipsychotic medications  
39    entered following a hearing conducted pursuant to this section shall  
40    be effective for the period of the current involuntary treatment

1 order, and any interim period during which the person is awaiting  
2 trial or hearing on a new petition for involuntary treatment or  
3 involuntary medication.

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

7 (6) Antipsychotic medication may be administered to a  
8 nonconsenting person detained or committed pursuant to this chapter  
9 without a court order pursuant to RCW 71.05.215(2) or under the  
10 following circumstances:

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

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

15 (c) In the opinion of the physician, physician assistant, or  
16 psychiatric advanced registered nurse practitioner with  
17 responsibility for treatment of the person, or his or her designee,  
18 the person's condition constitutes an emergency requiring the  
19 treatment be instituted before a judicial hearing as authorized  
20 pursuant to this section can be held. If antipsychotic medications  
21 are administered over a person's lack of consent pursuant to this  
22 subsection, a petition for an order authorizing the administration of  
23 antipsychotic medications must be filed on the next judicial day. The  
24 hearing must be held within two judicial days. If deemed necessary by  
25 the physician, physician assistant, or psychiatric advanced  
26 registered nurse practitioner with responsibility for the treatment  
27 of the person, administration of antipsychotic medications may  
28 continue until the hearing is held.

29 **Sec. 30.** RCW 71.05.230 and 2018 c 291 s 6 are each amended to  
30 read as follows:

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

36 (1) The professional staff of the facility providing evaluation  
37 services has analyzed the person's condition and finds that the  
38 condition is caused by (~~mental disorder or substance use~~) a  
39 behavioral health disorder and results in: (a) A likelihood of

1 serious harm(~~(r) results in~~); (b) the person being gravely  
2 disabled(~~(r)~~); or (~~results in~~) (c) the person being in need of  
3 assisted outpatient behavioral health treatment(~~(r)~~); and are  
4 prepared to testify those conditions are met; and

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

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

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

14 (A) One physician, physician assistant, or psychiatric advanced  
15 registered nurse practitioner; and

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

18 (ii) If the petition is for substance use disorder treatment, the  
19 petition may be signed by a chemical dependency professional instead  
20 of a mental health professional and by an advanced registered nurse  
21 practitioner instead of a psychiatric advanced registered nurse  
22 practitioner. The persons signing the petition must have examined the  
23 person.

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

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

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

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

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

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

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

22 (1) If an individual is referred to a designated crisis responder  
23 under RCW 10.77.088(1)(c)(i), the designated crisis responder shall  
24 examine the individual within forty-eight hours. If the designated  
25 crisis responder determines it is not appropriate to detain the  
26 individual or petition for a ninety-day less restrictive alternative  
27 under RCW 71.05.230(4), that decision shall be immediately presented  
28 to the superior court for hearing. The court shall hold a hearing to  
29 consider the decision of the designated crisis responder not later  
30 than the next judicial day. At the hearing the superior court shall  
31 review the determination of the designated crisis responder and  
32 determine whether an order should be entered requiring the person to  
33 be evaluated at an evaluation and treatment facility. No person  
34 referred to an evaluation and treatment facility may be held at the  
35 facility longer than (~~seventy-two hours~~) five days.

36 (2) If an individual is placed in an evaluation and treatment  
37 facility under RCW 10.77.088(1)(c)(ii), a professional person shall  
38 evaluate the individual for purposes of determining whether to file a  
39 ninety-day inpatient or outpatient petition under this chapter.

1 Before expiration of the ~~((seventy-two hour))~~ five-day evaluation  
2 period authorized under RCW 10.77.088(1)(c)(ii), the professional  
3 person shall file a petition or, if the recommendation of the  
4 professional person is to release the individual, present his or her  
5 recommendation to the superior court of the county in which the  
6 criminal charge was dismissed. The superior court shall review the  
7 recommendation not later than forty-eight hours, excluding Saturdays,  
8 Sundays, and holidays, after the recommendation is presented. If the  
9 court rejects the recommendation to unconditionally release the  
10 individual, the court may order the individual detained at a  
11 designated evaluation and treatment facility for not more than a  
12 ~~((seventy-two hour))~~ five-day evaluation and treatment period ~~((and~~  
13 ~~direct the individual to appear at a surety hearing before that court~~  
14 ~~within seventy-two hours, or the court may release the individual but~~  
15 ~~direct the individual to appear at a surety hearing set before that~~  
16 ~~court within eleven days, at which time the prosecutor may file a~~  
17 ~~petition under this chapter for ninety-day inpatient or outpatient~~  
18 ~~treatment. If a petition is filed by the prosecutor, the court may~~  
19 ~~order that the person named in the petition be detained at the~~  
20 ~~evaluation and treatment facility that performed the evaluation under~~  
21 ~~this subsection or order the respondent to be in outpatient~~  
22 ~~treatment. If a petition is filed but the individual fails to appear~~  
23 ~~in court for the surety hearing, the court shall order that a mental~~  
24 ~~health professional or peace officer shall take such person or cause~~  
25 ~~such person to be taken into custody and placed in an evaluation and~~  
26 ~~treatment facility to be brought before the court the next judicial~~  
27 ~~day after detention)). If the evaluation and treatment facility files  
28 a ninety-day petition within the five-day period, the clerk shall set  
29 a hearing after the day of filing consistent with RCW 71.05.300. Upon  
30 the individual's first appearance in court after a petition has been  
31 filed, proceedings under RCW 71.05.310 and 71.05.320 shall commence.  
32 For an individual subject to this subsection, the ~~((prosecutor or))~~  
33 professional person may directly file a petition for ninety-day  
34 inpatient or outpatient treatment and no petition for initial  
35 detention or fourteen-day detention is required before such a  
36 petition may be filed.~~

37 ~~((The court shall conduct the hearing on the petition filed under~~  
38 ~~this subsection within five judicial days of the date the petition is~~  
39 ~~filed. The court may continue the hearing upon the written request of~~  
40 ~~the person named in the petition or the person's attorney, for good~~

1 ~~cause shown, which continuance shall not exceed five additional~~  
2 ~~judicial days. If the person named in the petition requests a jury~~  
3 ~~trial, the trial shall commence within ten judicial days of the date~~  
4 ~~of the filing of the petition. The burden of proof shall be by clear,~~  
5 ~~eogent, and convincing evidence and shall be upon the petitioner. The~~  
6 ~~person shall be present at such proceeding, which shall in all~~  
7 ~~respects accord with the constitutional guarantees of due process of~~  
8 ~~law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).~~

9 ~~During the proceeding the person named in the petition shall~~  
10 ~~continue to be detained and treated until released by order of the~~  
11 ~~court. If no order has been made within thirty days after the filing~~  
12 ~~of the petition, not including any extensions of time requested by~~  
13 ~~the detained person or his or her attorney, the detained person shall~~  
14 ~~be released.)~~

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

21 ~~((4) The individual shall have the rights specified in RCW~~  
22 ~~71.05.360 (8) and (9).))~~

23 NEW SECTION. **Sec. 32.** A new section is added to chapter 71.05  
24 RCW to read as follows:

25 (1) In any proceeding for involuntary commitment under this  
26 chapter, the court may continue or postpone such proceeding for a  
27 reasonable time on motion of the respondent for good cause, or on  
28 motion of the prosecuting attorney or the attorney general if:

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

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

34 (2) The court may on its own motion continue the case when  
35 required in due administration of justice and when the respondent  
36 will not be substantially prejudiced in the presentation of the  
37 respondent's case.

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

4 **Sec. 33.** RCW 71.05.240 and 2018 c 291 s 7 and 2018 c 201 s 3009  
5 are each reenacted and amended to read as follows:

6 (1) If a petition is filed for fourteen-day involuntary treatment  
7 or ninety days of less restrictive alternative treatment, the court  
8 shall hold a probable cause hearing within ~~((seventy-two hours))~~ five  
9 days of the initial detention of such person as determined in RCW  
10 71.05.180, or at a time determined under RCW 71.05.148. ~~((If~~  
11 ~~requested by the person or his or her attorney, the hearing may be~~  
12 ~~postponed for a period not to exceed forty-eight hours. The hearing~~  
13 ~~may also be continued subject to the conditions set forth in RCW~~  
14 ~~71.05.210 or subject to the petitioner's showing of good cause for a~~  
15 ~~period not to exceed twenty-four hours.))~~

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

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

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

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

3 ~~((Commitment for up to fourteen days based on a substance use~~  
4 ~~disorder must be to either a secure detoxification facility or an~~  
5 ~~approved substance use disorder treatment program.)) A court may only  
6 ~~((enter a commitment)) order ((based on a substance use disorder if~~  
7 ~~there is an available)) commitment to a secure detoxification  
8 facility or approved substance use disorder treatment program if  
9 there is an available facility with adequate space for the person.~~~~

10 (c) At the conclusion of the probable cause hearing, if the court  
11 finds by a preponderance of the evidence that such person, as the  
12 result of a ~~((mental disorder or substance use))~~ behavioral health  
13 disorder, presents a likelihood of serious harm, or is gravely  
14 disabled, but that treatment in a less restrictive setting than  
15 detention is in the best interest of such person or others, the court  
16 shall order an appropriate less restrictive alternative course of  
17 treatment for ~~((not to exceed))~~ up to ninety days.

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

26 ~~((4))~~ (5) An order for less restrictive alternative treatment  
27 must name the ~~((mental))~~ behavioral health service provider  
28 responsible for identifying the services the person will receive in  
29 accordance with RCW 71.05.585, and must include a requirement that  
30 the person cooperate with the ~~((services planned by))~~ treatment  
31 recommendations of the ~~((mental))~~ behavioral health service provider.

32 ~~((5))~~ (6) The court shall ~~((specifically state to such person~~  
33 ~~and give such person notice))~~ notify the person orally and in writing  
34 that if involuntary treatment is sought beyond the fourteen-day  
35 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less  
36 restrictive treatment ~~((is to be sought))~~ period, ~~((such))~~ the person  
37 ~~((will have))~~ has the right to a full hearing or jury trial ~~((as~~  
38 ~~required by))~~ under RCW 71.05.310. If the commitment is for mental  
39 health treatment, the court shall also ~~((state to))~~ notify the person  
40 ~~((and provide written notice))~~ orally and in writing that the person

1 is barred from the possession of firearms and that the prohibition  
2 remains in effect until a court restores his or her right to possess  
3 a firearm under RCW 9.41.047.

4 **Sec. 34.** RCW 71.05.240 and 2018 c 291 s 8 and 2018 c 201 s 3010  
5 are each reenacted and amended to read as follows:

6 (1) If a petition is filed for fourteen-day involuntary treatment  
7 or ninety days of less restrictive alternative treatment, the court  
8 shall hold a probable cause hearing within ~~((seventy-two hours))~~ five  
9 days of the initial detention of such person as determined in RCW  
10 71.05.180, or at a time determined under RCW 71.05.148. ~~((If~~  
11 ~~requested by the person or his or her attorney, the hearing may be~~  
12 ~~postponed for a period not to exceed forty-eight hours. The hearing~~  
13 ~~may also be continued subject to the conditions set forth in RCW~~  
14 ~~71.05.210 or subject to the petitioner's showing of good cause for a~~  
15 ~~period not to exceed twenty-four hours.))~~

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

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

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

1 days in a facility licensed or certified to provide treatment by the  
2 department or under RCW 71.05.745.

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

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

14 ~~((d))~~ (c) If the court finds by a preponderance of the evidence  
15 that such person, as the result of a ~~((mental disorder or substance  
16 use))~~ behavioral health disorder, is in need of assisted outpatient  
17 behavioral health treatment, and that the person does not present a  
18 likelihood of serious harm ~~((or grave disability))~~ and is not gravely  
19 disabled, the court shall order an appropriate less restrictive  
20 alternative course of treatment ~~((not to exceed))~~ for up to ninety  
21 days.

22 ~~((4))~~ (5) An order for less restrictive alternative treatment  
23 must name the ~~((mental))~~ behavioral health service provider  
24 responsible for identifying the services the person will receive in  
25 accordance with RCW 71.05.585, and must include a requirement that  
26 the person cooperate with the ~~((services planned by))~~ treatment  
27 recommendations of the ~~((mental))~~ behavioral health service provider.

28 ~~((5))~~ (6) The court shall ~~((specifically state to such person  
29 and give such person notice))~~ notify the person orally and in writing  
30 that if involuntary treatment is sought beyond the fourteen-day  
31 ~~((period))~~ inpatient or ~~((beyond the))~~ ninety-day~~((s of))~~ less  
32 restrictive treatment ~~((is to be sought))~~ period, such person ~~((will  
33 have))~~ has the right to a full hearing or jury trial ~~((as required  
34 by))~~ under RCW 71.05.310. If the commitment is for mental health  
35 treatment, the court shall also ~~((state to))~~ notify the person ~~((and  
36 provide written notice))~~ orally and in writing that the person is  
37 barred from the possession of firearms and that the prohibition  
38 remains in effect until a court restores his or her right to possess  
39 a firearm under RCW 9.41.047.

1       **Sec. 35.** RCW 71.05.280 and 2018 c 291 s 15 are each amended to  
2 read as follows:

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

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

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

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

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

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

31       (4) Such person is gravely disabled; or

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

34       **Sec. 36.** RCW 71.05.290 and 2017 3rd sp.s. c 14 s 18 are each  
35 amended to read as follows:

36       (1) At any time during a person's fourteen day intensive  
37 treatment period, the professional person in charge of a treatment  
38 facility or his or her professional designee or the designated crisis  
39 responder may petition the superior court for an order requiring such

1 person to undergo an additional period of treatment. Such petition  
2 must be based on one or more of the grounds set forth in RCW  
3 71.05.280.

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

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

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

11 (ii) If the petition is for substance use disorder treatment, the  
12 petition may be signed by a chemical dependency professional instead  
13 of a mental health professional and by an advanced registered nurse  
14 practitioner instead of a psychiatric advanced registered nurse  
15 practitioner.

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

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

32 **Sec. 37.** RCW 71.05.300 and 2017 3rd sp.s. c 14 s 19 are each  
33 amended to read as follows:

34 (1) The petition for ninety day treatment shall be filed with the  
35 clerk of the superior court at least three days before expiration of  
36 the fourteen-day period of intensive treatment. (~~At the time of~~  
37 ~~filing such petition,~~) The clerk shall set a (~~time for the person~~  
38 ~~to come before the court on the next judicial day after the day of~~  
39 ~~filing unless such appearance is waived by the person's attorney, and~~

1 ~~the clerk shall~~) trial setting date as provided in RCW 71.05.310 on  
2 the next judicial day after the date of filing the petition and  
3 notify the designated crisis responder. The designated crisis  
4 responder shall immediately notify the person detained, his or her  
5 attorney, if any, and his or her guardian or conservator, if any, the  
6 prosecuting attorney, and the behavioral health organization  
7 administrator, and provide a copy of the petition to such persons as  
8 soon as possible. The behavioral health organization administrator or  
9 designee may review the petition and may appear and testify at the  
10 full hearing on the petition.

11 (2) (~~At the time set for appearance~~) The attorney for the  
12 detained person (~~(shall be brought before the court, unless such~~  
13 ~~appearance has been waived and the court)~~) shall advise him or her of  
14 his or her right to be represented by an attorney, his or her right  
15 to a jury trial, and, if the petition is for commitment for mental  
16 health treatment, his or her loss of firearm rights if involuntarily  
17 committed. If the detained person is not represented by an attorney,  
18 or is indigent or is unwilling to retain an attorney, the court shall  
19 immediately appoint an attorney to represent him or her. The court  
20 shall, if requested, appoint a reasonably available licensed  
21 physician, physician assistant, psychiatric advanced registered nurse  
22 practitioner, psychologist, psychiatrist, or other professional  
23 person(~~(7)~~) designated by the detained person to examine and testify  
24 on behalf of the detained person.

25 (3) The court may, if requested, also appoint a professional  
26 person as defined in RCW 71.05.020 to seek less restrictive  
27 alternative courses of treatment and to testify on behalf of the  
28 detained person. In the case of a person with a developmental  
29 disability who has been determined to be incompetent pursuant to RCW  
30 10.77.086(4), (~~then~~) the appointed professional person under this  
31 section shall be a developmental disabilities professional.

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

34 **Sec. 38.** RCW 71.05.310 and 2012 c 256 s 8 are each amended to  
35 read as follows:

36 The court shall (~~conduct~~) set a hearing on the petition for  
37 ninety-day or one hundred eighty-day treatment within five judicial  
38 days of the (~~first court appearance after the probable cause~~  
39 ~~hearing~~) trial setting hearing, or within ten judicial days for a

1 petition filed under RCW 71.05.280(3). The court may continue the  
2 hearing (~~((for good cause upon the written request of the person named~~  
3 ~~in the petition or the person's attorney. The court may continue for~~  
4 ~~good cause the hearing on a petition filed under RCW 71.05.280(3)~~  
5 ~~upon written request by the person named in the petition, the~~  
6 ~~person's attorney, or the petitioner)) in accordance with section 32~~  
7 ~~of this act.~~ If the person named in the petition requests a jury  
8 trial, the trial (~~((shall commence))~~) must be set within ten judicial  
9 days of the (~~((first court appearance after the probable cause~~  
10 ~~hearing))~~) next judicial day after the date of filing the petition.  
11 The burden of proof shall be by clear, cogent, and convincing  
12 evidence and shall be upon the petitioner. The person (~~((shall))~~) has  
13 the right to be present at such proceeding, which shall in all  
14 respects accord with the constitutional guarantees of due process of  
15 law and the rules of evidence (~~((pursuant to RCW 71.05.360 (8) and~~  
16 ~~(9))~~) under RCW 71.05.217.

17 During the proceeding, the person named in the petition shall  
18 continue to be treated until released by order of the superior court  
19 or discharged by the medical provider. If (~~((no order has been made))~~)  
20 the hearing has not commenced within thirty days after the filing of  
21 the petition, not including extensions of time (~~((requested by the~~  
22 ~~detained person or his or her attorney, or the petitioner in the case~~  
23 ~~of a petition filed under RCW 71.05.280(3))~~) ordered under section 32  
24 of this act, the detained person shall be released.

25 **Sec. 39.** RCW 71.05.320 and 2018 c 201 s 3012 are each amended to  
26 read as follows:

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

35 (b) If the order for inpatient treatment is based on a substance  
36 use disorder, (~~((treatment must take place at an approved substance~~  
37 ~~use disorder treatment program.))~~) the court may only enter an order  
38 for commitment (~~((based on a substance use disorder))~~) if there is an

1 available (~~approved substance use disorder~~) treatment program with  
2 adequate space for the person.

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

9 (2) If the court or jury finds that grounds set forth in RCW  
10 71.05.280 have been proven, but finds that treatment less restrictive  
11 than detention will be in the best interest of the person or others,  
12 then the court shall remand him or her to the custody of the  
13 department of social and health services or to a facility certified  
14 for ninety day treatment by the department or to a less restrictive  
15 alternative for a further period of less restrictive treatment not to  
16 exceed ninety days from the date of judgment. (~~If the order for less~~  
17 ~~restrictive treatment is based on a substance use disorder, treatment~~  
18 ~~must be provided by an approved substance use disorder treatment~~  
19 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis  
20 of commitment, then the period of treatment may be up to but not  
21 exceed one hundred eighty days from the date of judgment. If the  
22 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
23 have been proven, and provide the only basis for commitment, the  
24 court must enter an order for less restrictive alternative treatment  
25 for up to ninety days from the date of judgment and may not order  
26 inpatient treatment.

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

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

1 (a) During the current period of court ordered treatment: (i) Has  
2 threatened, attempted, or inflicted physical harm upon the person of  
3 another, or substantial damage upon the property of another, and (ii)  
4 as a result of a (~~mental disorder, substance use~~) behavioral health  
5 disorder(~~(7)~~) or developmental disability presents a likelihood of  
6 serious harm; or

7 (b) Was taken into custody as a result of conduct in which he or  
8 she attempted or inflicted serious physical harm upon the person of  
9 another, and continues to present, as a result of (~~mental disorder,~~  
10 ~~substance use~~) a behavioral health disorder(~~(7)~~) or developmental  
11 disability, a likelihood of serious harm; or

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

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

32 (d) Continues to be gravely disabled; or

33 (e) Is in need of assisted outpatient (~~mental~~) behavioral  
34 health treatment.

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

38 If less restrictive alternative treatment is sought, the petition  
39 shall set forth any recommendations for less restrictive alternative  
40 treatment services.

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

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

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

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

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

1       **Sec. 40.** RCW 71.05.320 and 2018 c 201 s 3013 are each amended to  
2 read as follows:

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

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

19       (2) If the court or jury finds that grounds set forth in RCW  
20 71.05.280 have been proven, but finds that treatment less restrictive  
21 than detention will be in the best interest of the person or others,  
22 then the court shall remand him or her to the custody of the  
23 department of social and health services or to a facility certified  
24 for ninety day treatment by the department or to a less restrictive  
25 alternative for a further period of less restrictive treatment not to  
26 exceed ninety days from the date of judgment. (~~If the order for less~~  
27 ~~restrictive treatment is based on a substance use disorder, treatment~~  
28 ~~must be provided by an approved substance use disorder treatment~~  
29 ~~program.~~) If the grounds set forth in RCW 71.05.280(3) are the basis  
30 of commitment, then the period of treatment may be up to but not  
31 exceed one hundred eighty days from the date of judgment. If the  
32 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
33 have been proven, and provide the only basis for commitment, the  
34 court must enter an order for less restrictive alternative treatment  
35 for up to ninety days from the date of judgment and may not order  
36 inpatient treatment.

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

1 and must include a requirement that the person cooperate with the  
2 services planned by the ((mental)) behavioral health service  
3 provider.

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

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

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

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

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

1 support and treatment, which may be initiated prior to or after  
2 discharge from the state hospital; or

3 (d) Continues to be gravely disabled; or

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

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

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

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

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

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

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

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

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

11 **Sec. 41.** RCW 71.05.380 and 2016 sp.s. c 29 s 245 are each  
12 amended to read as follows:

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

18 **Sec. 42.** RCW 71.05.445 and 2018 c 201 s 3021 are each amended to  
19 read as follows:

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

25 (b) When a person receiving court-ordered treatment or treatment  
26 ordered by the department of corrections discloses to his or her  
27 (~~mental~~) behavioral health service provider that he or she is  
28 subject to supervision by the department of corrections, the  
29 (~~mental~~) behavioral health service provider shall notify the  
30 department of corrections that he or she is treating the offender and  
31 shall notify the offender that his or her community corrections  
32 officer will be notified of the treatment, provided that if the  
33 offender has received relief from disclosure pursuant to RCW  
34 9.94A.562 or 71.05.132 and the offender has provided the (~~mental~~)  
35 behavioral health service provider with a copy of the order granting  
36 relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the  
37 (~~mental~~) behavioral health service provider is not required to  
38 notify the department of corrections that the (~~mental~~) behavioral

1 health service provider is treating the offender. The notification  
2 may be written or oral and shall not require the consent of the  
3 offender. If an oral notification is made, it must be confirmed by a  
4 written notification. For purposes of this section, a written  
5 notification includes notification by email or facsimile, so long as  
6 the notifying (~~mental~~) behavioral health service provider is  
7 clearly identified.

8 (2) The information to be released to the department of  
9 corrections shall include all relevant records and reports, as  
10 defined by rule, necessary for the department of corrections to carry  
11 out its duties.

12 (3) The authority and the department of corrections, in  
13 consultation with behavioral health organizations, (~~mental~~)  
14 behavioral health service providers as defined in RCW 71.05.020,  
15 (~~mental~~) behavioral health consumers, and advocates for persons  
16 with (~~mental illness~~) behavioral health disorders, shall adopt  
17 rules to implement the provisions of this section related to the type  
18 and scope of information to be released. These rules shall:

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

25 (b) Establish requirements for the notification of persons under  
26 the supervision of the department of corrections regarding the  
27 provisions of this section.

28 (4) The information received by the department of corrections  
29 under this section shall remain confidential and subject to the  
30 limitations on disclosure outlined in this chapter, except as  
31 provided in RCW 72.09.585.

32 (5) No (~~mental~~) behavioral health service provider or  
33 individual employed by a (~~mental~~) behavioral health service  
34 provider shall be held responsible for information released to or  
35 used by the department of corrections under the provisions of this  
36 section or rules adopted under this section.

37 (6) Whenever federal law or federal regulations restrict the  
38 release of information and records related to (~~mental~~) behavioral  
39 health services for any patient who receives treatment for alcoholism

1 or drug dependency, the release of the information may be restricted  
2 as necessary to comply with federal law and regulations.

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

6 (8) The authority shall, subject to available resources,  
7 electronically, or by the most cost-effective means available,  
8 provide the department of corrections with the names, last dates of  
9 services, and addresses of specific behavioral health organizations  
10 and ~~((mental))~~ behavioral health service providers that delivered  
11 ~~((mental))~~ behavioral health services to a person subject to chapter  
12 9.94A or 9.95 RCW pursuant to an agreement between the authority and  
13 the department of corrections.

14 **Sec. 43.** RCW 71.05.455 and 2016 c 158 s 2 are each amended to  
15 read as follows:

16 When funded, the Washington association of sheriffs and police  
17 chiefs, in consultation with the criminal justice training  
18 commission, must develop and adopt a model policy for use by law  
19 enforcement agencies relating to a law enforcement officer's referral  
20 of a person to a ~~((mental))~~ behavioral health agency after receiving  
21 a report of threatened or attempted suicide. The model policy must  
22 complement the criminal justice training commission's crisis  
23 intervention training curriculum.

24 **Sec. 44.** RCW 71.05.457 and 2016 c 158 s 3 are each amended to  
25 read as follows:

26 By July 1, 2017, all general authority Washington law enforcement  
27 agencies must adopt a policy establishing criteria and procedures for  
28 a law enforcement officer to refer a person to a ~~((mental))~~  
29 behavioral health agency after receiving a report of threatened or  
30 attempted suicide.

31 **Sec. 45.** RCW 71.05.458 and 2016 c 158 s 5 are each amended to  
32 read as follows:

33 As soon as possible, but no later than twenty-four hours from  
34 receiving a referral from a law enforcement officer or law  
35 enforcement agency, excluding Saturdays, Sundays, and holidays, a  
36 mental health professional contacted by the designated ~~((mental~~  
37 ~~health professional))~~ crisis responder agency must attempt to contact

1 the referred person to determine whether additional mental health  
2 intervention is necessary including, if needed, an assessment by a  
3 designated (~~mental health professional~~) crisis responder for  
4 initial detention under RCW 71.05.150 or 71.05.153. Documentation of  
5 the mental health professional's attempt to contact and assess the  
6 person must be maintained by the designated (~~mental health~~  
7 ~~professional~~) crisis responder agency.

8 **Sec. 46.** RCW 71.05.525 and 2018 c 201 s 3024 are each amended to  
9 read as follows:

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

28 **Sec. 47.** RCW 71.05.530 and 2016 sp.s. c 29 s 247 are each  
29 amended to read as follows:

30 Evaluation and treatment facilities and secure detoxification  
31 facilities authorized pursuant to this chapter may be part of the  
32 comprehensive community (~~mental~~) behavioral health services program  
33 conducted in counties pursuant to chapter 71.24 RCW, and may receive  
34 funding pursuant to the provisions thereof.

35 **Sec. 48.** RCW 71.05.585 and 2018 c 291 s 2 are each amended to  
36 read as follows:

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

3 (a) Assignment of a care coordinator;

4 (b) An intake evaluation with the provider of the less  
5 restrictive alternative treatment;

6 (c) A psychiatric evaluation;

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

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

12 (f) An individual crisis plan; and

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

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

18 (a) Medication management;

19 (b) Psychotherapy;

20 (c) Nursing;

21 (d) Substance abuse counseling;

22 (e) Residential treatment; and

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

24 (3) If the person was provided with involuntary medication under  
25 RCW 71.05.215 or pursuant to a judicial order during the involuntary  
26 commitment period, the less restrictive alternative treatment order  
27 may authorize the less restrictive alternative treatment provider or  
28 its designee to administer involuntary antipsychotic medication to  
29 the person if the provider has attempted and failed to obtain the  
30 informed consent of the person and there is a concurring medical  
31 opinion approving the medication by a psychiatrist, physician  
32 assistant working with a supervising psychiatrist, psychiatric  
33 advanced registered nurse practitioner, or physician or physician  
34 assistant in consultation with an independent mental health  
35 professional with prescribing authority.

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

1       (~~(4)~~) (5) The care coordinator assigned to a person ordered to  
2 less restrictive alternative treatment must submit an individualized  
3 plan for the person's treatment services to the court that entered  
4 the 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       (~~(5)~~) (6) For the purpose of this section, "care coordinator"  
9 means a 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 orders and is responsible for coordinating service activities with  
14 other agencies and establishing and maintaining a therapeutic  
15 relationship with the individual on a continuing basis.

16       **Sec. 49.** RCW 71.05.590 and 2018 c 291 s 9 and 2018 c 201 s 3026  
17 are each reenacted and amended to read as follows:

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

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

26       (b) Substantial deterioration in the person's functioning has  
27 occurred;

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

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

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

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

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

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

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

1 revocation procedures under subsection (4) of this section in  
2 appropriate circumstances; and

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

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

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

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

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

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

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

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

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

34 (c) The issues for the court to determine are whether to continue  
35 the detention of the person for inpatient treatment or whether the  
36 court should reinstate or modify the person's less restrictive  
37 alternative order or order the person's detention for inpatient  
38 treatment. To continue detention after the (~~((seventy-two hour))~~) five-  
39 day period, the court must find that the person, as a result of a  
40 (~~((mental disorder or substance use))~~) behavioral health disorder,

1 presents a likelihood of serious harm or is gravely disabled and,  
2 after considering less restrictive alternatives to involuntary  
3 detention and treatment, that no such alternatives are in the best  
4 interest of the person or others.

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

10 **Sec. 50.** RCW 71.05.590 and 2018 c 291 s 10 and 2018 c 201 s 3027  
11 are each reenacted and amended to read as follows:

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

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

20 (b) Substantial deterioration in the person's functioning has  
21 occurred;

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

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

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

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

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

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

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

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

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

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

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

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

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

1 commitment, if different from the court where the petition for  
2 revocation is filed, within two judicial days of the person's  
3 detention.

4 (d) Except as provided in subsection (6) of this section, the  
5 issues for the court to determine are whether: (i) The person adhered  
6 to the terms and conditions of the court order; (ii) substantial  
7 deterioration in the person's functioning has occurred; (iii) there  
8 is evidence of substantial decompensation with a reasonable  
9 probability that the decompensation can be reversed by further  
10 inpatient treatment; or (iv) there is a likelihood of serious harm;  
11 and, if any of the above conditions apply, whether the court should  
12 reinstate or modify the person's less restrictive alternative or  
13 conditional release order or order the person's detention for  
14 inpatient treatment. The person may waive the court hearing and allow  
15 the court to enter a stipulated order upon the agreement of all  
16 parties. If the court orders detention for inpatient treatment, the  
17 treatment period (~~may be for no longer than the period~~) must be for  
18 fourteen days from the revocation hearing if the outpatient order was  
19 based on a petition under RCW 71.05.160 or 71.05.230. If the court  
20 orders detention for inpatient treatment and the outpatient order was  
21 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
22 days remaining until the outpatient order must be converted to days  
23 of inpatient treatment authorized in the original court order.

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

30 (6) (a) If the current commitment is solely based on the person  
31 being in need of assisted outpatient behavioral health treatment as  
32 defined in RCW 71.05.020, a designated crisis responder may initiate  
33 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when  
34 appropriate. A designated crisis responder or the secretary may, upon  
35 their own motion or notification by the facility or agency designated  
36 to provide outpatient care to a person subject to a less restrictive  
37 alternative treatment order under RCW 71.05.320 subsequent to an  
38 order for assisted outpatient behavioral health treatment entered  
39 under RCW 71.05.148, order the person to be apprehended and taken  
40 into custody and temporary detention for inpatient evaluation in an

1 evaluation and treatment facility (~~in or near the county in which he~~  
2 ~~or she is receiving outpatient treatment if the person is committed~~  
3 ~~for mental health treatment, or, if the person is committed for~~  
4 ~~substance use disorder treatment~~), in a secure detoxification  
5 facility, or in an approved substance use disorder treatment program  
6 (~~if either is available~~), in or near the county in which he or she  
7 is receiving outpatient treatment. Proceedings under this subsection  
8 may be initiated without ordering the apprehension and detention of  
9 the person.

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

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

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

31 **Sec. 51.** RCW 71.05.720 and 2018 c 201 s 3029 are each amended to  
32 read as follows:

33 Annually, all community mental health employees who work directly  
34 with clients shall be provided with training on safety and violence  
35 prevention topics described in RCW 49.19.030. The curriculum for the  
36 training shall be developed collaboratively among the authority, the  
37 department, contracted (~~mental~~) behavioral health service  
38 providers, and employee organizations that represent community mental  
39 health workers.

1       **Sec. 52.** RCW 71.05.740 and 2018 c 201 s 3031 are each amended to  
2 read as follows:

3       All behavioral health organizations in the state of Washington  
4 must forward historical (~~mental~~) behavioral health involuntary  
5 commitment information retained by the organization including  
6 identifying information and dates of commitment to the authority. As  
7 soon as feasible, the behavioral health organizations must arrange to  
8 report new commitment data to the authority within twenty-four hours.  
9 Commitment information under this section does not need to be resent  
10 if it is already in the possession of the authority. Behavioral  
11 health organizations and the authority shall be immune from liability  
12 related to the sharing of commitment information under this section.

13       **Sec. 53.** RCW 71.05.745 and 2018 c 201 s 3032 are each amended to  
14 read as follows:

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

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

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

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

36       **Sec. 54.** RCW 71.05.750 and 2018 c 201 s 3033 are each amended to  
37 read as follows:

1 (1) A designated crisis responder shall make a report to the  
2 authority when he or she determines a person meets detention criteria  
3 under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are  
4 not any beds available at an evaluation and treatment facility, the  
5 person has not been provisionally accepted for admission by a  
6 facility, and the person cannot be served on a single bed  
7 certification or less restrictive alternative. Starting at the time  
8 when the designated crisis responder determines a person meets  
9 detention criteria and the investigation has been completed, the  
10 designated crisis responder has twenty-four hours to submit a  
11 completed report to the authority.

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

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

15 (b) The identity of the responsible behavioral health  
16 organization;

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

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

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

21 (3) The authority shall develop a standardized reporting form or  
22 modify the current form used for single bed certifications for the  
23 report required under subsection (2) of this section and may require  
24 additional reporting elements as it determines are necessary or  
25 supportive. The authority shall also determine the method for the  
26 transmission of the completed report from the designated crisis  
27 responder to the authority.

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

35 (5) The reports provided according to this section may not  
36 display "protected health information" as that term is used in the  
37 federal health insurance portability and accountability act of 1996,  
38 nor information contained in "mental health treatment records" or  
39 "behavioral health treatment records" as (~~that term is~~) these terms

1 are used in chapter 70.02 RCW or elsewhere in state law, and must  
2 otherwise be compliant with state and federal privacy laws.

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

8 (a) Not licensed or certified as an inpatient evaluation and  
9 treatment facility; or

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

12 **Sec. 55.** RCW 71.05.760 and 2018 c 201 s 3035 are each amended to  
13 read as follows:

14 (1)(a) By April 1, 2018, the authority, by rule, must combine the  
15 functions of a designated mental health professional and designated  
16 chemical dependency specialist by establishing a designated crisis  
17 responder who is authorized to conduct investigations, detain persons  
18 up to (~~seventy-two hours~~) five days to the proper facility, and  
19 carry out the other functions identified in this chapter and chapter  
20 71.34 RCW. The behavioral health organizations shall provide training  
21 to the designated crisis responders as required by the authority.

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

25 (A) Psychiatrist, psychologist, physician assistant working with  
26 a supervising psychiatrist, psychiatric advanced registered nurse  
27 practitioner, or social worker;

28 (B) Person who is licensed by the department as a mental health  
29 counselor or mental health counselor associate, or marriage and  
30 family therapist or marriage and family therapist associate;

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

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

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

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

8 (ii) Training must include chemical dependency training specific  
9 to the duties of a designated crisis responder, including diagnosis  
10 of substance abuse and dependence and assessment of risk associated  
11 with substance use.

12 (c) The authority must develop a transition process for any  
13 person who has been designated as a designated mental health  
14 professional or a designated chemical dependency specialist before  
15 April 1, 2018, to be converted to a designated crisis responder. The  
16 behavioral health organizations shall provide training, as required  
17 by the authority, to persons converting to designated crisis  
18 responders, which must include both mental health and chemical  
19 dependency training applicable to the designated crisis responder  
20 role.

21 (2)(a) The authority must ensure that at least one sixteen-bed  
22 secure detoxification facility is operational by April 1, 2018, and  
23 that at least two sixteen-bed secure detoxification facilities are  
24 operational by April 1, 2019.

25 (b) If, at any time during the implementation of secure  
26 detoxification facility capacity, federal funding becomes unavailable  
27 for federal match for services provided in secure detoxification  
28 facilities, then the authority must cease any expansion of secure  
29 detoxification facilities until further direction is provided by the  
30 legislature.

31 **Sec. 56.** RCW 71.34.010 and 2018 c 201 s 5001 are each amended to  
32 read as follows:

33 (1) It is the purpose of this chapter to assure that minors in  
34 need of (~~mental~~) behavioral health care and treatment receive an  
35 appropriate continuum of culturally relevant care and treatment,  
36 including prevention and early intervention, self-directed care,  
37 parent-directed care, and involuntary treatment. To facilitate the  
38 continuum of care and treatment to minors in out-of-home placements,  
39 all divisions of the authority and the department that provide

1 (~~mental~~) behavioral health services to minors shall jointly plan  
2 and deliver those services.

3 (2) It is also the purpose of this chapter to protect the rights  
4 of minors against needless hospitalization and deprivations of  
5 liberty and to enable treatment decisions to be made in response to  
6 clinical needs in accordance with sound professional judgment. The  
7 (~~mental~~) behavioral health care and treatment providers shall  
8 encourage the use of voluntary services and, whenever clinically  
9 appropriate, the providers shall offer less restrictive alternatives  
10 to inpatient treatment. Additionally, all (~~mental~~) behavioral  
11 health care and treatment providers shall assure that minors' parents  
12 are given an opportunity to participate in the treatment decisions  
13 for their minor children. The (~~mental~~) behavioral health care and  
14 treatment providers shall, to the extent possible, offer services  
15 that involve minors' parents or family.

16 (3) (a) It is the intent of the legislature to enhance continuity  
17 of care for minors with serious behavioral health disorders that can  
18 be controlled or stabilized in a less restrictive alternative  
19 commitment. Within the guidelines stated in *In re Labelle*, 107 Wn.2d  
20 196 (1986), the legislature intends to encourage appropriate  
21 interventions at a point when there is the best opportunity to  
22 restore the minor to or maintain satisfactory functioning.

23 (b) For minors with a prior history or pattern of repeated  
24 hospitalizations or law enforcement interventions due to  
25 decompensation, the consideration of prior behavioral health history  
26 is particularly relevant in determining whether the minor would  
27 receive, if released, such care as is essential for his or her health  
28 or safety.

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

34 (4) It is also the purpose of this chapter to protect the health  
35 and safety of minors suffering from behavioral health disorders and  
36 to protect public safety through use of the *parens patriae* and police  
37 powers of the state. Accordingly, when construing the requirements of  
38 this chapter the court must focus on the merits of the petition,  
39 except where requirements have been totally disregarded, as provided  
40 in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of

1 deciding petitions on their merits furthers both public and private  
2 interests because the mental and physical well-being of minors as  
3 well as public safety may be implicated by the decision to release a  
4 minor and discontinue his or her treatment.

5 (5) It is also the purpose of this chapter to assure the ability  
6 of parents to exercise reasonable, compassionate care and control of  
7 their minor children when there is a medical necessity for treatment  
8 and without the requirement of filing a petition under this chapter.

9 **Sec. 57.** RCW 71.34.020 and 2018 c 201 s 5002 are each amended to  
10 read as follows:

11 Unless the context clearly requires otherwise, the definitions in  
12 this section apply throughout this chapter.

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

19 (2) "Approved substance use disorder treatment program" means a  
20 program for minors with substance use disorders provided by a  
21 treatment program licensed or certified by the department of health  
22 as meeting standards adopted under chapter 71.24 RCW.

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

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

25 (a) Alcoholism;

26 (b) Drug addiction; or

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

29 (5) "Chemical dependency professional" means a person certified  
30 as a chemical dependency professional by the department of health  
31 under chapter 18.205 RCW.

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

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

38 (a) A mental health professional who has completed a minimum of  
39 one hundred actual hours, not quarter or semester hours, of

1 specialized training devoted to the study of child development and  
2 the treatment of children; and

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

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

10 (9) "Department" means the department of social and health  
11 services.

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

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

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

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

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

37 (15) "Gravely disabled minor" means a minor who, as a result of a  
38 (~~mental~~) behavioral health disorder (~~(, or as a result of the use of~~  
39 ~~alcohol or other psychoactive chemicals)~~), (a) is in danger of  
40 serious physical harm resulting from a failure to provide for his or

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

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

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

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

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

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

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

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

1 (21) "Mental disorder" means any organic, mental, or emotional  
2 impairment that has substantial adverse effects on an individual's  
3 cognitive or volitional functions. The presence of alcohol abuse,  
4 drug abuse, juvenile criminal history, antisocial behavior, or  
5 intellectual disabilities alone is insufficient to justify a finding  
6 of "mental disorder" within the meaning of this section.

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

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

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

17 (25) "Parent" means:

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

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

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

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

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

39 (29) "Psychiatric nurse" means a registered nurse who has  
40 experience in the direct treatment of persons who have a mental

1 illness or who are emotionally disturbed, such experience gained  
2 under the supervision of a mental health professional.

3 (30) "Psychiatrist" means a person having a license as a  
4 physician in this state who has completed residency training in  
5 psychiatry in a program approved by the American Medical Association  
6 or the American Osteopathic Association, and is board eligible or  
7 board certified in psychiatry.

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

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

18 (33) "Responsible other" means the minor, the minor's parent or  
19 estate, or any other person legally responsible for support of the  
20 minor.

21 (34) "Secretary" means the secretary of the department or  
22 secretary's designee.

23 (35) "Secure detoxification facility" means a facility operated  
24 by either a public or private agency or by the program of an agency  
25 that:

26 (a) Provides for intoxicated minors:

27 (i) Evaluation and assessment, provided by certified chemical  
28 dependency professionals;

29 (ii) Acute or subacute detoxification services; and

30 (iii) Discharge assistance provided by certified chemical  
31 dependency professionals, including facilitating transitions to  
32 appropriate voluntary or involuntary inpatient services or to less  
33 restrictive alternatives as appropriate for the minor;

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

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

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

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

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

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

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

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

26 (42) "Behavioral health disorder" means either a mental disorder  
27 as defined in this section, a substance use disorder as defined in  
28 this section, or a co-occurring mental disorder and substance use  
29 disorder.

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

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

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

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

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

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

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

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

18 (50) "Habilitative services" means those services provided by  
19 program personnel to assist minors in acquiring and maintaining life  
20 skills and in raising their levels of physical, behavioral, social,  
21 and vocational functioning. Habilitative services include education,  
22 training for employment, and therapy.

23 (51) "Hearing" means any proceeding conducted in open court that  
24 conforms to the requirements of section 88 of this act.

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

31 (53) "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 states:

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

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

38 (c) The intermediate and long-range goals of the habilitation  
39 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 (54) "Information related to behavioral health" means all  
12 information and records compiled, obtained, or maintained in the  
13 course of providing services to either voluntary or involuntary  
14 recipients of services by a behavioral health service provider. This  
15 may include documents of legal proceedings under this chapter or  
16 chapter 71.05 or 10.77 RCW, or somatic health care information.

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

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

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

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

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

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

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

37 (62) "Severe deterioration from safe behavior" means that a  
38 person will, if not treated, suffer or continue to suffer severe and  
39 abnormal mental, emotional, or physical distress, and this distress

1 is associated with significant impairment of judgment, reason, or  
2 behavior.

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

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

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

29 (66) "Violent act" means behavior that resulted in homicide,  
30 attempted suicide, injury, pain, or substantial loss or damage to  
31 property.

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

37 **Sec. 58.** RCW 71.34.305 and 2016 sp.s. c 29 s 255 are each  
38 amended to read as follows:

1 School district personnel who contact a (~~mental health or~~  
2 ~~substance use~~) behavioral health disorder inpatient treatment  
3 program or provider for the purpose of referring a student to  
4 inpatient treatment shall provide the parents with notice of the  
5 contact within forty-eight hours.

6 **Sec. 59.** RCW 71.34.310 and 1985 c 354 s 26 are each amended to  
7 read as follows:

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

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

13 (3) Petitions for commitment shall be filed and venue for  
14 hearings under this chapter shall be in the county in which the minor  
15 is being detained. (~~The court may, for good cause, transfer the~~  
16 ~~proceeding to the county of the minor's residence, or to the county~~  
17 ~~in which the alleged conduct evidencing need for commitment occurred.~~  
18 ~~If the county of detention is changed, subsequent petitions may be~~  
19 ~~filed in the county in which the minor is detained without the~~  
20 ~~necessity of a change of venue.))~~

21 NEW SECTION. **Sec. 60.** A new section is added to chapter 71.34  
22 RCW to read as follows:

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

36 **Sec. 61.** RCW 71.34.355 and 2016 c 155 s 18 are each amended to  
37 read as follows:

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

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

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

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

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

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

12       ~~((6))~~ (f) To have ready access to letter-writing materials,  
13 including stamps, and to send and receive uncensored correspondence  
14 through the mails;

15       ~~((7))~~ (g) To discuss treatment plans and decisions with mental  
16 health professionals;

17       ~~((8))~~ (h) To have the right to adequate care and individualized  
18 treatment;

19       ~~((9))~~ (i) To not be denied access to treatment by spiritual  
20 means through prayer in accordance with the tenets and practices of a  
21 church or religious denomination;

22       (j) Not to consent to the administration of antipsychotic  
23 medications beyond the hearing conducted pursuant to RCW 71.34.750 or  
24 the performance of electroconvulsive treatment or surgery, except  
25 emergency lifesaving surgery, upon him or her, ~~((and not to have~~  
26 ~~electro-convulsive treatment or nonemergency surgery in such~~  
27 ~~circumstance)) unless ordered by a court ~~((pursuant to a judicial~~~~  
28 ~~hearing in which the minor is present and represented by counsel, and~~  
29 ~~the court shall appoint a psychiatrist, physician assistant,~~  
30 ~~psychologist, psychiatric advanced registered nurse practitioner, or~~  
31 ~~physician designated by the minor or the minor's counsel to testify~~  
32 ~~on behalf of the minor)) under procedures described in section 29 of~~  
33 this act. The minor's parent may exercise this right on the minor's  
34 behalf, and must be informed of any impending treatment;

35       ~~((10))~~ (k) Not to have psychosurgery performed on him or her  
36 under any circumstances.

37       (2) (a) Privileges between minors and physicians, physician  
38 assistants, psychologists, or psychiatric advanced registered nurse  
39 practitioners are deemed waived in proceedings under this chapter  
40 relating to the administration of antipsychotic medications. As to

1 other proceedings under this chapter, the privileges are waived when  
2 a court of competent jurisdiction in its discretion determines that  
3 such waiver is necessary to protect either the detained minor or the  
4 public.

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

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

17 (3) No minor may be presumed incompetent as a consequence of  
18 receiving an evaluation or voluntary or involuntary treatment for a  
19 mental disorder or substance use disorder, under this chapter or any  
20 prior laws of this state dealing with mental illness or substance use  
21 disorders.

22 NEW SECTION. Sec. 62. A new section is added to chapter 71.34  
23 RCW to read as follows:

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

37 **Sec. 63.** RCW 71.34.365 and 2018 c 201 s 5004 are each amended to  
38 read as follows:

1 (1) If a minor is not accepted for admission or is released by an  
2 inpatient evaluation and treatment facility, the facility shall  
3 release the minor to the custody of the minor's parent or other  
4 responsible person. If not otherwise available, the facility shall  
5 furnish transportation for the minor to the minor's residence or  
6 other appropriate place. If the minor has been arrested, the  
7 evaluation and treatment facility, secure detoxification facility, or  
8 approved substance use disorder treatment program shall detain the  
9 minor for not more than eight hours at the request of the peace  
10 officer. The facility shall make reasonable attempts to contact the  
11 requesting peace officer during this time to inform the peace officer  
12 that the minor is not approved for admission or is being released in  
13 order to enable a peace officer to return to the facility and take  
14 the minor back into custody.

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

18 (3) No indigent minor may be released to less restrictive  
19 alternative treatment or setting or discharged from inpatient  
20 treatment without suitable clothing, and the authority shall furnish  
21 this clothing. As funds are available, the director may provide  
22 necessary funds for the immediate welfare of indigent minors upon  
23 discharge or release to less restrictive alternative treatment.

24 **Sec. 64.** RCW 71.34.410 and 2016 sp.s. c 29 s 259 are each  
25 amended to read as follows:

26 (1) No public or private agency or governmental entity, nor  
27 officer of a public or private agency, nor the superintendent, or  
28 professional person in charge, his or her professional designee or  
29 attending staff of any such agency, nor any public official  
30 performing functions necessary to the administration of this chapter,  
31 nor peace officer responsible for detaining a ((~~person~~)) minor under  
32 this chapter, nor any designated crisis responder, nor professional  
33 person, nor evaluation and treatment facility, nor secure  
34 detoxification facility, nor approved substance use disorder  
35 treatment program shall be civilly or criminally liable for  
36 performing actions authorized in this chapter with regard to the  
37 decision of whether to admit, release, administer antipsychotic  
38 medications, or detain a ((~~person~~)) minor for evaluation and

1 treatment: PROVIDED, That such duties were performed in good faith  
2 and without gross negligence.

3 (2) This section does not relieve a person from giving the  
4 required duty to warn or to take reasonable precautions to provide  
5 protection from violent behavior where the minor has communicated an  
6 actual threat of physical violence against a reasonably identifiable  
7 victim or victims. The duty to warn or to take reasonable precautions  
8 to provide protection from violent behavior is discharged if  
9 reasonable efforts are made to communicate the threat to the victim  
10 or victims and to law enforcement personnel.

11 **Sec. 65.** RCW 71.34.420 and 2018 c 201 s 5012 are each amended to  
12 read as follows:

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

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

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

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

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

36 Nothing in this chapter shall prohibit the professional person in  
37 charge of a treatment facility, or his or her professional designee,  
38 from permitting a minor detained for intensive treatment to leave the

1 facility for prescribed periods during the term of the minor's  
2 detention, under such conditions as may be appropriate.

3 **Sec. 67.** RCW 71.34.500 and 2016 sp.s. c 29 s 261 are each  
4 amended to read as follows:

5 (1) A minor thirteen years or older may admit himself or herself  
6 to an evaluation and treatment facility for inpatient mental health  
7 treatment or an approved substance use disorder treatment program for  
8 inpatient substance use disorder treatment without parental consent.  
9 The admission shall occur only if the professional person in charge  
10 of the facility concurs with the need for inpatient treatment.  
11 Parental authorization, or authorization from a person who may  
12 consent on behalf of the minor pursuant to RCW 7.70.065, is required  
13 for inpatient treatment of a minor under the age of thirteen.

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

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

26 **Sec. 68.** RCW 71.34.600 and 2018 c 201 s 5013 are each amended to  
27 read as follows:

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

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

34 (b) A secure detoxification facility or approved substance use  
35 disorder treatment program and request that a substance use disorder  
36 assessment be conducted by a professional person to determine whether  
37 the minor has a substance use disorder and is in need of inpatient  
38 treatment.

1 (2) The consent of the minor is not required for admission,  
2 evaluation, and treatment if the parent brings the minor or  
3 authorizes the minor to be brought to the facility.

4 (3) An appropriately trained professional person may evaluate  
5 whether the minor has a (~~mental disorder or has a substance use~~)  
6 behavioral health disorder. The evaluation shall be completed within  
7 twenty-four hours of the time the minor was brought to the facility,  
8 unless the professional person determines that the condition of the  
9 minor necessitates additional time for evaluation. In no event shall  
10 a minor be held longer than (~~seventy-two hours~~) five days for  
11 evaluation. If, in the judgment of the professional person, it is  
12 determined it is a medical necessity for the minor to receive  
13 inpatient treatment, the minor may be held for treatment. The  
14 facility shall limit treatment to that which the professional person  
15 determines is medically necessary to stabilize the minor's condition  
16 until the evaluation has been completed. Within twenty-four hours of  
17 completion of the evaluation, the professional person shall notify  
18 the authority if the child is held for treatment and of the date of  
19 admission.

20 (4) No provider is obligated to provide treatment to a minor  
21 under the provisions of this section except that no provider may  
22 refuse to treat a minor under the provisions of this section solely  
23 on the basis that the minor has not consented to the treatment. No  
24 provider may admit a minor to treatment under this section unless it  
25 is medically necessary.

26 (5) No minor receiving inpatient treatment under this section may  
27 be discharged from the facility based solely on his or her request.

28 (6) Prior to the review conducted under RCW 71.34.610, the  
29 professional person shall notify the minor of his or her right to  
30 petition superior court for release from the facility.

31 (~~(7) For the purposes of this section "professional person"~~  
32 ~~means "professional person" as defined in RCW 71.05.020.~~)

33 **Sec. 69.** RCW 71.34.650 and 2016 sp.s. c 29 s 265 are each  
34 amended to read as follows:

35 (1) A parent may bring, or authorize the bringing of, his or her  
36 minor child to(~~+~~

37 ~~(a))~~ a provider of outpatient (~~mental~~) behavioral health  
38 treatment and request that an appropriately trained professional  
39 person examine the minor to determine whether the minor has a

1 ((mental)) behavioral health disorder and is in need of outpatient  
2 treatment (~~;~~ or

3 ~~(b) A provider of outpatient substance use disorder treatment and~~  
4 ~~request that an appropriately trained professional person examine the~~  
5 ~~minor to determine whether the minor has a substance use disorder and~~  
6 ~~is in need of outpatient treatment)).~~

7 (2) The consent of the minor is not required for evaluation if  
8 the parent brings the minor, or authorizes bringing the minor, to the  
9 provider.

10 (3) The professional person may evaluate whether the minor has a  
11 ((~~mental disorder or substance use~~)) behavioral health disorder and  
12 is in need of outpatient treatment.

13 (4) Any minor admitted to inpatient treatment under RCW 71.34.500  
14 or 71.34.600 shall be discharged immediately from inpatient treatment  
15 upon written request of the parent.

16 **Sec. 70.** RCW 71.34.700 and 2016 sp.s. c 29 s 267 are each  
17 amended to read as follows:

18 (1) If a minor, thirteen years or older, is brought to an  
19 evaluation and treatment facility, secure detoxification facility  
20 with available space, approved substance use disorder treatment  
21 program with available space, or hospital emergency room for  
22 immediate ((~~mental~~)) behavioral health services, the professional  
23 person in charge of the facility shall evaluate the minor's  
24 ((~~mental~~)) condition, determine whether the minor suffers from a  
25 ((~~mental~~)) behavioral health disorder, and whether the minor is in  
26 need of immediate inpatient treatment.

27 ~~(2) ((If a minor, thirteen years or older, is brought to a secure~~  
28 ~~detoxification facility with available space, or a hospital emergency~~  
29 ~~room for immediate substance use disorder treatment, the professional~~  
30 ~~person in charge of the facility shall evaluate the minor's~~  
31 ~~condition, determine whether the minor suffers from substance use~~  
32 ~~disorder, and whether the minor is in need of immediate inpatient~~  
33 ~~treatment.~~

34 ~~(3))~~ If it is determined under subsection (1) ((~~or (2)~~)) of this  
35 section that the minor suffers from a ((~~mental disorder or substance~~  
36 ~~use~~)) behavioral health disorder, inpatient treatment is required,  
37 the minor is unwilling to consent to voluntary admission, and the  
38 professional person believes that the minor meets the criteria for  
39 initial detention ((~~set forth herein~~)), the facility may detain or

1 arrange for the detention of the minor for up to twelve hours, not  
2 including time periods prior to medical clearance, in order to enable  
3 a designated crisis responder to evaluate the minor and commence  
4 initial detention proceedings under the provisions of this chapter.

5 (3) Dismissal of a commitment petition is not the appropriate  
6 remedy for a violation of the timeliness requirements of this  
7 section, based on the purpose of this chapter under RCW 71.34.010,  
8 except in the few cases where the facility staff or the designated  
9 crisis responder have totally disregarded the requirements of this  
10 section.

11 **Sec. 71.** RCW 71.34.700 and 2016 sp.s. c 29 s 268 are each  
12 amended to read as follows:

13 (1) If a minor, thirteen years or older, is brought to an  
14 evaluation and treatment facility, secure detoxification facility,  
15 approved substance use disorder treatment program, or hospital  
16 emergency room for immediate ((~~mental~~)) behavioral health services,  
17 the professional person in charge of the facility shall evaluate the  
18 minor's ((~~mental~~)) condition, determine whether the minor suffers  
19 from a ((~~mental~~)) behavioral health disorder, and whether the minor  
20 is in need of immediate inpatient treatment.

21 ~~(2) ((If a minor, thirteen years or older, is brought to a secure~~  
22 ~~detoxification facility or a hospital emergency room for immediate~~  
23 ~~substance use disorder treatment, the professional person in charge~~  
24 ~~of the facility shall evaluate the minor's condition, determine~~  
25 ~~whether the minor suffers from substance use disorder, and whether~~  
26 ~~the minor is in need of immediate inpatient treatment.~~

27 ~~(3))~~ If it is determined under subsection (1) ((~~or (2)~~)) of this  
28 section that the minor suffers from a ((~~mental disorder or substance~~  
29 ~~use~~)) behavioral health disorder, inpatient treatment is required,  
30 the minor is unwilling to consent to voluntary admission, and the  
31 professional person believes that the minor meets the criteria for  
32 initial detention ((~~set forth herein~~)), the facility may detain or  
33 arrange for the detention of the minor for up to twelve hours, not  
34 including time periods prior to medical clearance, in order to enable  
35 a designated crisis responder to evaluate the minor and commence  
36 initial detention proceedings under the provisions of this chapter.

37 (3) Dismissal of a commitment petition is not the appropriate  
38 remedy for a violation of the timeliness requirements of this  
39 section, based on the purpose of this chapter under RCW 71.34.010,

1 except in the few cases where the facility staff or the designated  
2 crisis responder have totally disregarded the requirements of this  
3 section.

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

6 (1) Whenever a designated crisis responder or professional person  
7 is conducting an evaluation under this chapter, the designated crisis  
8 responder or professional person must consider all reasonably  
9 available information from credible witnesses and records regarding:

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

12 (b) Prior commitments under this chapter.

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

21 (3) Symptoms and behavior of the minor which standing alone would  
22 not justify civil commitment may support a finding of grave  
23 disability or likelihood of serious harm, when:

24 (a) Such symptoms or behavior are closely associated with  
25 symptoms or behavior which preceded and led to a past incident of  
26 involuntary hospitalization, severe deterioration from safe behavior,  
27 or one or more violent acts;

28 (b) These symptoms or behavior represent a marked and concerning  
29 change in the baseline behavior of the minor; and

30 (c) Without treatment, the continued deterioration of the minor  
31 is probable.

32 **Sec. 73.** RCW 71.34.710 and 2016 sp.s. c 29 s 269 are each  
33 amended to read as follows:

34 (1) (a) (~~(i)~~) When a designated crisis responder receives  
35 information that a minor, thirteen years or older, as a result of a  
36 (~~mental~~) behavioral health disorder presents a likelihood of  
37 serious harm or is gravely disabled, has investigated the specific  
38 facts alleged and of the credibility of the person or persons

1 providing the information, and has determined that voluntary  
2 admission for inpatient treatment is not possible, the designated  
3 crisis responder may take the minor, or cause the minor to be taken,  
4 into custody and transported to an evaluation and treatment facility,  
5 secure detoxification facility, or approved substance use disorder  
6 treatment program providing inpatient treatment.

7 ~~((ii) When a designated crisis responder receives information~~  
8 ~~that a minor, thirteen years or older, as a result of substance use~~  
9 ~~disorder presents a likelihood of serious harm or is gravely~~  
10 ~~disabled, has investigated the specific facts alleged and of the~~  
11 ~~credibility of the person or persons providing the information, and~~  
12 ~~has determined that voluntary admission for inpatient treatment is~~  
13 ~~not possible, the designated crisis responder may take the minor, or~~  
14 ~~cause the minor to be taken, into custody and transported to a secure~~  
15 ~~detoxification facility or approved substance use disorder treatment~~  
16 ~~program, if))~~ A secure detoxification facility or approved substance  
17 use disorder treatment program ~~((is))~~ must be available and ~~((has))~~  
18 have adequate space for the minor.

19 (b) If ~~((the minor is not taken into custody for evaluation and~~  
20 ~~treatment, the parent who has custody of the minor may seek review of~~  
21 ~~that decision made by the designated crisis responder in court. The~~  
22 ~~parent shall file notice with the court and provide a copy of the~~  
23 ~~designated crisis responder's report or notes))~~ a designated crisis  
24 responder decides not to detain a minor for evaluation and treatment  
25 under RCW 71.34.700(2), or forty-eight hours have elapsed since a  
26 designated crisis responder received a request for investigation and  
27 the designated crisis responder has not taken action to have the  
28 minor detained, an immediate family member or guardian or conservator  
29 of the minor may petition the superior court for the minor's  
30 detention using the procedures under RCW 71.05.201 and 71.05.203;  
31 however, when the court enters an order of initial detention, except  
32 as otherwise expressly stated in this chapter, all procedures must be  
33 followed as if the order has been entered under RCW 71.34.710(1)(a).

34 (2) Within twelve hours of the minor's arrival at the evaluation  
35 and treatment facility, secure detoxification facility, or approved  
36 substance use disorder treatment program, the designated crisis  
37 responder shall serve on the minor a copy of the petition for initial  
38 detention, notice of initial detention, and statement of rights. The  
39 designated crisis responder or evaluation and treatment facility  
40 shall file with the court on the next judicial day following the

1 initial detention the original petition for initial detention, notice  
2 of initial detention, and statement of rights along with an affidavit  
3 of service. The designated crisis responder or evaluation and  
4 treatment facility shall commence service of the petition for initial  
5 detention and notice of the initial detention on the minor's parent  
6 and the minor's attorney as soon as possible following the initial  
7 detention.

8 (3)(a) At the time of initial detention, the designated crisis  
9 responder shall advise the minor both orally and in writing that if  
10 admitted to the evaluation and treatment facility, secure  
11 detoxification facility, or approved substance use disorder treatment  
12 program for inpatient treatment, a commitment hearing shall be held  
13 within (~~seventy-two hours~~) five days of the minor's provisional  
14 acceptance to determine whether probable cause exists to commit the  
15 minor for further treatment.

16 (b) The minor shall be advised that he or she has a right to  
17 communicate immediately with an attorney and that he or she has a  
18 right to have an attorney appointed to represent him or her before  
19 and at the hearing if the minor is indigent.

20 (4) Subject to subsection (5) of this section, whenever the  
21 designated crisis responder petitions for detention of a minor under  
22 this chapter, an evaluation and treatment facility, secure  
23 detoxification facility, or approved substance use disorder treatment  
24 program providing (~~seventy-two hour~~) five-day evaluation and  
25 treatment must immediately accept on a provisional basis the petition  
26 and the person. Within twenty-four hours of the minor's arrival, the  
27 facility must evaluate the minor's condition and either admit or  
28 release the minor in accordance with this chapter.

29 (5) A designated crisis responder may not petition for detention  
30 of a minor to a secure detoxification facility or approved substance  
31 use disorder treatment program unless there is a secure  
32 detoxification facility or approved substance use disorder treatment  
33 program available and that has adequate space for the minor.

34 (6) If a minor is not approved for admission by the inpatient  
35 evaluation and treatment facility, secure detoxification facility, or  
36 approved substance use disorder treatment program, the facility shall  
37 make such recommendations and referrals for further care and  
38 treatment of the minor as necessary.

39 (7) Dismissal of a commitment petition is not the appropriate  
40 remedy for a violation of the timeliness requirements of this

1 section, based on the purpose of this chapter under RCW 71.34.010,  
2 except in the few cases where the facility staff or the designated  
3 crisis responder have totally disregarded the requirements of this  
4 section.

5 **Sec. 74.** RCW 71.34.710 and 2016 sp.s. c 29 s 270 are each  
6 amended to read as follows:

7 (1) (a) ~~((i))~~ When a designated crisis responder receives  
8 information that a minor, thirteen years or older, as a result of a  
9 ~~((mental))~~ behavioral health disorder presents a likelihood of  
10 serious harm or is gravely disabled, has investigated the specific  
11 facts alleged and of the credibility of the person or persons  
12 providing the information, and has determined that voluntary  
13 admission for inpatient treatment is not possible, the designated  
14 crisis responder may take the minor, or cause the minor to be taken,  
15 into custody and transported to an evaluation and treatment facility,  
16 secure detoxification facility, or approved substance use disorder  
17 treatment program providing inpatient treatment.

18 ~~((ii) When a designated crisis responder receives information~~  
19 ~~that a minor, thirteen years or older, as a result of substance use~~  
20 ~~disorder presents a likelihood of serious harm or is gravely~~  
21 ~~disabled, has investigated the specific facts alleged and of the~~  
22 ~~credibility of the person or persons providing the information, and~~  
23 ~~has determined that voluntary admission for inpatient treatment is~~  
24 ~~not possible, the designated crisis responder may take the minor, or~~  
25 ~~cause the minor to be taken, into custody and transported to a secure~~  
26 ~~detoxification facility or approved substance use disorder treatment~~  
27 ~~program.))~~

28 (b) If ~~((the minor is not taken into custody for evaluation and~~  
29 ~~treatment, the parent who has custody of the minor may seek review of~~  
30 ~~that decision made by the designated crisis responder in court. The~~  
31 ~~parent shall file notice with the court and provide a copy of the~~  
32 ~~designated crisis responder's report or notes))~~ a designated crisis  
33 responder decides not to detain a minor for evaluation and treatment  
34 under RCW 71.34.700(2), or forty-eight hours have elapsed since a  
35 designated crisis responder received a request for investigation and  
36 the designated crisis responder has not taken action to have the  
37 minor detained, an immediate family member or guardian or conservator  
38 of the minor may petition the superior court for the minor's  
39 detention using the procedures under RCW 71.05.201 and 71.05.203;

1 however, when the court enters an order of initial detention, except  
2 as otherwise expressly stated in this chapter, all procedures must be  
3 followed as if the order has been entered under RCW 71.34.710(1)(a).

4 (2) Within twelve hours of the minor's arrival at the evaluation  
5 and treatment facility, secure detoxification facility, or approved  
6 substance use disorder treatment program, the designated crisis  
7 responder shall serve on the minor a copy of the petition for initial  
8 detention, notice of initial detention, and statement of rights. The  
9 designated crisis responder or evaluation and treatment facility  
10 shall file with the court on the next judicial day following the  
11 initial detention the original petition for initial detention, notice  
12 of initial detention, and statement of rights along with an affidavit  
13 of service. The designated crisis responder or evaluation and  
14 treatment facility shall commence service of the petition for initial  
15 detention and notice of the initial detention on the minor's parent  
16 and the minor's attorney as soon as possible following the initial  
17 detention.

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. 75.** 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~~) five-day treatment  
38 period, the minor has a right to associate or receive communications  
39 from parents or others unless the professional person in charge

1 determines that such communication would be seriously detrimental to  
2 the minor's condition or treatment and so indicates in the minor's  
3 clinical record, and notifies the minor's parents of this  
4 determination. (~~In no event may the minor~~) A minor must not be  
5 denied the opportunity to consult an attorney unless there is an  
6 immediate risk of harm to 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~~) five days  
11 from the time of provisional acceptance. The computation of such  
12 (~~seventy-two hour~~) five-day period shall exclude Saturdays,  
13 Sundays, and holidays. This initial treatment period shall not exceed  
14 (~~seventy-two hours~~) five days except when an application for  
15 voluntary inpatient treatment is received or a petition for fourteen-  
16 day commitment is filed.

17 (6) Within twelve hours of the admission, the facility shall  
18 advise the minor of his or her rights as set forth in this chapter.

19 **Sec. 76.** RCW 71.34.720 and 2018 c 201 s 5018 are each amended to  
20 read as follows:

21 (1) Each minor approved by the facility for inpatient admission  
22 shall be examined and evaluated by a children's mental health  
23 specialist, for minors admitted as a result of a mental disorder, or  
24 by a chemical dependency professional, for minors admitted as a  
25 result of a substance use disorder, as to the child's mental  
26 condition and by a physician, physician assistant, or psychiatric  
27 advanced registered nurse practitioner as to the child's physical  
28 condition within twenty-four hours of admission. Reasonable measures  
29 shall be taken to ensure medical treatment is provided for any  
30 condition requiring immediate medical attention.

31 (2) If, after examination and evaluation, the children's mental  
32 health specialist or substance use disorder specialist and the  
33 physician, physician assistant, or psychiatric advanced registered  
34 nurse practitioner determine that the initial needs of the minor, if  
35 detained to an evaluation and treatment facility, would be better  
36 served by placement in a substance use disorder treatment program or,  
37 if detained to a secure detoxification facility or approved substance  
38 use disorder treatment program, would be better served in an

1 evaluation and treatment facility, then the minor shall be referred  
2 to the more appropriate placement.

3 (3) The admitting facility shall take reasonable steps to notify  
4 immediately the minor's parent of the admission.

5 (4) During the initial (~~(seventy-two hour)~~) five-day treatment  
6 period, the minor has a right to associate or receive communications  
7 from parents or others unless the professional person in charge  
8 determines that such communication would be seriously detrimental to  
9 the minor's condition or treatment and so indicates in the minor's  
10 clinical record, and notifies the minor's parents of this  
11 determination. (~~(In no event may the minor)~~) A minor must not be  
12 denied the opportunity to consult an attorney unless there is an  
13 immediate risk of harm to the minor or others.

14 (5) If the evaluation and treatment facility, secure  
15 detoxification facility, or approved substance use disorder treatment  
16 program admits the minor, it may detain the minor for evaluation and  
17 treatment for a period not to exceed (~~(seventy-two hours)~~) five days  
18 from the time of provisional acceptance. The computation of such  
19 (~~(seventy-two hour)~~) five-day period shall exclude Saturdays,  
20 Sundays, and holidays. This initial treatment period shall not exceed  
21 (~~(seventy-two hours)~~) five days except when an application for  
22 voluntary inpatient treatment is received or a petition for fourteen-  
23 day commitment is filed.

24 (6) Within twelve hours of the admission, the facility shall  
25 advise the minor of his or her rights as set forth in this chapter.

26 **Sec. 77.** RCW 71.34.730 and 2016 sp.s. c 29 s 273 and 2016 c 155  
27 s 20 are each reenacted and amended to read as follows:

28 (1) The professional person in charge of an evaluation and  
29 treatment facility, secure detoxification facility, or approved  
30 substance use disorder treatment program where a minor has been  
31 admitted involuntarily for the initial (~~(seventy-two hour)~~) five-day  
32 treatment period under this chapter may petition to have a minor  
33 committed to an evaluation and treatment facility (~~(or, in the case~~  
34 ~~of a minor with a substance use disorder, to)~~), a secure  
35 detoxification facility, or an approved substance use disorder  
36 treatment program for fourteen-day diagnosis, evaluation, and  
37 treatment.

38 If the professional person in charge of the facility does not  
39 petition to have the minor committed, the parent who has custody of

1 the minor may seek review of that decision in court. The parent shall  
2 file notice with the court and provide a copy of the treatment and  
3 evaluation facility's report.

4 (2) A petition for commitment of a minor under this section shall  
5 be filed with the superior court in the county where the minor is  
6 (~~residing or~~) being detained.

7 (a) A petition for a fourteen-day commitment shall be signed by:

8 (i) Two physicians; (ii) one physician and a mental health  
9 professional; (iii) one physician assistant and a mental health  
10 professional; or (iv) one psychiatric advanced registered nurse  
11 practitioner and a mental health professional. The person signing the  
12 petition must have examined the minor, and the petition must contain  
13 the following:

14 (A) The name and address of the petitioner;

15 (B) The name of the minor alleged to meet the criteria for  
16 fourteen-day commitment;

17 (C) The name, telephone number, and address if known of every  
18 person believed by the petitioner to be legally responsible for the  
19 minor;

20 (D) A statement that the petitioner has examined the minor and  
21 finds that the minor's condition meets required criteria for  
22 fourteen-day commitment and the supporting facts therefor;

23 (E) A statement that the minor has been advised of the need for  
24 voluntary treatment but has been unwilling or unable to consent to  
25 necessary treatment;

26 (F) If the petition is for mental health treatment, a statement  
27 that the minor has been advised of the loss of firearm rights if  
28 involuntarily committed;

29 (G) A statement recommending the appropriate facility or  
30 facilities to provide the necessary treatment; and

31 (H) A statement concerning whether a less restrictive alternative  
32 to inpatient treatment is in the best interests of the minor.

33 (b) A copy of the petition shall be personally (~~delivered to~~)  
34 served on the minor by the petitioner or petitioner's designee. A  
35 copy of the petition shall be (~~sent~~) provided to the minor's  
36 attorney and the minor's parent.

37 NEW SECTION. **Sec. 78.** A new section is added to chapter 71.34  
38 RCW to read as follows:

1 (1) In any proceeding for involuntary commitment under this  
2 chapter, the court may continue or postpone such proceeding for a  
3 reasonable time on motion of the respondent for good cause, or on  
4 motion of the prosecuting attorney or the attorney general if:

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

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

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

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

17 **Sec. 79.** RCW 71.34.740 and 2016 sp.s. c 29 s 274 are each  
18 amended to read as follows:

19 (1) A commitment hearing shall be held within (~~seventy-two~~  
20 ~~hours~~) five days of the minor's admission, excluding Saturday,  
21 Sunday, and holidays, unless a continuance is (~~requested by the~~  
22 ~~minor or the minor's attorney~~) ordered under section 78 of this act.

23 (2) The commitment hearing shall be conducted at the superior  
24 court or an appropriate place at the facility in which the minor is  
25 being detained.

26 (3) At the commitment hearing, the evidence in support of the  
27 petition shall be presented by the county prosecutor.

28 (4) The minor shall be present at the commitment hearing unless  
29 the minor, with the assistance of the minor's attorney, waives the  
30 right to be present at the hearing.

31 (5) If the parents are opposed to the petition, they may be  
32 represented at the hearing and shall be entitled to court-appointed  
33 counsel if they are indigent.

34 (6) At the commitment hearing, the minor shall have the following  
35 rights:

36 (a) To be represented by an attorney;

37 (b) To present evidence on his or her own behalf;

38 (c) To question persons testifying in support of the petition.

1 (7) If the hearing is for commitment for mental health treatment,  
2 the court at the time of the commitment hearing and before an order  
3 of commitment is entered shall inform the minor both orally and in  
4 writing that the failure to make a good faith effort to seek  
5 voluntary treatment as provided in RCW 71.34.730 will result in the  
6 loss of his or her firearm rights if the minor is subsequently  
7 detained for involuntary treatment under this section.

8 (8) If the minor has received medication within twenty-four hours  
9 of the hearing, the court shall be informed of that fact and of the  
10 probable effects of the medication.

11 ~~((Rules of evidence shall not apply in fourteen-day  
12 commitment hearings.~~

13 ~~(10))~~ For a fourteen-day commitment, the court must find by a  
14 preponderance of the evidence that:

15 (a) The minor has a ~~((mental disorder or substance use))~~  
16 behavioral health disorder and presents a likelihood of serious harm  
17 or is gravely disabled;

18 (b) The minor is in need of evaluation and treatment of the type  
19 provided by the inpatient evaluation and treatment facility, secure  
20 detoxification facility, or approved substance use disorder treatment  
21 program to which continued inpatient care is sought or is in need of  
22 less restrictive alternative treatment found to be in the best  
23 interests of the minor or others;

24 (c) The minor is unwilling or unable in good faith to consent to  
25 voluntary treatment; and

26 (d) If commitment is for a substance use disorder, there is an  
27 available secure detoxification facility or approved substance use  
28 disorder treatment program with adequate space for the minor.

29 ~~((11))~~ (10) If the court finds that the minor meets the  
30 criteria for a fourteen-day commitment, the court shall either  
31 authorize commitment of the minor for inpatient treatment or for less  
32 restrictive alternative treatment upon such conditions as are  
33 necessary. If the court determines that the minor does not meet the  
34 criteria for a fourteen-day commitment, the minor shall be released.

35 ~~((12))~~ (11)(a) Nothing in this section prohibits the  
36 professional person in charge of the facility from releasing the  
37 minor at any time, when, in the opinion of the professional person in  
38 charge of the facility, further inpatient treatment is no longer  
39 necessary. The release may be subject to reasonable conditions if  
40 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. 80.** RCW 71.34.740 and 2016 sp.s. c 29 s 275 are each  
8 amended to read as follows:

9       (1) A commitment hearing shall be held within ~~((seventy-two~~  
10 ~~hours))~~ five days of the minor's admission, excluding Saturday,  
11 Sunday, and holidays, unless a continuance is ~~((requested by the~~  
12 ~~minor or the minor's attorney))~~ ordered under section 78 of this act.

13       (2) The commitment hearing shall be conducted at the superior  
14 court or an appropriate place at the facility in which the minor is  
15 being detained.

16       (3) At the commitment hearing, the evidence in support of the  
17 petition shall be presented by the county prosecutor.

18       (4) The minor shall be present at the commitment hearing unless  
19 the minor, with the assistance of the minor's attorney, waives the  
20 right to be present at the hearing.

21       (5) If the parents are opposed to the petition, they may be  
22 represented at the hearing and shall be entitled to court-appointed  
23 counsel if they are indigent.

24       (6) At the commitment hearing, the minor shall have the following  
25 rights:

26       (a) To be represented by an attorney;

27       (b) To present evidence on his or her own behalf;

28       (c) To question persons testifying in support of the petition.

29       (7) If the hearing is for commitment for mental health treatment,  
30 the court at the time of the commitment hearing and before an order  
31 of commitment is entered shall inform the minor both orally and in  
32 writing that the failure to make a good faith effort to seek  
33 voluntary treatment as provided in RCW 71.34.730 will result in the  
34 loss of his or her firearm rights if the minor is subsequently  
35 detained for involuntary treatment under this section.

36       (8) If the minor has received medication within twenty-four hours  
37 of the hearing, the court shall be informed of that fact and of the  
38 probable effects of the medication.

1           (9)   (~~Rules of evidence shall not apply in fourteen-day~~  
2 ~~commitment hearings.~~

3           ~~(10))~~) For a fourteen-day commitment, the court must find by a  
4 preponderance of the evidence that:

5           (a) The minor has a (~~mental disorder or substance use~~)  
6 behavioral health disorder and presents a likelihood of serious harm  
7 or is gravely disabled;

8           (b) The minor is in need of evaluation and treatment of the type  
9 provided by the inpatient evaluation and treatment facility, secure  
10 detoxification facility, or approved substance use disorder treatment  
11 program to which continued inpatient care is sought or is in need of  
12 less restrictive alternative treatment found to be in the best  
13 interests of the minor or others; and

14           (c) The minor is unwilling or unable in good faith to consent to  
15 voluntary treatment.

16           (~~(11))~~) (10) If the court finds that the minor meets the  
17 criteria for a fourteen-day commitment, the court shall either  
18 authorize commitment of the minor for inpatient treatment or for less  
19 restrictive alternative treatment upon such conditions as are  
20 necessary. If the court determines that the minor does not meet the  
21 criteria for a fourteen-day commitment, the minor shall be released.

22           (~~(12))~~) (11)(a) Nothing in this section prohibits the  
23 professional person in charge of the facility from releasing the  
24 minor at any time, when, in the opinion of the professional person in  
25 charge of the facility, further inpatient treatment is no longer  
26 necessary. The release may be subject to reasonable conditions if  
27 appropriate.

28           (b) Whenever a minor is released under this section, the  
29 professional person in charge shall within three days, notify the  
30 court in writing of the release.

31           (~~(13))~~) (12) A minor who has been committed for fourteen days  
32 shall be released at the end of that period unless a petition for one  
33 hundred eighty-day commitment is pending before the court.

34           **Sec. 81.** RCW 71.34.750 and 2016 sp.s. c 29 s 276 and 2016 c 155  
35 s 21 are each reenacted and amended to read as follows:

36           (1) At any time during the minor's period of fourteen-day  
37 commitment, the professional person in charge may petition the court  
38 for an order requiring the minor to undergo an additional one hundred  
39 eighty-day period of treatment. The evidence in support of the

1 petition shall be presented by the county prosecutor unless the  
2 petition is filed by the professional person in charge of a state-  
3 operated facility in which case the evidence shall be presented by  
4 the attorney general.

5 (2) The petition for one hundred eighty-day commitment shall  
6 contain the following:

7 (a) The name and address of the petitioner or petitioners;

8 (b) The name of the minor alleged to meet the criteria for one  
9 hundred eighty-day commitment;

10 (c) A statement that the petitioner is the professional person in  
11 charge of the evaluation and treatment facility, secure  
12 detoxification facility, or approved substance use disorder treatment  
13 program responsible for the treatment of the minor;

14 (d) The date of the fourteen-day commitment order; and

15 (e) A summary of the facts supporting the petition.

16 (3) The petition shall be supported by accompanying affidavits  
17 signed by: (a) Two examining physicians, one of whom shall be a child  
18 psychiatrist, or two psychiatric advanced registered nurse  
19 practitioners, one of whom shall be a child and adolescent or family  
20 psychiatric advanced registered nurse practitioner, or two physician  
21 assistants, one of whom must be supervised by a child psychiatrist;  
22 (b) one children's mental health specialist and either an examining  
23 physician, physician assistant, or a psychiatric advanced registered  
24 nurse practitioner; or (c) two among an examining physician,  
25 physician assistant, and a psychiatric advanced registered nurse  
26 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a  
27 physician assistant supervised by a child psychiatrist, or a child  
28 and adolescent psychiatric nurse practitioner. The affidavits shall  
29 describe in detail the behavior of the detained minor which supports  
30 the petition and shall state whether a less restrictive alternative  
31 to inpatient treatment is in the best interests of the minor.

32 (4) The petition for one hundred eighty-day commitment shall be  
33 filed with the clerk of the court at least three days before the  
34 expiration of the fourteen-day commitment period. The petitioner or  
35 the petitioner's designee shall within twenty-four hours of filing  
36 serve a copy of the petition on the minor and notify the minor's  
37 attorney and the minor's parent. A copy of the petition shall be  
38 provided to such persons at least twenty-four hours prior to the  
39 hearing.

1 (5) At the time of filing, the court shall set a date within  
2 seven days for the hearing on the petition. (~~The court may continue~~  
3 ~~the hearing upon the written request of the minor or the minor's~~  
4 ~~attorney for not more than ten days.~~) If the hearing is not  
5 commenced within thirty days after the filing of the petition,  
6 including extensions of time requested by the detained person or his  
7 or her attorney or the court in the administration of justice under  
8 section 78 of this act, the minor must be released. The minor or the  
9 parents shall be afforded the same rights as in a fourteen-day  
10 commitment hearing. Treatment of the minor shall continue pending the  
11 proceeding.

12 (6) For one hundred eighty-day commitment:

13 (a) The court must find by clear, cogent, and convincing evidence  
14 that the minor:

15 (i) Is suffering from a mental disorder or substance use  
16 disorder;

17 (ii) Presents a likelihood of serious harm or is gravely  
18 disabled; and

19 (iii) Is in need of further treatment that only can be provided  
20 in a one hundred eighty-day commitment.

21 (b) If commitment is for a substance use disorder, the court must  
22 find that there is an available approved substance use disorder  
23 treatment program that has adequate space for the minor.

24 (7) In determining whether an inpatient or less restrictive  
25 alternative commitment is appropriate, great weight must be given to  
26 evidence of a prior history or pattern of decompensation and  
27 discontinuation of treatment resulting in: (a) Repeated  
28 hospitalizations; or (b) repeated peace officer interventions  
29 resulting in juvenile charges. Such evidence may be used to provide a  
30 factual basis for concluding that the minor would not receive, if  
31 released, such care as is essential for his or her health or safety.

32 (8)(a) If the court finds that the criteria for commitment are  
33 met and that less restrictive treatment in a community setting is not  
34 appropriate or available, the court shall order the minor committed  
35 to the custody of the secretary for further inpatient mental health  
36 treatment, to an approved substance use disorder treatment program  
37 for further substance use disorder treatment, or to a private  
38 treatment and evaluation facility for inpatient mental health or  
39 substance use disorder treatment if the minor's parents have assumed  
40 responsibility for payment for the treatment. If the court finds that

1 a less restrictive alternative is in the best interest of the minor,  
2 the court shall order less restrictive alternative treatment upon  
3 such conditions as necessary.

4 (b) If the court determines that the minor does not meet the  
5 criteria for one hundred eighty-day commitment, the minor shall be  
6 released.

7 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are  
8 permissible on the same grounds and under the same procedures as the  
9 original one hundred eighty-day commitment. Such petitions shall be  
10 filed at least ~~((five))~~ three days prior to the expiration of the  
11 previous one hundred eighty-day commitment order.

12 **Sec. 82.** RCW 71.34.750 and 2016 sp.s. c 29 s 277 are each  
13 amended to read as follows:

14 (1) At any time during the minor's period of fourteen-day  
15 commitment, the professional person in charge may petition the court  
16 for an order requiring the minor to undergo an additional one hundred  
17 eighty-day period of treatment. The evidence in support of the  
18 petition shall be presented by the county prosecutor unless the  
19 petition is filed by the professional person in charge of a state-  
20 operated facility in which case the evidence shall be presented by  
21 the attorney general.

22 (2) The petition for one hundred eighty-day commitment shall  
23 contain the following:

24 (a) The name and address of the petitioner or petitioners;

25 (b) The name of the minor alleged to meet the criteria for one  
26 hundred eighty-day commitment;

27 (c) A statement that the petitioner is the professional person in  
28 charge of the evaluation and treatment facility, secure  
29 detoxification facility, or approved substance use disorder treatment  
30 program responsible for the treatment of the minor;

31 (d) The date of the fourteen-day commitment order; and

32 (e) A summary of the facts supporting the petition.

33 (3) The petition shall be supported by accompanying affidavits  
34 signed by: (a) Two examining physicians, one of whom shall be a child  
35 psychiatrist, or two psychiatric advanced registered nurse  
36 practitioners, one of whom shall be a child and adolescent or family  
37 psychiatric advanced registered nurse practitioner, or two physician  
38 assistants, one of whom must be supervised by a child psychiatrist;  
39 (b) one children's mental health specialist and either an examining

1 physician, physician assistant, or a psychiatric advanced registered  
2 nurse practitioner; or (c) two among an examining physician,  
3 physician assistant, and a psychiatric advanced registered nurse  
4 practitioner, one of which needs to be a child psychiatrist(~~(+)~~), a  
5 physician assistant supervised by a child psychiatrist, or a child  
6 and adolescent psychiatric nurse practitioner. The affidavits shall  
7 describe in detail the behavior of the detained minor which supports  
8 the petition and shall state whether a less restrictive alternative  
9 to inpatient treatment is in the best interests of the minor.

10 (4) The petition for one hundred eighty-day commitment shall be  
11 filed with the clerk of the court at least three days before the  
12 expiration of the fourteen-day commitment period. The petitioner or  
13 the petitioner's designee shall within twenty-four hours of filing  
14 serve a copy of the petition on the minor and notify the minor's  
15 attorney and the minor's parent. A copy of the petition shall be  
16 provided to such persons at least twenty-four hours prior to the  
17 hearing.

18 (5) At the time of filing, the court shall set a date within  
19 seven days for the hearing on the petition. (~~The court may continue~~  
20 ~~the hearing upon the written request of the minor or the minor's~~  
21 ~~attorney for not more than ten days.)) If the hearing is not  
22 commenced within thirty days after the filing of the petition,  
23 including extensions of time requested by the detained person or his  
24 or her attorney or the court in the administration of justice under  
25 section 78 of this act, the minor must be released. The minor or the  
26 parents shall be afforded the same rights as in a fourteen-day  
27 commitment hearing. Treatment of the minor shall continue pending the  
28 proceeding.~~

29 (6) For one hundred eighty-day commitment, the court must find by  
30 clear, cogent, and convincing evidence that the minor:

31 (a) Is suffering from a mental disorder or substance use  
32 disorder;

33 (b) Presents a likelihood of serious harm or is gravely disabled;  
34 and

35 (c) Is in need of further treatment that only can be provided in  
36 a one hundred eighty-day commitment.

37 (7) In determining whether an inpatient or less restrictive  
38 alternative commitment is appropriate, great weight must be given to  
39 evidence of a prior history or pattern of decompensation and  
40 discontinuation of treatment resulting in: (a) Repeated

1 hospitalizations; or (b) repeated peace officer interventions  
2 resulting in juvenile charges. Such evidence may be used to provide a  
3 factual basis for concluding that the minor would not receive, if  
4 released, such care as is essential for his or her health or safety.

5 (8)(a) If the court finds that the criteria for commitment are  
6 met and that less restrictive treatment in a community setting is not  
7 appropriate or available, the court shall order the minor committed  
8 to the custody of the secretary for further inpatient mental health  
9 treatment, to an approved substance use disorder treatment program  
10 for further substance use disorder treatment, or to a private  
11 treatment and evaluation facility for inpatient mental health or  
12 substance use disorder treatment if the minor's parents have assumed  
13 responsibility for payment for the treatment. If the court finds that  
14 a less restrictive alternative is in the best interest of the minor,  
15 the court shall order less restrictive alternative treatment upon  
16 such conditions as necessary.

17 (b) If the court determines that the minor does not meet the  
18 criteria for one hundred eighty-day commitment, the minor shall be  
19 released.

20 ~~((+8))~~ (9) Successive one hundred eighty-day commitments are  
21 permissible on the same grounds and under the same procedures as the  
22 original one hundred eighty-day commitment. Such petitions shall be  
23 filed at least ~~((five))~~ three days prior to the expiration of the  
24 previous one hundred eighty-day commitment order.

25 NEW SECTION. Sec. 83. A new section is added to chapter 71.34  
26 RCW to read as follows:

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

29 (a) Assignment of a care coordinator;

30 (b) An intake evaluation with the provider of the less  
31 restrictive alternative treatment;

32 (c) A psychiatric evaluation;

33 (d) A schedule of regular contacts with the provider of the less  
34 restrictive alternative treatment services for the duration of the  
35 order;

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

38 (f) An individual crisis plan; and

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

4 (2) Less restrictive alternative treatment may include the  
5 following additional services:

6 (a) Medication management;

7 (b) Psychotherapy;

8 (c) Nursing;

9 (d) Substance abuse counseling;

10 (e) Residential treatment; and

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

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

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

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

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

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

3 **Sec. 84.** RCW 71.34.780 and 2018 c 201 s 5020 are each amended to  
4 read as follows:

5 (1) If the professional person in charge of an outpatient  
6 treatment program, a designated crisis responder, or the director or  
7 secretary, as appropriate, determines that a minor is failing to  
8 adhere to the conditions of the court order for less restrictive  
9 alternative treatment or the conditions for the conditional release,  
10 or that substantial deterioration in the minor's functioning has  
11 occurred, the designated crisis responder, or the director or  
12 secretary, as appropriate, may order that the minor(~~(, if committed~~  
13 ~~for mental health treatment,)~~) be taken into custody and transported  
14 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
15 ~~for substance use disorder treatment, be taken into custody and~~  
16 ~~transported to)), a secure detoxification facility, or an approved  
17 substance use disorder treatment program ((if there is an  
18 available)). A secure detoxification facility or approved substance  
19 use disorder treatment program that has adequate space for the minor  
20 must be available.~~

21 (2) The designated crisis responder (~~(or the))~~, director ((or)),  
22 secretary, or treatment facility, as appropriate, shall file the  
23 order of apprehension and detention and serve it upon the minor and  
24 notify the minor's parent and the minor's attorney, if any, of the  
25 detention within two days of return. At the time of service the minor  
26 shall be informed of the right to a hearing and to representation by  
27 an attorney. The designated crisis responder or the director or  
28 secretary, as appropriate, may modify or rescind the order of  
29 apprehension and detention at any time prior to the hearing.

30 (3) A petition for revocation of less restrictive alternative  
31 treatment shall be filed by the designated crisis responder or the  
32 director (~~(or))~~, secretary, or treatment facility, as appropriate,  
33 with the court in the county (~~(ordering the less restrictive~~  
34 ~~alternative treatment))~~ where the minor is detained. The court shall  
35 conduct the hearing in that county. A petition for revocation of  
36 conditional release (~~(may be filed with the court in the county~~  
37 ~~ordering inpatient treatment or the county where the minor on~~  
38 ~~conditional release is residing))~~ must be filed in the county where  
39 the minor is detained. A petition shall describe the behavior of the

1 minor indicating violation of the conditions or deterioration of  
2 routine functioning and a dispositional recommendation. (~~Upon motion~~  
3 ~~for good cause, the hearing may be transferred to the county of the~~  
4 ~~minor's residence or to the county in which the alleged violations~~  
5 ~~occurred.~~) The hearing shall be held within seven days of the  
6 minor's return. The issues to be determined are whether the minor did  
7 or did not adhere to the conditions of the less restrictive  
8 alternative treatment or conditional release, or whether the minor's  
9 routine functioning has substantially deteriorated, and, if so,  
10 whether the conditions of less restrictive alternative treatment or  
11 conditional release should be modified or, subject to subsection (4)  
12 of this section, whether the minor should be returned to inpatient  
13 treatment. Pursuant to the determination of the court, the minor  
14 shall be returned to less restrictive alternative treatment or  
15 conditional release on the same or modified conditions or shall be  
16 returned to inpatient treatment. If the minor is returned to  
17 inpatient treatment, RCW 71.34.760 regarding the director's placement  
18 responsibility shall apply. The hearing may be waived by the minor  
19 and the minor returned to inpatient treatment or to less restrictive  
20 alternative treatment or conditional release on the same or modified  
21 conditions.

22 (4) A court may not order the return of a minor to inpatient  
23 treatment in a secure detoxification facility or approved substance  
24 use disorder treatment program unless there is a secure  
25 detoxification facility or approved substance use disorder treatment  
26 program available with adequate space for the minor.

27 **Sec. 85.** RCW 71.34.780 and 2018 c 201 s 5021 are each amended to  
28 read as follows:

29 (1) If the professional person in charge of an outpatient  
30 treatment program, a designated crisis responder, or the director or  
31 secretary, as appropriate, determines that a minor is failing to  
32 adhere to the conditions of the court order for less restrictive  
33 alternative treatment or the conditions for the conditional release,  
34 or that substantial deterioration in the minor's functioning has  
35 occurred, the designated crisis responder, or the director or  
36 secretary, as appropriate, may order that the minor(~~(, if committed~~  
37 ~~for mental health treatment,)~~) be taken into custody and transported  
38 to an inpatient evaluation and treatment facility (~~(or, if committed~~  
39 ~~for substance use disorder treatment, be taken into custody and~~

1 ~~transported to~~), a secure detoxification facility, or an approved  
2 substance use disorder treatment program.

3 (2) The designated crisis responder (~~or the~~), director (~~or~~),  
4 secretary, or treatment facility, as appropriate, shall file the  
5 order of apprehension and detention and serve it upon the minor and  
6 notify the minor's parent and the minor's attorney, if any, of the  
7 detention within two days of return. At the time of service the minor  
8 shall be informed of the right to a hearing and to representation by  
9 an attorney. The designated crisis responder or the director or  
10 secretary, as appropriate, may modify or rescind the order of  
11 apprehension and detention at any time prior to the hearing.

12 (3) A petition for revocation of less restrictive alternative  
13 treatment shall be filed by the designated crisis responder or the  
14 director (~~or~~), secretary, or treatment facility, as appropriate,  
15 with the court in the county (~~ordering the less restrictive~~  
16 ~~alternative treatment~~) where the minor is detained. The court shall  
17 conduct the hearing in that county. A petition for revocation of  
18 conditional release (~~may be filed with the court in the county~~  
19 ~~ordering inpatient treatment or the county where the minor on~~  
20 ~~conditional release is residing~~) must be filed in the county where  
21 the minor is detained. A petition shall describe the behavior of the  
22 minor indicating violation of the conditions or deterioration of  
23 routine functioning and a dispositional recommendation. (~~Upon motion~~  
24 ~~for good cause, the hearing may be transferred to the county of the~~  
25 ~~minor's residence or to the county in which the alleged violations~~  
26 ~~occurred.~~) The hearing shall be held within seven days of the  
27 minor's return. The issues to be determined are whether the minor did  
28 or did not adhere to the conditions of the less restrictive  
29 alternative treatment or conditional release, or whether the minor's  
30 routine functioning has substantially deteriorated, and, if so,  
31 whether the conditions of less restrictive alternative treatment or  
32 conditional release should be modified or whether the minor should be  
33 returned to inpatient treatment. Pursuant to the determination of the  
34 court, the minor shall be returned to less restrictive alternative  
35 treatment or conditional release on the same or modified conditions  
36 or shall be returned to inpatient treatment. If the minor is returned  
37 to inpatient treatment, RCW 71.34.760 regarding the director's  
38 placement responsibility shall apply. The hearing may be waived by  
39 the minor and the minor returned to inpatient treatment or to less

1 restrictive alternative treatment or conditional release on the same  
2 or modified conditions.

3 **Sec. 86.** RCW 2.30.010 and 2015 c 291 s 1 are each amended to  
4 read as follows:

5 (1) The legislature finds that judges in the trial courts  
6 throughout the state effectively utilize what are known as  
7 therapeutic courts to remove a defendant's or respondent's case from  
8 the criminal and civil court traditional trial track and allow those  
9 defendants or respondents the opportunity to obtain treatment  
10 services to address particular issues that may have contributed to  
11 the conduct that led to their arrest or other issues before the  
12 court. Trial courts have proved adept at creative approaches in  
13 fashioning a wide variety of therapeutic courts addressing the  
14 spectrum of social issues that can contribute to criminal activity  
15 and engagement with the child welfare system.

16 (2) The legislature further finds that by focusing on the  
17 specific individual's needs, providing treatment for the issues  
18 presented, and ensuring rapid and appropriate accountability for  
19 program violations, therapeutic courts may decrease recidivism,  
20 improve the safety of the community, and improve the life of the  
21 program participant and the lives of the participant's family members  
22 by decreasing the severity and frequency of the specific behavior  
23 addressed by the therapeutic court.

24 (3) The legislature recognizes the inherent authority of the  
25 judiciary under Article IV, section 1 of the state Constitution to  
26 establish therapeutic courts, and the outstanding contribution to the  
27 state and local communities made by the establishment of therapeutic  
28 courts and desires to provide a general provision in statute  
29 acknowledging and encouraging the judiciary to provide for  
30 therapeutic court programs to address the particular needs within a  
31 given judicial jurisdiction.

32 (4) Therapeutic court programs may include, but are not limited  
33 to:

- 34 (a) Adult drug court;
- 35 (b) Juvenile drug court;
- 36 (c) Family dependency treatment court or family drug court;
- 37 (d) Mental health court, which may include participants with  
38 developmental disabilities;
- 39 (e) DUI court;

- 1 (f) Veterans treatment court;
- 2 (g) Truancy court;
- 3 (h) Domestic violence court;
- 4 (i) Gambling court;
- 5 (j) Community court;
- 6 (k) Homeless court;
- 7 (l) Treatment, responsibility, and accountability on campus (Back
- 8 on TRAC) court; and
- 9 (m) Involuntary treatment court.

10 NEW SECTION. **Sec. 87.** A new section is added to chapter 71.34  
11 RCW to read as follows:

12 (1) The files and records of court proceedings under this chapter  
13 and chapter 71.05 RCW shall be closed but shall be accessible to:

- 14 (a) The department;
  - 15 (b) The department of health;
  - 16 (c) The authority;
  - 17 (d) The state hospitals as defined in RCW 72.23.010;
  - 18 (e) Any person who is the subject of a petition;
  - 19 (f) The attorney or guardian of the person;
  - 20 (g) Resource management services for that person; and
  - 21 (h) Service providers authorized to receive such information by
  - 22 resource management services.
- 23 (2) The authority shall adopt rules to implement this section.

24 NEW SECTION. **Sec. 88.** A new section is added to chapter 71.34  
25 RCW to read as follows:

26 For purposes of this chapter, at any hearing the petitioner, the  
27 respondent, the witnesses, the interpreters, and the presiding  
28 judicial officer may be present and participate either in person or  
29 by video, as determined by the court. The term "video" as used in  
30 this section includes any functional equivalent. At any hearing  
31 conducted by video, the technology used must permit the judicial  
32 officer, counsel, all parties, and the witnesses to be able to see,  
33 hear, and speak, when authorized, during the hearing; to allow  
34 attorneys to use exhibits or other materials during the hearing; and  
35 to allow the respondent's counsel to be in the same location as the  
36 respondent unless otherwise requested by the respondent or the  
37 respondent's counsel. Witnesses in a proceeding may also appear in  
38 court through other means, including telephonically, pursuant to the

1 requirements of superior court civil rule 43. Notwithstanding the  
2 foregoing, the court, upon its own motion or upon a motion for good  
3 cause by any party, may require all parties and witnesses to  
4 participate in the hearing in person rather than by video. In ruling  
5 on any such motion, the court may allow in-person or video testimony;  
6 and the court may consider, among other things, whether the  
7 respondent's alleged behavioral health disorder affects the  
8 respondent's ability to perceive or participate in the proceeding by  
9 video.

10 NEW SECTION. **Sec. 89.** A new section is added to chapter 71.05  
11 RCW to read as follows:

12 For purposes of this chapter, at any hearing the petitioner, the  
13 respondent, the witnesses, the interpreters, and the presiding  
14 judicial officer may be present and participate either in person or  
15 by video, as determined by the court. The term "video" as used in  
16 this section includes any functional equivalent. At any hearing  
17 conducted by video, the technology used must permit the judicial  
18 officer, counsel, all parties, and the witnesses to be able to see,  
19 hear, and speak, when authorized, during the hearing; to allow  
20 attorneys to use exhibits or other materials during the hearing; and  
21 to allow the respondent's counsel to be in the same location as the  
22 respondent unless otherwise requested by the respondent or the  
23 respondent's counsel. Witnesses in a proceeding may also appear in  
24 court through other means, including telephonically, pursuant to the  
25 requirements of superior court civil rule 43. Notwithstanding the  
26 foregoing, the court, upon its own motion or upon a motion for good  
27 cause by any party, may require all parties and witnesses to  
28 participate in the hearing in person rather than by video. In ruling  
29 on any such motion, the court may allow in-person or video testimony;  
30 and the court may consider, among other things, whether the  
31 respondent's alleged behavioral health disorder affects the  
32 respondent's ability to perceive or participate in the proceeding by  
33 video.

34 NEW SECTION. **Sec. 90.** A new section is added to chapter 71.34  
35 RCW to read as follows:

36 In addition to the responsibility provided for by RCW 43.20B.330,  
37 the parents of a minor person who is involuntarily detained pursuant  
38 to this chapter for the purpose of treatment and evaluation outside

1 of a facility maintained and operated by the department shall be  
2 responsible for the cost of such care and treatment. In the event  
3 that an individual is unable to pay for such treatment or in the  
4 event payment would result in a substantial hardship upon the  
5 individual or his or her family, then the county of residence of such  
6 person shall be responsible for such costs. If it is not possible to  
7 determine the county of residence of the person, the cost shall be  
8 borne by the county where the person was originally detained. The  
9 department, or the authority, as appropriate, shall, pursuant to  
10 chapter 34.05 RCW, adopt standards as to (1) inability to pay in  
11 whole or in part, (2) a definition of substantial hardship, and (3)  
12 appropriate payment schedules. Financial responsibility with respect  
13 to services and facilities of the department shall continue to be as  
14 provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370.

15 NEW SECTION. **Sec. 91.** The following acts or parts of acts are  
16 each repealed:

17 (1) RCW 71.05.360 (Rights of involuntarily detained persons) and  
18 2017 3rd sp.s. c 14 s 20; and

19 (2) RCW 71.34.370 (Antipsychotic medication and shock treatment)  
20 and 1989 c 120 s 9.

21 NEW SECTION. **Sec. 92.** RCW 71.05.525 is recodified as a section  
22 in chapter 71.34 RCW.

23 NEW SECTION. **Sec. 93.** Sections 14, 16, 24, 34, 40, 50, 71, 74,  
24 76, 80, 82, and 85 of this act take effect July 1, 2026.

25 NEW SECTION. **Sec. 94.** Sections 13, 15, 23, 33, 39, 49, 70, 73,  
26 75, 79, 81, and 84 of this act expire July 1, 2026.

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