By Representative Cody

ADOPTED 03/29/2016

Strike everything after the enacting clause and insert the following:

"PART I

CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT PROVISIONS

Sec. 101. RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted and amended to read as follows:

For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

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

(2) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

(3) "Behavioral health organization" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined regional service area.

(4) "Behavioral health program" has the same meaning as in RCW 71.24.025.

(5) "Behavioral health services" means mental health services as described in chapters 71.24 and 71.36 RCW and chemical dependency treatment services as described in this chapter.

(6) "Chemical dependency" means: (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(6) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or...
treat alcoholism and other drug addiction, including reasonable administration and overhead.))

(7) "Department" means the department of social and health services.

(8) "Designated chemical dependency specialist" or "specialist" means a person designated by the behavioral health organization or by the county ((alcoholism and other drug addiction)) substance use disorder treatment program coordinator designated ((under RCW 70.96A.310)) by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

(9) ("Director" means the person administering the substance use disorder program within the department.

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

((11) "Emergency service patrol" means a patrol established under RCW 70.96A.170.

(12) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

((13)) (11) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

((14)) (12) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.
"Incompetent person" means a person who has been adjudged incompetent by the superior court.

"Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

"Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

"Likelihood of serious harm" means:
(a) A substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self; (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (iii) physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

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

"Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the progression of substance use disorders that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

"Minor" means a person less than eighteen years of age.

"Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.

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

"Person" means an individual, including a minor.

"Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined
in rule by the department, who is empowered by a certified treatment
program with authority to make assessment, admission, continuing
care, and discharge decisions on behalf of the certified program.

((25)) (23) "Secretary" means the secretary of the department
of social and health services.

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

((27)) (25) "Treatment" means the broad range of emergency,
withdrawal management, residential, and outpatient services and care,
including diagnostic evaluation, ((chemical dependency)) substance
use disorder education and counseling, medical, psychiatric,
psychological, and social service care, vocational rehabilitation and
career counseling, which may be extended to persons with substance
use disorders and their families, persons incapacitated by alcohol or
other psychoactive chemicals, and intoxicated persons.

((28)) (26) "Substance use disorder treatment program" means an
organization, institution, or corporation, public or private, engaged
in the care, treatment, or rehabilitation of persons with substance
use ((disorder[s])) disorders.

((29)) (27) "Violent act" means behavior that resulted in
homicide, attempted suicide, nonfatal injuries, or substantial damage
to property.

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

(29) "Mental health professional" means a psychiatrist,
psychologist, physician assistant working with a supervising
psychiatrist, psychiatric advanced registered nurse practitioner,
psychiatric nurse, or social worker, and such other mental health
professionals as may be defined by rules adopted by the secretary
pursuant to the provisions of chapter 71.05 RCW.

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

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

Sec. 102. RCW 70.96A.140 and 2014 c 225 s 29 are each amended to
read as follows:

(1)(a) When a designated chemical dependency specialist receives
information alleging that a person presents a likelihood of serious
harm or is gravely disabled as a result of chemical dependency, the
designated chemical dependency specialist, after investigation and
evaluation of the specific facts alleged and of the reliability and
credibility of the information, may file a petition for commitment of
such person with the superior court, district court, or in another
court permitted by court rule.

If a petition for commitment is not filed in the case of a minor,
the parent, guardian, or custodian who has custody of the minor may
seek review of that decision made by the designated chemical
dependency specialist in superior or district court. The parent,
guardian, or custodian shall file notice with the court and provide a
copy of the designated chemical dependency specialist's report.

If the designated chemical dependency specialist finds that the
initial needs of such person would be better served by placement
within the mental health system, the person shall be referred to
either a designated mental health professional or an evaluation and
treatment facility as defined in RCW 71.05.020 or 71.34.020.

(b) If placement in a chemical dependency program is available
and deemed appropriate, the petition shall allege that: The person is
chemically dependent and presents a likelihood of serious harm or is
gravely disabled by alcohol or drug addiction, or that the person has
twice before in the preceding twelve months been admitted for
withdrawal management, sobering services, or chemical dependency
treatment pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of
a more sustained treatment program, or that the person is chemically
dependent and has threatened, attempted, or inflicted physical harm
on another and is likely to inflict physical harm on another unless
committed. A refusal to undergo treatment, by itself, does not
constitute evidence of lack of judgment as to the need for treatment.
((The petition shall be accompanied by a certificate of a licensed
physician who has examined the person within five days before
submission of the petition, unless the person whose commitment is
sought has refused to submit to a medical examination, in which case

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the fact of refusal shall be alleged in the petition. The certificate shall set forth the licensed physician's findings in support of the allegations of the petition. A physician employed by the petitioning program or the department is eligible to be the certifying physician.)

(c) If involuntary detention is sought, the petition must state facts that support a finding of the grounds identified in (b) of this subsection and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition must state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition must state facts that support a finding of the grounds for commitment identified in (b) of this subsection and set forth the proposed less restrictive alternative.

(d)(i) The petition must be signed by:
(A) Two physicians;
(B) One physician and a mental health professional;
(C) One physician assistant and a mental health professional; or
(D) One psychiatric advanced registered nurse practitioner and a mental health professional.

(ii) The persons signing the petition must have examined the person.

(2) Upon filing the petition, the court shall fix a date for a hearing no less than two and no more than seven days after the date the petition was filed unless the person petitioned against is presently being detained in a program, pursuant to RCW 70.96A.120, 71.05.210, or 71.34.710, in which case the hearing shall be held within seventy-two hours of the filing of the petition: PROVIDED, HOWEVER, That the above specified seventy-two hours shall be computed by excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER, That, the court may, upon motion of the person whose commitment is sought, or upon motion of petitioner with written permission of the person whose commitment is sought, or his or her counsel and, upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served by the designated chemical dependency specialist on the person whose commitment is sought, his or her next of kin, a parent or his or her legal guardian if he or she is a minor, and any other person the court believes advisable. A copy of Code Rev/AL:amh 6 H-4766.3/16 3rd draft
the petition and certificate shall be delivered to each person
notified.

(3) At the hearing the court shall hear all relevant
testimony including, if possible, the testimony, which may be
telephonic, of at least one licensed physician, psychiatric advanced
registered nurse practitioner, physician assistant, or mental health
professional who has examined the person whose commitment is sought.
Communications otherwise deemed privileged under the laws of this
state are deemed to be waived in proceedings under this chapter when
a court of competent jurisdiction in its discretion determines that
the waiver is necessary to protect either the detained person or the
public. The waiver of a privilege under this section is limited to
records or testimony relevant to evaluation of the detained person
for purposes of a proceeding under this chapter. Upon motion by the
detained person, or on its own motion, the court shall examine a
record or testimony sought by a petitioner to determine whether it is
within the scope of the waiver.

The record maker shall not be required to testify in order to
introduce medical, nursing, or psychological records of detained
persons so long as the requirements of RCW 5.45.020 are met, except
that portions of the record that contain opinions as to whether the
detained person is chemically dependent shall be deleted from the
records unless the person offering the opinions is available for
cross-examination. The person shall be present unless the court
believes that his or her presence is likely to be injurious to him or
her; in this event the court may deem it appropriate to appoint a
guardian ad lITEM to represent him or her throughout the proceeding.
If deemed advisable, the court may examine the person out of
courtroom. If the person has refused to be examined by a licensed
physician, psychiatric advanced registered nurse practitioner,
physician assistant, or mental health professional, he or she shall
be given an opportunity to be examined by a court appointed licensed
physician, psychiatric advanced registered nurse practitioner,
physician assistant, or other professional person qualified to
provide such services. If he or she refuses and there is sufficient
evidence to believe that the allegations of the petition are true, or
if the court believes that more medical evidence is necessary, the
court may make a temporary order committing him or her to the
department for a period of not more than five days for purposes of a
diagnostic examination.
(4)(a) If, after hearing all relevant evidence, including the results of any diagnostic examination, the court finds that grounds for involuntary commitment have been established by \((\text{clear, cogent, and convincing proof})\) a preponderance of the evidence and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interest of the person or others, it shall make an order of commitment to an approved \textit{substance use disorder} treatment program. It shall not order commitment of a person unless it determines that an approved \textit{substance use disorder} treatment program is available and able to provide adequate and appropriate treatment for him or her.

(b) If the court finds that the grounds for commitment have been established by a preponderance of the evidence, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment. The less restrictive order may impose treatment conditions and other conditions that are in the best interest of the respondent and others. A copy of the less restrictive order must be given to the respondent, the designated chemical dependency specialist, and any program designated to provide less restrictive treatment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. The court may not order commitment of a person to a less restrictive course of treatment unless it determines that an approved \textit{substance use disorder} treatment program is available and able to provide adequate and appropriate treatment for him or her.

(5) A person committed to inpatient treatment under this section shall remain in the program for treatment for a period of \((\text{sixty})\) fourteen days unless sooner discharged. A person committed to a less restrictive course of treatment under this section shall remain in the program of treatment for a period of ninety days unless sooner discharged. At the end of the \((\text{sixty})\) fourteen-day period, or ninety-day period in the case of a less restrictive alternative to inpatient treatment, he or she shall be discharged automatically unless the program or the designated chemical dependency specialist, before expiration of the period, files a petition for his or her recommitment upon the grounds set forth in subsection (1) of this section for a further period of ninety days of inpatient treatment or
ninety days of less restrictive alternative treatment unless sooner discharged. The petition for ninety-day inpatient or less restrictive alternative treatment must be filed with the clerk of the court at least three days before expiration of the fourteen-day period of intensive treatment.

If a petition for recommitment is not filed in the case of a minor, the parent, guardian, or custodian who has custody of the minor may seek review of that decision made by the designated chemical dependency specialist in superior or district court. The parent, guardian, or custodian shall file notice with the court and provide a copy of the treatment progress report.

If a person has been committed because he or she is chemically dependent and likely to inflict physical harm on another, the program or designated chemical dependency specialist shall apply for recommitment if after examination it is determined that the likelihood still exists.

(6) Upon the filing of a petition for recommitment under subsection (5) of this section, the court shall fix a date for hearing no less than two and no more than seven days after the date the petition was filed: PROVIDED, That, the court may, upon motion of the person whose commitment is sought and upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served by the treatment program on the person whose commitment is sought, his or her next of kin, the original petitioner under subsection (1) of this section if different from the petitioner for recommitment, one of his or her parents or his or her legal guardian if he or she is a minor, and his or her attorney and any other person the court believes advisable. At the hearing the court shall proceed as provided in subsections (3) and (4) of this section, except that the burden of proof upon a hearing for recommitment must be proof by clear, cogent, and convincing evidence.

(7) The approved substance use disorder treatment program shall provide for adequate and appropriate treatment of a person committed to its custody on an inpatient or outpatient basis. A person committed under this section may be transferred from one approved public treatment program to another if transfer is medically advisable.

(8) A person committed to (the custody of) a program for treatment shall be discharged at any time before the end of the
period for which he or she has been committed and he or she shall be discharged by order of the court if either of the following conditions are met:

(a) In case of a chemically dependent person committed on the grounds of likelihood of infliction of physical harm upon himself, herself, or another, the likelihood no longer exists; or further treatment will not be likely to bring about significant improvement in the person's condition, or treatment is no longer adequate or appropriate.

(b) In case of a chemically dependent person committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists.

(9) The court shall inform the person whose commitment or recommitment is sought of his or her right to contest the application, be represented by counsel at every stage of any proceedings relating to his or her commitment and recommitment, and have counsel appointed by the court or provided by the court, if he or she wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him or her regardless of his or her wishes. The person shall, if he or she is financially able, bear the costs of such legal service; otherwise such legal service shall be at public expense. The person whose commitment or recommitment is sought shall be informed of his or her right to be examined by a licensed physician (of his or her choice), psychiatric advanced registered nurse practitioner, physician assistant, or other professional person of his or her choice who is qualified to provide such services. If the person is unable to obtain a qualified person and requests an examination (by a physician), the court shall employ a licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or other professional person to conduct an examination and testify on behalf of the person.

(10) A person committed under this chapter may at any time seek to be discharged from commitment by writ of habeas corpus in a court of competent jurisdiction.

(11) The venue for proceedings under this section is the county in which person to be committed resides or is present.

(12) When in the opinion of the professional person in charge of the program providing involuntary inpatient treatment under this Code Rev/AL:amh 10 H-4766.3/16 3rd draft
chapter, the committed patient can be appropriately served by less restrictive treatment before expiration of the period of commitment, then the less restrictive care may be required as a condition for early release for a period which, when added to the initial treatment period, does not exceed the period of commitment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. A copy of the conditions for early release shall be given to the patient, the designated chemical dependency specialist of original commitment, and the court of original commitment. The program designated to provide less restrictive care may modify the conditions for continued release when the modifications are in the best interests of the patient. If the program providing less restrictive care and the designated chemical dependency specialist determine that a conditionally released patient is failing to adhere to the terms and conditions of his or her release, or that substantial deterioration in the patient's functioning has occurred, then the designated chemical dependency specialist shall notify the court of original commitment and request a hearing to be held no less than two and no more than seven days after the date of the request to determine whether or not the person should be returned to more restrictive care. The designated chemical dependency specialist shall file a petition with the court stating the facts substantiating the need for the hearing along with the treatment recommendations. The patient shall have the same rights with respect to notice, hearing, and counsel as for the original involuntary treatment proceedings. The issues to be determined at the hearing are whether the conditionally released patient did or did not adhere to the terms and conditions of his or her release to less restrictive care or that substantial deterioration of the patient's functioning has occurred and whether the conditions of release should be modified or the person should be returned to a more restrictive program. The hearing may be waived by the patient and his or her counsel and his or her guardian or conservator, if any, but may not be waived unless all such persons agree to the waiver. Upon waiver, the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions. The grounds and procedures for revocation of less restrictive alternative treatment ordered by the court must be the same as those set forth in this Code Rev/AL:amh
section for less restrictive care arranged by an approved substance
use disorder treatment program as a condition for early release.

Sec. 103. RCW 70.96A.145 and 1993 c 137 s 1 are each amended to
read as follows:

The prosecuting attorney of the county in which such action is
taken (may, at the discretion of the prosecuting attorney) shall
represent the designated chemical dependency specialist or treatment
program in judicial proceedings under RCW 70.96A.140 for the
involuntary commitment or recommitment of an individual, including
any judicial proceeding where the individual sought to be committed
or recommitted challenges the action. The costs of mandated
representation shall be reimbursed by the behavioral health
organization or full integration region.

Sec. 104. RCW 70.96A.230 and 1998 c 296 s 24 are each amended to
read as follows:

Any provider of outpatient treatment who provides outpatient
treatment to a minor thirteen years of age or older shall provide
notice of the minor's request for treatment to the minor's parents
if: (1) The minor signs a written consent authorizing the disclosure;
or (2) the treatment program director determines that the minor lacks
capacity to make a rational choice regarding consenting to
disclosure. (The) A provider of outpatient treatment may, at his or
her discretion, provide notice of a minor's request for treatment to
the minor's parents if the provider determines that notice is in the
best interest of the minor in achieving recovery. Any notice under
this section shall be made within seven days of the request for
treatment, excluding Saturdays, Sundays, and holidays, and shall
contain the name, location, and telephone number of the facility
providing treatment, and the name of a professional person on the
staff of the facility providing treatment who is designated to
discuss the minor's need for treatment with the parent.

PART II
INTEGRATED SYSTEM

NEW SECTION. Sec. 201. A new section is added to chapter 71.05
RCW to read as follows:
(1)(a) By April 1, 2018, the department, by rule, must combine the functions of a designated mental health professional and designated chemical dependency specialist by establishing a designated crisis responder who is authorized to conduct investigations, detain persons up to seventy-two hours to the proper facility, and carry out the other functions identified in this chapter and chapter 71.34 RCW. The behavioral health organizations shall provide training to the designated crisis responders as required by the department.

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

(A) Psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker;

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

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

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

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

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

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

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

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

NEW SECTION. Sec. 202. A new section is added to chapter 71.05 RCW to read as follows:

(1) The Washington state institute for public policy shall evaluate the effect of the integration of the involuntary treatment systems for substance use disorders and mental health and make preliminary reports to appropriate committees of the legislature by December 1, 2020, and June 30, 2021, and a final report by June 30, 2023.

(2) The evaluation must include an assessment of whether the integrated system:

(a) Has increased efficiency of evaluation and treatment of persons involuntarily detained for substance use disorders;

(b) Is cost-effective, including impacts on health care, housing, employment, and criminal justice costs;

(c) Results in better outcomes for persons involuntarily detained;

(d) Increases the effectiveness of the crisis response system statewide;

(e) Has an impact on commitments based upon mental disorders;

(f) Has been sufficiently resourced with enough involuntary treatment beds, less restrictive alternative treatment options, and state funds to provide timely and appropriate treatment for all individuals interacting with the integrated involuntary treatment system; and

(g) Has diverted from the mental health involuntary treatment system a significant number of individuals whose risk results from substance abuse, including an estimate of the net savings from...
serving these clients into the appropriate substance abuse treatment system.

(3) This section expires August 1, 2023.

**Sec. 203.** RCW 71.05.010 and 2015 c 269 s 1 are each amended to read as follows:

(1) The provisions of this chapter are intended by the legislature:

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

(b) To prevent inappropriate, indefinite commitment of mentally disordered persons and persons with substance use disorders and to eliminate legal disabilities that arise from such commitment;

(c) To provide prompt evaluation and timely and appropriate treatment of persons with serious mental disorders and substance use disorders;

(d) To safeguard individual rights;

(e) To provide continuity of care for persons with serious mental disorders and substance use disorders;

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

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

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

**Sec. 204.** RCW 71.05.020 and 2015 c 269 s 14 and 2015 c 250 s 2 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
"Admission" or "admit" means a decision by a physician or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;

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

"Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;

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

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

"Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;

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

"Department" means the department of social and health services;

"Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;

"Designated crisis responder" means a mental health professional appointed by ((the county or)) the behavioral health organization to perform the duties specified in this chapter;

"Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;

"Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
"Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

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

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

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

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

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

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

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

((21)) (19) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
(b) The conditions and strategies necessary to achieve the purposes of habilitation;
(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
(e) The staff responsible for carrying out the plan;
(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

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

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

((23)) (21) "In need of assisted outpatient mental health treatment" means that a person, as a result of a mental disorder: (a)
Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation;

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

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

((24)) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585;

((25)) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

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

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

(((28))) (28) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(((29))) (29) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or ((community mental)) behavioral health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section, secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;

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

(((31))) (31) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons ((who are mentally ill)) with mental illness, substance use disorders, or both mental illness and substance use disorders;
"Professional person" means a mental health professional or designated crisis responder and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

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

"Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

"Public agency" means any evaluation and treatment facility or institution, secure detoxification facility, approved substance use disorder treatment program, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;

"Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness or substance use disorders;

"Release" means legal termination of the commitment under the provisions of this chapter;

"Resource management services" has the meaning given in chapter 71.24 RCW;

"Secretary" means the secretary of the department of social and health services, or his or her designee;

"Serious violent offense" has the same meaning as provided in RCW 9.94A.030;
"Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;

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

"Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;

"Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

"Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property;

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

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

(49) "Chemical dependency" means:
(a) Alcoholism;
(b) Drug addiction; or
(c) Dependence on alcohol and one or more psychoactive chemicals, as the context requires;

(50) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW;

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

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

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

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

(a) Provides for intoxicated persons:
   (i) Evaluation and assessment, provided by certified chemical dependency professionals;
   (ii) Acute or subacute detoxification services; and
   (iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Is certified as such by the department;

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

Sec. 205. RCW 71.05.025 and 2014 c 225 s 80 are each amended to
read as follows:

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

Sec. 206. RCW 71.05.026 and 2014 c 225 s 81 are each amended to
read as follows:

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

(2) Except as expressly provided in contracts entered into
between the department and the behavioral health organizations after
March 29, 2006, the entities identified in subsection (3) of this
section shall have no claim for declaratory relief, injunctive
relief, judicial review under chapter 34.05 RCW, or civil liability
against the state or state agencies for actions or inactions
performed pursuant to the administration of this chapter with regard
to the following: (a) The allocation or payment of federal or state
funds; (b) the use or allocation of state hospital beds; or (c)
financial responsibility for the provision of inpatient mental health
care or inpatient substance use disorder treatment.
This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.

Sec. 207. RCW 71.05.050 and 2015 c 269 s 5 are each amended to read as follows:

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

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

(3) If a person is brought to the emergency room of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, and the professional staff of the public or private agency or hospital regard such person as presenting as a result of a mental disorder or substance use disorder an imminent
likelihood of serious harm, or as presenting an imminent danger because of grave disability, they may detain such person for sufficient time to notify the designated ((mental health professional)) crisis responder of such person's condition to enable the designated ((mental health professional)) crisis responder to authorize such person being further held in custody or transported to an evaluation treatment center, secure detoxification facility, or approved substance use disorder treatment program pursuant to the conditions in this chapter, but which time shall be no more than six hours from the time the professional staff notify the designated ((mental health professional)) crisis responder of the need for evaluation, not counting time periods prior to medical clearance.

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

Sec. 208. RCW 71.05.120 and 2000 c 94 s 4 are each amended to read as follows:

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

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

Sec. 209. RCW 71.05.132 and 2004 c 166 s 12 are each amended to read as follows:

When any court orders a person to receive treatment under this chapter, the order shall include a statement that if the person is, or becomes, subject to supervision by the department of corrections, the person must notify the treatment provider and the person's mental health treatment information and substance use disorder treatment information must be shared with the department of corrections for the duration of the offender's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of one or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this person's information.

Sec. 210. RCW 71.05.150 and 2015 c 250 s 3 are each amended to read as follows:

(1)(a) When a designated ((mental health professional)) crisis responder receives information alleging that a person, as a result of a mental disorder((i)), substance use disorder, or both presents a likelihood of serious harm((ii)) or is gravely disabled((iii)), or ((iv)) that a person is in need of assisted outpatient mental health treatment; the designated ((mental health professional)) crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or involuntary outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to petition for involuntary commitment under RCW 71.05.230 and must include involvement or
consultation with the agency or facility which will provide monitoring or services under the proposed less restrictive alternative treatment order. If the petition is for an involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

(b) Before filing the petition, the designated ((mental health professional)) crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, ((or)) triage facility, or approved substance use disorder treatment program.

(2)(a) An order to detain ((to)) a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period, or an order for an involuntary outpatient evaluation, may be issued by a judge of the superior court upon request of a designated ((mental health professional)) crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of a judge of the superior court:

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

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

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

(d) A court may not issue an order to detain a person to a secure detoxification facility or approved substance use disorder treatment program unless there is an available secure detoxification facility or approved substance use disorder treatment program that has adequate space for the person.
(3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention or involuntary outpatient evaluation. After service on such person the designated crisis responder shall file a return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

Sec. 211. RCW 71.05.150 and 2016 1st sp.s. c ... s 210 (section 210 of this act) are each amended to read as follows:

(1)(a) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, substance use disorder, or both presents a likelihood of serious harm or is gravely disabled, or that a person is in need of assisted outpatient treatment, the designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.
mental health treatment; the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or involuntary outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to petition for involuntary commitment under RCW 71.05.230 and must include involvement or consultation with the agency or facility which will provide monitoring or services under the proposed less restrictive alternative treatment order. If the petition is for an involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

(b) Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, or approved substance use disorder treatment program.

(2)(a) An order to detain a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period, or an order for an involuntary outpatient evaluation, may be issued by a judge of the superior court upon request of a designated crisis responder (subject to (d) of this subsection) whenever it appears to the satisfaction of a judge of the superior court:

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

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

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

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

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

(4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any,
Sec. 212. RCW 71.05.153 and 2015 c 269 s 6 are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as the result of a mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two hours as described in RCW 71.05.180.

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

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

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

((b)) ((ii)) When he or she has reasonable cause to believe that such person is suffering from a mental disorder or substance use disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.
(b) A peace officer's delivery of a person, based on a substance use disorder, to a secure detoxification facility or approved substance use disorder treatment program is subject to the availability of a secure detoxification facility or approved substance use disorder treatment program with adequate space for the person.

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

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

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

Sec. 213. RCW 71.05.153 and 2016 1st sp.s. c ... s 212 (section 212 of this act) are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as the result of a mental disorder, presents
an imminent likelihood of serious harm, or is in imminent danger
because of being gravely disabled, after investigation and evaluation
of the specific facts alleged and of the reliability and credibility
of the person or persons providing the information if any, the
designated crisis responder may take such person, or cause by oral or
written order such person to be taken into emergency custody in an
evaluation and treatment facility for not more than seventy-two hours
as described in RCW 71.05.180.

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

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

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

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

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

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

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

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

Sec. 214. RCW 71.05.154 and 2013 c 334 s 1 are each amended to read as follows:

A designated mental health professional crisis responder conducting an evaluation of a person under RCW 71.05.150 or 71.05.153 must consult with any examining emergency room physician regarding the physician's observations and opinions relating to the person's condition, and whether, in the view of the physician, detention is appropriate. The designated mental health professional crisis responder shall take serious consideration of observations and opinions by examining emergency room physicians in determining whether detention under this chapter is appropriate. The designated mental health professional crisis responder must document the consultation with an examining emergency room physician, including
the physician's observations or opinions regarding whether detention
of the person is appropriate.

Sec. 215. RCW 71.05.156 and 2015 c 250 s 4 are each amended to
read as follows:

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

Sec. 216. RCW 71.05.157 and 2007 c 375 s 9 are each amended to
read as follows:

(1) When a designated ((mental health professional)) crisis
responder is notified by a jail that a defendant or offender who was
subject to a discharge review under RCW 71.05.232 is to be released
to the community, the designated ((mental health professional))
crisis responder shall evaluate the person within seventy-two hours
of release.

(2) When an offender is under court-ordered treatment in the
community and the supervision of the department of corrections, and
the treatment provider becomes aware that the person is in violation
of the terms of the court order, the treatment provider shall notify
the designated ((mental health professional)) crisis responder and
the department of corrections of the violation and request an
evaluation for purposes of revocation of the less restrictive
alternative.

(3) When a designated ((mental health professional)) crisis
responder becomes aware that an offender who is under court-ordered
treatment in the community and the supervision of the department of
corrections is in violation of a treatment order or a condition of
supervision that relates to public safety, or the designated ((mental
health professional)) crisis responder detains a person under this
chapter, the designated ((mental health professional)) crisis
responder shall notify the person's treatment provider and the
department of corrections.

(4) When an offender who is confined in a state correctional
facility or is under supervision of the department of corrections in
the community is subject to a petition for involuntary treatment
under this chapter, the petitioner shall notify the department of
corrections and the department of corrections shall provide
documentation of its risk assessment or other concerns to the
petitioner and the court if the department of corrections classified
the offender as a high risk or high needs offender.

(5) Nothing in this section creates a duty on any treatment
provider or designated ((mental health professional)) crisis
responder to provide offender supervision.

(6) No jail or state correctional facility may be considered a
less restrictive alternative to an evaluation and treatment facility,
secure detoxification facility, or approved substance use disorder
treatment program.

Sec. 217. RCW 71.05.160 and 2007 c 375 s 13 are each amended to
read as follows:
Any facility receiving a person pursuant to RCW 71.05.150 or
71.05.153 shall require the designated ((mental health professional))
crisis responder to prepare a petition for initial detention stating
the circumstances under which the person's condition was made known
and stating that there is evidence, as a result of his or her
personal observation or investigation, that the actions of the person
for which application is made constitute a likelihood of serious
harm, or that he or she is gravely disabled, and stating the specific
facts known to him or her as a result of his or her personal
observation or investigation, upon which he or she bases the belief
that such person should be detained for the purposes and under the
authority of this chapter.
If a person is involuntarily placed in an evaluation and
treatment facility, secure detoxification facility, or approved
substance use disorder treatment program pursuant to RCW 71.05.150 or
71.05.153, on the next judicial day following the initial detention,
the designated ((mental health professional)) crisis responder shall
file with the court and serve the designated attorney of the detained
person the petition or supplemental petition for initial detention,
proof of service of notice, and a copy of a notice of emergency
detention.

Sec. 218. RCW 71.05.170 and 2000 c 94 s 5 are each amended to
read as follows:

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

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

Sec. 219. RCW 71.05.180 and 1997 c 112 s 12 are each amended to read as follows:

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

Sec. 220. RCW 71.05.190 and 2011 c 305 s 3 are each amended to read as follows:

If the person is not approved for admission by a facility providing seventy-two hour evaluation and treatment, and the individual has not been arrested, the facility shall furnish transportation, if not otherwise available, for the person to his or her place of residence or other appropriate place. If the individual has been arrested, the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program shall detain the individual for not more than eight hours at the request of the peace officer. The facility shall make reasonable attempts to contact the requesting peace officer during this time to inform the peace officer that the person is not approved for admission in order to enable a peace officer to return to the facility and take the individual back into custody.
Sec. 221. RCW 71.05.195 and 2010 c 208 s 1 are each amended to read as follows:

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

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

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

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

(2) The person shall be entitled to a probable cause hearing within the time limits applicable to other detentions under this chapter and shall be afforded the rights described in this chapter including the right to counsel. At the probable cause hearing, the court shall determine the identity of the person and whether the other requirements of this section are met. If the court so finds, the court may order continued detention in a treatment facility for up to thirty days for the purpose of the transfer of the person to the custody or care of the requesting state. The court may order a less restrictive alternative to detention only under conditions which ensure the person's safe transfer to the custody or care of the
requesting state within thirty days without undue risk to the safety
of the person or others.

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

Sec. 222. RCW 71.05.201 and 2015 c 258 s 2 are each amended to
read as follows:

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

(2)(a) The petition must be submitted on forms developed by the
administrative office of the courts for this purpose. The petition
must be accompanied by a sworn declaration from the petitioner, and
other witnesses if desired, describing why the person should be
detained for evaluation and treatment. The description of why the
person should be detained may contain, but is not limited to, the
information identified in RCW 71.05.212.

(b) The petition must contain:

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

(ii) The date on which an investigation was requested from the
designated (mental health professional) crisis responder.

(3) The court shall, within one judicial day, review the petition
to determine whether the petition raises sufficient evidence to
support the allegation. If the court so finds, it shall provide a
copy of the petition to the designated (mental health professional)
crisis responder agency with an order for the agency to provide the
court, within one judicial day, with a written sworn statement
describing the basis for the decision not to seek initial detention
and a copy of all information material to the designated (mental
health professional's) crisis responder's current decision.
(4) Following the filing of the petition and before the court reaches a decision, any person, including a mental health professional, may submit a sworn declaration to the court in support of or in opposition to initial detention.

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

(6) The court must issue a final ruling on the petition within five judicial days after it is filed. After reviewing all of the information provided to the court, the court may enter an order for initial detention if the court finds that: (a) There is probable cause to support a petition for detention; and (b) the person has refused or failed to accept appropriate evaluation and treatment voluntarily. The court shall transmit its final decision to the petitioner.

(7) If the court enters an order for initial detention, it shall provide the order to the designated crisis responder agency, which shall execute the order without delay. An order for initial detention under this section expires one hundred eighty days from issuance.

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

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

Sec. 223. RCW 71.05.203 and 2015 c 258 s 3 are each amended to read as follows:

(1) The department and each behavioral health organization or agency employing designated crisis responders shall publish information in an easily accessible format describing the process for an immediate family member, guardian, or conservator to petition for court review of a detention decision under RCW 71.05.201.

(2) A designated crisis responder or designated crisis responder agency
that receives a request for investigation for possible detention under this chapter must inquire whether the request comes from an immediate family member, guardian, or conservator who would be eligible to petition under RCW 71.05.201. If the designated ((mental health professional)) crisis responder decides not to detain the person for evaluation and treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have elapsed since the request for investigation was received and the designated ((mental health professional)) crisis responder has not taken action to have the person detained, the designated ((mental health professional)) crisis responder or designated ((mental health professional)) crisis responder agency must inform the immediate family member, guardian, or conservator who made the request for investigation about the process to petition for court review under RCW 71.05.201.

Sec. 224. RCW 71.05.210 and 2015 c 269 s 7 and 2015 c 250 s 20 are each reenacted and amended to read as follows:

Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program (1) shall, within twenty-four hours of his or her admission or acceptance at the facility, not counting time periods prior to medical clearance, be examined and evaluated by (a) a licensed physician who may be assisted by a physician assistant according to chapter 18.71A RCW and a mental health professional, (b) an advanced registered nurse practitioner according to chapter 18.79 RCW and a mental health professional, or (c) a licensed physician and a psychiatric advanced registered nurse practitioner and (2) shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (a) Any other medication previously prescribed by a person licensed under Title 18 RCW; or (b) emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The person shall be detained up to seventy-two hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious
harm, or is gravely disabled. A person who has been detained for
seventy-two hours shall no later than the end of such period be
released, unless referred for further care on a voluntary basis, or
detained pursuant to court order for further treatment as provided in
this chapter.

If, after examination and evaluation, the mental health
professional and licensed physician or psychiatric advanced
registered nurse practitioner determine that the initial needs of the
person, if detained to an evaluation and treatment facility, would be
better served by placement in a (chemical dependency) substance use
disorder treatment facility, or, if detained to a secure
detoxification facility or approved substance use disorder treatment
program, would be better served in an evaluation and treatment
facility then the person shall be referred to (an approved treatment
program defined under RCW 70.96A.020) the more appropriate
placement; however, a person may only be referred to a secure
detoxification facility or approved substance use disorder treatment
program if there is an available secure detoxification facility or
approved substance use disorder treatment program with adequate space
for the person.

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

Sec. 225. RCW 71.05.210 and 2016 1st sp.s. c ... s 224 (section
224 of this act) are each amended to read as follows:

Each person involuntarily detained and accepted or admitted at an
evaluation and treatment facility, secure detoxification facility, or
approved substance use disorder treatment program (1) shall, within
twenty-four hours of his or her admission or acceptance at the
facility, not counting time periods prior to medical clearance, be
examined and evaluated by (a) a licensed physician who may be
assisted by a physician assistant according to chapter 18.71A RCW and
a mental health professional, (b) an advanced registered nurse
practitioner according to chapter 18.79 RCW and a mental health
professional, or (c) a licensed physician and a psychiatric advanced
registered nurse practitioner and (2) shall receive such treatment
and care as his or her condition requires including treatment on an
outpatient basis for the period that he or she is detained, except
that, beginning twenty-four hours prior to a trial or hearing
pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320,
71.05.590, or 71.05.217, the individual may refuse psychiatric
medications, but may not refuse: (a) Any other medication previously
prescribed by a person licensed under Title 18 RCW; or (b) emergency
lifesaving treatment, and the individual shall be informed at an
appropriate time of his or her right of such refusal. The person
shall be detained up to seventy-two hours, if, in the opinion of the
professional person in charge of the facility, or his or her
professional designee, the person presents a likelihood of serious
harm, or is gravely disabled. A person who has been detained for
seventy-two hours shall no later than the end of such period be
released, unless referred for further care on a voluntary basis, or
detained pursuant to court order for further treatment as provided in
this chapter.

If, after examination and evaluation, the mental health
professional and licensed physician or psychiatric advanced
registered nurse practitioner determine that the initial needs of the
person, if detained to an evaluation and treatment facility, would be
better served by placement in a substance use disorder treatment
facility, or, if detained to a secure detoxification facility or
approved substance use disorder treatment program, would be better
served in an evaluation and treatment facility then the person shall
be referred to the more appropriate placement ((however, a person
may only be referred to a secure detoxification facility or approved
substance use disorder treatment program if there is an available
secure detoxification facility or approved substance use disorder
treatment program with adequate space for the person)).

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

Sec. 226. RCW 71.05.212 and 2015 c 250 s 5 are each amended to read as follows:

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

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

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

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

(d) Prior commitments under this chapter.

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

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

(a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
These symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and

Without treatment, the continued deterioration of the respondent is probable.

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

Sec. 227. RCW 71.05.214 and 1998 c 297 s 26 are each amended to read as follows:

The department shall develop statewide protocols to be utilized by professional persons and designated crisis responders in administration of this chapter and chapter 10.77 RCW. The protocols shall be updated at least every three years. The protocols shall provide uniform development and application of criteria in evaluation and commitment recommendations, of persons who have, or are alleged to have, mental disorders or substance use disorders and are subject to this chapter.

The initial protocols shall be developed not later than September 1, 1999. The department shall develop and update the protocols in consultation with representatives of designated crisis responders, local government, law enforcement, county and city prosecutors, public defenders, and groups concerned with mental illness and substance use disorders. The protocols shall be submitted to the governor and legislature upon adoption by the department.

Sec. 228. RCW 71.05.215 and 2008 c 156 s 2 are each amended to read as follows:

A person found to be gravely disabled or presents a likelihood of serious harm as a result of a mental disorder or substance use disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.
(2) The department shall adopt rules to carry out the purposes of this chapter. These rules shall include:

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

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, psychiatric advanced registered nurse practitioner, or physician in consultation with a mental health professional with prescriptive authority.

(c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.

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

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

Sec. 229. RCW 71.05.220 and 1997 c 112 s 17 are each amended to read as follows:

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

**Sec. 230.** RCW 71.05.230 and 2015 c 250 s 6 are each amended to
read as follows:

A person detained or committed for seventy-two hour evaluation
and treatment or for an outpatient evaluation for the purpose of
filing a petition for a less restrictive alternative treatment order
may be committed for not more than fourteen additional days of
involuntary intensive treatment or ninety additional days of a less
restrictive alternative to involuntary intensive treatment. A
petition may only be filed if the following conditions are met:

(1) The professional staff of the agency or facility providing
evaluation services has analyzed the person's condition and finds
that the condition is caused by mental disorder or substance use
disorder and results in a likelihood of serious harm, results in the
person being gravely disabled, or results in the person being in need
of assisted outpatient mental health treatment, and are prepared to
testify those conditions are met; and

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

(3) The agency or facility providing intensive treatment or which
proposes to supervise the less restrictive alternative is certified
to provide such treatment by the department; and

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

(a) Two physicians;

(b) One physician and a mental health professional;

(c) Two psychiatric advanced registered nurse practitioners;

(d) One psychiatric advanced registered nurse practitioner and a
mental health professional; or

(e) A physician and a psychiatric advanced registered nurse
practitioner. The persons signing the petition must have examined the
person. If involuntary detention is sought the petition shall state
facts that support the finding that such person, as a result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of a mental disorder or as a result of a substance use disorder, presents a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient mental health treatment, and shall set forth a plan for the less restrictive alternative treatment proposed by the facility in accordance with RCW 71.05.585; and

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

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

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

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

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

Sec. 231. RCW 71.05.235 and 2015 1st sp.s. c 7 s 14 are each amended to read as follows:

(1) If an individual is referred to a designated ((mental health professional)) crisis responser under RCW 10.77.088(1)(c)(i), the designated ((mental health professional)) crisis responser shall
examine the individual within forty-eight hours. If the designated mental health professional crisis responder determines it is not appropriate to detain the individual or petition for a ninety-day less restrictive alternative under RCW 71.05.230(4), that decision shall be immediately presented to the superior court for hearing. The court shall hold a hearing to consider the decision of the designated mental health professional crisis responder not later than the next judicial day. At the hearing the superior court shall review the determination of the designated mental health professional crisis responder and determine whether an order should be entered requiring the person to be evaluated at an evaluation and treatment facility. No person referred to an evaluation and treatment facility may be held at the facility longer than seventy-two hours.

(2) If an individual is placed in an evaluation and treatment facility under RCW 10.77.088(1)(c)(ii), a professional person shall evaluate the individual for purposes of determining whether to file a ninety-day inpatient or outpatient petition under this chapter (71.05 RCW). Before expiration of the seventy-two hour evaluation period authorized under RCW 10.77.088(1)(c)(ii), the professional person shall file a petition or, if the recommendation of the professional person is to release the individual, present his or her recommendation to the superior court of the county in which the criminal charge was dismissed. The superior court shall review the recommendation not later than forty-eight hours, excluding Saturdays, Sundays, and holidays, after the recommendation is presented. If the court rejects the recommendation to unconditionally release the individual, the court may order the individual detained at a designated evaluation and treatment facility for not more than a seventy-two hour evaluation and treatment period and direct the individual to appear at a surety hearing before that court within seventy-two hours, or the court may release the individual but direct the individual to appear at a surety hearing set before that court within eleven days, at which time the prosecutor may file a petition under this chapter for ninety-day inpatient or outpatient treatment. If a petition is filed by the prosecutor, the court may order that the person named in the petition be detained at the evaluation and treatment facility that performed the evaluation under this subsection or order the respondent to be in outpatient treatment. If a petition is filed but the individual fails to appear in court for the surety hearing, the court shall order that a mental health
professional or peace officer shall take such person or cause such
person to be taken into custody and placed in an evaluation and
treatment facility to be brought before the court the next judicial
day after detention. Upon the individual's first appearance in court
after a petition has been filed, proceedings under RCW 71.05.310 and
71.05.320 shall commence. For an individual subject to this
subsection, the prosecutor or professional person may directly file a
petition for ninety-day inpatient or outpatient treatment and no
petition for initial detention or fourteen-day detention is required
before such a petition may be filed.

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

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

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

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

Sec. 232. RCW 71.05.240 and 2015 c 250 s 7 are each amended to
read as follows:

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

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

(3)(a) Subject to (b) of this subsection, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.

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

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

((d)) If the court finds by a preponderance of the evidence
that such person, as the result of a mental disorder, is in need of
assisted outpatient mental health treatment, and that the person does
not present a likelihood of serious harm or grave disability, the
court shall order an appropriate less restrictive alternative course
of treatment not to exceed ninety days, and may not order inpatient
treatment.

((e)) An order for less restrictive alternative treatment
must identify the services the person will receive, in accordance
with RCW 71.05.585. The court may order additional evaluation of the
person if necessary to identify appropriate services.

(4) The court shall specifically state to such person and give
such person notice in writing that if involuntary treatment beyond
the fourteen day period or beyond the ninety days of less restrictive
treatment is to be sought, such person will have the right to a full
hearing or jury trial as required by RCW 71.05.310. If the commitment
is for mental health treatment, the court shall also state to the
person and provide written notice that the person is barred from the
possession of firearms and that the prohibition remains in effect
until a court restores his or her right to possess a firearm under
RCW 9.41.047.

Sec. 233. RCW 71.05.240 and 2016 1st sp.s. c ... s 232 (section
232 of this act) are each amended to read as follows:

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

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

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

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

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

(d) If the court finds by a preponderance of the evidence that
such person, as the result of a mental disorder, is in need of
assisted outpatient mental health treatment, and that the person does
not present a likelihood of serious harm or grave disability, the
court shall order an appropriate less restrictive alternative course
of treatment not to exceed ninety days, and may not order inpatient
treatment.

(e) An order for less restrictive alternative treatment must
identify the services the person will receive, in accordance with RCW
71.05.585 The court may order additional evaluation of the person if
necessary to identify appropriate services.

(4) The court shall specifically state to such person and give
such person notice in writing that if involuntary treatment beyond
the fourteen day period or beyond the ninety days of less restrictive
treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

Sec. 234. RCW 71.05.280 and 2015 c 250 s 9 are each amended to read as follows:

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

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

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

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

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

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

(4) Such person is gravely disabled; or

(5) Such person is in need of assisted outpatient mental health treatment.
Sec. 235. RCW 71.05.290 and 2015 c 250 s 10 are each amended to read as follows:

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

(2) The petition shall summarize the facts which support the need for further commitment and shall be supported by affidavits signed by:

(a) Two examining physicians;
(b) One examining physician and examining mental health professional;
(c) Two psychiatric advanced registered nurse practitioners;
(d) One psychiatric advanced registered nurse practitioner and a mental health professional; or
(e) An examining physician and an examining psychiatric advanced registered nurse practitioner. The affidavits shall describe in detail the behavior of the detained person which supports the petition and shall explain what, if any, less restrictive treatments which are alternatives to detention are available to such person, and shall state the willingness of the affiant to testify to such facts in subsequent judicial proceedings under this chapter. If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative treatment in accordance with RCW 71.05.585.

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

Sec. 236. RCW 71.05.300 and 2014 c 225 s 84 are each amended to read as follows:

(1) The petition for ninety day treatment shall be filed with the clerk of the superior court at least three days before expiration of
the fourteen-day period of intensive treatment. At the time of filing
such petition, the clerk shall set a time for the person to come
before the court on the next judicial day after the day of filing
unless such appearance is waived by the person's attorney, and the
clerk shall notify the designated (mental health professional)
crisis responder. The designated (mental health professional)
crisis responder shall immediately notify the person detained, his or
her attorney, if any, and his or her guardian or conservator, if any,
the prosecuting attorney, and the behavioral health organization
administrator, and provide a copy of the petition to such persons as
soon as possible. The behavioral health organization administrator or
designee may review the petition and may appear and testify at the
full hearing on the petition.

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

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

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

Sec. 237. RCW 71.05.320 and 2015 c 250 s 11 are each amended to
read as follows:

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

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

(c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on a substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must identify the services the person will receive, in accordance with RCW 71.05.585. The court may order additional evaluation of the person if necessary to identify appropriate services.

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

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

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

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

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

(d) Continues to be gravely disabled; or

(e) Is in need of assisted outpatient mental health treatment.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.
If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative services in accordance with RCW 71.05.585.

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

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with RCW 71.05.585. The court may order additional evaluation of the person if necessary to identify appropriate services.

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

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

(8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.
Sec. 238.  RCW 71.05.320 and 2016 1st sp.s. c ... s 237 (section
237 of this act) are each amended to read as follows:

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

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

\((c)\) If the grounds set forth in RCW 71.05.280(3) are the basis
of commitment, then the period of treatment may be up to but not
exceed one hundred eighty days from the date of judgment in a
facility certified for one hundred eighty day treatment by the
department.

(2) If the court or jury finds that grounds set forth in RCW
71.05.280 have been proven, but finds that treatment less restrictive
than detention will be in the best interest of the person or others,
then the court shall remand him or her to the custody of the
department or to a facility certified for ninety day treatment by the
department or to a less restrictive alternative for a further period
of less restrictive treatment not to exceed ninety days from the date
of judgment. If the order for less restrictive treatment is based on
a substance use disorder, treatment must be provided by an approved
substance use disorder treatment program. If the grounds set forth in
RCW 71.05.280(3) are the basis of commitment, then the period of
treatment may be up to but not exceed one hundred eighty days from
the date of judgment. If the court or jury finds that the grounds set
forth in RCW 71.05.280(5) have been proven, and provide the only
basis for commitment, the court must enter an order for less
restrictive alternative treatment for up to ninety days from the date
of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered
under subsection (2) of this section must identify the services the
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person will receive, in accordance with RCW 71.05.585. The court may
order additional evaluation of the person if necessary to identify
appropriate services.

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

(a) During the current period of court ordered treatment: (i) Has
threatened, attempted, or inflicted physical harm upon the person of
another, or substantial damage upon the property of another, and (ii)
has a result of a mental disorder, substance use disorder, or
developmental disability presents a likelihood of serious harm; or

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

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

(ii) In cases under this subsection where the court has made an
affirmative special finding under RCW 71.05.280(3)(b), the commitment
shall continue for up to an additional one hundred eighty day period
whenever the petition presents prima facie evidence that the person
continues to suffer from a mental disorder or developmental
disability that results in a substantial likelihood of committing
acts similar to the charged criminal behavior, unless the person
presents proof through an admissible expert opinion that the person's
condition has so changed such that the mental disorder or
developmental disability no longer presents a substantial likelihood
of the person committing acts similar to the charged criminal
behavior. The initial or additional commitment period may include
transfer to a specialized program of intensive support and treatment,
which may be initiated prior to or after discharge from the state
hospital; or
(d) Continues to be gravely disabled; or
(e) Is in need of assisted outpatient mental health treatment.

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

If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative services in accordance with RCW 71.05.585.

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

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, (subject to subsection (1)(b) of this section,) the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with RCW 71.05.585. The court may order additional evaluation of the person if necessary to identify appropriate services.

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

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

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

Sec. 239. RCW 71.05.325 and 2000 c 94 s 7 are each amended to
read as follows:

(1) Before a person committed under grounds set forth in RCW
71.05.280(3) is released because a new petition for involuntary
treatment has not been filed under RCW 71.05.320(2)(3), the
superintendent, professional person, or designated (mental health
professional) crisis responder responsible for the decision whether
to file a new petition shall in writing notify the prosecuting
attorney of the county in which the criminal charges against the
committed person were dismissed, of the decision not to file a new
petition for involuntary treatment. Notice shall be provided at least
forty-five days before the period of commitment expires.

(2)(a) Before a person committed under grounds set forth in RCW
71.05.280(3) is permitted temporarily to leave a treatment facility
pursuant to RCW 71.05.270 for any period of time without constant
accompaniment by facility staff, the superintendent, professional
person in charge of a treatment facility, or his or her professional
designee shall in writing notify the prosecuting attorney of any
county of the person's destination and the prosecuting attorney of
the county in which the criminal charges against the committed person
were dismissed. The notice shall be provided at least forty-five days
before the anticipated leave and shall describe the conditions under
which the leave is to occur.

(b) The provisions of RCW 71.05.330(2) apply to proposed leaves,
and either or both prosecuting attorneys receiving notice under this
subsection may petition the court under RCW 71.05.330(2).

(3) Nothing in this section shall be construed to authorize
detention of a person unless a valid order of commitment is in
effect.

(4) The existence of the notice requirements in this section will
not require any extension of the leave date in the event the leave
plan changes after notification.
(5) The notice requirements contained in this section shall not apply to emergency medical transfers.

(6) The notice provisions of this section are in addition to those provided in RCW 71.05.425.

Sec. 240. RCW 71.05.340 and 2015 c 250 s 12 are each amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated crisis responder in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which
the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

(2) The facility or agency designated to provide outpatient care or the secretary may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions. Enforcement or revocation proceedings related to a conditional release order may occur as provided under RCW 71.05.590.

Sec. 241. RCW 71.05.585 and 2015 c 250 s 16 are each amended to read as follows:

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

(a) Assignment of a care coordinator;
(b) An intake evaluation with the provider of the less restrictive alternative treatment;
(c) A psychiatric evaluation;
(d) Medication management;
(e) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;

(f) A transition plan addressing access to continued services at the expiration of the order; and

(g) An individual crisis plan.

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

(a) Psychotherapy;

(b) Nursing;

(c) Substance abuse counseling;

(d) Residential treatment; and

(e) Support for housing, benefits, education, and employment.

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

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

Sec. 242. RCW 71.05.590 and 2015 c 250 s 13 are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release order or a designated (mental health professional) crisis responder may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order if the agency, facility, or designated (mental health professional) crisis responder determines that:

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

(b) Substantial deterioration in the person's functioning has occurred;
(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or

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

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

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

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

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

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

(e) To initiate revocation procedures under subsection (4) of this section.

(3) The facility or agency designated to provide outpatient treatment shall notify the secretary or designated [(mental health professional)] **crisis responder** when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(4)(a) A designated [(mental health professional)] **crisis responder** or the secretary may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this [(section)] chapter to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment ([, or initiate]) if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program if either is available in or near the county in which he or she is receiving outpatient treatment and has adequate space. Proceedings under this subsection (4) may be initiated without ordering the apprehension and detention of the person.

(b) A person detained under this subsection (4) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated [(mental health professional)] **crisis responder** or the secretary may modify or
rescind the order at any time prior to commencement of the court hearing.

(c) The designated crisis responder or secretary shall notify the court that originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the petition was filed.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether the court should reinstate or modify the person's less restrictive alternative or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period may be for no longer than the period authorized in the original court order. A court may not issue an order to detain a person for inpatient treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless there is a secure detoxification facility or approved substance use disorder treatment program available and with adequate space for the person.

(e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.

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

Sec. 243. RCW 71.05.590 and 2016 1st sp.s. c ... s 242 (section 242 of this act) are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release order or a designated crisis responder may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order if the agency, facility, or designated crisis responder determines that:

(a) The person is failing to adhere to the terms and conditions of the court order;
(b) Substantial deterioration in the person's functioning has occurred;
(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
(d) The person poses a likelihood of serious harm.

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

(a) To counsel, advise, or admonish the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
(b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;
(c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does
not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

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

(e) To initiate revocation procedures under subsection (4) of this section.

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

(4)(a) A designated crisis responder or the secretary may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this chapter to be apprehended and taken into custody and temporary detention in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment.
if the person is committed for mental health treatment, or, if the
person is committed for substance use disorder treatment, in a secure
detoxification facility or approved substance use disorder treatment
program if either is available in or near the county in which he or
she is receiving outpatient treatment (and has adequate space). Proceedings under this subsection (4) may be initiated without
ordering the apprehension and detention of the person.

(b) A person detained under this subsection (4) must be held
until such time, not exceeding five days, as a hearing can be
scheduled to determine whether or not the person should be returned
to the hospital or facility from which he or she had been released.
If the person is not detained, the hearing must be scheduled within
five days of service on the person. The designated crisis responder
or the secretary may modify or rescind the order at any time prior to
commencement of the court hearing.

(c) The designated crisis responder or secretary shall notify the
court that originally ordered commitment within two judicial days of
a person's detention and file a revocation petition and order of
apprehension and detention with the court and serve the person and
their attorney, guardian, and conservator, if any. The person has the
same rights with respect to notice, hearing, and counsel as in any
involuntary treatment proceeding, except as specifically set forth in
this section. There is no right to jury trial. The venue for
proceedings regarding a petition for modification or revocation must
be in the county in which the petition was filed.

(d) The issues for the court to determine are whether: (i) The
person adhered to the terms and conditions of the court order; (ii)
substantial deterioration in the person's functioning has occurred;
(iii) there is evidence of substantial decompensation with a
reasonable probability that the decompensation can be reversed by
further inpatient treatment; or (iv) there is a likelihood of serious
harm; and, if any of the above conditions apply, whether the court
should reinstate or modify the person's less restrictive alternative
or conditional release order or order the person's detention for
inpatient treatment. The person may waive the court hearing and allow
the court to enter a stipulated order upon the agreement of all
parties. If the court orders detention for inpatient treatment, the
treatment period may be for no longer than the period authorized in
the original court order. (A court may not issue an order to detain
a person for inpatient treatment in a secure detoxification facility
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or approved substance use disorder treatment program under this subsection unless there is a secure detoxification facility or approved substance use disorder treatment program available and with adequate space for the person.))

(e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.

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

Sec. 244. RCW 71.05.360 and 2009 c 217 s 5 are each amended to read as follows:

(1)(a) Every person involuntarily detained or committed under the provisions of this chapter shall be entitled to all the rights set forth in this chapter, which shall be prominently posted in the facility, and shall retain all rights not denied him or her under this chapter except as chapter 9.41 RCW may limit the right of a person to purchase or possess a firearm or to qualify for a concealed pistol license if the person is committed under RCW 71.05.240 or 71.05.320 for mental health treatment.

(b) No person shall be presumed incompetent as a consequence of receiving an evaluation or voluntary or involuntary treatment for a mental disorder or substance use disorder, under this chapter or any prior laws of this state dealing with mental illness or substance use disorders. Competency shall not be determined or withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.

(c) Any person who leaves a public or private agency following evaluation or treatment for a mental disorder or substance use disorder shall be given a written statement setting forth the substance of this section.

(2) Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.
(3) The provisions of this chapter shall not be construed to deny
to any person treatment by spiritual means through prayer in
accordance with the tenets and practices of a church or religious
denomination.

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

(5) Whenever any person is detained for evaluation and treatment
pursuant to this chapter, both the person and, if possible, a
responsible member of his or her immediate family, personal
representative, guardian, or conservator, if any, shall be advised as
soon as possible in writing or orally, by the officer or person
taking him or her into custody or by personnel of the evaluation and
treatment facility, secure detoxification facility, or approved
substance use disorder treatment program where the person is detained
that unless the person is released or voluntarily admits himself or
herself for treatment within seventy-two hours of the initial
detention:

(a) A judicial hearing in a superior court, either by a judge or
court commissioner thereof, shall be held not more than seventy-two
hours after the initial detention to determine whether there is
probable cause to detain the person after the seventy-two hours have
expired for up to an additional fourteen days without further
automatic hearing for the reason that the person is a person whose
mental disorder or substance use disorder presents a likelihood of
serious harm or that the person is gravely disabled;

(b) The person has a right to communicate immediately with an
attorney; has a right to have an attorney appointed to represent him
or her before and at the probable cause hearing if he or she is
indigent; and has the right to be told the name and address of the
attorney that the mental health professional has designated pursuant
to this chapter;

(c) The person has the right to remain silent and that any
statement he or she makes may be used against him or her;

(d) The person has the right to present evidence and to cross-
examine witnesses who testify against him or her at the probable
cause hearing; and
(e) The person has the right to refuse psychiatric medications, including antipsychotic medication beginning twenty-four hours prior to the probable cause hearing.

(6) When proceedings are initiated under RCW 71.05.153, no later than twelve hours after such person is admitted to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the personnel of the ((evaluation and treatment)) facility or the designated ((mental health professional)) crisis responder shall serve on such person a copy of the petition for initial detention and the name, business address, and phone number of the designated attorney and shall forthwith commence service of a copy of the petition for initial detention on the designated attorney.

(7) The judicial hearing described in subsection (5) of this section is hereby authorized, and shall be held according to the provisions of subsection (5) of this section and rules promulgated by the supreme court.

(8) At the probable cause hearing the detained person shall have the following rights in addition to the rights previously specified:
   (a) To present evidence on his or her behalf;
   (b) To cross-examine witnesses who testify against him or her;
   (c) To be proceeded against by the rules of evidence;
   (d) To remain silent;
   (e) To view and copy all petitions and reports in the court file.

(9) Privileges between patients and physicians, psychologists, or psychiatric advanced registered nurse practitioners are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications. As to other proceedings under this chapter, the privileges shall be waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained person or the public.

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

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

(10) Insofar as danger to the person or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights:

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

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

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

(d) To have visitors at reasonable times;

(e) To have reasonable access to a telephone, both to make and receive confidential calls, consistent with an effective treatment program;

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

(g) To discuss treatment plans and decisions with professional persons;

(h) Not to consent to the administration of antipsychotic medications and not to thereafter be administered antipsychotic medications unless ordered by a court under RCW 71.05.217 or pursuant to an administrative hearing under RCW 71.05.215;

(i) Not to consent to the performance of electroconvulsant therapy or surgery, except emergency lifesaving surgery, unless ordered by a court under RCW 71.05.217;

(j) Not to have psychosurgery performed on him or her under any circumstances;

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

(11) Every person involuntarily detained shall immediately be informed of his or her right to a hearing to review the legality of his or her detention and of his or her right to counsel, by the professional person in charge of the facility providing evaluation.
and treatment, or his or her designee, and, when appropriate, by the court. If the person so elects, the court shall immediately appoint an attorney to assist him or her.

(12) A person challenging his or her detention or his or her attorney shall have the right to designate and have the court appoint a reasonably available independent physician, psychiatric advanced registered nurse practitioner, or licensed mental health professional to examine the person detained, the results of which examination may be used in the proceeding. The person shall, if he or she is financially able, bear the cost of such expert examination, otherwise such expert examination shall be at public expense.

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

(14) Nothing in this chapter shall prohibit a person committed on or prior to January 1, 1974, from exercising a right available to him or her at or prior to January 1, 1974, for obtaining release from confinement.

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

Sec. 245. RCW 71.05.380 and 1973 1st ex.s. c 142 s 43 are each amended to read as follows:

All persons voluntarily entering or remaining in any facility, institution, or hospital providing evaluation and treatment for mental disorders or substance use disorders shall have no less than all rights secured to involuntarily detained persons by RCW 71.05.360 and (71.05.370)) 71.05.217.

Sec. 246. RCW 71.05.435 and 2010 c 280 s 4 are each amended to read as follows:

(1) Whenever a person who is the subject of an involuntary commitment order under this chapter is discharged from an evaluation and treatment facility (or state hospital, (the evaluation and treatment facility or state hospital shall provide notice of the person's discharge to the designated mental health professional)) secure detoxification facility, or approved substance use disorder treatment program providing involuntary treatment services, the entity discharging the person shall provide notice of the person's
discharge to the designated crisis responder office responsible for the initial commitment and the designated (mental health professional) crisis responder office that serves the county in which the person is expected to reside. The (evaluation and treatment facility or state hospital) entity discharging the person must also provide these offices with a copy of any less restrictive order or conditional release order entered in conjunction with the discharge of the person, unless the (evaluation and treatment facility or state hospital) entity discharging the person has entered into a memorandum of understanding obligating another entity to provide these documents.

(2) The notice and documents referred to in subsection (1) of this section shall be provided as soon as possible and no later than one business day following the discharge of the person. Notice is not required under this section if the discharge is for the purpose of transferring the person for continued detention and treatment under this chapter at another treatment facility.

(3) The department shall maintain and make available an updated list of contact information for designated (mental health professional) crisis responder offices around the state.

**Sec. 247.** RCW 71.05.530 and 1998 c 297 s 23 are each amended to read as follows:

Evaluation and treatment facilities and secure detoxification facilities authorized pursuant to this chapter may be part of the comprehensive community mental health services program conducted in counties pursuant to chapter 71.24 RCW, and may receive funding pursuant to the provisions thereof.

**Sec. 248.** RCW 71.05.560 and 1998 c 297 s 24 are each amended to read as follows:

The department shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost effectiveness of such programs and facilities, and procedures and standards for certification and other action relevant to evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs.
Sec. 249. RCW 71.05.620 and 2015 c 269 s 16 are each amended to read as follows:

(1) The files and records of court proceedings under this chapter and chapter 70.96A, 71.34, and 70.96B RCW shall be closed but shall be accessible to:
   (a) The department;
   (b) The state hospitals as defined in RCW 72.23.010;
   (c) Any person who is the subject of a petition;
   (d) The (person's) attorney or guardian of the person;
   (e) Resource management services for that person; and
   (f) Service providers authorized to receive such information by resource management services.

(2) The department shall adopt rules to implement this section.

Sec. 250. RCW 71.05.700 and 2007 c 360 s 2 are each amended to read as follows:

No designated ((mental health professional)) crisis responder or crisis intervention worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's involuntary treatment act, unless a second trained individual, determined by the clinical team supervisor, on-call supervisor, or individual professional acting alone based on a risk assessment for potential violence, accompanies them. The second individual may be a law enforcement officer, a mental health professional, a mental health paraprofessional who has received training under RCW 71.05.715, or other first responder, such as fire or ambulance personnel. No retaliation may be taken against a worker who, following consultation with the clinical team, refuses to go on a home visit alone.

Sec. 251. RCW 71.05.705 and 2007 c 360 s 3 are each amended to read as follows:

Each provider of designated ((mental health professional)) crisis responder or crisis outreach services shall maintain a written policy that, at a minimum, describes the organization's plan for training, staff backup, information sharing, and communication for crisis outreach staff who respond to private homes or nonpublic settings.
Sec. 252. RCW 71.05.745 and 2015 c 269 s 2 are each amended to read as follows:

(1) The department may use a single bed certification process as outlined in rule to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

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

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

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

Sec. 253. RCW 71.05.750 and 2015 c 269 s 3 are each amended to read as follows:

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

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

(a) The date and time that the investigation was completed;
(b) The identity of the responsible (regional support network) behavioral health organization;

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

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

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

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

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

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

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

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

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

Sec. 254. RCW 71.34.020 and 2011 c 89 s 16 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
(1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(2) "Children's mental health specialist" means:

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

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

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

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

(5) "Designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a designated mental health professional described in this chapter.

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

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

(8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals, is in danger of serious physical harm.
resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

"Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an evaluation and treatment facility for minors, secure detoxification facility for minors, or approved substance use disorder treatment program for minors.

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

"Likelihood of serious harm" means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

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

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

((14)) (13) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under this chapter.

((15)) (14) "Minor" means any person under the age of eighteen years.

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

((17)) (16) "Parent" means:
(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
(b) A person or agency judicially appointed as legal guardian or custodian of the child.

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

((19)) (18) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

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

((21)) (20) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

((22)) (21) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.
(22) "Secretary" means the secretary of the department or secretary's designee.

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

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

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

(26) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW.

(27) "Chemical dependency" means:
(a) Alcoholism;
(b) Drug addiction; or
(c) Dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

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

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

(30) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
(31) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

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

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

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

(a) Provides for intoxicated minors:
   (i) Evaluation and assessment, provided by certified chemical dependency professionals;
   (ii) Acute or subacute detoxification services; and
   (iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the minor;

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

(c) Is certified as such by the department.

(35) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.
Sec. 255.  RCW 71.34.305 and 1996 c 133 s 6 are each amended to read as follows:

School district personnel who contact a mental health or substance use disorder inpatient treatment program or provider for the purpose of referring a student to inpatient treatment shall provide the parents with notice of the contact within forty-eight hours.

Sec. 256.  RCW 71.34.375 and 2011 c 302 s 1 are each amended to read as follows:

(1) If a parent or guardian, for the purpose of mental health treatment, substance use disorder treatment, or evaluation, brings his or her minor child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23 RCW, ((or)) an inpatient facility licensed under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds for minors, a secure detoxification facility, or an approved substance use disorder treatment program, the facility is required to promptly provide written and verbal notice of all statutorily available treatment options contained in this chapter. The notice need not be given more than once if written and verbal notice has already been provided and documented by the facility.

(2) The provision of notice must be documented by the facilities required to give notice under subsection (1) of this section and must be accompanied by a signed acknowledgment of receipt by the parent or guardian. The notice must contain the following information:

(a) All current statutorily available treatment options including but not limited to those provided in this chapter; and

(b) The procedures to be followed to utilize the treatment options described in this chapter.

(3) The department shall produce, and make available, the written notification that must include, at a minimum, the information contained in subsection (2) of this section. The department must revise the written notification as necessary to reflect changes in the law.

Sec. 257.  RCW 71.34.385 and 1992 c 205 s 304 are each amended to read as follows:

The department shall ensure that the provisions of this chapter are applied by the counties in a consistent and uniform manner.
department shall also ensure that, to the extent possible within available funds, the (county-designated mental health professionals) designated crisis responders are specifically trained in adolescent mental health issues, the mental health and substance use disorder civil commitment laws, and the criteria for civil commitment.

Sec. 258. RCW 71.34.400 and 1998 c 296 s 11 are each amended to read as follows:

For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient mental health or inpatient substance use disorder treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the department or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the department shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.

Sec. 259. RCW 71.34.410 and 2005 c 371 s 5 are each amended to read as follows:

No public or private agency or governmental entity, nor officer of a public or private agency, nor the superintendent, or professional person in charge, his or her professional designee or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a person under this chapter, nor any (county) designated (mental health professional) crisis responder, nor professional person, nor evaluation and treatment facility, nor secure detoxification facility, nor approved substance use disorder treatment program shall be civilly or criminally liable for performing actions authorized in this chapter with regard to the decision of whether to admit, release, or detain a person for evaluation and treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

Sec. 260. RCW 71.34.420 and 2015 c 269 s 12 are each amended to read as follows:
(1) The department may use a single bed certification process as outlined in rule to provide additional treatment capacity for a minor suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

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

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

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

Sec. 261. RCW 71.34.500 and 2006 c 93 s 3 are each amended to read as follows:

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

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

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

Sec. 262. RCW 71.34.520 and 2003 c 106 s 1 are each amended to read as follows:

(1) Any minor thirteen years or older voluntarily admitted to an evaluation and treatment facility or approved substance use disorder treatment program under RCW 71.34.500 may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.

(2) The staff member receiving the notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if any, the ((county-designated mental health professional)) designated crisis responders, and the parent.

(3) The professional person shall discharge the minor, thirteen years or older, from the facility by the second judicial day following receipt of the minor's notice of intent to leave.

Sec. 263. RCW 71.34.600 and 2007 c 375 s 11 are each amended to read as follows:

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

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

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

(2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.
(3) An appropriately trained professional person may evaluate whether the minor has a mental disorder or has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the facility, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the department if the child is held for treatment and of the date of admission.

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

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

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

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

Sec. 264. RCW 71.34.630 and 1998 c 296 s 20 are each amended to read as follows:

If the minor is not released as a result of the petition filed under RCW 71.34.620, he or she shall be released not later than thirty days following the later of: (1) The date of the department's determination under RCW 71.34.610(2); or (2) the filing of a petition for judicial review under RCW 71.34.620, unless a professional person or the (county) designated (mental health professional) crisis responder initiates proceedings under this chapter.
Sec. 265.  RCW 71.34.650 and 1998 c 296 s 18 are each amended to read as follows:

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

(a) A provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment; or

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

(2) The consent of the minor is not required for evaluation if the parent brings the minor to the provider.

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

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

Sec. 266.  RCW 71.34.660 and 2005 c 371 s 3 are each amended to read as follows:

A minor child shall have no cause of action against an evaluation and treatment facility, secure detoxification facility, approved substance use disorder treatment program, inpatient facility, or provider of outpatient mental health treatment or outpatient substance use disorder treatment for admitting or accepting the minor in good faith for evaluation or treatment under RCW 71.34.600 or 71.34.650 based solely upon the fact that the minor did not consent to evaluation or treatment if the minor's parent has consented to the evaluation or treatment.

Sec. 267.  RCW 71.34.700 and 1985 c 354 s 4 are each amended to read as follows:

(1) If a minor, thirteen years or older, is brought to an evaluation and treatment facility or hospital emergency room for immediate mental health services, the professional person in charge of the facility shall evaluate the minor's mental condition,
determine whether the minor suffers from a mental disorder, and
whether the minor is in need of immediate inpatient treatment.

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

(3) If it is determined under subsection (1) or (2) of this
section that the minor suffers from a mental disorder or substance
use disorder, inpatient treatment is required, the minor is unwilling
to consent to voluntary admission, and the professional person
believes that the minor meets the criteria for initial detention set
forth herein, the facility may detain or arrange for the detention of
the minor for up to twelve hours in order to enable a (county-
designated mental health professional) designated crisis responder
to evaluate the minor and commence initial detention proceedings
under the provisions of this chapter.

Sec. 268. RCW 71.34.700 and 2016 1st sp.s. c ... s 267 (section
267 of this act) are each amended to read as follows:
(1) If a minor, thirteen years or older, is brought to an
evaluation and treatment facility or hospital emergency room for
immediate mental health services, the professional person in charge
of the facility shall evaluate the minor's mental condition,
determine whether the minor suffers from a mental disorder, and
whether the minor is in need of immediate inpatient treatment.

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

(3) If it is determined under subsection (1) or (2) of this
section that the minor suffers from a mental disorder or substance
use disorder, inpatient treatment is required, the minor is unwilling
to consent to voluntary admission, and the professional person
believes that the minor meets the criteria for initial detention set
forth herein, the facility may detain or arrange for the detention of
the minor for up to twelve hours in order to enable a designated
crisis responder to evaluate the minor and commence initial detention
proceedings under the provisions of this chapter.

Sec. 269. RCW 71.34.710 and 1995 c 312 s 53 are each amended to
read as follows:

(1)(a)(i) When a ((county-designated mental health professional))
designated crisis responder receives information that a minor,
thirteen years or older, as a result of a mental disorder presents a
likelihood of serious harm or is gravely disabled, has investigated
the specific facts alleged and of the credibility of the person or
persons providing the information, and has determined that voluntary
admission for inpatient treatment is not possible, the ((county-
designated mental health professional)) designated crisis responder
may take the minor, or cause the minor to be taken, into custody and
transported to an evaluation and treatment facility providing
inpatient treatment.

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

(b) If the minor is not taken into custody for evaluation and
treatment, the parent who has custody of the minor may seek review of
that decision made by the ((county-designated mental health
professional)) designated crisis responder in court. The parent shall
file notice with the court and provide a copy of the ((county
designated mental health professional's)) designated crisis
responder's report or notes.

(2) Within twelve hours of the minor's arrival at the evaluation
and treatment facility, secure detoxification facility, or approved
substance use disorder treatment program, the ((county-designated

mental health professional) designated crisis responder shall serve on the minor a copy of the petition for initial detention, notice of initial detention, and statement of rights. The (county-designated mental health professional) designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The (county-designated mental health professional) designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the minor's parent and the minor's attorney as soon as possible following the initial detention.

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

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

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

(5) A designated crisis responder may not petition for detention of a minor to a secure detoxification facility or approved substance use disorder treatment program unless there is a secure detoxification facility or approved substance use disorder treatment program available and that has adequate space for the minor.
If a minor is not approved for admission by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the minor as necessary.

Sec. 270. RCW 71.34.710 and 2016 1st sp.s. c ... s 269 (section 269 of this act) are each amended to read as follows:

(1)(a)(i) When a designated crisis responder receives information that a minor, thirteen years or older, as a result of a mental disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the minor, or cause the minor to be taken, into custody and transported to an evaluation and treatment facility providing inpatient treatment.

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

(b) If the minor is not taken into custody for evaluation and treatment, the parent who has custody of the minor may seek review of that decision made by the designated crisis responder in court. The parent shall file notice with the court and provide a copy of the designated crisis responder's report or notes.

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

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

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

(4) Whenever the
designated crisis responder petitions for detention of a minor under
this chapter, an evaluation and treatment facility, secure
detoxification facility, or approved substance use disorder treatment
program providing seventy-two hour evaluation and treatment must
immediately accept on a provisional basis the petition and the
person. Within twenty-four hours of the minor's arrival, the facility
must evaluate the minor's condition and either admit or release the
minor in accordance with this chapter.

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

(6) If a minor is not approved for admission by the inpatient
evaluation and treatment facility, secure detoxification facility, or
approved substance use disorder treatment program, the facility shall
make such recommendations and referrals for further care and
treatment of the minor as necessary.
Sec. 271. RCW 71.34.720 and 2009 c 217 s 16 are each amended to read as follows:

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

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment facility or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to an approved treatment program defined under RCW 70.96A.020 the more appropriate placement; however a minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if there is a secure detoxification facility or approved substance use disorder treatment program available and that has adequate space for the minor.

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

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

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

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

Sec. 272. RCW 71.34.720 and 2016 1st sp.s. c ... s 271 (section 271 of this act) are each amended to read as follows:

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

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment facility or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement (however a minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if there is a secure detoxification facility or approved substance use disorder treatment program available and that has adequate space for the minor).

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

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that
such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

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

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

Sec. 273. RCW 71.34.730 and 2009 c 293 s 6 and 2009 c 217 s 17 are each reenacted and amended to read as follows:

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

If the professional person in charge of the (treatment and evaluation) facility does not petition to have the minor committed, the parent who has custody of the minor may seek review of that decision in court. The parent shall file notice with the court and provide a copy of the treatment and evaluation facility's report.

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

(a) A petition for a fourteen-day commitment shall be signed by (i) two physicians, (ii) two psychiatric advanced registered nurse practitioners, (iii) a mental health professional and either a physician or a psychiatric advanced registered nurse practitioner, or (iv) a physician and a psychiatric advanced registered nurse practitioner.
practitioner. The person signing the petition must have examined the minor, and the petition must contain the following:

(A) The name and address of the petitioner;

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

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

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

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

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

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

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

(b) A copy of the petition shall be personally delivered to the minor by the petitioner or petitioner's designee. A copy of the petition shall be sent to the minor's attorney and the minor's parent.

Sec. 274. RCW 71.34.740 and 2009 c 293 s 7 are each amended to read as follows:

(1) A commitment hearing shall be held within seventy-two hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is requested by the minor or the minor's attorney.

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

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

(4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.
(5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.

(6) At the commitment hearing, the minor shall have the following rights:
   (a) To be represented by an attorney;
   (b) To present evidence on his or her own behalf;
   (c) To question persons testifying in support of the petition.

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

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

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

(10) For a fourteen-day commitment, the court must find by a preponderance of the evidence that:
   (a) The minor has a mental disorder or substance use disorder and presents a ((likelihood of serious harm)) or is ((gravely disabled));
   (b) The minor is in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program to which continued inpatient care is sought or is in need of less restrictive alternative treatment found to be in the best interests of the minor; ((and))
   (c) The minor is unwilling or unable in good faith to consent to voluntary treatment; and
   (d) If commitment is for a substance use disorder, there is an available secure detoxification facility or approved substance use disorder treatment program with adequate space for the minor.

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

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

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

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

Sec. 275. RCW 71.34.740 and 2016 1st sp.s. c ... s 274 (section 274 of this act) are each amended to read as follows:

(1) A commitment hearing shall be held within seventy-two hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is requested by the minor or the minor's attorney.

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

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

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

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

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

(a) To be represented by an attorney;
(b) To present evidence on his or her own behalf;
(c) To question persons testifying in support of the petition.

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

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

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

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

(a) The minor has a mental disorder or substance use disorder and
presents a likelihood of serious harm or is gravely disabled;

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

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

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

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

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

Whenever a minor is released under this section, the professional
person in charge shall within three days, notify the court in writing
of the release.
A minor who has been committed for fourteen days shall be released at the end of that period unless a petition for one hundred eighty-day commitment is pending before the court.

Sec. 276. RCW 71.34.750 and 2009 c 217 s 18 are each amended to read as follows:

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

(2) The petition for one hundred eighty-day commitment shall contain the following:
   (a) The name and address of the petitioner or petitioners;
   (b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment;
   (c) A statement that the petitioner is the professional person in charge of the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program responsible for the treatment of the minor;
   (d) The date of the fourteen-day commitment order; and
   (e) A summary of the facts supporting the petition.

(3) The petition shall be supported by accompanying affidavits signed by (a) two examining physicians, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner, (b) one children's mental health specialist and either an examining physician or a psychiatric advanced registered nurse practitioner, or (c) an examining physician and a psychiatric advanced registered nurse practitioner, one of which needs to be a child psychiatrist or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.
(4) The petition for one hundred eighty-day commitment shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period. The petitioner or the petitioner's designee shall within twenty-four hours of filing serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent. A copy of the petition shall be provided to such persons at least twenty-four hours prior to the hearing.

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. The court may continue the hearing upon the written request of the minor or the minor's attorney for not more than ten days. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(6) For one hundred eighty-day commitment: 

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

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

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

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

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

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

If the court determines that the minor does not meet the criteria for one hundred eighty-day commitment, the minor shall be released.
(8) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days prior to the expiration of the previous one hundred eighty-day commitment order.

Sec. 277. RCW 71.34.750 and 2016 1st sp. s. c ... s 276 (section 276 of this act) are each amended to read as follows:

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

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

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

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

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

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

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

(3) The petition shall be supported by accompanying affidavits signed by (a) two examining physicians, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner, (b) one children's mental health specialist and either an examining physician or a psychiatric advanced registered nurse practitioner, or (c) an examining physician and a psychiatric advanced registered nurse practitioner, one of which needs to be a child psychiatrist or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive
alternative to inpatient treatment is in the best interests of the minor.

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

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. The court may continue the hearing upon the written request of the minor or the minor's attorney for not more than ten days. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

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

   (a) Is suffering from a mental disorder or substance use disorder;
   (b) Presents a likelihood of serious harm or is gravely disabled; and
   (c) Is in need of further treatment that only can be provided in a one hundred eighty-day commitment.

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

(7) If the court finds that the criteria for commitment are met and that less restrictive treatment in a community setting is not appropriate or available, the court shall order the minor committed to the custody of the secretary for further inpatient mental health treatment, to an approved substance use disorder treatment program for further substance use disorder treatment, or to a private treatment and evaluation facility for inpatient mental health or substance use disorder treatment if the minor's parents have assumed responsibility for payment for the treatment. If the court finds that a less restrictive alternative is in the best interest of the minor, the court shall order less restrictive alternative treatment upon such conditions as necessary.
If the court determines that the minor does not meet the criteria for one hundred eighty-day commitment, the minor shall be released.

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

**Sec. 278.** RCW 71.34.760 and 1985 c 354 s 10 are each amended to read as follows:

(1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the secretary shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility or state-funded approved substance use disorder treatment program.

(2) The secretary's placement authority shall be exercised through a designated placement committee appointed by the secretary and composed of children's mental health specialists and chemical dependency professionals, including at least one child psychiatrist who represents the state-funded, long-term, evaluation and treatment facility for minors and one chemical dependency professional who represents the state-funded approved substance use disorder treatment program. The responsibility of the placement committee will be to:

(a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility or approved substance use disorder treatment program, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;

(b) Approve or deny requests from treatment facilities for transfer of a minor to another facility;

(c) Receive and monitor reports required under this section;

(d) Receive and monitor reports of all discharges.

(3) The secretary may authorize transfer of minors among treatment facilities if the transfer is in the best interests of the minor or due to treatment priorities.
(4) The responsible state-funded evaluation and treatment facility or approved substance use disorder treatment program shall submit a report to the department's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the department requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment.

Sec. 279. RCW 71.34.780 and 1985 c 354 s 11 are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a ((county-designated mental health professional)) designated crisis responder, or the secretary determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the ((county-designated mental health professional)) designated crisis responder, or the secretary may order that the minor, if committed for mental health treatment, be taken into custody and transported to an inpatient evaluation and treatment facility or, if committed for substance use disorder treatment, be taken into custody and transported to a secure detoxification facility or approved substance use disorder treatment program if there is an available secure detoxification facility or approved substance use disorder treatment program that has adequate space for the minor.

(2) The ((county-designated mental health professional)) designated crisis responder or the secretary shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The ((county-designated mental health professional)) designated crisis responder or the secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the ((county-designated mental health professional)) designated crisis responder or the secretary with the
court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or, subject to subsection (4) of this section, whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the secretary's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to less restrictive alternative treatment or conditional release on the same or modified conditions.

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

Sec. 280. RCW 71.34.780 and 2016 1st sp.s. c ... s 279 (section 279 of this act) are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a designated crisis responder, or the secretary determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the designated
crisis responder, or the secretary may order that the minor, if committed for mental health treatment, be taken into custody and transported to an inpatient evaluation and treatment facility or, if committed for substance use disorder treatment, be taken into custody and transported to a secure detoxification facility or approved substance use disorder treatment program. (If there is an available secure detoxification facility or approved substance use disorder treatment program that has adequate space for the minor).

(2) The designated crisis responder or the secretary shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the secretary with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or (subject to subsection (4) of this section) whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW
71.34.760 regarding the secretary's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions. 

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

Sec. 281. RCW 9.41.098 and 2003 c 39 s 5 are each amended to read as follows:

(1) The superior courts and the courts of limited jurisdiction of the state may order forfeiture of a firearm which is proven to be:

(a) Found concealed on a person not authorized by RCW 9.41.060 or 9.41.070 to carry a concealed pistol: PROVIDED, That it is an absolute defense to forfeiture if the person possessed a valid Washington concealed pistol license within the preceding two years and has not become ineligible for a concealed pistol license in the interim. Before the firearm may be returned, the person must pay the past due renewal fee and the current renewal fee;

(b) Commercially sold to any person without an application as required by RCW 9.41.090;

(c) In the possession of a person prohibited from possessing the firearm under RCW 9.41.040 or 9.41.045;

(d) In the possession or under the control of a person at the time the person committed or was arrested for committing a felony or committing a nonfelony crime in which a firearm was used or displayed;

(e) In the possession of a person who is in any place in which a concealed pistol license is required, and who is under the influence of any drug or under the influence of intoxicating liquor, as defined in chapter 46.61 RCW;

(f) In the possession of a person free on bail or personal recognizance pending trial, appeal, or sentencing for a felony or for a nonfelony crime in which a firearm was used or displayed, except that violations of Title 77 RCW shall not result in forfeiture under this section;

(g) In the possession of a person found to have been mentally incompetent while in possession of a firearm when apprehended or who...
is thereafter committed pursuant to chapter 10.77 RCW or committed for mental health treatment under chapter 71.05 RCW;

(h) Used or displayed by a person in the violation of a proper written order of a court of general jurisdiction; or

(i) Used in the commission of a felony or of a nonfelony crime in which a firearm was used or displayed.

(2) Upon order of forfeiture, the court in its discretion may order destruction of any forfeited firearm. A court may temporarily retain forfeited firearms needed for evidence.

(a) Except as provided in (b), (c), and (d) of this subsection, firearms that are: (i) Judicially forfeited and no longer needed for evidence; or (ii) forfeited due to a failure to make a claim under RCW 63.32.010 or 63.40.010; may be disposed of in any manner determined by the local legislative authority. Any proceeds of an auction or trade may be retained by the legislative authority. This subsection (2)(a) applies only to firearms that come into the possession of the law enforcement agency after June 30, 1993.

By midnight, June 30, 1993, every law enforcement agency shall prepare an inventory, under oath, of every firearm that has been judicially forfeited, has been seized and may be subject to judicial forfeiture, or that has been, or may be, forfeited due to a failure to make a claim under RCW 63.32.010 or 63.40.010.

(b) Except as provided in (c) of this subsection, of the inventoried firearms a law enforcement agency shall destroy illegal firearms, may retain a maximum of ten percent of legal forfeited firearms for agency use, and shall either:

(i) Comply with the provisions for the auction of firearms in RCW 9.41.098 that were in effect immediately preceding May 7, 1993; or

(ii) Trade, auction, or arrange for the auction of, rifles and shotguns. In addition, the law enforcement agency shall either trade, auction, or arrange for the auction of, short firearms, or shall pay a fee of twenty-five dollars to the state treasurer for every short firearm neither auctioned nor traded, to a maximum of fifty thousand dollars. The fees shall be accompanied by an inventory, under oath, of every short firearm listed in the inventory required by (a) of this subsection, that has been neither traded nor auctioned. The state treasurer shall credit the fees to the firearms range account established in RCW 79A.25.210. All trades or auctions of firearms under this subsection shall be to licensed dealers. Proceeds of any auction less costs, including actual costs of storage and sale, shall
be forwarded to the firearms range account established in RCW 79A.25.210.

(c) Antique firearms and firearms recognized as curios, relics, and firearms of particular historical significance by the United States treasury department bureau of alcohol, tobacco, ((and)) firearms, and explosives are exempt from destruction and shall be disposed of by auction or trade to licensed dealers.

(d) Firearms in the possession of the Washington state patrol on or after May 7, 1993, that are judicially forfeited and no longer needed for evidence, or forfeited due to a failure to make a claim under RCW 63.35.020, must be disposed of as follows: (i) Firearms illegal for any person to possess must be destroyed; (ii) the Washington state patrol may retain a maximum of ten percent of legal firearms for agency use; and (iii) all other legal firearms must be auctioned or traded to licensed dealers. The Washington state patrol may retain any proceeds of an auction or trade.

(3) The court shall order the firearm returned to the owner upon a showing that there is no probable cause to believe a violation of subsection (1) of this section existed or the firearm was stolen from the owner or the owner neither had knowledge of nor consented to the act or omission involving the firearm which resulted in its forfeiture.

(4) A law enforcement officer of the state or of any county or municipality may confiscate a firearm found to be in the possession of a person under circumstances specified in subsection (1) of this section. After confiscation, the firearm shall not be surrendered except: (a) To the prosecuting attorney for use in subsequent legal proceedings; (b) for disposition according to an order of a court having jurisdiction as provided in subsection (1) of this section; or (c) to the owner if the proceedings are dismissed or as directed in subsection (3) of this section.

PART III

REPEALERS FOR INTEGRATED SYSTEM

NEW SECTION. Sec. 301. The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective April 1, 2018:

(1) RCW 70.96A.011 (Legislative finding and intent—Purpose of chapter) and 2014 c 225 s 19 & 1989 c 270 s 1;
(2) RCW 70.96A.020 (Definitions) and 2016 1st sp.s. c . . . s 101 (section 101 of this act), 2014 c 225 s 20, 2001 c 13 s 1, & 1998 c 296 s 22;

(3) RCW 70.96A.095 (Age of consent—Outpatient treatment of minors for chemical dependency) and 1998 c 296 s 23, 1996 c 133 s 34, 1995 c 312 s 47, 1991 c 364 s 9, & 1989 c 270 s 24;

(4) RCW 70.96A.096 (Notice to parents, school contacts for referring students to inpatient treatment) and 1996 c 133 s 5;

(5) RCW 70.96A.097 (Review of admission and inpatient treatment of minors—Determination of medical necessity—Department review—Minor declines necessary treatment—At-risk youth petition—Costs—Public funds) and 1998 c 296 s 28, & 1995 c 312 s 48;

(6) RCW 70.96A.110 (Voluntary treatment of individuals with a substance use disorder) and 2014 c 225 s 28, 1990 c 151 s 7, 1989 c 270 s 25, & 1972 ex.s. c 122 s 11;

(7) RCW 70.96A.120 (Treatment programs and facilities—Admissions—Peace officer duties—Protective custody) and 1991 c 290 s 6, 1990 c 151 s 8, 1989 c 271 s 306, 1987 c 439 s 13, 1977 ex.s. c 62 s 1, 1974 ex.s. c 175 s 1, & 1972 ex.s. c 122 s 12;

(8) RCW 70.96A.140 (Involuntary commitment) and 2016 1st sp.s. c . . . s 102 (section 102 of this act), 2014 c 225 s 29, 2001 c 13 s 3, 1995 c 312 s 49, 1993 c 362 s 1, 1991 c 364 s 10, 1990 c 151 s 3, 1989 c 271 s 307, 1987 c 439 s 14, 1977 ex.s. c 129 s 1, 1974 ex.s. c 175 s 2, & 1972 ex.s. c 122 s 14;

(9) RCW 70.96A.141 (Joinder of petitions for commitment) and 2005 c 504 s 304;

(10) RCW 70.96A.142 (Evaluation by designated chemical dependency specialist—When required—Required notifications) and 2004 c 166 s 15;

(11) RCW 70.96A.145 (Involuntary commitment proceedings—Prosecuting attorney may represent specialist or program) and 2016 1st sp.s. c . . . s 103 (section 103 of this act) & 1993 c 137 s 1;

(12) RCW 70.96A.148 (Detention, commitment duties—Designation of county designated mental health professional) and 2001 c 13 s 4;

(13) RCW 70.96A.155 (Court-ordered treatment—Required notifications) and 2004 c 166 s 13;

(14) RCW 70.96A.157 (Persons subject to court-ordered treatment or supervision—Documentation) and 2005 c 504 s 508;
(15) RCW 70.96A.160 (Visitation and communication with patients) and 1989 c 270 s 29 & 1972 ex.s. c 122 s 16;
(16) RCW 70.96A.180 (Payment for treatment—Financial ability of patients) and 2012 c 117 s 413, 1990 c 151 s 6, 1989 c 270 s 31, & 1972 ex.s. c 122 s 18;
(17) RCW 70.96A.230 (Minor—When outpatient treatment provider must give notice to parents) and 2016 1st sp.s. c . . . s 104 (section 104 of this act) & 1998 c 296 s 24;
(18) RCW 70.96A.235 (Minor—Parental consent for inpatient treatment—Exception) and 1998 c 296 s 25;
(19) RCW 70.96A.240 (Minor—Parent not liable for payment unless consented to treatment—No right to public funds) and 1998 c 296 s 26;
(20) RCW 70.96A.245 (Minor—Parent may request determination whether minor has chemical dependency requiring inpatient treatment—Minor consent not required—Duties and obligations of professional person and facility) and 1998 c 296 s 27;
(21) RCW 70.96A.250 (Minor—Parent may request determination whether minor has chemical dependency requiring outpatient treatment—Consent of minor not required—Discharge of minor) and 1998 c 296 s 29;
(22) RCW 70.96A.255 (Minor—Petition to superior court for release from facility) and 1998 c 296 s 30;
(23) RCW 70.96A.260 (Minor—Not released by petition under RCW 70.96A.255—Release within thirty days—Professional may initiate proceedings to stop release) and 1998 c 296 s 31;
(24) RCW 70.96A.265 (Minor—Eligibility for medical assistance under chapter 74.09 RCW—Payment by department) and 1998 c 296 s 32;
(25) RCW 70.96A.910 (Application—Construction—1972 ex.s. c 122) and 1972 ex.s. c 122 s 22;
(26) RCW 70.96A.915 (Department allocation of funds—Construction) and 1989 c 271 s 309;
(27) RCW 70.96A.920 (Severability—1972 ex.s. c 122) and 1972 ex.s. c 122 s 20;
(28) RCW 70.96A.930 (Section, subsection headings not part of law) and 1972 ex.s. c 122 s 27;
(29) RCW 70.96B.010 (Definitions) and 2014 c 225 s 74, 2011 c 89 s 10, 2008 c 320 s 3, & 2005 c 504 s 202;
(30) RCW 70.96B.020 (Selection of areas for pilot programs—Pilot program requirements) and 2014 c 225 s 75 & 2005 c 504 s 203;
(31) RCW 70.96B.030 (Designated crisis responder—Qualifications) and 2014 c 225 s 76 & 2005 c 504 s 204;

(32) RCW 70.96B.040 (Powers of designated crisis responder) and 2005 c 504 s 205;

(33) RCW 70.96B.045 (Emergency custody—Procedure) and 2007 c 120 s 2;

(34) RCW 70.96B.050 (Petition for initial detention—Order to detain for evaluation and treatment period—Procedure) and 2008 c 320 s 5, 2007 c 120 s 1, & 2005 c 504 s 206;

(35) RCW 70.96B.060 (Exemption from liability) and 2005 c 504 s 207;

(36) RCW 70.96B.070 (Detention period for evaluation and treatment) and 2005 c 504 s 208;

(37) RCW 70.96B.080 (Detention for evaluation and treatment of mental disorder—Chapter 71.05 RCW applies) and 2005 c 504 s 209;

(38) RCW 70.96B.090 (Procedures for additional chemical dependency treatment) and 2005 c 504 s 210;

(39) RCW 70.96B.100 (Detention for involuntary chemical dependency treatment—Petition for less restrictive treatment—Appearance before court—Representation—Hearing—Less restrictive order—Failure to adhere to terms of less restrictive order) and 2008 c 320 s 6 & 2005 c 504 s 211;

(40) RCW 70.96B.110 (Involuntary chemical dependency treatment proceedings—Prosecuting attorney shall represent petitioner) and 2005 c 504 s 212;

(41) RCW 70.96B.120 (Rights of involuntarily detained persons) and 2005 c 504 s 213;

(42) RCW 70.96B.130 (Evaluation by designated crisis responder—When required—Required notifications) and 2005 c 504 s 214;

(43) RCW 70.96B.140 (Secretary may adopt rules) and 2005 c 504 s 215;

(44) RCW 70.96B.150 (Application of RCW 71.05.550) and 2005 c 504 s 216;

(45) RCW 70.96B.800 (Evaluation of pilot programs—Reports) and 2008 c 320 s 2 & 2005 c 504 s 217; and

(46) RCW 71.05.032 (Joinder of petitions for commitment) and 2005 c 504 s 115.

PART IV
Sec. 401. RCW 4.24.558 and 2004 c 166 s 21 are each amended to read as follows:

Information shared and actions taken without gross negligence and in good faith compliance with RCW 71.05.445, 72.09.585, (70.96A.142), 71.05.157, or 72.09.315 are not a basis for any private civil cause of action.

Sec. 402. RCW 5.60.060 and 2012 c 29 s 12 are each amended to read as follows:

(1) A spouse or domestic partner shall not be examined for or against his or her spouse or domestic partner, without the consent of the spouse or domestic partner; nor can either during marriage or during the domestic partnership or afterward, be without the consent of the other, examined as to any communication made by one to the other during the marriage or the domestic partnership. But this exception shall not apply to a civil action or proceeding by one against the other, nor to a criminal action or proceeding for a crime committed by one against the other, nor to a criminal action or proceeding against a spouse or domestic partner if the marriage or the domestic partnership occurred subsequent to the filing of formal charges against the defendant, nor to a criminal action or proceeding for a crime committed by said spouse or domestic partner against any child of whom said spouse or domestic partner is the parent or guardian, nor to a proceeding under chapter ((70.96A, 70.96B)) 71.05((r)) or 71.09 RCW: PROVIDED, That the spouse or the domestic partner of a person sought to be detained under chapter ((70.96A, 70.96B)) 71.05((r)) or 71.09 RCW may not be compelled to testify and shall be so informed by the court prior to being called as a witness.

(2)(a) An attorney or counselor shall not, without the consent of his or her client, be examined as to any communication made by the client to him or her, or his or her advice given thereon in the course of professional employment.

(b) A parent or guardian of a minor child arrested on a criminal charge may not be examined as to a communication between the child and his or her attorney if the communication was made in the presence of the parent or guardian. This privilege does not extend to communications made prior to the arrest.
(3) A member of the clergy, a Christian Science practitioner listed in the Christian Science Journal, or a priest shall not, without the consent of a person making the confession or sacred confidence, be examined as to any confession or sacred confidence made to him or her in his or her professional character, in the course of discipline enjoined by the church to which he or she belongs.

(4) Subject to the limitations under RCW (70.96A.140 or 71.05.360 and 71.05.360 or 71.05.360), a physician or surgeon or osteopathic physician or surgeon or podiatric physician or surgeon shall not, without the consent of his or her patient, be examined in a civil action as to any information acquired in attending such patient, which was necessary to enable him or her to prescribe or act for the patient, except as follows:

(a) In any judicial proceedings regarding a child's injury, neglect, or sexual abuse or the cause thereof; and

(b) Ninety days after filing an action for personal injuries or wrongful death, the claimant shall be deemed to waive the physician-patient privilege. Waiver of the physician-patient privilege for any one physician or condition constitutes a waiver of the privilege as to all physicians or conditions, subject to such limitations as a court may impose pursuant to court rules.

(5) A public officer shall not be examined as a witness as to communications made to him or her in official confidence, when the public interest would suffer by the disclosure.

(6)(a) A peer support group counselor shall not, without consent of the law enforcement officer or firefighter making the communication, be compelled to testify about any communication made to the counselor by the officer or firefighter while receiving counseling. The counselor must be designated as such by the sheriff, police chief, fire chief, or chief of the Washington state patrol, prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor. The privilege does not apply if the counselor was an initial responding officer or firefighter, a witness, or a party to the incident which prompted the delivery of peer support group counseling services to the law enforcement officer or firefighter.

(b) For purposes of this section, "peer support group counselor" means a:
(i) Law enforcement officer, firefighter, civilian employee of a law enforcement agency, or civilian employee of a fire department, who has received training to provide emotional and moral support and counseling to an officer or firefighter who needs those services as a result of an incident in which the officer or firefighter was involved while acting in his or her official capacity; or

(ii) Nonemployee counselor who has been designated by the sheriff, police chief, fire chief, or chief of the Washington state patrol to provide emotional and moral support and counseling to an officer or firefighter who needs those services as a result of an incident in which the officer or firefighter was involved while acting in his or her official capacity.

(7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.

(a) For purposes of this section, "sexual assault advocate" means the employee or volunteer from a community sexual assault program or underserved populations provider, victim assistance unit, program, or association, that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

(b) A sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communications under this section shall have immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential communication shall be presumed.

(8) A domestic violence advocate may not, without the consent of the victim, be examined as to any communication between the victim and the domestic violence advocate.

(a) For purposes of this section, "domestic violence advocate" means an employee or supervised volunteer from a community-based
domestic violence program or human services program that provides
information, advocacy, counseling, crisis intervention, emergency
shelter, or support to victims of domestic violence and who is not
employed by, or under the direct supervision of, a law enforcement
agency, a prosecutor's office, or the child protective services
section of the department of social and health services as defined in
RCW 26.44.020.

(b) A domestic violence advocate may disclose a confidential
communication without the consent of the victim if failure to
disclose is likely to result in a clear, imminent risk of serious
physical injury or death of the victim or another person. This
section does not relieve a domestic violence advocate from the
requirement to report or cause to be reported an incident under RCW
26.44.030(1) or to disclose relevant records relating to a child as
required by RCW 26.44.030((12)) (14). Any domestic violence
advocate participating in good faith in the disclosing of
communications under this subsection is immune from liability, civil,
criminal, or otherwise, that might result from the action. In any
proceeding, civil or criminal, arising out of a disclosure under this
subsection, the good faith of the domestic violence advocate who
disclosed the confidential communication shall be presumed.

(9) A mental health counselor, independent clinical social
worker, or marriage and family therapist licensed under chapter
18.225 RCW may not disclose, or be compelled to testify about, any
information acquired from persons consulting the individual in a
professional capacity when the information was necessary to enable
the individual to render professional services to those persons
except:

(a) With the written authorization of that person or, in the case
of death or disability, the person's personal representative;

(b) If the person waives the privilege by bringing charges
against the mental health counselor licensed under chapter 18.225
RCW;

(c) In response to a subpoena from the secretary of health. The
secretary may subpoena only records related to a complaint or report
under RCW 18.130.050;

(d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360
(8) and (9); or

(e) To any individual if the mental health counselor, independent
clinical social worker, or marriage and family therapist licensed
under chapter 18.225 RCW reasonably believes that disclosure will
avoid or minimize an imminent danger to the health or safety of the
individual or any other individual; however, there is no obligation
on the part of the provider to so disclose.

Sec. 403. RCW 9.41.280 and 2014 c 225 s 56 are each amended to
read as follows:

(1) It is unlawful for a person to carry onto, or to possess on,
public or private elementary or secondary school premises, school-
provided transportation, or areas of facilities while being used
exclusively by public or private schools:

   (a) Any firearm;
   (b) Any other dangerous weapon as defined in RCW 9.41.250;
   (c) Any device commonly known as "nun-chu-ka sticks," consisting
      of two or more lengths of wood, metal, plastic, or similar substance
      connected with wire, rope, or other means;
   (d) Any device, commonly known as "throwing stars," which are
      multipointed, metal objects designed to embed upon impact from any
      aspect;
   (e) Any air gun, including any air pistol or air rifle, designed
to propel a BB, pellet, or other projectile by the discharge of
compressed air, carbon dioxide, or other gas; or
   (f) (i) Any portable device manufactured to function as a weapon
and which is commonly known as a stun gun, including a projectile
stun gun which projects wired probes that are attached to the device
that emit an electrical charge designed to administer to a person or
an animal an electric shock, charge, or impulse; or
   (ii) Any device, object, or instrument which is used or intended
to be used as a weapon with the intent to injure a person by an
electric shock, charge, or impulse.

(2) Any such person violating subsection (1) of this section is
guilty of a gross misdemeanor. If any person is convicted of a
violation of subsection (1)(a) of this section, the person shall have
his or her concealed pistol license, if any revoked for a period of
three years. Anyone convicted under this subsection is prohibited
from applying for a concealed pistol license for a period of three
years. The court shall send notice of the revocation to the
department of licensing, and the city, town, or county which issued
the license.
Any violation of subsection (1) of this section by elementary or secondary school students constitutes grounds for expulsion from the state's public schools in accordance with RCW 28A.600.010. An appropriate school authority shall promptly notify law enforcement and the student's parent or guardian regarding any allegation or indication of such violation.

Upon the arrest of a person at least twelve years of age and not more than twenty-one years of age for violating subsection (1)(a) of this section, the person shall be detained or confined in a juvenile or adult facility for up to seventy-two hours. The person shall not be released within the seventy-two hours until after the person has been examined and evaluated by the designated ((mental health professional)) crisis responder unless the court in its discretion releases the person sooner after a determination regarding probable cause or on probation bond or bail.

Within twenty-four hours of the arrest, the arresting law enforcement agency shall refer the person to the designated ((mental health professional)) crisis responder for examination and evaluation under chapter 71.05 or 71.34 RCW and inform a parent or guardian of the person of the arrest, detention, and examination. The designated ((mental health professional)) crisis responder shall examine and evaluate the person subject to the provisions of chapter 71.05 or 71.34 RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.

((The designated mental health professional may determine whether to refer the person to the county-designated chemical dependency specialist for examination and evaluation in accordance with chapter 70.96A RCW. The county-designated chemical dependency specialist shall examine the person subject to the provisions of chapter 70.96A RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.))

Upon completion of any examination by the designated ((mental health professional or the county-designated chemical dependency specialist)) crisis responder, the results of the examination shall be sent to the court, and the court shall consider those results in making any determination about the person.
The designated crisis responder shall, to the extent permitted by law, notify a parent or guardian of the person that an examination and evaluation has taken place and the results of the examination. Nothing in this subsection prohibits the delivery of additional, appropriate mental health examinations to the person while the person is detained or confined.

If the designated crisis responder determines it is appropriate, the designated crisis responder may refer the person to the local behavioral health organization for follow-up services or the department of social and health services or other community providers for other services to the family and individual.

(3) Subsection (1) of this section does not apply to:

(a) Any student or employee of a private military academy when on the property of the academy;

(b) Any person engaged in military, law enforcement, or school district security activities. However, a person who is not a commissioned law enforcement officer and who provides school security services under the direction of a school administrator may not possess a device listed in subsection (1)(f) of this section unless he or she has successfully completed training in the use of such devices that is equivalent to the training received by commissioned law enforcement officers;

(c) Any person who is involved in a convention, showing, demonstration, lecture, or firearms safety course authorized by school authorities in which the firearms of collectors or instructors are handled or displayed;

(d) Any person while the person is participating in a firearms or air gun competition approved by the school or school district;

(e) Any person in possession of a pistol who has been issued a license under RCW 9.41.070, or is exempt from the licensing requirement by RCW 9.41.060, while picking up or dropping off a student;

(f) Any nonstudent at least eighteen years of age legally in possession of a firearm or dangerous weapon that is secured within an attended vehicle or concealed from view within a locked unattended vehicle while conducting legitimate business at the school;
(g) Any nonstudent at least eighteen years of age who is in lawful possession of an unloaded firearm, secured in a vehicle while conducting legitimate business at the school; or
(h) Any law enforcement officer of the federal, state, or local government agency.
(4) Subsections (1)(c) and (d) of this section do not apply to any person who possesses nun-chu-ka sticks, throwing stars, or other dangerous weapons to be used in martial arts classes authorized to be conducted on the school premises.
(5) Subsection (1)(f)(i) of this section does not apply to any person who possesses a device listed in subsection (1)(f)(i) of this section, if the device is possessed and used solely for the purpose approved by a school for use in a school authorized event, lecture, or activity conducted on the school premises.
(6) Except as provided in subsection (3)(b), (c), (f), and (h) of this section, firearms are not permitted in a public or private school building.
(7) "GUN-FREE ZONE" signs shall be posted around school facilities giving warning of the prohibition of the possession of firearms on school grounds.

Sec. 404. RCW 9.95.143 and 2004 c 166 s 10 are each amended to read as follows:
When an offender receiving court-ordered mental health or chemical dependency treatment or treatment ordered by the department of corrections presents for treatment from a mental health or chemical dependency treatment provider, the offender must disclose to the mental health or chemical dependency treatment provider whether he or she is subject to supervision by the department of corrections. If an offender has received relief from disclosure pursuant to RCW 9.94A.562(, 70.96A.155,)) or 71.05.132, the offender must provide the mental health or chemical dependency treatment provider with a copy of the order granting the relief.

Sec. 405. RCW 10.77.010 and 2014 c 225 s 58 are each amended to read as follows:
As used in this chapter:
(1) "Admission" means acceptance based on medical necessity, of a person as a patient.
(2) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less-restrictive setting.

(3) "Conditional release" means modification of a court-ordered commitment, which may be revoked upon violation of any of its terms.

(4) A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions.

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

(6) "Designated (mental health professional) crisis responder" has the same meaning as provided in RCW 71.05.020.

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

(8) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist or psychologist, or a social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.

(9) "Developmental disability" means the condition as defined in RCW 71A.10.020((44)) (5).

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

(11) "Furlough" means an authorized leave of absence for a resident of a state institution operated by the department designated for the custody, care, and treatment of the criminally insane, consistent with an order of conditional release from the court under this chapter, without any requirement that the resident be accompanied by, or be in the custody of, any law enforcement or institutional staff, while on such unescorted leave.

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

(13) "History of one or more violent acts" means violent acts
committed during: (a) The ten-year period of time prior to the filing
of criminal charges; plus (b) the amount of time equal to time spent
during the ten-year period in a mental health facility or in
confinement as a result of a criminal conviction.

(14) "Immediate family member" means a spouse, child, stepchild,
parent, stepparent, grandparent, sibling, or domestic partner.

(15) "Incompetency" means a person lacks the capacity to
understand the nature of the proceedings against him or her or to
assist in his or her own defense as a result of mental disease or
defect.

(16) "Indigent" means any person who is financially unable to
obtain counsel or other necessary expert or professional services
without causing substantial hardship to the person or his or her
family.

(17) "Individualized service plan" means a plan prepared by a
developmental disabilities professional with other professionals as a
team, for an individual with developmental disabilities, which shall
state:

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

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

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

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

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

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

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

(18) "Professional person" means:

(a) A psychiatrist licensed as a physician and surgeon in this
state who has, in addition, completed three years of graduate
training in psychiatry in a program approved by the American medical
association or the American osteopathic association and is certified
or eligible to be certified by the American board of psychiatry and
neurology or the American osteopathic board of neurology and
psychiatry;

(b) A psychologist licensed as a psychologist pursuant to chapter
18.83 RCW; or

(c) A social worker with a master's or further advanced degree
from a social work educational program accredited and approved as
provided in RCW 18.320.010.

(19) "Registration records" include all the records of the
department, behavioral health organizations, treatment facilities,
and other persons providing services to the department, county
departments, or facilities which identify persons who are receiving
or who at any time have received services for mental illness.

(20) "Release" means legal termination of the court-ordered
commitment under the provisions of this chapter.

(21) "Secretary" means the secretary of the department of social
and health services or his or her designee.

(22) "Treatment" means any currently standardized medical or
mental health procedure including medication.

(23) "Treatment records" include registration and all other
records concerning persons who are receiving or who at any time have
received services for mental illness, which are maintained by the
department, by behavioral health organizations and their staffs, and
by treatment facilities. Treatment records do not include notes or
records maintained for personal use by a person providing treatment
services for the department, behavioral health organizations, or a
treatment facility if the notes or records are not available to
others.

(24) "Violent act" means behavior that: (a)(i) Resulted in; (ii)
if completed as intended would have resulted in; or (iii) was
threatened to be carried out by a person who had the intent and
opportunity to carry out the threat and would have resulted in,
homicide, nonfatal injuries, or substantial damage to property; or
(b) recklessly creates an immediate risk of serious physical injury
to another person. As used in this subsection, "nonfatal injuries"
means physical pain or injury, illness, or an impairment of physical
condition. "Nonfatal injuries" shall be construed to be consistent
with the definition of "bodily injury," as defined in RCW 9A.04.110.
Sec. 406. RCW 10.77.025 and 2000 c 94 s 13 are each amended to read as follows:

(1) Whenever any person has been: (a) Committed to a correctional facility or inpatient treatment under any provision of this chapter; or (b) ordered to undergo alternative treatment following his or her acquittal by reason of insanity of a crime charged, such commitment or treatment cannot exceed the maximum possible penal sentence for any offense charged for which the person was committed, or was acquitted by reason of insanity.

(2) Whenever any person committed under any provision of this chapter has not been released within seven days of the maximum possible penal sentence under subsection (1) of this section, and the professional person in charge of the facility believes that the person presents a likelihood of serious harm or is gravely disabled due to a mental disorder, the professional person shall, prior to the expiration of the maximum penal sentence, notify the appropriate ((county)) designated ((mental health professional)) crisis responder of the impending expiration and provide a copy of all relevant information regarding the person, including the likely release date and shall indicate why the person should not be released.

(3) A ((county)) designated ((mental health professional)) crisis responder who receives notice and records under subsection (2) of this section shall, prior to the date of the expiration of the maximum sentence, determine whether to initiate proceedings under chapter 71.05 RCW.

Sec. 407. RCW 10.77.027 and 2004 c 166 s 3 are each amended to read as follows:

When a ((county)) designated ((mental health professional)) crisis responder or a professional person has determined that a person has a mental disorder, and is otherwise committable, the cause of the person's mental disorder shall not make the person ineligible for commitment under chapter 71.05 RCW.

Sec. 408. RCW 10.77.060 and 2012 c 256 s 3 are each amended to read as follows:

(1)(a) Whenever a defendant has pleaded not guilty by reason of insanity, or there is reason to doubt his or her competency, the court on its own motion or on the motion of any party shall either appoint or request the secretary to designate a qualified expert or
professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.

(b) The signed order of the court shall serve as authority for the evaluator to be given access to all records held by any mental health, medical, educational, or correctional facility that relate to the present or past mental, emotional, or physical condition of the defendant. If the court is advised by any party that the defendant may have a developmental disability, the evaluation must be performed by a developmental disabilities professional.

(c) The evaluator shall assess the defendant in a jail, detention facility, in the community, or in court to determine whether a period of inpatient commitment will be necessary to complete an accurate evaluation. If inpatient commitment is needed, the signed order of the court shall serve as authority for the evaluator to request the jail or detention facility to transport the defendant to a hospital or secure mental health facility for a period of commitment not to exceed fifteen days from the time of admission to the facility. Otherwise, the evaluator shall complete the evaluation.

(d) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if:

(i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

(e) The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

(f) When a defendant is ordered to be committed for inpatient evaluation under this subsection (1), the court may delay granting
bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

(2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3) of this section. If the defendant is indigent, the court shall upon the request of the defendant assist him or her in obtaining an expert or professional person.

(3) The report of the evaluation shall include the following:
   (a) A description of the nature of the evaluation;
   (b) A diagnosis or description of the current mental status of the defendant;
   (c) If the defendant suffers from a mental disease or defect, or has a developmental disability, an opinion as to competency;
   (d) If the defendant has indicated his or her intention to rely on the defense of insanity pursuant to RCW 10.77.030, and an evaluation and report by an expert or professional person has been provided concluding that the defendant was criminally insane at the time of the alleged offense, an opinion as to the defendant's sanity at the time of the act, and an opinion as to whether the defendant presents a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing public safety or security, unless kept under further control by the court or other persons or institutions, provided that no opinion shall be rendered under this subsection (3)(d) unless the evaluator or court determines that the defendant is competent to stand trial;
   (e) When directed by the court, if an evaluation and report by an expert or professional person has been provided concluding that the
defendant lacked the capacity at the time of the offense to form the
mental state necessary to commit the charged offense, an opinion as
to the capacity of the defendant to have a particular state of mind
which is an element of the offense charged;

(f) An opinion as to whether the defendant should be evaluated by
a designated (mental health professional) crisis responder under
chapter 71.05 RCW.

(4) The secretary may execute such agreements as appropriate and
necessary to implement this section and may choose to designate more
than one evaluator.

Sec. 409. RCW 10.77.065 and 2015 1st sp.s. c 7 s 16 are each
amended to read as follows:

(1)(a)(i) The expert conducting the evaluation shall provide his
or her report and recommendation to the court in which the criminal
proceeding is pending. For a competency evaluation of a defendant who
is released from custody, if the evaluation cannot be completed
within twenty-one days due to a lack of cooperation by the defendant,
the evaluator shall notify the court that he or she is unable to
complete the evaluation because of such lack of cooperation.

(ii) A copy of the report and recommendation shall be provided to
the designated (mental health professional) crisis responder, the
prosecuting attorney, the defense attorney, and the professional
person at the local correctional facility where the defendant is
being held, or if there is no professional person, to the person
designated under (a)(iv) of this subsection. Upon request, the
evaluator shall also provide copies of any source documents relevant
to the evaluation to the designated (mental health professional)
crisis responder.

(iii) Any facility providing inpatient services related to
competency shall discharge the defendant as soon as the facility
determines that the defendant is competent to stand trial. Discharge
shall not be postponed during the writing and distribution of the
evaluation report. Distribution of an evaluation report by a facility
providing inpatient services shall ordinarily be accomplished within
two working days or less following the final evaluation of the
defendant. If the defendant is discharged to the custody of a local
correctional facility, the local correctional facility must continue
the medication regimen prescribed by the facility, when clinically
appropriate, unless the defendant refuses to cooperate with
medication and an involuntary medication order by the court has not been entered.

(iv) If there is no professional person at the local correctional facility, the local correctional facility shall designate a professional person as defined in RCW 71.05.020 or, in cooperation with the behavioral health organization, a professional person at the behavioral health organization to receive the report and recommendation.

(v) Upon commencement of a defendant's evaluation in the local correctional facility, the local correctional facility must notify the evaluator of the name of the professional person, or person designated under (a)(iv) of this subsection, to receive the report and recommendation.

(b) If the evaluator concludes, under RCW 10.77.060(3)(f), the person should be evaluated by a designated ((mental health professional)) crisis responder under chapter 71.05 RCW, the court shall order such evaluation be conducted prior to release from confinement when the person is acquitted or convicted and sentenced to confinement for twenty-four months or less, or when charges are dismissed pursuant to a finding of incompetent to stand trial.

(2) The designated ((mental health professional)) crisis responder shall provide written notification within twenty-four hours of the results of the determination whether to commence proceedings under chapter 71.05 RCW. The notification shall be provided to the persons identified in subsection (1)(a) of this section.

(3) The prosecuting attorney shall provide a copy of the results of any proceedings commenced by the designated ((mental health professional)) crisis responder under subsection (2) of this section to the secretary.

(4) A facility conducting a civil commitment evaluation under RCW 10.77.086(4) or 10.77.088(1)((b))(c)(ii) that makes a determination to release the person instead of filing a civil commitment petition must provide written notice to the prosecutor and defense attorney at least twenty-four hours prior to release. The notice may be given by ((electronic mail)) email, facsimile, or other means reasonably likely to communicate the information immediately.

(5) The fact of admission and all information and records compiled, obtained, or maintained in the course of providing services under this chapter may also be disclosed to the courts solely to
prevent the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

Sec. 410. RCW 10.77.084 and 2015 1st sp.s. c 7 s 4 are each amended to read as follows:

(1)(a) If at any time during the pendency of an action and prior to judgment the court finds, following a report as provided in RCW 10.77.060, a defendant is incompetent, the court shall order the proceedings against the defendant be stayed except as provided in subsection (4) of this section.

(b) The court may order a defendant who has been found to be incompetent to undergo competency restoration treatment at a facility designated by the department if the defendant is eligible under RCW 10.77.086 or 10.77.088. At the end of each competency restoration period or at any time a professional person determines competency has been, or is unlikely to be, restored, the defendant shall be returned to court for a hearing, except that if the opinion of the professional person is that the defendant remains incompetent and the hearing is held before the expiration of the current competency restoration period, the parties may agree to waive the defendant's presence, to remote participation by the defendant at a hearing, or to presentation of an agreed order in lieu of a hearing. The facility shall promptly notify the court and all parties of the date on which the competency restoration period commences and expires so that a timely hearing date may be scheduled.

(c) If, following notice and hearing or entry of an agreed order under (b) of this subsection, the court finds that competency has been restored, the court shall lift the stay entered under (a) of this subsection. If the court finds that competency has not been restored, the court shall dismiss the proceedings without prejudice, except that the court may order a further period of competency restoration treatment if it finds that further treatment within the time limits established by RCW 10.77.086 or 10.77.088 is likely to restore competency, and a further period of treatment is allowed under RCW 10.77.086 or 10.77.088.

(d) If at any time during the proceeding the court finds, following notice and hearing, a defendant is not likely to regain competency, the court shall dismiss the proceedings without prejudice and refer the defendant for civil commitment evaluation or
proceedings if appropriate under RCW 10.77.065, 10.77.086, or 10.77.088.

(2) If the defendant is referred for evaluation by a designated (mental health professional) crisis responder under this chapter, the designated (mental health professional) crisis responder shall provide prompt written notification of the results of the evaluation and whether the person was detained. The notification shall be provided to the court in which the criminal action was pending, the prosecutor, the defense attorney in the criminal action, and the facility that evaluated the defendant for competency.

(3) The fact that the defendant is unfit to proceed does not preclude any pretrial proceedings which do not require the personal participation of the defendant.

(4) A defendant receiving medication for either physical or mental problems shall not be prohibited from standing trial, if the medication either enables the defendant to understand the proceedings against him or her and to assist in his or her own defense, or does not disable him or her from so understanding and assisting in his or her own defense.

(5) At or before the conclusion of any commitment period provided for by this section, the facility providing evaluation and treatment shall provide to the court a written report of evaluation which meets the requirements of RCW 10.77.060(3). For defendants charged with a felony, the report following the second competency restoration period or first competency restoration period if the defendant's incompetence is determined to be solely due to a developmental disability or the evaluator concludes that the defendant is not likely to regain competency must include an assessment of the defendant's future dangerousness which is evidence-based regarding predictive validity.

Sec. 411. RCW 10.77.088 and 2015 1st sp.s. c 7 s 6 are each amended to read as follows:

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

(i) Shall commit the defendant to the custody of the secretary who shall place such defendant in an appropriate facility of the department for evaluation and treatment;
(ii) May alternatively order the defendant to undergo evaluation and treatment at some other facility or provider as determined by the department, or under the guidance and control of a professional person. The facilities or providers may include community mental health providers or other local facilities that contract with the department and are willing and able to provide treatment under this section. During the 2015-2017 fiscal biennium, the department may contract with one or more cities or counties to provide competency restoration services in a city or county jail if the city or county jail is willing and able to serve as a location for competency restoration services and if the secretary determines that there is an emergent need for beds and documents the justification, including a plan to address the emergency. Patients receiving competency restoration services in a city or county jail must be physically separated from other populations at the jail and restoration treatment services must be provided as much as possible within a therapeutic environment. The placement under (a)(i) and (ii) of this subsection shall not exceed fourteen days in addition to any unused time of the evaluation under RCW 10.77.060. The court shall compute this total period and include its computation in the order. The fourteen-day period plus any unused time of the evaluation under RCW 10.77.060 shall be considered to include only the time the defendant is actually at the facility and shall be in addition to reasonable time for transport to or from the facility;

(iii) May alternatively order that the defendant be placed on conditional release for up to ninety days for mental health treatment and restoration of competency; or

(iv) May order any combination of this subsection.

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

(c)(i) If the proceedings are dismissed under RCW 10.77.084 and the defendant was on conditional release at the time of dismissal, the court shall order the designated ((mental health professional)) crisis responder within that county to evaluate the defendant pursuant to chapter 71.05 RCW. The evaluation may be conducted in any location chosen by the professional.
(ii) If the defendant was in custody and not on conditional release at the time of dismissal, the defendant shall be detained and sent to an evaluation and treatment facility for up to seventy-two hours, excluding Saturdays, Sundays, and holidays, for evaluation for purposes of filing a petition under chapter 71.05 RCW. The seventy-two-hour period shall commence upon the next nonholiday weekday following the court order and shall run to the end of the last nonholiday weekday within the seventy-two-hour period.

(2) If the defendant is charged with a nonfelony crime that is not a serious offense as defined in RCW 10.77.092:

The court may stay or dismiss proceedings and detain the defendant for sufficient time to allow the designated (mental health professional) crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW. The court must give notice to all parties at least twenty-four hours before the dismissal of any proceeding under this subsection, and provide an opportunity for a hearing on whether to dismiss the proceedings.

Sec. 412. RCW 11.92.190 and 1996 c 249 s 11 are each amended to read as follows:

No residential treatment facility which provides nursing or other care may detain a person within such facility against their will. Any court order, other than an order issued in accordance with the involuntary treatment provisions of chapters 10.77, 71.05, and 72.23 RCW, which purports to authorize such involuntary detention or purports to authorize a guardian or limited guardian to consent to such involuntary detention on behalf of an incapacitated person shall be void and of no force or effect. This section does not apply to the detention of a minor as provided in chapter (70.96A or) 71.34 RCW.

Nothing in this section shall be construed to require a court order authorizing placement of an incapacitated person in a residential treatment facility if such order is not otherwise required by law: PROVIDED, That notice of any residential placement of an incapacitated person shall be served, either before or after placement, by the guardian or limited guardian on such person, the guardian ad litem of record, and any attorney of record.

Sec. 413. RCW 43.185C.255 and 2015 c 69 s 12 are each amended to read as follows:
(1) The purpose of the multidisciplinary team is to assist in a coordinated referral of the family to available social and health-related services.

(2) The team shall have the authority to evaluate the juvenile, and family members, if appropriate and agreed to by the parent, and shall:

(a) With parental input, develop a plan of appropriate available services and assist the family in obtaining those services;
(b) Make a referral to the designated chemical dependency specialist or the county designated mental health professional crisis responder, if appropriate;
(c) Recommend no further intervention because the juvenile and his or her family have resolved the problem causing the family conflict; or
(d) With the parent's consent, work with them to achieve reconciliation of the child and family.

(3) At the first meeting of the multidisciplinary team, it shall choose a member to coordinate the team's efforts. The parent member of the multidisciplinary team must agree with the choice of coordinator. The team shall meet or communicate as often as necessary to assist the family.

(4) The coordinator of the multidisciplinary team may assist in filing a child in need of services petition when requested by the parent or child or an at-risk youth petition when requested by the parent. The multidisciplinary team shall have no standing as a party in any action under this title.

(5) If the administrator is unable to contact the child's parent, the multidisciplinary team may be used for assistance. If the parent has not been contacted within five days the administrator shall contact the department of social and health services and request the case be reviewed for a dependency filing under chapter 13.34 RCW.

Sec. 414. RCW 18.83.110 and 2005 c 504 s 706 are each amended to read as follows:

Confidential communications between a client and a psychologist shall be privileged against compulsory disclosure to the same extent and subject to the same conditions as confidential communications between attorney and client, but this exception is subject to the limitations under RCW ((70.96A.140 and)) 71.05.360 (8) and (9).
Sec. 415. RCW 43.20A.025 and 1998 c 296 s 34 are each amended to read as follows:

The department of social and health services shall adopt rules defining "appropriately trained professional person" for the purposes of conducting mental health and chemical dependency evaluations under RCW ((71.34.052(3), 71.34.054(1), 70.96A.245(3), and 70.96A.250(1))) 71.34.600(3) and 71.34.650(1).

Sec. 416. RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4 are each reenacted and amended to read as follows:

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

(1) "Admission" has the same meaning as in RCW 71.05.020.

(2) "Audit" means an assessment, evaluation, determination, or investigation of a health care provider by a person not employed by or affiliated with the provider to determine compliance with:

(a) Statutory, regulatory, fiscal, medical, or scientific standards;

(b) A private or public program of payments to a health care provider; or

(c) Requirements for licensing, accreditation, or certification.

(3) "Commitment" has the same meaning as in RCW 71.05.020.

(4) "Custody" has the same meaning as in RCW 71.05.020.

(5) "Deidentified" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

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

(7) "Designated (mental health professional)) crisis responder" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(8) "Detention" or "detain" has the same meaning as in RCW 71.05.020.

(9) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.

(10) "Discharge" has the same meaning as in RCW 71.05.020.
(11) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(12) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.

(13) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.

(14) "Health care" means any care, service, or procedure provided by a health care provider:
  (a) To diagnose, treat, or maintain a patient's physical or mental condition; or
  (b) That affects the structure or any function of the human body.

(15) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.

(16) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.

(17) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:
  (a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information
about treatment alternatives; and related functions that do not
include treatment;

(b) Reviewing the competence or qualifications of health care
professionals, evaluating practitioner and provider performance and
third-party payor performance, conducting training programs in which
students, trainees, or practitioners in areas of health care learn
under supervision to practice or improve their skills as health care
providers, training of nonhealth care professionals, accreditation,
certification, licensing, or credentialing activities;

(c) Underwriting, premium rating, and other activities relating
to the creation, renewal, or replacement of a contract of health
insurance or health benefits, and ceding, securing, or placing a
contract for reinsurance of risk relating to claims for health care,
including stop-loss insurance and excess of loss insurance, if any
applicable legal requirements are met;

(d) Conducting or arranging for medical review, legal services,
and auditing functions, including fraud and abuse detection and
compliance programs;

(e) Business planning and development, such as conducting cost-
management and planning-related analyses related to managing and
operating the health care facility or third-party payor, including
formulary development and administration, development, or improvement
of methods of payment or coverage policies; and

(f) Business management and general administrative activities of
the health care facility, health care provider, or third-party payor
including, but not limited to:

(i) Management activities relating to implementation of and
compliance with the requirements of this chapter;

(ii) Customer service, including the provision of data analyses
for policy holders, plan sponsors, or other customers, provided that
health care information is not disclosed to such policy holder, plan
sponsor, or customer;

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part
of a health care provider, health care facility, or third-party payor
with another health care provider, health care facility, or third-party
payor or an entity that following such activity will become a
health care provider, health care facility, or third-party payor, and
due diligence related to such activity; and
(v) Consistent with applicable legal requirements, creating deidentified health care information or a limited dataset for the benefit of the health care provider, health care facility, or third-party payor.

(18) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

(19) "Human immunodeficiency virus" or "HIV" has the same meaning as in RCW 70.24.017.

(20) "Imminent" has the same meaning as in RCW 71.05.020.

(21) "Information and records related to mental health services" means a type of health care information that relates to all information and records compiled, obtained, or maintained in the course of providing services by a mental health service agency or mental health professional to persons who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records, as defined in RCW 71.05.020, and all other records regarding the person maintained by the department, by regional support networks and their staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated (community mental) behavioral health program as defined in RCW 71.24.025((6))). The term does not include psychotherapy notes.

(22) "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.

(23) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized...
under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.

(24) "Legal counsel" has the same meaning as in RCW 71.05.020.

(25) "Local public health officer" has the same meaning as in RCW 70.24.017.

(26) "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.

(27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of social and health services under chapter 71.05 RCW, whether that person works in a private or public setting.

(28) "Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental behavioral health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.

(29) "Minor" has the same meaning as in RCW 71.34.020.

(30) "Parent" has the same meaning as in RCW 71.34.020.

(31) "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

(32) "Payment" means:

(a) The activities undertaken by:

(i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or

(ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:
(i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;
(ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;
(iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;
(iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
(v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and
(vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:
   (A) Name and address;
   (B) Date of birth;
   (C) Social security number;
   (D) Payment history;
   (E) Account number; and
   (F) Name and address of the health care provider, health care facility, and/or third-party payor.

(33) "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(34) "Professional person" has the same meaning as in RCW 71.05.020.

(35) "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.

(36) "Psychotherapy notes" means notes recorded, in any medium, by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. The term excludes mediation prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of
clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

(37) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

(38) "Release" has the same meaning as in RCW 71.05.020.

(39) "Resource management services" has the same meaning as in RCW 71.05.020.

(40) "Serious violent offense" has the same meaning as in RCW 71.05.020.

(41) "Sexually transmitted infection" or "sexually transmitted disease" has the same meaning as "sexually transmitted disease" in RCW 70.24.017.

(42) "Test for a sexually transmitted disease" has the same meaning as in RCW 70.24.017.

(43) "Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan, excluding fitness or wellness plans; or a state or federal health benefit program.

(44) "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.
Sec. 417. RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9 are each reenacted and amended to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:

(a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:

(i) Employed by the facility;

(ii) Who has medical responsibility for the patient's care;

(iii) Who is a designated crisis responder;

(iv) Who is providing services under chapter 71.24 RCW;

(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or

(vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

(c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;

(ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:

(A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;
(B) A statement evaluating the mental and physical condition of
the patient, and a statement of the probable duration of the
patient's confinement, if such information is requested by the next
of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney
as may be necessary to decide whether or not proceedings should be
instituted to appoint a guardian or conservator;

(d)(i) To the courts as necessary to the administration of
chapter 71.05 RCW or to a court ordering an evaluation or treatment
under chapter 10.77 RCW solely for the purpose of preventing the
entry of any evaluation or treatment order that is inconsistent with
any order entered under chapter 71.05 RCW.

(ii) To a court or its designee in which a motion under chapter
10.77 RCW has been made for involuntary medication of a defendant for
the purpose of competency restoration.

(iii) Disclosure under this subsection is mandatory for the
purpose of the federal health insurance portability and
accountability act;

(e)(i) When a mental health professional or designated crisis
responder is requested by a representative of a law enforcement or
corrections agency, including a police officer, sheriff, community
corrections officer, a municipal attorney, or prosecuting attorney to
undertake an investigation or provide treatment under RCW 71.05.150,
10.31.110, or 71.05.153, the mental health professional or designated
crisis responder shall, if requested to do so, advise the
representative in writing of the results of the investigation
including a statement of reasons for the decision to detain or
release the person investigated. The written report must be submitted
within seventy-two hours of the completion of the investigation or
the request from the law enforcement or corrections representative,
whichever occurs later.

(ii) Disclosure under this subsection is mandatory for the
purposes of the federal health insurance portability and
accountability act;

(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the
responsibilities of the office under RCW 71.05.330(2),
71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
access to records regarding the committed person's treatment and
prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;

(h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;

(j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;

(k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;
(l) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)((iii)) (iii). The extent of information that may be released is limited as follows:

(i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)((iii)) (iii);

(iii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee;

(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, to the director of behavioral health organizations, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;
(q) Within the mental health service agency where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties;

(r) Within the department as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department;

(s) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information and records related to mental health services could be injurious to the patient's health. Disclosure must be limited to the portions of the records necessary to meet the medical emergency;

(t) Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health professional or a health care professional licensed under chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person. Psychotherapy notes may not be released without authorization of the person who is the subject of the request for release of information;

(u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;

(v) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The release of records under this subsection is limited to the information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;

(w) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or
other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;

(x) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the guardian's address. If the guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

(y) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). The department shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. The department may not release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

(z)(i) To the secretary of social and health services for either program evaluation or research, or both so long as the secretary adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:
"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, . . . . . . , agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

/s/ . . . . . ."

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary.

(3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services of any patient who receives treatment for chemical dependency, the department may restrict the release of the information as necessary to comply with federal law and regulations.

(4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services under RCW 71.05.280(3) and 71.05.320((4)) (4)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320((4)) (4)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject.
of the proceeding or his or her attorney. In addition, the court may
order the subsequent release or use of such records or files only
upon good cause shown if the court finds that appropriate safeguards
for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring
an action against an individual who has willfully released
confidential information or records concerning him or her in
violation of the provisions of this section, for the greater of the
following amounts:

   (i) One thousand dollars; or
   (ii) Three times the amount of actual damages sustained, if any.

(b) It is not a prerequisite to recovery under this subsection
that the plaintiff suffered or was threatened with special, as
contrasted with general, damages.

(c) Any person may bring an action to enjoin the release of
confidential information or records concerning him or her or his or
her ward, in violation of the provisions of this section, and may in
the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she
prevail in any action authorized by this subsection, reasonable
attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action may
be brought under RCW 70.02.170.

Sec. 418. RCW 70.48.475 and 2004 c 166 s 14 are each amended to
read as follows:

(1) A person having charge of a jail, or that person's designee,
shall notify the ((county designated mental health professional or
the designated chemical dependency specialist)) designated crisis
responder seventy-two hours prior to the release to the community of
an offender or defendant who was subject to a discharge review under
RCW 71.05.232. If the person having charge of the jail does not
receive seventy-two hours notice of the release, the notification to
the ((county designated mental health professional or the designated
chemical dependency specialist)) designated crisis responder shall be
made as soon as reasonably possible, but not later than the actual
release to the community of the defendant or offender.

(2) When a person having charge of a jail, or that person's
designee, releases an offender or defendant who was the subject of a
discharge review under RCW 71.05.232, the person having charge of a
jail, or that person's designee, shall notify the state hospital from which the offender or defendant was released.

Sec. 419. RCW 70.97.010 and 2014 c 225 s 78 are each amended to read as follows:

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

1. "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes but is not limited to atypical antipsychotic medications.

2. "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.

3. "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter 70.96A or 70.96B RCW.

4. "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.

5. "Commitment" means the determination by a court that an individual should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.

6. "Conditional release" means a modification of a commitment that may be revoked upon violation of any of its terms.

7. "Custody" means involuntary detention under chapter 71.05 (or 70.96A) RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.

8. "Department" means the department of social and health services.

9. "Designated crisis responder" (means a designated mental health professional, a designated chemical dependency specialist, or a designated crisis responder as those terms are defined in chapter 70.96A, 71.05, or 70.96B RCW) has the same meaning as in chapter 71.05 RCW.

10. "Detention" or "detain" means the lawful confinement of an individual under chapter (70.96A or) 71.05 RCW.
(11) "Discharge" means the termination of facility authority. The
commitment may remain in place, be terminated, or be amended by court
order.

(12) "Enhanced services facility" means a facility that provides
treatment and services to persons for whom acute inpatient treatment
is not medically necessary and who have been determined by the
department to be inappropriate for placement in other licensed
facilities due to the complex needs that result in behavioral and
security issues.

(13) "Expanded community services program" means a nonsecure
program of enhanced behavioral and residential support provided to
long-term and residential care providers serving specifically
eligible clients who would otherwise be at risk for hospitalization
at state hospital geriatric units.

(14) "Facility" means an enhanced services facility.

(15) "Gravely disabled" means a condition in which an individual,
as a result of a mental disorder, as a result of the use of alcohol
or other psychoactive chemicals, or both:

(a) Is in danger of serious physical harm resulting from a
failure to provide for his or her essential human needs of health or
safety; or

(b) Manifests severe deterioration in routine functioning
evidenced by repeated and escalating loss of cognitive or volitional
control over his or her actions and is not receiving such care as is
essential for his or her health or safety.

(16) "History of one or more violent acts" refers to the period
of time ten years before the filing of a petition under this
chapter(70.96A or) 71.05 RCW, excluding any time
spent, but not any violent acts committed, in a mental health
facility or a long-term alcoholism or drug treatment facility, or in
confinement as a result of a criminal conviction.

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

(18) "Likelihood of serious harm" means:

(a) A substantial risk that:

(i) Physical harm will be inflicted by an individual upon his or
her own person, as evidenced by threats or attempts to commit suicide
or inflict physical harm on oneself;
(ii) Physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

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

(19) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.

(20) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.

(21) "Professional person" means a mental health professional and also means a physician, registered nurse, and such others as may be defined in rules adopted by the secretary pursuant to the provisions of this chapter.

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

(23) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

(24) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify individuals who are receiving or who at any time have received services for mental illness.

(25) "Release" means legal termination of the commitment under chapter ((70.96A or)) 71.05 RCW.

(26) "Resident" means a person admitted to an enhanced services facility.

(27) "Secretary" means the secretary of the department or the secretary's designee.
(28) "Significant change" means:

(a) A deterioration in a resident's physical, mental, or psychosocial condition that has caused or is likely to cause clinical complications or life-threatening conditions; or

(b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.

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

(30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.

(31) "Treatment records" include registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by an individual providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(32) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 420. RCW 71.05.660 and 2013 c 200 s 21 are each amended to read as follows:

Nothing in this chapter or chapter 70.02 (70.96A) or 71.34 (70.96B) RCW shall be construed to interfere with communications between physicians, psychiatric advanced registered nurse practitioners, or psychologists and patients and attorneys and clients.
Sec. 421.  RCW 71.24.045 and 2014 c 225 s 13 are each amended to read as follows:

The behavioral health organization shall:

(1) Contract as needed with licensed service providers. The behavioral health organization may, in the absence of a licensed service provider entity, become a licensed service provider entity pursuant to minimum standards required for licensing by the department for the purpose of providing services not available from licensed service providers;

(2) Operate as a licensed service provider if it deems that doing so is more efficient and cost effective than contracting for services. When doing so, the behavioral health organization shall comply with rules promulgated by the secretary that shall provide measurements to determine when a behavioral health organization provided service is more efficient and cost effective;

(3) Monitor and perform biennial fiscal audits of licensed service providers who have contracted with the behavioral health organization to provide services required by this chapter. The monitoring and audits shall be performed by means of a formal process which insures that the licensed service providers and professionals designated in this subsection meet the terms of their contracts;

(4) Establish reasonable limitations on administrative costs for agencies that contract with the behavioral health organization;

(5) Assure that the special needs of minorities, older adults, individuals with disabilities, children, and low-income persons are met within the priorities established in this chapter;

(6) Maintain patient tracking information in a central location as required for resource management services and the department's information system;

(7) Collaborate to ensure that policies do not result in an adverse shift of persons with mental illness into state and local correctional facilities;

(8) Work with the department to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases;

(9) Work closely with the ((county designated mental health professional or county)) designated crisis responder to maximize appropriate placement of persons into community services; and

(10) Coordinate services for individuals who have received services through the community mental health system and who become
patients at a state psychiatric hospital to ensure they are transitioned into the community in accordance with mutually agreed upon discharge plans and upon determination by the medical director of the state psychiatric hospital that they no longer need intensive inpatient care.

Sec. 422. RCW 71.24.330 and 2015 c 250 s 19 are each amended to read as follows:

(1)(a) Contracts between a behavioral health organization and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.

(b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.

(2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;
(c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated crisis responders;

(e) Except at the discretion of the secretary or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause;

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party;

(h) Require behavioral health organizations to provide services as identified in RCW 71.05.585 to individuals committed for involuntary commitment under less restrictive alternative court orders when:

(i) The individual is enrolled in the medicaid program and meets behavioral health organization access to care standards; or

(ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the behavioral health organization has adequate available resources to provide the services; and

(i) Establish caseload guidelines for care coordinators who supervise less restrictive alternative orders and guidelines for response times during and immediately following periods of hospitalization or incarceration.

Sec. 423. RCW 71.32.080 and 2006 c 108 s 5 are each amended to read as follows:

(1)(a) A principal with capacity may, by written statement by the principal or at the principal's direction in the principal's presence, revoke a directive in whole or in part.
(b) An incapacitated principal may revoke a directive only if he or she elected at the time of executing the directive to be able to revoke when incapacitated.

(2) The revocation need not follow any specific form so long as it is written and the intent of the principal can be discerned. In the case of a directive that is stored in the health care declarations registry created by RCW 70.122.130, the revocation may be by an online method established by the department of health. Failure to use the online method of revocation for a directive that is stored in the registry does not invalidate a revocation that is made by another method described under this section.

(3) The principal shall provide a copy of his or her written statement of revocation to his or her agent, if any, and to each health care provider, professional person, or health care facility that received a copy of the directive from the principal.

(4) The written statement of revocation is effective:
(a) As to a health care provider, professional person, or health care facility, upon receipt. The professional person, health care provider, or health care facility, or persons acting under their direction shall make the statement of revocation part of the principal's medical record; and
(b) As to the principal's agent, upon receipt. The principal's agent shall notify the principal's health care provider, professional person, or health care facility of the revocation and provide them with a copy of the written statement of revocation.

(5) A directive also may:
(a) Be revoked, in whole or in part, expressly or to the extent of any inconsistency, by a subsequent directive; or
(b) Be superseded or revoked by a court order, including any order entered in a criminal matter. A directive may be superseded by a court order regardless of whether the order contains an explicit reference to the directive. To the extent a directive is not in conflict with a court order, the directive remains effective, subject to the provisions of RCW 71.32.150. A directive shall not be interpreted in a manner that interferes with: (i) Incarceration or detention by the department of corrections, in a city or county jail, or by the department of social and health services; or (ii) treatment of a principal who is subject to involuntary treatment pursuant to chapter 10.77, ((70.96A)) 71.05, 71.09, or 71.34 RCW.
A directive that would have otherwise expired but is effective because the principal is incapacitated remains effective until the principal is no longer incapacitated unless the principal has elected to be able to revoke while incapacitated and has revoked the directive.

When a principal with capacity consents to treatment that differs from, or refuses treatment consented to in, the provisions of his or her directive, the consent or refusal constitutes a waiver of that provision and does not constitute a revocation of the provision or directive unless the principal also revokes the directive or provision.

Sec. 424. RCW 71.32.140 and 2009 c 217 s 12 are each amended to read as follows:

(1) A principal who:
(a) Chose not to be able to revoke his or her directive during any period of incapacity;
(b) Consented to voluntary admission to inpatient mental health treatment, or authorized an agent to consent on the principal's behalf; and
(c) At the time of admission to inpatient treatment, refuses to be admitted, may only be admitted into inpatient mental health treatment under subsection (2) of this section.

(2) A principal may only be admitted to inpatient mental health treatment under his or her directive if, prior to admission, a member of the treating facility's professional staff who is a physician or psychiatric advanced registered nurse practitioner:
(a) Evaluates the principal's mental condition, including a review of reasonably available psychiatric and psychological history, diagnosis, and treatment needs, and determines, in conjunction with another health care provider or mental health professional, that the principal is incapacitated;
(b) Obtains the informed consent of the agent, if any, designated in the directive;
(c) Makes a written determination that the principal needs an inpatient evaluation or is in need of inpatient treatment and that the evaluation or treatment cannot be accomplished in a less restrictive setting; and
(d) Documents in the principal's medical record a summary of the physician's or psychiatric advanced registered nurse practitioner's findings and recommendations for treatment or evaluation.

(3) In the event the admitting physician is not a psychiatrist, or the advanced registered nurse practitioner is not a psychiatric advanced registered nurse practitioner, the principal shall receive a complete psychological assessment by a mental health professional within twenty-four hours of admission to determine the continued need for inpatient evaluation or treatment.

(4)(a) If it is determined that the principal has capacity, then the principal may only be admitted to, or remain in, inpatient treatment if he or she consents at the time or is detained under the involuntary treatment provisions of chapter (70.96A) 71.05((τ)) or 71.34 RCW.

(b) If a principal who is determined by two health care providers or one mental health professional and one health care provider to be incapacitated continues to refuse inpatient treatment, the principal may immediately seek injunctive relief for release from the facility.

(5) If, at the end of the period of time that the principal or the principal's agent, if any, has consented to voluntary inpatient treatment, but no more than fourteen days after admission, the principal has not regained capacity or has regained capacity but refuses to consent to remain for additional treatment, the principal must be released during reasonable daylight hours, unless detained under chapter (70.96A) 71.05((τ)) or 71.34 RCW.

(6)(a) Except as provided in (b) of this subsection, any principal who is voluntarily admitted to inpatient mental health treatment under this chapter shall have all the rights provided to individuals who are voluntarily admitted to inpatient treatment under chapter 71.05, 71.34, or 72.23 RCW.

(b) Notwithstanding RCW 71.05.050 regarding consent to inpatient treatment for a specified length of time, the choices an incapacitated principal expressed in his or her directive shall control, provided, however, that a principal who takes action demonstrating a desire to be discharged, in addition to making statements requesting to be discharged, shall be discharged, and no principal shall be restrained in any way in order to prevent his or her discharge. Nothing in this subsection shall be construed to prevent detention and evaluation for civil commitment under chapter 71.05 RCW.
(7) Consent to inpatient admission in a directive is effective only while the professional person, health care provider, and health care facility are in substantial compliance with the material provisions of the directive related to inpatient treatment.

Sec. 425. RCW 71.32.150 and 2003 c 283 s 15 are each amended to read as follows:

(1) Upon receiving a directive, a health care provider, professional person, or health care facility providing treatment to the principal, or persons acting under the direction of the health care provider, professional person, or health care facility, shall make the directive a part of the principal's medical record and shall be deemed to have actual knowledge of the directive's contents.

(2) When acting under authority of a directive, a health care provider, professional person, or health care facility shall act in accordance with the provisions of the directive to the fullest extent possible, unless in the determination of the health care provider, professional person, or health care facility:
   
   (a) Compliance with the provision would violate the accepted standard of care established in RCW 7.70.040;
   (b) The requested treatment is not available;
   (c) Compliance with the provision would violate applicable law;
   or
   (d) It is an emergency situation and compliance would endanger any person's life or health.

(3)(a) In the case of a principal committed or detained under the involuntary treatment provisions of chapter 10.77, (70.96A, 71.05, 71.09, or 71.34 RCW, those provisions of a principal's directive that, in the determination of the health care provider, professional person, or health care facility, are inconsistent with the purpose of the commitment or with any order of the court relating to the commitment are invalid during the commitment.
   
   (b) Remaining provisions of a principal's directive are advisory while the principal is committed or detained.

The treatment provider is encouraged to follow the remaining provisions of the directive, except as provided in (a) of this subsection or subsection (2) of this section.

(4) In the case of a principal who is incarcerated or committed in a state or local correctional facility, provisions of the principal's directive that are inconsistent with reasonable
penological objectives or administrative hearings regarding involuntary medication are invalid during the period of incarceration or commitment. In addition, treatment may be given despite refusal of the principal or the provisions of the directive: (a) For any reason under subsection (2) of this section; or (b) if, without the benefit of the specific treatment measure, there is a significant possibility that the person will harm self or others before an improvement of the person's condition occurs.

(5)(a) If the health care provider, professional person, or health care facility is, at the time of receiving the directive, unable or unwilling to comply with any part or parts of the directive for any reason, the health care provider, professional person, or health care facility shall promptly notify the principal and, if applicable, his or her agent and shall document the reason in the principal's medical record.

(b) If the health care provider, professional person, or health care facility is acting under authority of a directive and is unable to comply with any part or parts of the directive for the reasons listed in subsection (2) or (3) of this section, the health care provider, professional person, or health care facility shall promptly notify the principal and if applicable, his or her agent, and shall document the reason in the principal's medical record.

(6) In the event that one or more parts of the directive are not followed because of one or more of the reasons set forth in subsection (2) or (4) of this section, all other parts of the directive shall be followed.

(7) If no provider-patient relationship has previously been established, nothing in this chapter requires the establishment of a provider-patient relationship.

Sec. 426. RCW 72.09.315 and 2004 c 166 s 17 are each amended to read as follows:

(1) When an offender is under court-ordered mental health or chemical dependency treatment in the community and the supervision of the department of corrections, and the community corrections officer becomes aware that the person is in violation of the terms of the court's treatment order, the community corrections officer shall notify the (county designated mental health professional or the designated chemical dependency specialist) designated crisis responder, as appropriate, of the violation and request an evaluation.
for purposes of revocation of the less restrictive alternative or conditional release.

(2) When a county designated mental health professional or the designated chemical dependency specialist) designated crisis responder notifies the department that an offender in a state correctional facility is the subject of a petition for involuntary treatment under chapter 71.05 (or 70.96A) RCW, the department shall provide documentation of its risk assessment or other concerns to the petitioner and the court if the department classified the offender as a high risk or high needs offender.

Sec. 427. RCW 72.09.370 and 2014 c 225 s 95 are each amended to read as follows:

(1) The offender reentry community safety program is established to provide intensive services to offenders identified under this subsection and to thereby promote public safety. The secretary shall identify offenders in confinement or partial confinement who: (a) Are reasonably believed to be dangerous to themselves or others; and (b) have a mental disorder. In determining an offender's dangerousness, the secretary shall consider behavior known to the department and factors, based on research, that are linked to an increased risk for dangerousness of offenders with mental illnesses and shall include consideration of an offender's chemical dependency or abuse.

(2) Prior to release of an offender identified under this section, a team consisting of representatives of the department of corrections, the division of mental health, and, as necessary, the indeterminate sentence review board, other divisions or administrations within the department of social and health services, specifically including the division of alcohol and substance abuse and the division of developmental disabilities, the appropriate behavioral health organization, and the providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the offender upon release. In developing the plan, the offender shall be offered assistance in executing a mental health directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for offenders under the age of twenty-one. The team shall consult with the offender's counsel, if any, and, as appropriate, the offender's family and community. The team shall
notify the crime victim/witness program, which shall provide notice
to all people registered to receive notice under RCW 72.09.712 of the
proposed release plan developed by the team. Victims, witnesses, and
other interested people notified by the department may provide
information and comments to the department on potential safety risk
to specific individuals or classes of individuals posed by the
specific offender. The team may recommend: (a) That the offender be
evaluated by the designated ((mental health professional)) crisis
responder, as defined in chapter 71.05 RCW; (b) department-supervised
community treatment; or (c) voluntary community mental health or
chemical dependency or abuse treatment.

(3) Prior to release of an offender identified under this
section, the team shall determine whether or not an evaluation by a
designated ((mental health professional)) crisis responder is needed.
If an evaluation is recommended, the supporting documentation shall
be immediately forwarded to the appropriate designated ((mental
health professional)) crisis responder. The supporting documentation
shall include the offender's criminal history, history of judicially
required or administratively ordered involuntary antipsychotic
medication while in confinement, and any known history of involuntary
civil commitment.

(4) If an evaluation by a designated ((mental health
professional)) crisis responder is recommended by the team, such
evaluation shall occur not more than ten days, nor less than five
days, prior to release.

(5) A second evaluation by a designated ((mental health
professional)) crisis responder shall occur on the day of release if
requested by the team, based upon new information or a change in the
offender's mental condition, and the initial evaluation did not
result in an emergency detention or a summons under chapter 71.05
RCW.

(6) If the designated ((mental health professional)) crisis
responder determines an emergency detention under chapter 71.05 RCW
is necessary, the department shall release the offender only to a
state hospital or to a consenting evaluation and treatment facility.
The department shall arrange transportation of the offender to the
hospital or facility.

(7) If the designated ((mental health professional)) crisis
responder believes that a less restrictive alternative treatment is
appropriate, he or she shall seek a summons, pursuant to the
provisions of chapter 71.05 RCW, to require the offender to appear at
an evaluation and treatment facility. If a summons is issued, the
offender shall remain within the corrections facility until
completion of his or her term of confinement and be transported, by
corrections personnel on the day of completion, directly to the
identified evaluation and treatment facility.

(8) The secretary shall adopt rules to implement this section.

Sec. 428. RCW 43.185C.305 and 2015 c 69 s 20 are each amended to
read as follows:

(1) If a resident of a crisis residential center becomes by his
or her behavior disruptive to the facility's program, such resident
may be immediately removed to a separate area within the facility and
counseled on an individual basis until such time as the child regains
his or her composure. The department may set rules and regulations
establishing additional procedures for dealing with severely
disruptive children on the premises.

(2) When the juvenile resides in this facility, all services
deemed necessary to the juvenile's reentry to normal family life
shall be made available to the juvenile as required by chapter 13.32A
RCW. In assessing the child and providing these services, the
facility staff shall:

(a) Interview the juvenile as soon as possible;

(b) Contact the juvenile's parents and arrange for a counseling
interview with the juvenile and his or her parents as soon as
possible;

(c) Conduct counseling interviews with the juvenile and his or
her parents, to the end that resolution of the child/parent conflict
is attained and the child is returned home as soon as possible;

(d) Provide additional crisis counseling as needed, to the end
that placement of the child in the crisis residential center will be
required for the shortest time possible, but not to exceed fifteen
consecutive days; and

(e) Convene, when appropriate, a multidisciplinary team.

(3) Based on the assessments done under subsection (2) of this
section the center staff may refer any child who, as the result of a
mental or emotional disorder, or intoxication by alcohol or other
drugs, is suicidal, seriously assaultive, or seriously destructive
toward others, or otherwise similarly evidences an immediate need for
emergency medical evaluation and possible care, for evaluation
pursuant to chapter 71.34 RCW(7) or to a ((mental health professional)) designated crisis responder pursuant to chapter 71.05 RCW((, or to a chemical dependency specialist pursuant to chapter 70.96A RCW)) whenever such action is deemed appropriate and consistent with law.

(4) A juvenile taking unauthorized leave from a facility shall be apprehended and returned to it by law enforcement officers or other persons designated as having this authority as provided in RCW 43.185C.260. If returned to the facility after having taken unauthorized leave for a period of more than twenty-four hours a juvenile shall be supervised by such a facility for a period, pursuant to this chapter, which, unless where otherwise provided, may not exceed fifteen consecutive days. Costs of housing juveniles admitted to crisis residential centers shall be assumed by the department for a period not to exceed fifteen consecutive days.

Sec. 429. RCW 74.50.070 and 1987 c 406 s 8 are each amended to read as follows:

(1) If a county elects to establish a multipurpose diagnostic center or detention center, the alcoholism and drug addiction assessment service under RCW 74.50.040 may be integrated into the services provided by such a center.

(2) The center may be financed from funds made available by the department for alcoholism and drug addiction assessments under this chapter and funds contained in the department's budget for detoxification, involuntary detention, and involuntary treatment under chapter((s 70.96A and)) 71.05 RCW. The center may be operated by the county or pursuant to contract between the county and a qualified organization.

PART V
INTEGRATION OF CHEMICAL DEPENDENCY AND MENTAL HEALTH ADMINISTRATIVE PROVISIONS

Sec. 501. RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and amended to read as follows:

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

(1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:
(a) A mental disorder as defined in RCW 71.05.020 or, in the case
of a child, as defined in RCW 71.34.020;

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

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

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

(3) "Behavioral health organization" means any county authority
or group of county authorities or other entity recognized by the
secretary in contract in a defined region.

(4) "Behavioral health services" means mental health services as
described in this chapter and chapter 71.36 RCW and ((chemical
dependency)) substance use disorder treatment services as described
in this chapter and chapter 70.96A RCW.

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

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

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

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

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

(7) "Clubhouse" means a community-based program that provides
rehabilitation services and is certified by the department of social
and health services.
(8) "Community mental health program" means all mental health services, activities, or programs using available resources.

(9) "Community mental health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.

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

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

(12) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

(13) "Department" means the department of social and health services.

(14) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

(15) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or
well established theory of change, shows potential for meeting the
evidence-based or research-based criteria, which may include the use
of a program that is evidence-based for outcomes other than those
listed in subsection (((16))) (15) of this section.

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

(((17))) (16) "Licensed service provider" means an entity
licensed according to this chapter or chapter 71.05 or 70.96A RCW or
an entity deemed to meet state minimum standards as a result of
accreditation by a recognized behavioral health accrediting body
recognized and having a current agreement with the department, or
tribal attestation that meets state minimum standards, or persons
licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it
applies to registered nurses and advanced registered nurse
practitioners.

(((18))) (17) "Long-term inpatient care" means inpatient services
for persons committed for, or voluntarily receiving intensive
treatment for, periods of ninety days or greater under chapter 71.05
RCW. "Long-term inpatient care" as used in this chapter does not
include: (a) Services for individuals committed under chapter 71.05
RCW who are receiving services pursuant to a conditional release or a
court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive
alternative treatment on the grounds of the state hospital.

(((19))) (18) "Mental health services" means all services
provided by behavioral health organizations and other services
provided by the state for persons who are mentally ill.

(((20))) (19) "Mentally ill persons," "persons who are mentally
ill," and "the mentally ill" mean persons and conditions defined in
subsections (1), (6), (27), and (28) ((), and (29)) of this section.
"Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

"Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

"Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection ((14)) (15) of this section but does not meet the full criteria for evidence-based.

"Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

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

"Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan.
for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated mental health professionals, evaluation and treatment facilities, and others as determined by the behavioral health organization.

"Secretary" means the secretary of social and health services.

"Seriously disturbed person" means a person who:

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

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

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

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

"Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
(a) Has undergone inpatient treatment or placement outside of the
home related to a mental disorder within the last two years;
(b) Has undergone involuntary treatment under chapter 71.34 RCW
within the last two years;
(c) Is currently served by at least one of the following child-
serving systems: Juvenile justice, child-protection/welfare, special
education, or developmental disabilities;
(d) Is at risk of escalating maladjustment due to:
   (i) Chronic family dysfunction involving a caretaker who is
       mentally ill or inadequate;
   (ii) Changes in custodial adult;
   (iii) Going to, residing in, or returning from any placement
       outside of the home, for example, psychiatric hospital, short-term
       inpatient, residential treatment, group or foster home, or a
       correctional facility;
   (iv) Subject to repeated physical abuse or neglect;
   (v) Drug or alcohol abuse; or
   (vi) Homelessness.

((30)) (29) "State minimum standards" means minimum
requirements established by rules adopted by the secretary and
necessary to implement this chapter for: (a) Delivery of mental
health services; (b) licensed service providers for the provision of
mental health services; (c) residential services; and (d) community
support services and resource management services.

((31)) (30) Mental health "treatment records" include
registration and all other records concerning persons who are
receiving or who at any time have received services for mental
illness, which are maintained by the department, by behavioral health
organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for
personal use by a person providing treatment services for the
department, behavioral health organizations, or a treatment facility
if the notes or records are not available to others.

((32)) (31) "Tribal authority," for the purposes of this
section and RCW 71.24.300 only, means: The federally recognized
Indian tribes and the major Indian organizations recognized by the
secretary insofar as these organizations do not have a financial
relationship with any behavioral health organization that would
present a conflict of interest.
(32) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(33) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

(34) "Behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat chemical dependency and mental illness.

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

(36) "Designated chemical dependency specialist" means a person designated by the behavioral health organization or by the county alcoholism and other drug addiction program coordinator designated by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

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

(38) "Early adopter" means a regional service area for which all of the county authorities have requested that the department and the health care authority jointly purchase medical and behavioral health services through a managed care health system as defined under RCW 71.24.380(6).

(39) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
Sec. 502.  RCW 71.24.025 and 2016 1st sp.s. c ... s 501 (section 501 of this act) are each amended to read as follows:

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

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

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

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

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

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

(3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.

(4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and substance use disorder treatment services as described in this chapter (and chapter 70.96A RCW).

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

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

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

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

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

(7) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.

(8) "Community mental health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.

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

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

(11) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

(12) "Department" means the department of social and health services.

(13) "Designated mental health professional) crisis responder" means a mental health professional designated by the county or other
authority authorized in rule to perform the duties specified in this chapter.

(14) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (15) of this section.

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

(16) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 ((or 70.96A)) RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, or tribal attestation that meets state minimum standards, or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

(17) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.

(18) "Mental health services" means all services provided by behavioral health organizations and other services provided by the state for persons who are mentally ill.
(19) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (6), (27), and (28) of this section.

(20) "Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

(21) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(22) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (15) of this section but does not meet the full criteria for evidence-based.

(23) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

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

(25) "Resource management services" mean the planning, coordination, and authorization of residential services and community
support services administered pursuant to an individual service plan
for: (a) Adults and children who are acutely mentally ill; (b) adults
who are chronically mentally ill; (c) children who are severely
emotionally disturbed; or (d) adults who are seriously disturbed and
determined solely by a behavioral health organization to be at risk
of becoming acutely or chronically mentally ill. Such planning,
coordination, and authorization shall include mental health screening
for children eligible under the federal Title XIX early and periodic
screening, diagnosis, and treatment program. Resource management
services include seven day a week, twenty-four hour a day
availability of information regarding enrollment of adults and
children who are mentally ill in services and their individual
service plan to designated mental health professionals crisis
responders, evaluation and treatment facilities, and others as
determined by the behavioral health organization.

(26) "Secretary" means the secretary of social and health
services.

(27) "Seriously disturbed person" means a person who:
(a) Is gravely disabled or presents a likelihood of serious harm
to himself or herself or others, or to the property of others, as a
result of a mental disorder as defined in chapter 71.05 RCW;
(b) Has been on conditional release status, or under a less
restrictive alternative order, at some time during the preceding two
years from an evaluation and treatment facility or a state mental
health hospital;
(c) Has a mental disorder which causes major impairment in
several areas of daily living;
(d) Exhibits suicidal preoccupation or attempts; or
(e) Is a child diagnosed by a mental health professional, as
defined in chapter 71.34 RCW, as experiencing a mental disorder which
is clearly interfering with the child's functioning in family or
school or with peers or is clearly interfering with the child's
personality development and learning.

(28) "Severely emotionally disturbed child" or "child who is
severely emotionally disturbed" means a child who has been determined
by the behavioral health organization to be experiencing a mental
disorder as defined in chapter 71.34 RCW, including those mental
disorders that result in a behavioral or conduct disorder, that is
clearly interfering with the child's functioning in family or school
or with peers and who meets at least one of the following criteria:
(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

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

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

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

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

(ii) Changes in custodial adult;

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

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.

(30) Mental health "treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(31) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.
(32) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(33) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

(34) "Behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat chemical dependency and mental illness.

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

(36) ("Designated chemical dependency specialist" means a person designated by the behavioral health organization or by the county alcoholism and other drug addiction program coordinator designated by the behavioral health organization to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

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

(38) "Early adopter" means a regional service area for which all of the county authorities have requested that the department and the health care authority jointly purchase medical and behavioral health services through a managed care health system as defined under RCW 71.24.380 (6).

(39) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
Sec. 503. RCW 71.24.035 and 2015 c 269 s 8 are each amended to read as follows:

(1) The department is designated as the state ((mental)) behavioral health authority which includes recognition as the single state authority for substance use disorders and state mental health authority.

(2) The secretary shall provide for public, client, tribal, and licensed service provider participation in developing the state ((mental)) behavioral health program, developing contracts with behavioral health organizations, and any waiver request to the federal government under medicaid.

(3) The secretary shall provide for participation in developing the state ((mental)) behavioral health program for children and other underserved populations, by including representatives on any committee established to provide oversight to the state ((mental)) behavioral health program.

(4) The secretary shall be designated as the behavioral health organization if the behavioral health organization fails to meet state minimum standards or refuses to exercise responsibilities under its contract or RCW 71.24.045, until such time as a new behavioral health organization is designated.

(5) The secretary shall:

(a) Develop a biennial state ((mental)) behavioral health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental ((illness)) disorders or substance use disorders or both;

(b) Assure that any behavioral health organization or county community ((mental)) behavioral health program provides medically necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;

(c) Develop and adopt rules establishing state minimum standards for the delivery of ((mental)) behavioral health services pursuant to RCW 71.24.037 including, but not limited to:

(i) Licensed service providers. These rules shall permit a county-operated ((mental)) behavioral health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized
behavioral health accrediting bodies recognized and having a current agreement with the department;

(ii) Inpatient services, an adequate network of evaluation and treatment services and facilities under chapter 71.05 RCW to ensure access to treatment, resource management services, and community support services;

(d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;

(e) Establish a standard contract or contracts, consistent with state minimum standards which shall be used in contracting with behavioral health organizations. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;

(f) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including managed care contracts for behavioral health services, contracts entered into under RCW 74.09.522, and contracts with public and private agencies, organizations, and individuals to pay them for behavioral health services;

(g) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of behavioral health organizations and licensed service providers. The audit procedure shall focus on the outcomes of service as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

((g)) (h) Develop and maintain an information system to be used by the state and behavioral health organizations that includes a tracking method which allows the department and behavioral health organizations to identify behavioral health clients' participation in any behavioral health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW;

((h)) (i) License service providers who meet state minimum standards;

((i)) (j) Periodically monitor the compliance of behavioral health organizations and their network of licensed service providers.
for compliance with the contract between the department, the behavioral health organization, and federal and state rules at reasonable times and in a reasonable manner;

((j)) (k) Fix fees to be paid by evaluation and treatment centers to the secretary for the required inspections;

((k)) (l) Monitor and audit behavioral health organizations and licensed service providers as needed to assure compliance with contractual agreements authorized by this chapter;

((m)) (m) Adopt such rules as are necessary to implement the department's responsibilities under this chapter;

((n)) (n) License or certify crisis stabilization units that meet state minimum standards;

((o)) (o) License or certify clubhouses that meet state minimum standards; (and

(o)) (p) License or certify triage facilities that meet state minimum standards; and

(q) Administer or supervise the administration of the provisions relating to persons with substance use disorders and intoxicated persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation.

(6) The secretary shall use available resources only for behavioral health organizations, except:

(a) To the extent authorized, and in accordance with any priorities or conditions specified, in the biennial appropriations act; or

(b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025, integration of behavioral health and medical services at the clinical level, and improved care coordination for individuals with complex care needs.

(7) Each behavioral health organization and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A behavioral health organization or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent reports thereof, may be subject to the behavioral health organization contractual remedies in RCW 43.20A.894 or may have its service provider certification or license revoked or suspended.
(8) The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum standards.

(9) The superior court may restrain any behavioral health organization or service provider from operating without a contract, certification, or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.

(10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any behavioral health organization or service provider refusing to consent to inspection or examination by the authority.

(11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a behavioral health organization or service provider without a contract, certification, or a license under this chapter.

(12) The standards for certification or licensure of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.

(13) The standards for certification or licensure of crisis stabilization units shall include standards that:

(a) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;

(b) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and

(c) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.
The standards for certification or licensure of a clubhouse shall at a minimum include:

(a) The facilities may be peer-operated and must be recovery-focused;

(b) Members and employees must work together;

(c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;

(d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;

(e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;

(f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;

(g) Clubhouse programs must focus on strengths, talents, and abilities of its members;

(h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse.

The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.

The secretary shall assume all duties assigned to the nonparticipating behavioral health organizations under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating behavioral health organizations.

The behavioral health organizations, or the secretary's assumption of all responsibilities under chapters 71.05 and 71.34 RCW and this chapter, shall be included in all state and federal plans affecting the state behavioral health program including at least those required by this chapter, the medicaid program, and P.L.
99-660. Nothing in these plans shall be inconsistent with the intent and requirements of this chapter.

((17)) (14) The secretary shall:

(a) Disburse funds for the behavioral health organizations within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.

(b) Enter into biennial contracts with behavioral health organizations. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.

(c) Notify behavioral health organizations of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.

(d) Deny all or part of the funding allocations to behavioral health organizations based solely upon formal findings of noncompliance with the terms of the behavioral health organization's contract with the department. Behavioral health organizations disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the behavioral health organizations.

((18)) (15) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities certified under chapter 71.05 RCW. The department shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.

((19)) (15) The department may:

(a) Plan, establish, and maintain substance use disorder prevention and substance use disorder treatment programs as necessary or desirable;

(b) Coordinate its activities and cooperate with behavioral programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for behavioral health services and for the common advancement of substance use disorder programs;
(c) Solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property from the federal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;

(d) Keep records and engage in research and the gathering of relevant statistics; and

(e) Acquire, hold, or dispose of real property or any interest therein, and construct, lease, or otherwise provide substance use disorder treatment programs.

Sec. 504. RCW 70.96A.050 and 2014 c 225 s 23 are each amended to read as follows:

The department shall:

(1) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and other drug addiction, treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;

(2) Assure that any behavioral health organization managed care contract, or managed care contract under RCW 74.09.522 for behavioral health services or programs for the treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons provides medically necessary services to medicaid recipients. This must include a continuum of mental health and chemical dependency substance use disorder services consistent with the state's medicaid plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;

(3) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug addiction, and treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;
(4) Cooperate with public and private agencies in establishing and conducting programs to provide treatment for persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons who are clients of the correctional system;

(5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of (alcoholism and other drug addiction) substance use disorders, treatment of persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;

(6) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;

(7) Develop and implement, as an integral part of substance use disorder treatment programs, an educational program for use in the treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;

(8) Organize and foster training programs for persons engaged in treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

(9) Sponsor and encourage research into the causes and nature of (alcoholism and other drug addiction) substance use disorders, treatment of persons with substance use disorders, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and serve as a clearinghouse for information relating to (alcoholism or other drug addiction) substance use disorders;

(10) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information,
including number of persons treated, frequency of admission and
readmission, and frequency and duration of treatment;

   (11) Advise the governor in the preparation of a comprehensive
plan for treatment of persons with substance use disorders, persons
incapacitated by alcohol or other psychoactive chemicals, and
intoxicated persons for inclusion in the state's comprehensive health
plan;

   (12) Review all state health, welfare, and treatment plans to be
submitted for federal funding under federal legislation, and advise
the governor on provisions to be included relating to substance use
disorders;

   (13) Assist in the development of, and cooperate with, programs
for alcohol and other psychoactive chemical education and treatment
for employees of state and local governments and businesses and
industries in the state;

   (14) Use the support and assistance of interested persons in the
community to encourage persons with substance use disorders
voluntarily to undergo treatment;

   (15) Cooperate with public and private agencies in establishing
and conducting programs designed to deal with the problem of persons
operating motor vehicles while intoxicated;

   (16) Encourage general hospitals and other appropriate health
facilities to admit without discrimination persons with substance use
disorders, persons incapacitated by alcohol or other psychoactive
chemicals, and intoxicated persons and to provide them with adequate
and appropriate treatment;

   (17) Encourage all health and disability insurance programs to
include ((alcoholism and other drug addiction)) substance use
disorders as a covered illness; and

   (18) Organize and sponsor a statewide program to help court
personnel, including judges, better understand ((the disease of
alcoholism and other drug addiction)) substance use disorders and the
uses of ((chemical dependency)) substance use disorder treatment
programs.

   Sec. 505. RCW 71.24.037 and 2001 c 323 s 11 are each amended to
read as follows:

   (1) The secretary shall by rule establish state minimum standards
for licensed behavioral health service providers and services, whether those service providers and services are licensed to provide
solely mental health services, substance use disorder treatment
services, or services to persons with co-occurring disorders.

(2) Minimum standards for licensed behavioral health service
providers shall, at a minimum, establish: Qualifications for staff
providing services directly to (mentally ill) persons with mental
disorders, substance use disorders, or both, the intended result of
each service, and the rights and responsibilities of persons
receiving (mental) behavioral health services pursuant to this
chapter. The secretary shall provide for deeming of licensed
behavioral health service providers as meeting state minimum
standards as a result of accreditation by a recognized behavioral
health accrediting body recognized and having a current agreement
with the department.

(3) Minimum standards for community support services and resource
management services shall include at least qualifications for
resource management services, client tracking systems, and the
transfer of patient information between behavioral health service
providers.

(4) The department may suspend, revoke, limit, restrict, or
modify an approval, or refuse to grant approval, for failure to meet
the provisions of this chapter, or the standards adopted under this
chapter. RCW 43.20A.205 governs notice of a license denial,
revocation, suspension, or modification and provides the right to an
adjudicative proceeding.

(5) No licensed behavioral health service provider may advertise
or represent itself as a licensed behavioral health service provider
if approval has not been granted, has been denied, suspended,
revoked, or canceled.

(6) Licensure as a behavioral health service provider is
effective for one calendar year from the date of issuance of the
license. The license must specify the types of services provided by
the behavioral health service provider that meet the standards
adopted under this chapter. Renewal of a license must be made in
accordance with this section for initial approval and in accordance
with the standards set forth in rules adopted by the secretary.

(7) Licensure as a licensed behavioral health service provider
must specify the types of services provided that meet the standards
adopted under this chapter. Renewal of a license must be made in
accordance with this section for initial approval and in accordance
with the standards set forth in rules adopted by the secretary.
(8) Licensed behavioral health service providers may not provide types of services for which the licensed behavioral health service provider has not been certified. Licensed behavioral health service providers may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.

(9) The department periodically shall inspect licensed behavioral health service providers at reasonable times and in a reasonable manner.

(10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any licensed behavioral health service provider refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.

(11) The department shall maintain and periodically publish a current list of licensed behavioral health service providers.

(12) Each licensed behavioral health service provider shall file with the department upon request, data, statistics, schedules, and information the department reasonably requires. A licensed behavioral health service provider that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns thereof, may have its license revoked or suspended.

(13) The department shall use the data provided in subsection (12) of this section to evaluate each program that admits children to inpatient substance use disorder treatment upon application of their parents. The evaluation must be done at least once every twelve months. In addition, the department shall randomly select and review the information on individual children who are admitted on application of the child's parent for the purpose of determining whether the child was appropriately placed into substance use disorder treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.

Sec. 506. RCW 70.96A.090 and 2005 c 70 s 2 are each amended to read as follows:
(1) The department shall adopt rules establishing standards for approved treatment programs, the process for the review and inspection program applying to the department for certification as an approved treatment program, and fixing the fees to be charged by the department for the required inspections. The standards may concern the health standards to be met and standards of services and treatment to be afforded patients.

(2) The department may suspend, revoke, limit, restrict, or modify an approval, or refuse to grant approval, for failure to meet the provisions of this chapter, or the standards adopted under this chapter. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding.

(3) No treatment program may advertise or represent itself as an approved treatment program if approval has not been granted, has been denied, suspended, revoked, or canceled.

(4) Certification as an approved treatment program is effective for one calendar year from the date of issuance of the certificate. The certification shall specify the types of services provided by the approved treatment program that meet the standards adopted under this chapter. Renewal of certification shall be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.

(5) Approved treatment programs shall not provide alcoholism or other drug addiction treatment services for which the approved treatment program has not been certified. Approved treatment programs may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.

(6) The department periodically shall inspect approved public and private treatment programs at reasonable times and in a reasonable manner.

(7) The department shall maintain and periodically publish a current list of approved treatment programs.

(8) Each approved treatment program shall file with the department on request, data, statistics, schedules, and information the department reasonably requires. An approved treatment program that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns
thereof, may be removed from the list of approved treatment programs, and its certification revoked or suspended.

(9) The department shall use the data provided in subsection (8) of this section to evaluate each program that admits children to inpatient treatment upon application of their parents. The evaluation shall be done at least once every twelve months. In addition, the department shall randomly select and review the information on individual children who are admitted on application of the child's parent for the purpose of determining whether the child was appropriately placed into treatment based on an objective evaluation of the child's condition and the outcome of the child's treatment.

(10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment program refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.

(11)(a) All approved opiate substitution treatment programs that provide services to women who are pregnant are required to disseminate up-to-date and accurate health education information to all their pregnant clients concerning the possible addiction and health risks that their opiate substitution treatment may have on their baby. All pregnant clients must also be advised of the risks to both them and their baby associated with not remaining on the opiate substitute program. The information must be provided to these clients both verbally and in writing. The health education information provided to the pregnant clients must include referral options for the addicted baby.

((b)) (2) The department shall adopt rules that require all opiate treatment programs to educate all pregnant women in their program on the benefits and risks of methadone treatment to their fetus before they are provided these medications, as part of their addiction treatment. The department shall meet the requirements under this subsection within the appropriations provided for opiate treatment programs. The department, working with treatment providers and medical experts, shall develop and disseminate the educational materials to all certified opiate treatment programs.
NEW SECTION. Sec. 507. A new section is added to chapter 71.24 RCW to read as follows:

The standards for certification or licensure of evaluation and treatment facilities must include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and must otherwise assure the effectuation of the purposes of these chapters.

NEW SECTION. Sec. 508. A new section is added to chapter 71.24 RCW to read as follows:

The standards for certification or licensure of crisis stabilization units must include standards that:

(1) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;

(2) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and

(3) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.

NEW SECTION. Sec. 509. A new section is added to chapter 71.24 RCW to read as follows:

The standards for certification or licensure of a clubhouse must at a minimum include:

(1) The facilities may be peer-operated and must be recovery-focused;

(2) Members and employees must work together;

(3) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;

(4) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;

(5) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational...
rehabilitation, employment training and job placement, and community
resource development;

(6) Clubhouse programs must provide in-house educational programs
that significantly utilize the teaching and tutoring skills of
members and assist members by helping them to take advantage of adult
education opportunities in the community;

(7) Clubhouse programs must focus on strengths, talents, and
abilities of its members;

(8) The work-ordered day may not include medication clinics, day
treatment, or other therapy programs within the clubhouse.

Sec. 510. RCW 71.24.385 and 2014 c 225 s 9 are each amended to
read as follows:

(1) Within funds appropriated by the legislature for this
purpose, behavioral health organizations shall develop the means to
serve the needs of people:

(a) With mental disorders residing within the boundaries of their
regional service area. Elements of the program may include:

((a)) (i) Crisis diversion services;
((b)) (ii) Evaluation and treatment and community hospital
beds;
((c)) (iii) Residential treatment;
((d)) (iv) Programs for intensive community treatment;
((e)) (v) Outpatient services;
((f)) (vi) Peer support services;
((g)) (vii) Community support services;
((h)) (viii) Resource management services; and
((i)) (ix) Supported housing and supported employment services.

(b) With substance use disorders and their families, people
incapacitated by alcohol or other psychoactive chemicals, and
intoxicated people.

(i) Elements of the program shall include, but not necessarily be
limited to, a continuum of substance use disorder treatment services
that includes:

(A) Withdrawal management;
(B) Residential treatment; and
(C) Outpatient treatment.

(ii) The program may include peer support, supported housing,
supported employment, crisis diversion, or recovery support services.
(iii) The department may contract for the use of an approved substance use disorder treatment program or other individual or organization if the secretary considers this to be an effective and economical course to follow.

(2) The behavioral health organization shall have the flexibility, within the funds appropriated by the legislature for this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.

(3)(a) Treatment provided under this chapter must be purchased primarily through managed care contracts.

(b) Consistent with RCW 70.96A.350 (as recodified by this act), services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting.

Sec. 511. RCW 70.96A.350 and 2015 3rd sp.s. c 4 s 968 and 2015 c 291 s 10 are each reenacted and amended to read as follows:

(1) The criminal justice treatment account is created in the state treasury. Moneys in the account may be expended solely for: (a) Substance use disorder treatment and treatment support services for offenders with an addiction or a substance abuse problem that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington state; (b) the provision of substance use disorder treatment services and treatment support services for nonviolent offenders within a drug court program; and (c) the administrative and overhead costs associated with the operation of a drug court. (This amount is not subject to the requirements of subsections (5) through (9) of this section. During the 2013-2015 fiscal biennium, the legislature may transfer amounts as reflect the state savings associated with the implementation of the medicaid expansion of the federal affordable care act.) During the 2015-2017 fiscal biennium, the legislature may transfer from the criminal justice treatment account to the state...
general fund amounts as reflect the state savings associated with the implementation of the medicaid expansion of the federal affordable care act and the excess fund balance of the account. Moneys in the account may be spent only after appropriation.

(2) For purposes of this section:
(a) "Treatment" means services that are critical to a participant's successful completion of his or her substance use disorder treatment program, but does not include the following services: Housing other than that provided as part of an inpatient substance use disorder treatment program, vocational training, and mental health counseling; and
(b) "Treatment support" means transportation to or from inpatient or outpatient treatment services when no viable alternative exists, and child care services that are necessary to ensure a participant's ability to attend outpatient treatment sessions.

(3) Revenues to the criminal justice treatment account consist of: (a) Funds transferred to the account pursuant to this section; and (b) any other revenues appropriated to or deposited in the account.

(4)(a) (For the fiscal biennium beginning July 1, 2003, the state treasurer shall transfer eight million nine hundred fifty thousand dollars from the general fund into the criminal justice treatment account, divided into eight equal quarterly payments. For the fiscal year beginning July 1, 2005, and each subsequent fiscal year, the state treasurer shall transfer eight million two hundred fifty thousand dollars from the general fund to the criminal justice treatment account, divided into four equal quarterly payments.) For the fiscal year beginning July 1, 2006, and each subsequent fiscal year, the amount transferred shall be increased on an annual basis by the implicit price deflator as published by the federal bureau of labor statistics.
(b) In each odd-numbered year, the legislature shall appropriate the amount transferred to the criminal justice treatment account in (a) of this subsection to the ((division of alcohol and substance abuse)) department for the purposes of subsection (5) of this section.

(5) Moneys appropriated to the ((division of alcohol and substance abuse)) department from the criminal justice treatment account shall be distributed as specified in this subsection. The department ((shall serve as the fiscal agent for purposes of...)}
distribution. Until July 1, 2004, the department may not use moneys appropriated from the criminal justice treatment account for administrative expenses and shall distribute all amounts appropriated under subsection (4)(b) of this section in accordance with this subsection. Beginning in July 1, 2004, the department may retain up to three percent of the amount appropriated under subsection (4)(b) of this section for its administrative costs.

(a) Seventy percent of amounts appropriated to the (division) department from the account shall be distributed to counties pursuant to the distribution formula adopted under this section. The division of alcohol and substance abuse, in consultation with the department of corrections, the Washington state association of counties, the Washington state association of drug court professionals, the superior court judges' association, the Washington association of prosecuting attorneys, representatives of the criminal defense bar, representatives of substance (abuse) use disorder treatment providers, and any other person deemed by the (division) department to be necessary, shall establish a fair and reasonable methodology for distribution to counties of moneys in the criminal justice treatment account. County or regional plans submitted for the expenditure of formula funds must be approved by the panel established in (b) of this subsection.

(b) Thirty percent of the amounts appropriated to the (division) department from the account shall be distributed as grants for purposes of treating offenders against whom charges are filed by a county prosecuting attorney. The (division) department shall appoint a panel of representatives from the Washington association of prosecuting attorneys, the Washington association of sheriffs and police chiefs, the superior court judges' association, the Washington state association of counties, the Washington defender's association or the Washington association of criminal defense lawyers, the department of corrections, the Washington state association of drug court professionals, substance (abuse) use disorder treatment providers, and the division. The panel shall review county or regional plans for funding under (a) of this subsection and grants approved under this subsection. The panel shall attempt to ensure that treatment as funded by the grants is available to offenders statewide.

(6) The county alcohol and drug coordinator, county prosecutor, county sheriff, county superior court, a substance abuse treatment
provider appointed by the county legislative authority, a member of
the criminal defense bar appointed by the county legislative
authority, and, in counties with a drug court, a representative of
the drug court shall jointly submit a plan, approved by the county
legislative authority or authorities, to the panel established in
subsection (5)(b) of this section, for disposition of all the funds
provided from the criminal justice treatment account within that
county. The funds shall be used solely to provide approved alcohol
and substance abuse treatment pursuant to RCW 70.96A.090 (as
recodified by this act), treatment support services, and for the
administrative and overhead costs associated with the operation of a
drug court.

(a) No more than ten percent of the total moneys received under
subsections (4) and (5) of this section by a county or group of
counties participating in a regional agreement shall be spent on the
administrative and overhead costs associated with the operation of a
drug court.

(b) No more than ten percent of the total moneys received under
subsections (4) and (5) of this section by a county or group of
counties participating in a regional agreement shall be spent for
treatment support services.

(7) Counties are encouraged to consider regional agreements and
submit regional plans for the efficient delivery of treatment under
this section.

(8) Moneys allocated under this section shall be used to
supplement, not supplant, other federal, state, and local funds used
for substance abuse treatment.

(9) Counties must meet the criteria established in RCW
2.30.030(3).

(10) The authority under this section to use funds from the
criminal justice treatment account for the administrative and
overhead costs associated with the operation of a drug court expires
June 30, 2015.

Sec. 512. RCW 70.96A.035 and 2005 c 504 s 302 are each amended
to read as follows:

(1) (Not later than January 1, 2007,) All persons providing
treatment under this chapter shall also implement the integrated
comprehensive screening and assessment process for ((chemical
dependency)) substance use and mental disorders adopted pursuant to
Code Rev/AL:amh 204 H-4766.3/16 3rd draft
RCW 70.96C.010 (as recodified by this act) and shall document the
numbers of clients with co-occurring mental and substance ((abuse))
use disorders based on a quadrant system of low and high needs.

(2) Treatment providers contracted to provide treatment under
this chapter who fail to implement the integrated comprehensive
screening and assessment process for ((chemical dependency))
substance use and mental disorders ((by July 1, 2007,)) are subject
to contractual penalties established under RCW 70.96C.010 (as
recodified by this act).

Sec. 513.  RCW 70.96C.010 and 2014 c 225 s 77 are each amended to
read as follows:

(1) The department of social and health services(, in
consultation with the members of the team charged with developing the
state plan for co-occurring mental and substance abuse disorders,
shall adopt, not later than January 1, 2006,) shall maintain an
integrated and comprehensive screening and assessment process for
((chemical dependency)) substance use and mental disorders and co-
occurring ((chemical dependency)) substance use and mental disorders.

(a) The process adopted shall include, at a minimum:

(i) An initial screening tool that can be used by intake
personnel system-wide and which will identify the most common types
of co-occurring disorders;

(ii) An assessment process for those cases in which assessment is
indicated that provides an appropriate degree of assessment for most
situations, which can be expanded for complex situations;

(iii) Identification of triggers in the screening that indicate
the need to begin an assessment;

(iv) Identification of triggers after or outside the screening
that indicate a need to begin or resume an assessment;

(v) The components of an assessment process and a protocol for
determining whether part or all of the assessment is necessary, and
at what point; and

(vi) Emphasis that the process adopted under this section is to
replace and not to duplicate existing intake, screening, and
assessment tools and processes.

(b) The department shall consider existing models, including
those already adopted by other states, and to the extent possible,
adopt an established, proven model.
The integrated, comprehensive screening and assessment process shall be implemented statewide by all ((chemical dependency)) substance use disorder and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders ((not later than January 1, 2007)).

(2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

(3) The department shall establish contractual penalties to contracted treatment providers, the behavioral health organizations, and their contracted providers for failure to implement the integrated screening and assessment process ((by July 1, 2007)).

Sec. 514. RCW 70.96A.037 and 2011 c 89 s 9 are each amended to read as follows:

(1) The department of social and health services shall contract for chemical dependency specialist services at division of children and family services offices to enhance the timeliness and quality of child protective services assessments and to better connect families to needed treatment services.

(2) The chemical dependency specialist's duties may include, but are not limited to: Conducting on-site ((chemical dependency)) substance use disorder screening and assessment, facilitating progress reports to department employees, in-service training of department employees and staff on substance ((abuse)) use disorder issues, referring clients from the department to treatment providers, and providing consultation on cases to department employees.

(3) The department of social and health services shall provide training in and ensure that each case-carrying employee is trained in uniform screening for mental health and ((chemical dependency)) substance use disorder.

Sec. 515. RCW 70.96A.047 and 1989 c 270 s 11 are each amended to read as follows:

Except as provided in this chapter, the secretary shall not approve any substance use disorder facility, plan, or program for financial assistance under RCW 70.96A.040 (as recodified by this act).
unless at least ten percent of the amount spent for the facility, plan, or program is provided from local public or private sources. When deemed necessary to maintain public standards of care in the substance use disorder facility, plan, or program, the secretary may require the substance use disorder facility, plan, or program to provide up to fifty percent of the total spent for the program through fees, gifts, contributions, or volunteer services. The secretary shall determine the value of the gifts, contributions, and volunteer services.

Sec. 516. RCW 70.96A.055 and 1999 c 197 s 10 are each amended to read as follows:

The department shall contract with counties operating drug courts and counties in the process of implementing new drug courts for the provision of ((drug and alcohol)) substance use disorder treatment services.

Sec. 517. RCW 70.96A.087 and 1989 c 270 s 13 are each amended to read as follows:

To be eligible to receive its share of liquor taxes and profits, each city and county shall devote no less than two percent of its share of liquor taxes and profits to the support of a substance use disorder program ((of alcoholism and other drug addiction)) approved by the ((alcoholism and other drug addiction board authorized by RCW 70.96A.300)) behavioral health organization and the secretary.

Sec. 518. RCW 70.96A.170 and 1989 c 270 s 30 are each amended to read as follows:

(1) The state and counties, cities, and other municipalities may establish or contract for emergency service patrols which are to be under the administration of the appropriate jurisdiction. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and may transport intoxicated persons to their homes and to and from substance use disorder treatment programs.

(2) The secretary shall adopt rules pursuant to chapter 34.05 RCW for the establishment, training, and conduct of emergency service patrols.
Sec. 519. RCW 70.96A.400 and 2001 c 242 s 1 are each amended to read as follows:

The state of Washington declares that there is no fundamental right to opiate substitution treatment. The state of Washington further declares that while opiate substitution drugs used in the treatment of opiate dependency are addictive substances, that they nevertheless have several legal, important, and justified uses and that one of their appropriate and legal uses is, in conjunction with other required therapeutic procedures, in the treatment of persons addicted to or habituated to opioids. Opiate substitution treatment should only be used for participants who are deemed appropriate to need this level of intervention and should not be the first treatment intervention for all opiate addicts.

Because opiate substitution drugs, used in the treatment of opiate dependency are addictive and are listed as a schedule II controlled substance in chapter 69.50 RCW, the state of Washington has the legal obligation and right to regulate the use of opiate substitution treatment. The state of Washington declares its authority to control and regulate carefully, in consultation with counties and cities, all clinical uses of opiate substitution drugs used in the treatment of opiate addiction.

Further, the state declares that the primary goal of opiate substitution treatment is total abstinence from ((chemical dependency)) substance use for the individuals who participate in the treatment program. The state recognizes that a small percentage of persons who participate in opiate substitution treatment programs require treatment for an extended period of time. Opiate substitution treatment programs shall provide a comprehensive transition program to eliminate ((chemical dependency)) substance use, including opiate and opiate substitute addiction of program participants.

Sec. 520. RCW 70.96A.800 and 2014 c 225 s 33 are each amended to read as follows:

(1) Subject to funds appropriated for this specific purpose, the secretary shall select and contract with ((counties)) behavioral health organizations to provide intensive case management for ((chemically dependent)) persons with substance use disorders and histories of high utilization of crisis services at two sites. In selecting the two sites, the secretary shall endeavor to site one in an urban county, and one in a rural county; and to site them in...
counties other than those selected pursuant to RCW 70.96B.020, to the
extent necessary to facilitate evaluation of pilot project results. Subject to funds appropriated for this specific purpose, the
secretary may contract with additional counties to provide intensive
case management.

(2) The contracted sites shall implement the pilot programs by
providing intensive case management to persons with a primary
((chemical dependency)) substance use disorder diagnosis or dual
primary ((chemical dependency)) substance use disorder and mental
health diagnoses, through the employment of ((chemical dependency))
substance use disorder case managers. The ((chemical dependency))
substance use disorder case managers shall:

(a) Be trained in and use the integrated, comprehensive screening
and assessment process adopted under RCW 70.96C.010 (as recodified by
this act);

(b) Reduce the use of crisis medical, ((chemical dependency))
substance use disorder treatment and mental health services,
including but not limited to, emergency room admissions,
hospitalizations, withdrawal management programs, inpatient
psychiatric admissions, involuntary treatment petitions, emergency
medical services, and ambulance services;

(c) Reduce the use of emergency first responder services
including police, fire, emergency medical, and ambulance services;

(d) Reduce the number of criminal justice interventions including
arrests, violations of conditions of supervision, bookings, jail
days, prison sanction day for violations, court appearances, and
prosecutor and defense costs;

(e) Where appropriate and available, work with therapeutic courts
including drug courts and mental health courts to maximize the
outcomes for the individual and reduce the likelihood of reoffense;

(f) Coordinate with local offices of the economic services
administration to assist the person in accessing and remaining
enrolled in those programs to which the person may be entitled;

(g) Where appropriate and available, coordinate with primary care
and other programs operated through the federal government including
federally qualified health centers, Indian health programs, and
veterans' health programs for which the person is eligible to reduce
duplication of services and conflicts in case approach;
Where appropriate, advocate for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery;

(i) Document the numbers of persons with co-occurring mental and substance ((abuse)) use disorders and the point of determination of the co-occurring disorder by quadrant of intensity of need; and

(j) Where a program participant is under supervision by the department of corrections, collaborate with the department of corrections to maximize treatment outcomes and reduce the likelihood of reoffense.

(3) The pilot programs established by this section shall begin providing services by March 1, 2006.

Sec. 521. RCW 70.96A.905 and 1992 c 205 s 306 are each amended to read as follows:

The department shall ensure that the provisions of this chapter are applied by the ((counties)) behavioral health organizations in a consistent and uniform manner. The department shall also ensure that, to the extent possible within available funds, the ((county-designated)) behavioral health organization-designated chemical dependency specialists are specifically trained in adolescent chemical dependency issues, the chemical dependency commitment laws, and the criteria for commitment, as specified in this chapter and chapter 70.96A RCW.

Sec. 522. RCW 71.24.300 and 2015 c 269 s 10 are each amended to read as follows:

(1) Upon the request of a tribal authority or authorities within a behavioral health organization the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.

(2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.

(3) The state ((mental)) behavioral health authority may not determine the roles and responsibilities of county authorities as to
each other under behavioral health organizations by rule, except to assure that all duties required of behavioral health organizations are assigned and that counties and the behavioral health organization do not duplicate functions and that a single authority has final responsibility for all available resources and performance under the behavioral health organization's contract with the secretary.

(4) If a behavioral health organization is a private entity, the department shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.

(5) The roles and responsibilities of the private entity and the tribal authorities shall be determined by the department, through negotiation with the tribal authority.

(6) Behavioral health organizations shall submit an overall six-year operating and capital plan, timeline, and budget and submit progress reports and an updated two-year plan biennially thereafter, to assume within available resources all of the following duties:

(a) Administer and provide for the availability of all resource management services, residential services, and community support services.

(b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, all investigation, transportation, court-related, and other services provided by the state or counties pursuant to chapter 71.05 RCW.

(c) Provide within the boundaries of each behavioral health organization evaluation and treatment services for at least ninety percent of persons detained or committed for periods up to seventeen days according to chapter 71.05 RCW. Behavioral health organizations may contract to purchase evaluation and treatment services from other organizations if they are unable to provide for appropriate resources within their boundaries. Insofar as the original intent of serving persons in the community is maintained, the secretary is authorized to approve exceptions on a case-by-case basis to the requirement to provide evaluation and treatment services within the boundaries of each behavioral health organization. Such exceptions are limited to:

(i) Contracts with neighboring or contiguous regions; or

(ii) Individuals detained or committed for periods up to seventeen days at the state hospitals at the discretion of the secretary.
(d) Administer and provide for the availability of all other mental health services, which shall include patient counseling, day treatment, consultation, education services, employment services as described in RCW 71.24.035, and mental health services to children.

(e) Establish standards and procedures for reviewing individual service plans and determining when that person may be discharged from resource management services.

(7) A behavioral health organization may request that any state-owned land, building, facility, or other capital asset which was ever purchased, deeded, given, or placed in trust for the care of the persons with mental illness and which is within the boundaries of a behavioral health organization be made available to support the operations of the behavioral health organization. State agencies managing such capital assets shall give first priority to requests for their use pursuant to this chapter.

(8) Each behavioral health organization shall appoint a behavioral health advisory board which shall review and provide comments on plans and policies developed under this chapter, provide local oversight regarding the activities of the behavioral health organization, and work with the behavioral health organization to resolve significant concerns regarding service delivery and outcomes. The department shall establish statewide procedures for the operation of regional advisory committees including mechanisms for advisory board feedback to the department regarding behavioral health organization performance. The composition of the board shall be broadly representative of the demographic character of the region and shall include, but not be limited to, representatives of consumers of substance use disorder and mental health services and their families, law enforcement, and where the county is not the behavioral health organization, county elected officials. Composition and length of terms of board members may differ between behavioral health organizations but shall be included in each behavioral health organization's contract and approved by the secretary.

(9) Behavioral health organizations shall assume all duties specified in their plans and joint operating agreements through biennial contractual agreements with the secretary.

(10) Behavioral health organizations may receive technical assistance from the housing trust fund and may identify and submit projects for housing and housing support services to the housing trust fund established under chapter 43.185 RCW. Projects identified
or submitted under this subsection must be fully integrated with the 
behavioral health organization six-year operating and capital plan, 
timeline, and budget required by subsection (6) of this section.

Sec. 523. RCW 71.24.350 and 2014 c 225 s 41 are each amended to 
read as follows:

The department shall require each behavioral health organization 
to provide for a separately funded \((\text{mental})\) \textbf{behavioral} health 
ombuds office in each behavioral health organization that is 
independent of the behavioral health organization. The ombuds office 
shall maximize the use of consumer advocates.

Sec. 524. RCW 9.94A.660 and 2009 c 389 s 3 are each amended to 
read as follows:

(1) An offender is eligible for the special drug offender 
sentencing alternative if:

(a) The offender is convicted of a felony that is not a violent 
offense or sex offense and the violation does not involve a sentence 
enhancement under RCW 9.94A.533 (3) or (4); 

(b) The offender is convicted of a felony that is not a felony 
driving while under the influence of intoxicating liquor or any drug 
under RCW 46.61.502(6) or felony physical control of a vehicle while 
under the influence of intoxicating liquor or any drug under RCW 
46.61.504(6); 

(c) The offender has no current or prior convictions for a sex 
offense at any time or violent offense within ten years before 
conviction of the current offense, in this state, another state, or 
the United States;

(d) For a violation of the Uniform Controlled Substances Act 
under chapter 69.50 RCW or a criminal solicitation to commit such a 
violation under chapter 9A.28 RCW, the offense involved only a small 
quantity of the particular controlled substance as determined by the 
judge upon consideration of such factors as the weight, purity, 
packaging, sale price, and street value of the controlled substance;

(e) The offender has not been found by the United States attorney 
general to be subject to a deportation detainer or order and does not 
become subject to a deportation order during the period of the 
sentence;

(f) The end of the standard sentence range for the current 
offense is greater than one year; and
(g) The offender has not received a drug offender sentencing alternative more than once in the prior ten years before the current offense.

(2) A motion for a special drug offender sentencing alternative may be made by the court, the offender, or the state.

(3) If the sentencing court determines that the offender is eligible for an alternative sentence under this section and that the alternative sentence is appropriate, the court shall waive imposition of a sentence within the standard sentence range and impose a sentence consisting of either a prison-based alternative under RCW 9.94A.662 or a residential chemical dependency treatment-based alternative under RCW 9.94A.664. The residential chemical dependency treatment-based alternative is only available if the midpoint of the standard range is twenty-four months or less.

(4) To assist the court in making its determination, the court may order the department to complete either or both a risk assessment report and a chemical dependency screening report as provided in RCW 9.94A.500.

(5)(a) If the court is considering imposing a sentence under the residential chemical dependency treatment-based alternative, the court may order an examination of the offender by the department. The examination shall, at a minimum, address the following issues:

(i) Whether the offender suffers from drug addiction;

(ii) Whether the addiction is such that there is a probability that criminal behavior will occur in the future;

(iii) Whether effective treatment for the offender's addiction is available from a provider that has been licensed or certified by the (division of alcohol and substance abuse of the) department of social and health services; and

(iv) Whether the offender and the community will benefit from the use of the alternative.

(b) The examination report must contain:

(i) A proposed monitoring plan, including any requirements regarding living conditions, lifestyle requirements, and monitoring by family members and others; and

(ii) Recommended crime-related prohibitions and affirmative conditions.

(6) When a court imposes a sentence of community custody under this section:
The court may impose conditions as provided in RCW 9.94A.703 and may impose other affirmative conditions as the court considers appropriate. In addition, an offender may be required to pay thirty dollars per month while on community custody to offset the cost of monitoring for alcohol or controlled substances.

(b) The department may impose conditions and sanctions as authorized in RCW 9.94A.704 and 9.94A.737.

(7)(a) The court may bring any offender sentenced under this section back into court at any time on its own initiative to evaluate the offender's progress in treatment or to determine if any violations of the conditions of the sentence have occurred.

(b) If the offender is brought back to court, the court may modify the conditions of the community custody or impose sanctions under (c) of this subsection.

(c) The court may order the offender to serve a term of total confinement within the standard range of the offender's current offense at any time during the period of community custody if the offender violates the conditions or requirements of the sentence or if the offender is failing to make satisfactory progress in treatment.

(d) An offender ordered to serve a term of total confinement under (c) of this subsection shall receive credit for any time previously served under this section.

(8) In serving a term of community custody imposed upon failure to complete, or administrative termination from, the special drug offender sentencing alternative program, the offender shall receive no credit for time served in community custody prior to termination of the offender's participation in the program.

(9) An offender sentenced under this section shall be subject to all rules relating to earned release time with respect to any period served in total confinement.

(10) Costs of examinations and preparing treatment plans under a special drug offender sentencing alternative may be paid, at the option of the county, from funds provided to the county from the criminal justice treatment account under RCW 70.96A.350 (as recodified by this act).

Sec. 525. RCW 10.05.020 and 2010 c 269 s 9 are each amended to read as follows:
(1) Except as provided in subsection (2) of this section, the petitioner shall allege under oath in the petition that the wrongful conduct charged is the result of or caused by ((alcoholism, drug addiction)) **substance use disorders** or mental problems for which the person is in need of treatment and unless treated the probability of future recurrence is great, along with a statement that the person agrees to pay the cost of a diagnosis and treatment of the alleged problem or problems if financially able to do so. The petition shall also contain a case history and written assessment prepared by an approved ((alcoholism)) **substance use disorder** treatment program as designated in chapter ((70.96A)) 71.24 RCW if the petition alleges ((alcoholism, an approved drug program as designated in chapter 71.24 RCW if the petition alleges drug addiction,)) a **substance use disorder** or by an approved mental health center if the petition alleges a mental problem.

(2) In the case of a petitioner charged with a misdemeanor or gross misdemeanor under chapter 9A.42 RCW, the petitioner shall allege under oath in the petition that the petitioner is the natural or adoptive parent of the alleged victim; that the wrongful conduct charged is the result of parenting problems for which the petitioner is in need of services; that the petitioner is in need of child welfare services under chapter 74.13 RCW to improve his or her parenting skills in order to better provide his or her child or children with the basic necessities of life; that the petitioner wants to correct his or her conduct to reduce the likelihood of harm to his or her minor children; that in the absence of child welfare services the petitioner may be unable to reduce the likelihood of harm to his or her minor children; and that the petitioner has cooperated with the department of social and health services to develop a plan to receive appropriate child welfare services; along with a statement that the person agrees to pay the cost of the services if he or she is financially able to do so. The petition shall also contain a case history and a written service plan from the department of social and health services.

(3) Before entry of an order deferring prosecution, a petitioner shall be advised of his or her rights as an accused and execute, as a condition of receiving treatment, a statement that contains: (a) An acknowledgment of his or her rights; (b) an acknowledgment and waiver of the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present evidence in his or
her defense, and the right to a jury trial; (c) a stipulation to the admissibility and sufficiency of the facts contained in the written police report; and (d) an acknowledgment that the statement will be entered and used to support a finding of guilty if the court finds cause to revoke the order granting deferred prosecution. The petitioner shall also be advised that he or she may, if he or she proceeds to trial and is found guilty, be allowed to seek suspension of some or all of the fines and incarceration that may be ordered upon the condition that he or she seek treatment and, further, that he or she may seek treatment from public and private agencies at any time without regard to whether or not he or she is found guilty of the offense charged. He or she shall also be advised that the court will not accept a petition for deferred prosecution from a person who: (i) Sincerely believes that he or she is innocent of the charges; (ii) sincerely believes that he or she does not, in fact, suffer from alcoholism, drug addiction, or mental problems; or (iii) in the case of a petitioner charged under chapter 9A.42 RCW, sincerely believes that he or she does not need child welfare services.

(4) Before entering an order deferring prosecution, the court shall make specific findings that: (a) The petitioner has stipulated to the admissibility and sufficiency of the facts as contained in the written police report; (b) the petitioner has acknowledged the admissibility of the stipulated facts in any criminal hearing on the underlying offense or offenses held subsequent to revocation of the order granting deferred prosecution; (c) the petitioner has acknowledged and waived the right to testify, the right to a speedy trial, the right to call witnesses to testify, the right to present evidence in his or her defense, and the right to a jury trial; and (d) the petitioner's statements were made knowingly and voluntarily. Such findings shall be included in the order granting deferred prosecution.

Sec. 526. RCW 10.05.030 and 2002 c 219 s 8 are each amended to read as follows:

The arraigning judge upon consideration of the petition and with the concurrence of the prosecuting attorney may continue the arraignment and refer such person for a diagnostic investigation and evaluation to an approved (alcoholism) substance use disorder treatment program as designated in chapter 70.96A RCW, if
the petition alleges ((an alcohol problem, an approved drug treatment center as designated in chapter 71.24 RCW, if the petition alleges a drug problem)) a substance use disorder, to an approved mental health center, if the petition alleges a mental problem, or the department of social and health services if the petition is brought under RCW 10.05.020(2).

Sec. 527. RCW 10.05.150 and 1999 c 143 s 43 are each amended to read as follows:

A deferred prosecution program for alcoholism shall be for a two-year period and shall include, but not be limited to, the following requirements:

1. Total abstinence from alcohol and all other nonprescribed mind-altering drugs;
2. Participation in an intensive inpatient or intensive outpatient program in a state-approved ((alcoholism)) substance use disorder treatment program;
3. Participation in a minimum of two meetings per week of an alcoholism self-help recovery support group, as determined by the assessing agency, for the duration of the treatment program;
4. Participation in an alcoholism self-help recovery support group, as determined by the assessing agency, from the date of court approval of the plan to entry into intensive treatment;
5. Not less than weekly approved outpatient counseling, group or individual, for a minimum of six months following the intensive phase of treatment;
6. Not less than monthly outpatient contact, group or individual, for the remainder of the two-year deferred prosecution period;
7. The decision to include the use of prescribed drugs, including disulfiram, as a condition of treatment shall be reserved to the treating facility and the petitioner's physician;
8. All treatment within the purview of this section shall occur within or be approved by a state-approved ((alcoholism)) substance use disorder treatment program as described in chapter 70.96A RCW;
9. Signature of the petitioner agreeing to the terms and conditions of the treatment program.

Sec. 528. RCW 70.96C.020 and 2005 c 504 s 602 are each amended to read as follows:

Code Rev/AL:amh 218 H-4766.3/16 3rd draft
The department of corrections shall, to the extent that resources are available for this purpose, utilize the integrated, comprehensive screening and assessment process for chemical dependency and mental disorders developed under RCW 70.96C.010 (as recodified by this act).

NEW SECTION. Sec. 529. RCW 43.135.03901 is decodified.

Sec. 530. RCW 46.61.5055 and 2015 2nd sp.s. c 3 s 9 are each amended to read as follows:

(1) **No prior offenses in seven years.** Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has no prior offense within seven years shall be punished as follows:

(a) **Penalty for alcohol concentration less than 0.15.** In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) By imprisonment for not less than one day nor more than three hundred sixty-four days. Twenty-four consecutive hours of the imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(a)(i), the court may order not less than fifteen days of electronic home monitoring. The offender shall pay the cost of electronic home monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device or other separate alcohol monitoring device to include an alcohol detection breathalyzer, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and

(ii) By a fine of not less than three hundred fifty dollars nor more than five thousand dollars. Three hundred fifty dollars of the fine may not be suspended unless the court finds the offender to be indigent; or
(b) **Penalty for alcohol concentration at least 0.15.** In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) By imprisonment for not less than two days nor more than three hundred sixty-four days. Forty-eight consecutive hours of the imprisonment may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based. In lieu of the mandatory minimum term of imprisonment required under this subsection (1)(b)(i), the court may order not less than thirty days of electronic home monitoring. The offender shall pay the cost of electronic home monitoring. The county or municipality in which the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device to include an alcohol detection breathalyzer or other separate alcohol monitoring device, and the court may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring; and

(ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent.

(2) **One prior offense in seven years.** Except as provided in RCW 46.61.502(6) or 46.61.504(6), a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 and who has one prior offense within seven years shall be punished as follows:

(a) **Penalty for alcohol concentration less than 0.15.** In the case of a person whose alcohol concentration was less than 0.15, or for whom for reasons other than the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) By imprisonment for not less than thirty days nor more than three hundred sixty-four days and sixty days of electronic home monitoring. In lieu of the mandatory minimum term of sixty days electronic home monitoring, the court may order at least an additional four days in jail or, if available in that county or city,
a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and the court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include an alcohol detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Thirty days of imprisonment and sixty days of electronic home monitoring may not be suspended unless the court finds that the imposition of this mandatory minimum sentence would impose a substantial risk to the offender's physical or mental well-being. Whenever the mandatory minimum sentence is suspended, the court shall state in writing the reason for granting the suspension and the facts upon which the suspension is based; and

(ii) By a fine of not less than five hundred dollars nor more than five thousand dollars. Five hundred dollars of the fine may not be suspended unless the court finds the offender to be indigent; or

(b) **Penalty for alcohol concentration at least 0.15.** In the case of a person whose alcohol concentration was at least 0.15, or for whom by reason of the person's refusal to take a test offered pursuant to RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) By imprisonment for not less than forty-five days nor more than three hundred sixty-four days and ninety days of electronic home monitoring. In lieu of the mandatory minimum term of ninety days electronic home monitoring, the court may order at least an additional six days in jail or, if available in that county or city, a six-month period of 24/7 sobriety program monitoring pursuant to RCW 36.28A.300 through 36.28A.390, and the court shall order an expanded alcohol assessment and treatment, if deemed appropriate by the assessment. The offender shall pay for the cost of the electronic monitoring. The county or municipality where the penalty is being imposed shall determine the cost. The court may also require the offender's electronic home monitoring device include an alcohol detection breathalyzer or other separate alcohol monitoring device, and may restrict the amount of alcohol the offender may consume during the time the offender is on electronic home monitoring. Forty-
five days of imprisonment and ninety days of electronic home
monitoring may not be suspended unless the court finds that the
imposition of this mandatory minimum sentence would impose a
substantial risk to the offender's physical or mental well-being.
Whenever the mandatory minimum sentence is suspended, the court shall
state in writing the reason for granting the suspension and the facts
upon which the suspension is based; and

(ii) By a fine of not less than seven hundred fifty dollars nor
more than five thousand dollars. Seven hundred fifty dollars of the
fine may not be suspended unless the court finds the offender to be
indigent.

(3) Two or three prior offenses in seven years. Except as
provided in RCW 46.61.502(6) or 46.61.504(6), a person who is
convicted of a violation of RCW 46.61.502 or 46.61.504 and who has
two or three prior offenses within seven years shall be punished as
follows:

(a) Penalty for alcohol concentration less than 0.15. In the case
of a person whose alcohol concentration was less than 0.15, or for
whom for reasons other than the person's refusal to take a test
offered pursuant to RCW 46.20.308 there is no test result indicating
the person's alcohol concentration:

(i) By imprisonment for not less than ninety days nor more than
three hundred sixty-four days, if available in that county or city, a
six-month period of 24/7 sobriety program monitoring pursuant to RCW
36.28A.300 through 36.28A.390, and one hundred twenty days of
electronic home monitoring. In lieu of the mandatory minimum term of
one hundred twenty days of electronic home monitoring, the court may
order at least an additional eight days in jail. The court shall
order an expanded alcohol assessment and treatment, if deemed
appropriate by the assessment. The offender shall pay for the cost of
the electronic monitoring. The county or municipality where the
penalty is being imposed shall determine the cost. The court may also
require the offender's electronic home monitoring device include an
alcohol detection breathalyzer or other separate alcohol monitoring
device, and may restrict the amount of alcohol the offender may
consume during the time the offender is on electronic home
monitoring. Ninety days of imprisonment and one hundred twenty days
of electronic home monitoring may not be suspended unless the court
finds that the imposition of this mandatory minimum sentence would
impose a substantial risk to the offender's physical or mental well-
being. Whenever the mandatory minimum sentence is suspended, the
court shall state in writing the reason for granting the suspension
and the facts upon which the suspension is based; and

(ii) By a fine of not less than one thousand dollars nor more
than five thousand dollars. One thousand dollars of the fine may not
be suspended unless the court finds the offender to be indigent; or

(b) **Penalty for alcohol concentration at least 0.15.** In the case
of a person whose alcohol concentration was at least 0.15, or for
whom by reason of the person's refusal to take a test ordered
pursuant to RCW 46.20.308 there is no test result indicating the
person's alcohol concentration:

(i) By imprisonment for not less than one hundred twenty days nor
more than three hundred sixty-four days, if available in that county
or city, a six-month period of 24/7 sobriety program monitoring
pursuant to RCW 36.28A.300 through 36.28A.390, and one hundred fifty
days of electronic home monitoring. In lieu of the mandatory minimum
term of one hundred fifty days of electronic home monitoring, the
court may order at least an additional ten days in jail. The offender
shall pay for the cost of the electronic monitoring. The court shall
order an expanded alcohol assessment and treatment, if deemed
appropriate by the assessment. The county or municipality where the
penalty is being imposed shall determine the cost. The court may also
require the offender's electronic home monitoring device include an
alcohol detection breathalyzer or other separate alcohol monitoring
device, and may restrict the amount of alcohol the offender may
consume during the time the offender is on electronic home
monitoring. One hundred twenty days of imprisonment and one hundred
fifty days of electronic home monitoring may not be suspended unless
the court finds that the imposition of this mandatory minimum
sentence would impose a substantial risk to the offender's physical
or mental well-being. Whenever the mandatory minimum sentence is
suspended, the court shall state in writing the reason for granting
the suspension and the facts upon which the suspension is based; and

(ii) By a fine of not less than one thousand five hundred dollars
nor more than five thousand dollars. One thousand five hundred
dollars of the fine may not be suspended unless the court finds the
offender to be indigent.

(4) **Four or more prior offenses in ten years.** A person who is
convicted of a violation of RCW 46.61.502 or 46.61.504 shall be
punished under chapter 9.94A RCW if:
(a) The person has four or more prior offenses within ten years; or
(b) The person has ever previously been convicted of:
   (i) A violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug;
   (ii) A violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;
   (iii) An out-of-state offense comparable to the offense specified in (b)(i) or (ii) of this subsection; or
   (iv) A violation of RCW 46.61.502(6) or 46.61.504(6).

(5) Monitoring.
   (a) Ignition interlock device. The court shall require any person convicted of a violation of RCW 46.61.502 or 46.61.504 or an equivalent local ordinance to comply with the rules and requirements of the department regarding the installation and use of a functioning ignition interlock device installed on all motor vehicles operated by the person.
   (b) Monitoring devices. If the court orders that a person refrain from consuming any alcohol, the court may order the person to submit to alcohol monitoring through an alcohol detection breathalyzer device, transdermal sensor device, or other technology designed to detect alcohol in a person's system. The person shall pay for the cost of the monitoring, unless the court specifies that the cost of monitoring will be paid with funds that are available from an alternative source identified by the court. The county or municipality where the penalty is being imposed shall determine the cost.
   (c) Ignition interlock device substituted for 24/7 sobriety program monitoring. In any county or city where a 24/7 sobriety program is available and verified by the Washington association of sheriffs and police chiefs, the court shall:
      (i) Order the person to install and use a functioning ignition interlock or other device in lieu of such period of 24/7 sobriety program monitoring;
      (ii) Order the person to a period of 24/7 sobriety program monitoring pursuant to subsections (1) through (3) of this section; or
      (iii) Order the person to install and use a functioning ignition interlock or other device in addition to a period of 24/7 sobriety
program monitoring pursuant to subsections (1) through (3) of this section.

(6) **Penalty for having a minor passenger in vehicle.** If a person who is convicted of a violation of RCW 46.61.502 or 46.61.504 committed the offense while a passenger under the age of sixteen was in the vehicle, the court shall:

(a) Order the use of an ignition interlock or other device for an additional six months;

(b) In any case in which the person has no prior offenses within seven years, and except as provided in RCW 46.61.502(6) or 46.61.504(6), order an additional twenty-four hours of imprisonment and a fine of not less than one thousand dollars and not more than five thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent;

(c) In any case in which the person has one prior offense within seven years, and except as provided in RCW 46.61.502(6) or 46.61.504(6), order an additional five days of imprisonment and a fine of not less than two thousand dollars and not more than five thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent;

(d) In any case in which the person has two or three prior offenses within seven years, and except as provided in RCW 46.61.502(6) or 46.61.504(6), order an additional ten days of imprisonment and a fine of not less than three thousand dollars and not more than ten thousand dollars. One thousand dollars of the fine may not be suspended unless the court finds the offender to be indigent.

(7) **Other items courts must consider while setting penalties.** In exercising its discretion in setting penalties within the limits allowed by this section, the court shall particularly consider the following:

(a) Whether the person's driving at the time of the offense was responsible for injury or damage to another or another's property;

(b) Whether at the time of the offense the person was driving or in physical control of a vehicle with one or more passengers;

(c) Whether the driver was driving in the opposite direction of the normal flow of traffic on a multiple lane highway, as defined by RCW 46.04.350, with a posted speed limit of forty-five miles per hour or greater; and
(d) Whether a child passenger under the age of sixteen was an occupant in the driver's vehicle.

(8) Treatment and information school. An offender punishable under this section is subject to the alcohol assessment and treatment provisions of RCW 46.61.5056.

(9) Driver's license privileges of the defendant. The license, permit, or nonresident privilege of a person convicted of driving or being in physical control of a motor vehicle while under the influence of intoxicating liquor or drugs must:

(a) Penalty for alcohol concentration less than 0.15. If the person's alcohol concentration was less than 0.15, or if for reasons other than the person's refusal to take a test offered under RCW 46.20.308 there is no test result indicating the person's alcohol concentration:

(i) Where there has been no prior offense within seven years, be suspended or denied by the department for ninety days;

(ii) Where there has been one prior offense within seven years, be revoked or denied by the department for two years; or

(iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for three years;

(b) Penalty for alcohol concentration at least 0.15. If the person's alcohol concentration was at least 0.15:

(i) Where there has been no prior offense within seven years, be revoked or denied by the department for one year;

(ii) Where there has been one prior offense within seven years, be revoked or denied by the department for nine hundred days; or

(iii) Where there have been two or more prior offenses within seven years, be revoked or denied by the department for four years; or

(c) Penalty for refusing to take test. If by reason of the person's refusal to take a test offered under RCW 46.20.308, there is no test result indicating the person's alcohol concentration:

(i) Where there have been no prior offenses within seven years, be revoked or denied by the department for two years;

(ii) Where there has been one prior offense within seven years, be revoked or denied by the department for three years; or

(iii) Where there have been two or more previous offenses within seven years, be revoked or denied by the department for four years.

The department shall grant credit on a day-for-day basis for any portion of a suspension, revocation, or denial already served under...
this subsection for a suspension, revocation, or denial imposed under  
RCW 46.20.3101 arising out of the same incident.

Upon its own motion or upon motion by a person, a court may find,  
on the record, that notice to the department under RCW 46.20.270 has  
been delayed for three years or more as a result of a clerical or  
court error. If so, the court may order that the person's license,  
permit, or nonresident privilege shall not be revoked, suspended, or  
denied for that offense. The court shall send notice of the finding  
and order to the department and to the person. Upon receipt of the  
notice from the court, the department shall not revoke, suspend, or  
deny the license, permit, or nonresident privilege of the person for  
that offense.

For purposes of this subsection (9), the department shall refer  
to the driver's record maintained under RCW 46.52.120 when  
determining the existence of prior offenses.

(10) **Probation of driving privilege.** After expiration of any  
period of suspension, revocation, or denial of the offender's  
license, permit, or privilege to drive required by this section, the  
department shall place the offender's driving privilege in  
probationary status pursuant to RCW 46.20.355.

(11) **Conditions of probation.** (a) In addition to any  
nonsuspendable and nondeferrable jail sentence required by this  
section, whenever the court imposes up to three hundred sixty-four  
days in jail, the court shall also suspend but shall not defer a  
period of confinement for a period not exceeding five years. The  
court shall impose conditions of probation that include: (i) Not  
driving a motor vehicle within this state without a valid license to  
drive; (ii) not driving a motor vehicle within this state without  
proof of liability insurance or other financial responsibility for  
the future pursuant to RCW 46.30.020; (iii) not driving or being in  
physical control of a motor vehicle within this state while having an  
alcohol concentration of 0.08 or more or a THC concentration of 5.00  
nanograms per milliliter of whole blood or higher, within two hours  
after driving; (iv) not refusing to submit to a test of his or her  
breath or blood to determine alcohol or drug concentration upon  
request of a law enforcement officer who has reasonable grounds to  
believe the person was driving or was in actual physical control of a  
motor vehicle within this state while under the influence of  
intoxicating liquor or drug; and (v) not driving a motor vehicle in  
this state without a functioning ignition interlock device as
required by the department under RCW 46.20.720(3). The court may impose conditions of probation that include nonrepetition, installation of an ignition interlock device on the probationer's motor vehicle, alcohol or drug treatment, supervised probation, or other conditions that may be appropriate. The sentence may be imposed in whole or in part upon violation of a condition of probation during the suspension period.

(b) For each violation of mandatory conditions of probation under (a)(i), (ii), (iii), (iv), or (v) of this subsection, the court shall order the convicted person to be confined for thirty days, which shall not be suspended or deferred.

(c) For each incident involving a violation of a mandatory condition of probation imposed under this subsection, the license, permit, or privilege to drive of the person shall be suspended by the court for thirty days or, if such license, permit, or privilege to drive already is suspended, revoked, or denied at the time the finding of probation violation is made, the suspension, revocation, or denial then in effect shall be extended by thirty days. The court shall notify the department of any suspension, revocation, or denial or any extension of a suspension, revocation, or denial imposed under this subsection.

(12) **Waiver of electronic home monitoring.** A court may waive the electronic home monitoring requirements of this chapter when:

(a) The offender does not have a dwelling, telephone service, or any other necessity to operate an electronic home monitoring system. However, if a court determines that an alcohol monitoring device utilizing wireless reporting technology is reasonably available, the court may require the person to obtain such a device during the period of required electronic home monitoring;

(b) The offender does not reside in the state of Washington; or

(c) The court determines that there is reason to believe that the offender would violate the conditions of the electronic home monitoring penalty.

Whenever the mandatory minimum term of electronic home monitoring is waived, the court shall state in writing the reason for granting the waiver and the facts upon which the waiver is based, and shall impose an alternative sentence with similar punitive consequences. The alternative sentence may include, but is not limited to, use of an ignition interlock device, the 24/7 sobriety program monitoring, additional jail time, work crew, or work camp.
Whenever the combination of jail time and electronic home monitoring or alternative sentence would exceed three hundred sixty-four days, the offender shall serve the jail portion of the sentence first, and the electronic home monitoring or alternative portion of the sentence shall be reduced so that the combination does not exceed three hundred sixty-four days.

(13) Extraordinary medical placement. An offender serving a sentence under this section, whether or not a mandatory minimum term has expired, may be granted an extraordinary medical placement by the jail administrator subject to the standards and limitations set forth in RCW 9.94A.728(1)(c).

(14) Definitions. For purposes of this section and RCW 46.61.502 and 46.61.504:

(a) A "prior offense" means any of the following:

(i) A conviction for a violation of RCW 46.61.502 or an equivalent local ordinance;

(ii) A conviction for a violation of RCW 46.61.504 or an equivalent local ordinance;

(iii) A conviction for a violation of RCW 46.25.110 or an equivalent local ordinance;

(iv) A conviction for a violation of RCW 79A.60.040(2) or an equivalent local ordinance;

(v) A conviction for a violation of RCW 79A.60.040(1) or an equivalent local ordinance committed in a reckless manner if the conviction is the result of a charge that was originally filed as a violation of RCW 79A.60.040(2) or an equivalent local ordinance;

(vi) A conviction for a violation of RCW 47.68.220 or an equivalent local ordinance committed while under the influence of intoxicating liquor or any drug;

(vii) A conviction for a violation of RCW 47.68.220 or an equivalent local ordinance committed in a careless or reckless manner if the conviction is the result of a charge that was originally filed as a violation of RCW 47.68.220 or an equivalent local ordinance while under the influence of intoxicating liquor or any drug;

(viii) A conviction for a violation of RCW 46.09.470(2) or an equivalent local ordinance;

(ix) A conviction for a violation of RCW 46.10.490(2) or an equivalent local ordinance;

(x) A conviction for a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug, or a
conviction for a violation of RCW 46.61.520 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.520 committed while under the influence of intoxicating liquor or any drug;

(xii) A conviction for a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug, or a conviction for a violation of RCW 46.61.522 committed in a reckless manner or with the disregard for the safety of others if the conviction is the result of a charge that was originally filed as a violation of RCW 46.61.522 committed while under the influence of intoxicating liquor or any drug;

(xiii) An out-of-state conviction for a violation that would have been a violation of (a)(i), (ii), (x), (xi), or (xii) of this subsection if committed in this state;

(xiv) A deferred prosecution under chapter 10.05 RCW granted in a prosecution for a violation of RCW 46.61.502, 46.61.504, or an equivalent local ordinance;

(xv) A deferred prosecution under chapter 10.05 RCW granted in a prosecution for a violation of RCW 46.61.5249, or an equivalent local ordinance, if the charge under which the deferred prosecution was granted was originally filed as a violation of RCW 46.61.502 or 46.61.504, or an equivalent local ordinance, or of RCW 46.61.520 or 46.61.522;

(xvi) A deferred prosecution granted in another state for a violation of driving or having physical control of a vehicle while under the influence of intoxicating liquor or any drug if the out-of-state deferred prosecution is equivalent to the deferred prosecution under chapter 10.05 RCW, including a requirement that the defendant participate in a chemical dependency treatment program; or

(xvii) A deferred sentence imposed in a prosecution for a violation of RCW 46.61.5249, 46.61.500, or 9A.36.050, or an equivalent local ordinance, if the charge under which the deferred sentence was imposed was originally filed as a violation of RCW
46.61.502 or 46.61.504, or an equivalent local ordinance, or a violation of RCW 46.61.520 or 46.61.522;

If a deferred prosecution is revoked based on a subsequent conviction for an offense listed in this subsection (14)(a), the subsequent conviction shall not be treated as a prior offense of the revoked deferred prosecution for the purposes of sentencing;

(b) "Treatment" means ((alcohol or drug)) substance use disorder treatment approved by the department of social and health services;

(c) "Within seven years" means that the arrest for a prior offense occurred within seven years before or after the arrest for the current offense; and

(d) "Within ten years" means that the arrest for a prior offense occurred within ten years before or after the arrest for the current offense.

(15) All fines imposed by this section apply to adult offenders only.

Sec. 531. RCW 46.61.5056 and 2011 c 293 s 13 are each amended to read as follows:

(1) A person subject to alcohol assessment and treatment under RCW 46.61.5055 shall be required by the court to complete a course in an alcohol information school approved by the department of social and health services or to complete more intensive treatment in a substance use disorder treatment program approved by the department of social and health services, as determined by the court. The court shall notify the department of licensing whenever it orders a person to complete a course or treatment program under this section.

(2) A diagnostic evaluation and treatment recommendation shall be prepared under the direction of the court by an alcoholism agency approved by the department of social and health services or a qualified probation department approved by the department of social and health services. A copy of the report shall be forwarded to the court and the department of licensing. Based on the diagnostic evaluation, the court shall determine whether the person shall be required to complete a course in an alcohol information school approved by the department of social and health services or more intensive treatment in a substance use disorder treatment program approved by the department of social and health services.

(3) Standards for approval for alcohol treatment programs shall be prescribed by the department of social and health services. The Code Rev/AL:amh 231 H-4766.3/16 3rd draft
department of social and health services shall periodically review
the costs of alcohol information schools and treatment programs.

(4) Any agency that provides treatment ordered under RCW
46.61.5055, shall immediately report to the appropriate probation
department where applicable, otherwise to the court, and to the
department of licensing any noncompliance by a person with the
conditions of his or her ordered treatment. The court shall notify
the department of licensing and the department of social and health
services of any failure by an agency to so report noncompliance. Any
agency with knowledge of noncompliance that fails to so report shall
be fined two hundred fifty dollars by the department of social and health
services. Upon three such failures by an agency within one
year, the department of social and health services shall revoke the
agency's approval under this section.

(5) The department of licensing and the department of social and
health services may adopt such rules as are necessary to carry out
this section.

Sec. 532. RCW 82.04.4277 and 2014 c 225 s 104 are each amended
to read as follows:
(1) A health or social welfare organization may deduct from the
measure of tax amounts received as compensation for providing mental
health services or chemical dependency services under a government-
funded program.

(2) A behavioral health organization may deduct from the measure
of tax amounts received from the state of Washington for distribution
to a health or social welfare organization that is eligible to deduct
the distribution under subsection (1) of this section.

(3) A person claiming a deduction under this section must file a
complete annual report with the department under RCW 82.32.534.

(4) The definitions in this subsection apply to this section
throughout this section unless the context clearly requires
otherwise.

(a) "Chemical dependency" has the same meaning as provided in RCW
70.96A.020.

(b) "Health or social welfare organization" has the meaning
provided in RCW 82.04.431.

(c) "Mental health services" and "behavioral health
organization" have the meanings provided in RCW 71.24.025.

(5) This section expires January 1, 2020.

Code Rev/AL:amh
NEW SECTION. Sec. 533. A new section is added to chapter 71.24 RCW to read as follows:

(1) The department and the Washington state health care authority shall convene a task force including participation by a representative cross-section of behavioral health organizations and behavioral health providers to align regulations between behavioral health and primary health care settings and simplify regulations for behavioral health providers. The alignment must support clinical integration from the standpoint of standardizing practices and culture in a manner that to the extent practicable reduces barriers to access, including reducing the paperwork burden for patients and providers. Brief integrated behavioral health services must not, in general, take longer to document than to provide. Regulations should emphasize the desired outcome rather than how they should be achieved. The task force may also make recommendations to the department concerning subsections (2) and (3) of this section.

(2) The department shall collaborate with the department of health, the Washington state health care authority, and other appropriate government partners to reduce unneeded costs and burdens to health plans and providers associated with excessive audits, the licensing process, and contracting. In pursuit of this goal, the department shall consider steps such as cooperating across divisions and agencies to combine audit functions when multiple audits of an agency or site are scheduled, sharing audit information across divisions and agencies to reduce redundancy of audits, and treating organizations with multiple sites and programs as single entities instead of as multiple agencies.

(3) The department shall review its practices under RCW 71.24.035(5)(c)(i) to determine whether its practices comply with the statutory mandate to deem accreditation by recognized behavioral health accrediting bodies as equivalent to meeting licensure requirements, comport with standard practices used by other state divisions or agencies, and properly incentivize voluntary accreditation to the highest industry standards.

NEW SECTION. Sec. 534. The department of social and health services and the Washington state health care authority shall report their progress under section 533 of this act to the relevant committees of the legislature by December 15, 2016.
PART VI

REPEALERS FOR ADMINISTRATIVE PROVISIONS

NEW SECTION. Sec. 601. The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective April 1, 2016:

(1) RCW 70.96A.010 (Declaration of policy) and 2014 c 225 s 18, 1989 c 271 s 304, & 1972 ex.s. c 122 s 1;
(2) RCW 70.96A.030 (Substance use disorder program) and 2014 c 225 s 21, 1989 c 270 s 4, & 1972 ex.s. c 122 s 3;
(3) RCW 70.96A.045 (Funding prerequisites, facilities, plans, or programs receiving financial assistance) and 1989 c 270 s 10;
(4) RCW 70.96A.060 (Interdepartmental coordinating committee) and 2014 c 225 s 24, 1989 c 270 s 8, 1979 c 158 s 220, & 1972 ex.s. c 122 s 6;
(5) RCW 70.96A.150 (Records of persons treated for alcoholism and drug addiction) and 1990 c 151 s 1, 1989 c 162 s 1, & 1972 ex.s. c 122 s 15;
(6) RCW 70.96A.300 (Counties may create alcoholism and other drug addiction board—Generally) and 2014 c 225 s 31 & 1989 c 270 s 15;
(7) RCW 70.96A.310 (County alcoholism and other drug addiction program—Chief executive officer of program to be program coordinator) and 1989 c 270 s 16;
(8) RCW 70.96A.320 (Alcoholism and other drug addiction program—Generally) and 2014 c 225 s 32, 2013 c 320 s 8, 1990 c 151 s 9, & 1989 c 270 s 17; and
(9) RCW 70.96A.325 (Methamphetamine addiction programs—Counties authorized to seek state funding) and 2006 c 339 s 101.

PART VII

RECODIFICATION

NEW SECTION. Sec. 701. (1) RCW 70.96A.035, 70.96A.037, 70.96A.040, 70.96A.043, 70.96A.047, 70.96A.050, 70.96A.055, 70.96A.080, 70.96A.085, 70.96A.087, 70.96A.090, 70.96A.100, 70.96A.170, 70.96A.190, 70.96A.350, 70.96A.400, 70.96A.410, 70.96A.420, 70.96A.430, 70.96A.500, 70.96A.510, 70.96A.520, 70.96A.800, 70.96A.905, and 70.96C.010 are each recodified as sections in chapter 71.24 RCW.
(2) RCW 70.96C.020 is recodified as a section in chapter 72.09 RCW.

PART VIII
MISCELLANEOUS

NEW SECTION. Sec. 801. This act may be known and cited as Ricky Garcia's act.

NEW SECTION. Sec. 802. (1) Sections 501, 503 through 532, and 701 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect April 1, 2016.

(2) Sections 201 through 210, 212, 214 through 224, 226 through 232, 234 through 237, 239 through 242, 244 through 267, 269, 271, 273, 274, 276, 278, 279, 281, 401 through 429, and 502 of this act take effect April 1, 2018.

(3) Sections 211, 213, 225, 233, 238, 243, 268, 270, 272, 275, 277, and 280 of this act take effect July 1, 2026.

NEW SECTION. Sec. 803. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2016, in the omnibus appropriations act, this act is null and void."

EFFECT: (1) Requires behavioral health organizations and full integration regions to provide reimbursement for the cost of prosecutor representation of petitioners in chemical dependency commitment proceedings.

(2) Allows a provider of minor-initiated outpatient chemical dependency treatment to notify the minor's parents of the minor's request for treatment if the provider determines that notice is in the best interest of the minor in achieving recovery.

(3) Accounts for changes made by legislation that passed during the 2016 legislative session (SSB 6445), regarding the types of professionals that may sign a commitment petition or examine a committed person, by:

   (a) Harmonizing language regarding the combinations of professionals that may sign a chemical dependency commitment petition to match corresponding provisions in the mental health chapters; and

   (b) Removing duplicative language from the mental health commitment provisions that added physician assistants as persons who may perform examinations of committed persons and made associated
changes to the combinations of professionals that may sign a commitment petition.

(4) Provides that the Department of Social and Health Services (DSHS) must ensure that at least one secure detoxification facility is operational by April 1, 2018, and that an additional secure detoxification facility is operational by April 1, 2019.

(5) States that, during the implementation of secure detoxification facility capacity, if federal funding becomes unavailable for federal match for services provided in secure detoxification facilities, then the DSHS must discontinue expansion of such facilities pending further direction by the Legislature.

(6) Requires the DSHS to: (a) Convene a task force with the Health Care Authority to align regulations between behavioral health and primary care settings and simplify regulations for behavioral health providers; (b) collaborate with other agencies to reduce unneeded costs and burdens associated with excess provider audits, the licensing process, and contracting; and (c) review its policies related to deeming accreditation by a recognized behavioral health accrediting body as equivalent to meeting licensure requirements to determine compliance with statute and standard practices.

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