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ENGROSSED SENATE BILL 5130

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State of Washington

68th Legislature

2023 Regular Session

By Senators Frame, Dhingra, Nobles, Pedersen, Randall, and C. Wilson

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1 AN ACT Relating to assisted outpatient treatment; amending RCW  
2 71.05.148, 71.05.365, 71.05.590, 71.05.590, 71.34.020, 71.34.020,  
3 71.34.740, 71.34.740, 71.34.780, 71.34.780, and 71.34.815; amending  
4 2021 c 264 s 29 (uncodified); providing an effective date; providing  
5 a contingent effective date; and providing an expiration date.

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

7 **Sec. 1.** RCW 71.05.148 and 2022 c 210 s 3 are each amended to  
8 read as follows:

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

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

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

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

19 (ii) The person is in need of assisted outpatient treatment in  
20 order to prevent a relapse or deterioration that would be likely to

1 result in grave disability or a likelihood of serious harm to the  
2 person or to others;

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

5 (i) At least twice within the 36 months prior to the filing of  
6 the petition been a significant factor in necessitating  
7 hospitalization of the person, or the person's receipt of services in  
8 a forensic or other mental health unit of a state correctional  
9 facility or local correctional facility, provided that the 36-month  
10 period shall be extended by the length of any hospitalization or  
11 incarceration of the person that occurred within the 36-month period;

12 (ii) At least twice within the 36 months prior to the filing of  
13 the petition been a significant factor in necessitating emergency  
14 medical care or hospitalization for behavioral health-related medical  
15 conditions including overdose, infected abscesses, sepsis,  
16 endocarditis, or other maladies, or a significant factor in behavior  
17 which resulted in the person's incarceration in a state or local  
18 correctional facility; or

19 (iii) Resulted in one or more violent acts, threats, or attempts  
20 to cause serious physical harm to the person or another within the 48  
21 months prior to the filing of the petition, provided that the 48-  
22 month period shall be extended by the length of any hospitalization  
23 or incarceration of the person that occurred during the 48-month  
24 period;

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

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

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

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

34 (b) The director of a behavioral health service provider  
35 providing behavioral health care or residential services to the  
36 person or the director's designee;

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

39 (d) A designated crisis responder;

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

1 (f) An emergency room physician.

2 (3) A court order for less restrictive alternative treatment on  
3 the basis that the person is in need of assisted outpatient treatment  
4 may be effective for up to 18 months, unless the person is currently  
5 detained for inpatient treatment for 14 days or more under RCW  
6 71.05.240 or 71.05.320, in which case the order may be effective for  
7 90 days if the person is currently detained for 14 days of treatment,  
8 or 180 days if the person is currently detained for 90 or 180 days of  
9 treatment. The petitioner must personally interview the person,  
10 unless the person refuses an interview, to determine whether the  
11 person will voluntarily receive appropriate treatment.

12 (4) The petitioner must allege specific facts based on personal  
13 observation, evaluation, or investigation, and must consider the  
14 reliability or credibility of any person providing information  
15 material to the petition.

16 (5) The petition must include:

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

23 (b) A declaration from a physician, physician assistant, advanced  
24 registered nurse practitioner, ~~((or))~~ the person's treating mental  
25 health professional or substance use disorder professional, or in the  
26 case of a person enrolled in treatment in a behavioral health agency,  
27 the person's behavioral health case manager, who has examined the  
28 person no more than 10 days prior to the submission of the petition  
29 and who is willing to testify in support of the petition, or who  
30 alternatively has made appropriate attempts to examine the person  
31 within the same period but has not been successful in obtaining the  
32 person's cooperation, and who is willing to testify to the reasons  
33 they believe that the person meets the criteria for assisted  
34 outpatient treatment ~~((. If the declaration is provided by the~~  
35 ~~person's treating mental health professional or substance use~~  
36 ~~disorder professional, it must be cosigned by a supervising~~  
37 ~~physician, physician assistant, or advanced registered nurse~~  
38 ~~practitioner who certifies that they have reviewed the declaration))~~);

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

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

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

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

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

14 (ii) If the respondent is hospitalized at the time of filing of  
15 the petition, before discharge of the respondent and in sufficient  
16 time to arrange for a continuous transition from inpatient treatment  
17 to assisted outpatient treatment.

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

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

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

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

32 (f) If the respondent has refused to be examined by the qualified  
33 professional whose affidavit accompanied the petition, the court may  
34 order a mental examination of the respondent. The examination of the  
35 respondent may be performed by the qualified professional whose  
36 affidavit accompanied the petition. If the examination is performed  
37 by another qualified professional, the examining qualified  
38 professional shall be authorized to consult with the qualified  
39 professional whose affidavit accompanied the petition.

1 (g) If the respondent has refused to be examined by a qualified  
2 professional and the court finds reasonable grounds to believe that  
3 the allegations of the petition are true, the court may issue a  
4 written order directing a peace officer who has completed crisis  
5 intervention training to detain and transport the respondent to a  
6 provider for examination by a qualified professional. A respondent  
7 detained pursuant to this subsection shall be detained no longer than  
8 necessary to complete the examination and in no event longer than 24  
9 hours.

10 (7) If the petition involves a person whom the petitioner or  
11 behavioral health administrative services organization knows, or has  
12 reason to know, is an American Indian or Alaska Native who receives  
13 medical or behavioral health services from a tribe within this state,  
14 the behavioral health administrative services organization shall  
15 notify the tribe and Indian health care provider. Notification shall  
16 be made in person or by telephonic or electronic communication to the  
17 tribal contact listed in the authority's tribal crisis coordination  
18 plan as soon as possible.

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

21 (9) (~~(After January 1, 2023, a)~~) A petition for assisted  
22 outpatient treatment must be filed on forms developed by the  
23 administrative office of the courts.

24 **Sec. 2.** RCW 71.05.365 and 2022 c 210 s 19 are each amended to  
25 read as follows:

26 When a person has been involuntarily committed for treatment to a  
27 hospital for a period of 90 or 180 days, and the superintendent or  
28 professional person in charge of the hospital determines that the  
29 person no longer requires active psychiatric treatment at an  
30 inpatient level of care, the behavioral health administrative  
31 services organization, managed care organization, or agency providing  
32 oversight of long-term care or developmental disability services that  
33 is responsible for resource management services for the person must  
34 work with the hospital to develop an individualized discharge plan(~~(7~~  
35 ~~including whether a petition should be filed for less restrictive~~  
36 ~~alternative treatment on the basis that the person is in need of~~  
37 ~~assisted outpatient treatment,)~~) and arrange for a transition to the  
38 community in accordance with the person's individualized discharge  
39 plan within 14 days of the determination.

1       **Sec. 3.** RCW 71.05.590 and 2022 c 210 s 23 are each amended to  
2 read as follows:

3       (1) (~~Either an~~) An agency or facility designated to monitor or  
4 provide less restrictive alternative treatment services under a  
5 (~~less restrictive alternative~~) court order or conditional release,  
6 or a designated crisis responder, may take action to enforce, modify,  
7 or revoke ((a)) the less restrictive alternative treatment order or  
8 conditional release (~~order. The~~) if the agency, facility, or  
9 designated crisis responder (~~must determine~~) determines that:

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

12       (b) Substantial deterioration in the person's functioning has  
13 occurred;

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

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

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

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

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

31       (c) To request a court hearing for review and modification of the  
32 court order. The request must be directed to the court with  
33 jurisdiction over the order and specify the circumstances that give  
34 rise to the request and what modification is being sought. The county  
35 prosecutor shall assist the entity requesting the hearing and issue  
36 an appropriate summons to the person. This subsection does not limit  
37 the inherent authority of a treatment provider to alter conditions of  
38 treatment for clinical reasons, and is intended to be used only when  
39 court intervention is necessary or advisable to secure the person's  
40 compliance and prevent decompensation or deterioration;

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

20 (e) To initiate revocation procedures under subsection (5) of  
21 this section.

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

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

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

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

37 (5)(a) A designated crisis responder or the secretary of the  
38 department of social and health services may, upon their own motion  
39 or upon request of the facility or agency designated to provide  
40 outpatient care, cause a person to be detained in an evaluation and

1 treatment facility, available secure withdrawal management and  
2 stabilization facility with adequate space, or available approved  
3 substance use disorder treatment program with adequate space in or  
4 near the county in which he or she is receiving outpatient treatment  
5 for the purpose of a hearing for revocation of a less restrictive  
6 alternative treatment order or conditional release order under this  
7 chapter. The designated crisis responder or secretary of the  
8 department of social and health services shall file a petition for  
9 revocation within 24 hours and serve the person, their guardian, if  
10 any, and their attorney. A hearing for revocation of a less  
11 restrictive alternative treatment order or conditional release order  
12 may be scheduled without detention of the person.

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

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

31 (d) The issues for the court to determine are whether: (i) The  
32 person adhered to the terms and conditions of the order or  
33 conditional release; (ii) substantial deterioration in the person's  
34 functioning has occurred; (iii) there is evidence of substantial  
35 decompensation with a reasonable probability that the decompensation  
36 can be reversed by further inpatient treatment; or (iv) there is a  
37 likelihood of serious harm; and, if any of the above conditions  
38 apply, whether it is appropriate for the court to reinstate or modify  
39 the person's less restrictive alternative treatment order or  
40 conditional release (~~order~~) or order the person's detention for



1 inpatient treatment. The person may waive the court hearing and allow  
2 the court to enter a stipulated order upon the agreement of all  
3 parties. If the court orders detention for inpatient treatment, the  
4 treatment period must be for 14 days from the revocation hearing if  
5 the less restrictive alternative treatment order or conditional  
6 release (~~order~~) was based on a petition under RCW 71.05.148,  
7 71.05.160, or 71.05.230. The person must return to less restrictive  
8 alternative treatment under the order at the end of the 14-day period  
9 unless a petition for further treatment is filed under RCW 71.05.320  
10 or the person accepts voluntary treatment. If the court orders  
11 detention for inpatient treatment and the less restrictive  
12 alternative treatment order or conditional release (~~order~~) was  
13 based on a petition under RCW 71.05.290 or 71.05.320, the number of  
14 days remaining on the order must be converted to days of inpatient  
15 treatment. A court may not detain a person for inpatient treatment to  
16 a secure withdrawal management and stabilization facility or approved  
17 substance use disorder treatment program under this subsection unless  
18 there is a facility or program available with adequate space for the  
19 person.

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

26 **Sec. 4.** RCW 71.05.590 and 2022 c 210 s 24 are each amended to  
27 read as follows:

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

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

37 (b) Substantial deterioration in the person's functioning has  
38 occurred;

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

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

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

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

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

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

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

1 facility, or designated crisis responder may request assistance from  
2 a peace officer for the purposes of temporary detention under this  
3 subsection (2)(d). This subsection does not limit the ability or  
4 obligation of the agency, facility, or designated crisis responder to  
5 pursue revocation procedures under subsection (5) of this section in  
6 appropriate circumstances; and

7 (e) To initiate revocation procedures under subsection (5) of  
8 this section.

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

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

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

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

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

39 (b) A person detained under this subsection (5) must be held  
40 until such time, not exceeding five days, as a hearing can be

1 scheduled to determine whether or not the order for less restrictive  
2 alternative treatment or conditional release should be revoked,  
3 modified, or retained. If the person is not detained, the hearing  
4 must be scheduled within five days of service on the person. The  
5 designated crisis responder or the secretary of the department of  
6 social and health services may withdraw its petition for revocation  
7 at any time before the court hearing.

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

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

1 days remaining on the order must be converted to days of inpatient  
2 treatment.

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

9 **Sec. 5.** RCW 71.34.020 and 2021 c 264 s 26 are each amended to  
10 read as follows:

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

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

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

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

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

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

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

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

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

38 (9) "Behavioral health disorder" means either a mental disorder  
39 as defined in this section, a substance use disorder as defined in

1 this section, or a co-occurring mental disorder and substance use  
2 disorder.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

14 (36) "Less restrictive alternative" or "less restrictive setting"  
15 means outpatient treatment provided to a minor as a program of  
16 individualized treatment in a less restrictive setting than inpatient  
17 treatment (~~that~~). This term includes the services described in RCW  
18 71.34.755, including residential treatment, and treatment pursuant to  
19 an assisted outpatient treatment order under RCW 71.34.815.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
2 according to the priority established under RCW 7.70.065(2) (a).

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

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

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

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

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

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

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

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

1 federal, state, county, or municipal government, or a combination of  
2 such governments.

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

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

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

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

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

19 (a) Provide the following services:

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

22 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (70) "In need of assisted outpatient treatment" refers to a minor  
12 who meets the criteria for assisted outpatient treatment established  
13 under RCW 71.34.815.

14 **Sec. 6.** RCW 71.34.020 and 2021 c 264 s 28 are each amended to  
15 read as follows:

16 Unless the context clearly requires otherwise, the definitions in  
17 this section apply throughout this chapter.

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

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

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

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

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

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

1 (7) "Authority" means the Washington state health care authority.  
2 (8) "Behavioral health administrative services organization" has  
3 the same meaning as provided in RCW 71.24.025.  
4 (9) "Behavioral health disorder" means either a mental disorder  
5 as defined in this section, a substance use disorder as defined in  
6 this section, or a co-occurring mental disorder and substance use  
7 disorder.  
8 (10) "Child psychiatrist" means a person having a license as a  
9 physician and surgeon in this state, who has had graduate training in  
10 child psychiatry in a program approved by the American Medical  
11 Association or the American Osteopathic Association, and who is board  
12 eligible or board certified in child psychiatry.  
13 (11) "Children's mental health specialist" means:  
14 (a) A mental health professional who has completed a minimum of  
15 one hundred actual hours, not quarter or semester hours, of  
16 specialized training devoted to the study of child development and  
17 the treatment of children; and  
18 (b) A mental health professional who has the equivalent of one  
19 year of full-time experience in the treatment of children under the  
20 supervision of a children's mental health specialist.  
21 (12) "Commitment" means a determination by a judge or court  
22 commissioner, made after a commitment hearing, that the minor is in  
23 need of inpatient diagnosis, evaluation, or treatment or that the  
24 minor is in need of less restrictive alternative treatment.  
25 (13) "Conditional release" means a revocable modification of a  
26 commitment, which may be revoked upon violation of any of its terms.  
27 (14) "Co-occurring disorder specialist" means an individual  
28 possessing an enhancement granted by the department of health under  
29 chapter 18.205 RCW that certifies the individual to provide substance  
30 use disorder counseling subject to the practice limitations under RCW  
31 18.205.105.  
32 (15) "Crisis stabilization unit" means a short-term facility or a  
33 portion of a facility licensed or certified by the department of  
34 health under RCW 71.24.035, such as a residential treatment facility  
35 or a hospital, which has been designed to assess, diagnose, and treat  
36 individuals experiencing an acute crisis without the use of long-term  
37 hospitalization.  
38 (16) "Custody" means involuntary detention under the provisions  
39 of this chapter or chapter 10.77 RCW, uninterrupted by any period of

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (36) "Less restrictive alternative" or "less restrictive setting"  
20 means outpatient treatment provided to a minor as a program of  
21 individualized treatment in a less restrictive setting than inpatient  
22 treatment (~~that~~). This term includes the services described in RCW  
23 71.34.755, including residential treatment, and treatment pursuant to  
24 an assisted outpatient treatment order under RCW 71.34.815.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 who may be required to provide a declaration under penalty of perjury  
2 stating that he or she is a relative responsible for the health care  
3 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises  
4 between individuals authorized to act as a parent for the purpose of  
5 RCW 71.34.600 through 71.34.670, the disagreement must be resolved  
6 according to the priority established under RCW 7.70.065(2) (a).

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

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

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

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

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

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

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

38 (54) "Public agency" means any evaluation and treatment facility  
39 or institution, or hospital, or approved substance use disorder  
40 treatment program that is conducted for, or includes a distinct unit,

1 floor, or ward conducted for, the care and treatment of persons with  
2 mental illness, substance use disorders, or both mental illness and  
3 substance use disorders if the agency is operated directly by  
4 federal, state, county, or municipal government, or a combination of  
5 such governments.

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

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

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

13 (58) "Secretary" means the secretary of the department or  
14 secretary's designee.

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

22 (a) Provide the following services:

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

25 (ii) Clinical stabilization services;

26 (iii) Acute or subacute detoxification services for intoxicated  
27 individuals; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (71) "In need of assisted outpatient treatment" refers to a minor  
20 who meets the criteria for assisted outpatient treatment established  
21 under RCW 71.34.815.

22 **Sec. 7.** RCW 71.34.740 and 2020 c 302 s 92 are each amended to  
23 read as follows:

24 (1) A (~~(commitment)~~) hearing shall be held within (~~(one hundred~~  
25 ~~twenty)~~) 120 hours of the minor's admission, excluding Saturday,  
26 Sunday, and holidays, or if the hearing is held on a petition filed  
27 under RCW 71.34.815, the hearing shall be held at a time scheduled  
28 under that section, unless a continuance is ordered under RCW  
29 71.34.735.

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

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

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

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

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

6 (a) To be represented by an attorney;

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

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

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

17 (8) If the minor has received medication within (~~twenty-four~~)  
18 24 hours of the hearing, the court shall be informed of that fact and  
19 of the probable effects of the medication.

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

22 (a) The minor has a behavioral health disorder and presents a  
23 likelihood of serious harm or is gravely disabled;

24 (b) The minor is in need of evaluation and treatment of the type  
25 provided by the inpatient evaluation and treatment facility, secure  
26 withdrawal management and stabilization facility, or approved  
27 substance use disorder treatment program to which continued inpatient  
28 care is sought or is in need of less restrictive alternative  
29 treatment found to be in the best interests of the minor or others;

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

32 (d) If commitment is for a substance use disorder, there is an  
33 available secure withdrawal management and stabilization facility or  
34 approved substance use disorder treatment program with adequate space  
35 for the minor.

36 (10) (a) If the court finds that the minor meets the criteria for  
37 a (~~fourteen-day~~) 14-day commitment, the court shall either  
38 authorize commitment of the minor for inpatient treatment or for less  
39 restrictive alternative treatment upon such conditions as are  
40 necessary. If the court determines that the minor does not meet the



1 criteria for a (~~fourteen-day~~) 14-day commitment, the minor shall be  
2 released.

3 (b) If the court finds by a preponderance of the evidence that  
4 the minor is in need of assisted outpatient treatment pursuant to a  
5 petition filed under RCW 71.34.815, the court shall order an  
6 appropriate less restrictive course of treatment for up to 18 months.

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

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

15 (12) A minor who has been committed for fourteen days shall be  
16 released at the end of that period unless a petition for (~~one~~  
17 ~~hundred eighty-day~~) 180-day commitment is pending before the court.

18 **Sec. 8.** RCW 71.34.740 and 2020 c 302 s 93 are each amended to  
19 read as follows:

20 (1) A (~~commitment~~) hearing shall be held within (~~one hundred~~  
21 ~~twenty~~) 120 hours of the minor's admission, excluding Saturday,  
22 Sunday, and holidays, or if the hearing is held on a petition filed  
23 under RCW 71.34.815, the hearing shall be held at a time scheduled  
24 under that section, unless a continuance is ordered under RCW  
25 71.34.735.

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

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

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

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

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

39 (a) To be represented by an attorney;

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

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

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

11 (8) If the minor has received medication within (~~twenty-four~~)  
12 24 hours of the hearing, the court shall be informed of that fact and  
13 of the probable effects of the medication.

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

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

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

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

27 (10) (a) If the court finds that the minor meets the criteria for  
28 a (~~fourteen-day~~) 14-day commitment, the court shall either  
29 authorize commitment of the minor for inpatient treatment or for less  
30 restrictive alternative treatment upon such conditions as are  
31 necessary. If the court determines that the minor does not meet the  
32 criteria for a (~~fourteen-day~~) 14-day commitment, the minor shall be  
33 released.

34 (b) If the court finds by a preponderance of the evidence that  
35 the minor is in need of assisted outpatient treatment pursuant to a  
36 petition filed under RCW 71.34.815, the court shall order an  
37 appropriate less restrictive course of treatment for up to 18 months.

38 (11) (a) Nothing in this section prohibits the professional person  
39 in charge of the facility from releasing the minor at any time, when,  
40 in the opinion of the professional person in charge of the facility,

1 further inpatient treatment is no longer necessary. The release may  
2 be subject to reasonable conditions if appropriate.

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

6 (12) A minor who has been committed for fourteen days shall be  
7 released at the end of that period unless a petition for (~~one~~  
8 ~~hundred eighty-day~~) 180-day commitment is pending before the court.

9 **Sec. 9.** RCW 71.34.780 and 2020 c 302 s 97 are each amended to  
10 read as follows:

11 (1) An agency or facility designated to monitor or provide less  
12 restrictive alternative treatment services to a minor under a court  
13 order or conditional release may take a range of actions to enforce  
14 the terms of the order or conditional release in the event the minor  
15 is not adhering to the terms or is experiencing substantial  
16 deterioration, decompensation, or a likelihood of serious harm. Such  
17 actions may include:

18 (a) Counseling the minor and offering incentives for compliance;

19 (b) Increasing the intensity of services;

20 (c) Petitioning the court to review the minor's compliance and  
21 optionally modify the terms of the order or conditional release while  
22 the minor remains in outpatient treatment;

23 (d) To request assistance from a peace officer for temporarily  
24 detaining the minor for up to 12 hours for evaluation at a crisis  
25 stabilization unit, evaluation and treatment facility, secure  
26 withdrawal management and stabilization facility, facility providing  
27 services under a court order, or emergency department to determine if  
28 revocation or enforcement proceedings under this section are  
29 necessary and appropriate to stabilize the minor, if there has been a  
30 pattern of noncompliance or failure of reasonable attempts at  
31 outreach and engagement; or

32 (e) Initiation of revocation proceedings under subsection (2) of  
33 this section.

34 (2) If the professional person in charge of an outpatient  
35 treatment program, a designated crisis responder, or the director or  
36 secretary, as appropriate, determines that a minor is failing to  
37 adhere to the conditions of (~~the~~) a court order for less  
38 restrictive alternative treatment or the conditions (~~for the~~) of a  
39 conditional release, or that substantial deterioration in the minor's

1 functioning has occurred, the designated crisis responder, or the  
2 director or secretary, as appropriate, may order that the minor be  
3 taken into custody and transported to an inpatient evaluation and  
4 treatment facility, a secure withdrawal management and stabilization  
5 facility, or an approved substance use disorder treatment program. A  
6 secure withdrawal management and stabilization facility or approved  
7 substance use disorder treatment program that has adequate space for  
8 the minor must be available.

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

18 (b) If the minor is involuntarily detained for revocation at an  
19 evaluation and treatment facility, secure withdrawal management and  
20 stabilization facility, or approved substance use disorder treatment  
21 program in a different county from where the minor was initially  
22 detained, the facility or program may file the order of apprehension,  
23 serve it on the minor and notify the minor's parents and the minor's  
24 attorney at the request of the designated crisis responder.

25 ~~((+3))~~ (4) A petition for revocation of less restrictive  
26 alternative treatment shall be filed by the designated crisis  
27 responder or the director, secretary, or facility, as appropriate,  
28 with the court in the county where the minor is detained. The court  
29 shall conduct the hearing in that county. A petition for revocation  
30 of conditional release must be filed in the county where the minor is  
31 detained. A petition shall describe the behavior of the minor  
32 indicating violation of the conditions or deterioration of routine  
33 functioning and a dispositional recommendation. The hearing shall be  
34 held within seven days of the minor's return. The issues to be  
35 determined are whether the minor did or did not adhere to the  
36 conditions of the less restrictive alternative treatment or  
37 conditional release, or whether the minor's routine functioning has  
38 substantially deteriorated, and, if so, whether the conditions of  
39 less restrictive alternative treatment or conditional release should  
40 be modified or, subject to subsection ~~((+4))~~ (5) of this section,

1 whether the (~~minor~~) court should (~~be returned to~~) order the  
2 minor's detention for inpatient treatment. Pursuant to the  
3 determination of the court, the minor shall be returned to less  
4 restrictive alternative treatment or conditional release on the same  
5 or modified conditions or shall be (~~returned to~~) detained for  
6 inpatient treatment. If the minor is (~~returned to~~) detained for  
7 inpatient treatment, RCW 71.34.760 regarding the director's placement  
8 responsibility shall apply. The hearing may be waived by the minor  
9 and the minor (~~returned to~~) detained for inpatient treatment or  
10 returned to less restrictive alternative treatment or conditional  
11 release on the same or modified conditions. If the court orders  
12 detention for inpatient treatment, the treatment period must be for  
13 14 days from the revocation hearing if the less restrictive  
14 alternative treatment order was based on a petition under RCW  
15 71.34.740 or 71.34.815. The minor must return to less restrictive  
16 alternative treatment under the order at the end of the 14-day period  
17 unless a petition for further treatment is filed under RCW 71.34.750  
18 or the minor accepts voluntary treatment. If the court orders  
19 detention for inpatient treatment and the less restrictive  
20 alternative treatment order or conditional release was based on a  
21 petition under RCW 71.34.750, the number of days remaining on the  
22 less restrictive alternative treatment order or conditional release  
23 must be converted to days of inpatient treatment.

24 (~~(4)~~) (5) A court may not order the (~~return~~) placement of a  
25 minor to inpatient treatment in a secure withdrawal management and  
26 stabilization facility or approved substance use disorder treatment  
27 program unless there is a secure withdrawal management and  
28 stabilization facility or approved substance use disorder treatment  
29 program available with adequate space for the minor.

30 **Sec. 10.** RCW 71.34.780 and 2020 c 302 s 98 are each amended to  
31 read as follows:

32 (1) An agency or facility designated to monitor or provide less  
33 restrictive alternative treatment services to a minor under a court  
34 order or conditional release may take a range of actions to enforce  
35 the terms of the order or conditional release in the event the minor  
36 is not adhering to the terms or is experiencing substantial  
37 deterioration, decompensation, or a likelihood of serious harm. Such  
38 actions may include:

39 (a) Counseling the minor and offering incentives for compliance;

1 (b) Increasing the intensity of services;

2 (c) Petitioning the court to review the minor's compliance and  
3 optionally modify the terms of the order or conditional release while  
4 the minor remains in outpatient treatment;

5 (d) To request assistance from a peace officer for temporarily  
6 detaining the minor for up to 12 hours for evaluation at a crisis  
7 stabilization unit, evaluation and treatment facility, secure  
8 withdrawal management and stabilization facility, facility providing  
9 services under a court order, or emergency department to determine if  
10 revocation or enforcement proceedings under this section are  
11 necessary and appropriate to stabilize the minor, if there has been a  
12 pattern of noncompliance or failure of reasonable attempts at  
13 outreach and engagement; or

14 (e) Initiation of revocation proceedings under subsection (2) of  
15 this section.

16 (2) If the professional person in charge of an outpatient  
17 treatment program, a designated crisis responder, or the director or  
18 secretary, as appropriate, determines that a minor is failing to  
19 adhere to the conditions of ~~((the))~~ a court order for less  
20 restrictive alternative treatment or the conditions ~~((for the))~~ of  
21 conditional release, or that substantial deterioration in the minor's  
22 functioning has occurred, the designated crisis responder, or the  
23 director or secretary, as appropriate, may order that the minor be  
24 taken into custody and transported to an inpatient evaluation and  
25 treatment facility, a secure withdrawal management and stabilization  
26 facility, or an approved substance use disorder treatment program.

27 ~~((+2))~~ (3)(a) The designated crisis responder, director, or  
28 secretary, as appropriate, shall file the order of apprehension and  
29 detention and serve it upon the minor and notify the minor's parent  
30 and the minor's attorney, if any, of the detention within two days of  
31 return. At the time of service the minor shall be informed of the  
32 right to a hearing and to representation by an attorney. The  
33 designated crisis responder or the director or secretary, as  
34 appropriate, may modify or rescind the order of apprehension and  
35 detention at any time prior to the hearing.

36 (b) If the minor is involuntarily detained for revocation at an  
37 evaluation and treatment facility, secure withdrawal management and  
38 stabilization facility, or approved substance use disorder treatment  
39 program in a different county from where the minor was initially  
40 detained, the facility or program may file the order of apprehension,

1 serve it on the minor and notify the minor's parents and the minor's  
2 attorney at the request of the designated crisis responder.

3 ~~((3))~~ (4) A petition for revocation of less restrictive  
4 alternative treatment shall be filed by the designated crisis  
5 responder or the director, secretary, or facility, as appropriate,  
6 with the court in the county where the minor is detained. The court  
7 shall conduct the hearing in that county. A petition for revocation  
8 of conditional release must be filed in the county where the minor is  
9 detained. A petition shall describe the behavior of the minor  
10 indicating violation of the conditions or deterioration of routine  
11 functioning and a dispositional recommendation. The hearing shall be  
12 held within seven days of the minor's return. The issues to be  
13 determined are whether the minor did or did not adhere to the  
14 conditions of the less restrictive alternative treatment or  
15 conditional release, or whether the minor's routine functioning has  
16 substantially deteriorated, and, if so, whether the conditions of  
17 less restrictive alternative treatment or conditional release should  
18 be modified or whether the ~~((minor))~~ court should ~~((be returned to))~~  
19 order the minor's detention for inpatient treatment. Pursuant to the  
20 determination of the court, the minor shall be returned to less  
21 restrictive alternative treatment or conditional release on the same  
22 or modified conditions or shall be ~~((returned to))~~ detained for  
23 inpatient treatment. If the minor is ~~((returned to))~~ detained for  
24 inpatient treatment, RCW 71.34.760 regarding the director's placement  
25 responsibility shall apply. The hearing may be waived by the minor  
26 and the minor ~~((returned to))~~ detained for inpatient treatment or  
27 returned to less restrictive alternative treatment or conditional  
28 release on the same or modified conditions. If the court orders  
29 detention for inpatient treatment, the treatment period must be for  
30 14 days from the revocation hearing if the less restrictive  
31 alternative treatment order was based on a petition under RCW  
32 71.34.740 or 71.34.815. The minor must return to less restrictive  
33 alternative treatment under the order at the end of the 14-day period  
34 unless a petition for further treatment is filed under RCW 71.34.750  
35 or the minor accepts voluntary treatment. If the court orders  
36 detention for inpatient treatment and the less restrictive  
37 alternative treatment order or conditional release was based on a  
38 petition under RCW 71.34.750, the number of days remaining on the  
39 less restrictive alternative treatment order or conditional release  
40 must be converted to days of inpatient treatment.

1       **Sec. 11.** RCW 71.34.815 and 2022 c 210 s 4 are each amended to  
2 read as follows:

3       (1) An adolescent is in need of assisted outpatient treatment if  
4 the court finds by ~~((clear, cogent, and convincing))~~ a preponderance  
5 of the evidence in response to a petition filed under this section  
6 that:

7       (a) The adolescent has a behavioral health disorder;

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

11       (i) The adolescent is unlikely to survive safely in the community  
12 without supervision and the adolescent's condition is substantially  
13 deteriorating; or

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

18       (c) The adolescent has a history of lack of compliance with  
19 treatment for his or her behavioral health disorder that has:

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

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

36       (iii) Resulted in one or more violent acts, threats, or attempts  
37 to cause serious physical harm to the adolescent or another within  
38 the 48 months prior to the filing of the petition, provided that the  
39 48-month period shall be extended by the length of any



1 hospitalization or incarceration of the person that occurred during  
2 the 48-month period;

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

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

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

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

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

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

19 (d) A designated crisis responder;

20 (e) A release planner from a juvenile detention or rehabilitation  
21 facility; or

22 (f) An emergency room physician.

23 (3) A court order for less restrictive alternative treatment on  
24 the basis that the adolescent is in need of assisted outpatient  
25 treatment may be effective for up to 18 months, unless the adolescent  
26 is currently detained for inpatient treatment for 14 days or more  
27 under RCW 71.34.740 or 71.34.750, in which case the order may be  
28 effective for 180 days. The petitioner must personally interview the  
29 adolescent, unless the adolescent refuses an interview, to determine  
30 whether the adolescent will voluntarily receive appropriate  
31 treatment.

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

36 (5) The petition must include:

37 (a) A statement of the circumstances under which the adolescent's  
38 condition was made known and the basis for the opinion, from personal  
39 observation or investigation, that the adolescent is in need of  
40 assisted outpatient treatment. The petitioner must state which

1 specific facts come from personal observation and specify what other  
2 sources of information the petitioner has relied upon to form this  
3 belief;

4 (b) A declaration from a physician, physician assistant, or  
5 advanced registered nurse practitioner, ~~((or))~~ the adolescent's  
6 treating mental health professional or substance use disorder  
7 professional, or in the case of a person enrolled in treatment in a  
8 behavioral health agency, the person's behavioral health case  
9 manager, who has examined the adolescent no more than 10 days prior  
10 to the submission of the petition and who is willing to testify in  
11 support of the petition, or who alternatively has made appropriate  
12 attempts to examine the adolescent within the same period but has not  
13 been successful in obtaining the adolescent's cooperation, and who is  
14 willing to testify to the reasons they believe that the adolescent  
15 meets the criteria for assisted outpatient treatment ~~((If the~~  
16 ~~declaration is provided by the adolescent's treating mental health~~  
17 ~~professional or substance use disorder professional, it must be~~  
18 ~~assigned by a supervising physician, physician assistant, or advanced~~  
19 ~~registered nurse practitioner who certifies that they have reviewed~~  
20 ~~the declaration))~~;

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

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

26 (e) If the adolescent is detained in a state hospital, inpatient  
27 treatment facility, or juvenile detention or rehabilitation facility  
28 at the time the petition is filed, the anticipated release date of  
29 the adolescent and any other details needed to facilitate successful  
30 reentry and transition into the community.

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

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

36 (ii) If the adolescent is hospitalized at the time of filing of  
37 the petition, before discharge of the adolescent and in sufficient  
38 time to arrange for a continuous transition from inpatient treatment  
39 to assisted outpatient treatment.

1 (b) A copy of the petition and notice of hearing shall be served,  
2 in the same manner as a summons, on the petitioner, the adolescent,  
3 the qualified professional whose affidavit accompanied the petition,  
4 a current provider, if any, and a surrogate decision maker or agent  
5 under chapter 71.32 RCW, if any.

6 (c) If the adolescent has a surrogate decision maker or agent  
7 under chapter 71.32 RCW who wishes to provide testimony at the  
8 hearing, the court shall afford the surrogate decision maker or agent  
9 an opportunity to testify.

10 (d) The adolescent shall be represented by counsel at all stages  
11 of the proceedings.

12 (e) If the adolescent fails to appear at the hearing after  
13 notice, the court may conduct the hearing in the adolescent's  
14 absence; provided that the adolescent's counsel is present.

15 (f) If the adolescent has refused to be examined by the qualified  
16 professional whose affidavit accompanied the petition, the court may  
17 order a mental examination of the adolescent. The examination of the  
18 adolescent may be performed by the qualified professional whose  
19 affidavit accompanied the petition. If the examination is performed  
20 by another qualified professional, the examining qualified  
21 professional shall be authorized to consult with the qualified  
22 professional whose affidavit accompanied the petition.

23 (g) If the adolescent has refused to be examined by a qualified  
24 professional and the court finds reasonable grounds to believe that  
25 the allegations of the petition are true, the court may issue a  
26 written order directing a peace officer who has completed crisis  
27 intervention training to detain and transport the adolescent to a  
28 provider for examination by a qualified professional. An adolescent  
29 detained pursuant to this subsection shall be detained no longer than  
30 necessary to complete the examination and in no event longer than 24  
31 hours. All papers in the court file must be provided to the  
32 adolescent's designated attorney.

33 (7) If the petition involves an adolescent whom the petitioner or  
34 behavioral health administrative services organization knows, or has  
35 reason to know, is an American Indian or Alaska Native who receives  
36 medical or behavioral health services from a tribe within this state,  
37 the behavioral health administrative services organization shall  
38 notify the tribe and Indian health care provider. Notification shall  
39 be made in person or by telephonic or electronic communication to the

1 tribal contact listed in the authority's tribal crisis coordination  
2 plan as soon as possible.

3 (8) A petition for assisted outpatient treatment filed under this  
4 section shall be adjudicated under RCW 71.34.740.

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

8 NEW SECTION. **Sec. 12.** Sections 3, 7, and 9 of this act expire  
9 July 1, 2026.

10 NEW SECTION. **Sec. 13.** Sections 4, 8, and 10 of this act take  
11 effect July 1, 2026.

12 **Sec. 14.** 2021 c 264 s 29 (uncodified) is amended to read as  
13 follows:

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

20 (2) The health care authority must provide written notice of the  
21 effective date of sections 64 and 81, chapter 302, Laws of 2020  
22 (~~and~~), section(s 27 and) 28, chapter 264, Laws of 2021, and  
23 section 6, chapter . . . , Laws of 2023 (section 6 of this act) to  
24 affected parties, the chief clerk of the house of representatives,  
25 the secretary of the senate, the office of the code reviser, and  
26 others as deemed appropriate by the authority.

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