

Chapter 71.05 RCW
BEHAVIORAL HEALTH DISORDERS
(Formerly: Mental illness)

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RCW 71.05.010 Legislative intent. (1) The provisions of this chapter apply to persons who are eighteen years of age or older and are intended by the legislature:

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

(b) To prevent inappropriate, indefinite commitment of persons living with behavioral health disorders and to eliminate legal disabilities that arise from such commitment;

(c) To provide prompt evaluation and timely and appropriate treatment of persons with serious behavioral health disorders;

(d) To safeguard individual rights;

(e) To provide continuity of care for persons with serious behavioral health disorders;

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

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

(2) When construing the requirements of this chapter the court must focus on the merits of the petition, except where requirements have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of deciding petitions on their merits furthers both public and private interests because the mental and physical well-being of individuals as well as public safety may be implicated by the decision to release an individual and discontinue his or her treatment. [2020 c 302 s 1; 2016 sp.s. c 29 s 203; 2015 c 269 s 1; 1998 c 297 s 2; 1997 c 112 s 2; 1989 c 120 s 1; 1973 1st ex.s. c 142 s 6.]

Short title—2016 sp.s. c 29: "This act may be known and cited as Ricky Garcia's act." [2016 sp.s. c 29 s 801.]

Right of action—2016 sp.s. c 29: "This act does not create any new entitlement or cause of action related to civil commitment under

this chapter, and cannot form the basis for a private right of action." [2016 sp.s. c 29 s 802.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Effective date—2015 c 269 ss 1-9 and 11-13: "Sections 1 through 9 and 11 through 13 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [May 14, 2015]." [2015 c 269 s 20.]

Effective dates—1998 c 297: "This act takes effect July 1, 1998, except for sections 18, 35, 38, and 39 of this act, which take effect March 1, 1999." [1998 c 297 s 53.]

Severability—1998 c 297: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1998 c 297 s 58.]

Intent—1998 c 297: "It is the intent of the legislature to: (1) Clarify that it is the nature of a person's current conduct, current mental condition, history, and likelihood of committing future acts that pose a threat to public safety or himself or herself, rather than simple categorization of offenses, that should determine treatment procedures and level; (2) improve and clarify the sharing of information between the mental health and criminal justice systems; and (3) provide additional opportunities for mental health treatment for persons whose conduct threatens himself or herself or threatens public safety and has led to contact with the criminal justice system.

The legislature recognizes that a person can be incompetent to stand trial, but may not be gravely disabled or may not present a likelihood of serious harm. The legislature does not intend to create a presumption that a person who is found incompetent to stand trial is gravely disabled or presents a likelihood of serious harm requiring civil commitment." [1998 c 297 s 1.]

RCW 71.05.012 Legislative intent and finding. It is the intent of the legislature to enhance continuity of care for persons with serious behavioral health disorders that can be controlled or stabilized in a less restrictive alternative commitment. Within the guidelines stated in *In re LaBelle*[,], 107 Wn. 2d 196 (1986), the legislature intends to encourage appropriate interventions at a point when there is the best opportunity to restore the person to or maintain satisfactory functioning.

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

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

restrictive alternative commitment should be ordered. [2020 c 302 s 2; 1997 c 112 s 1.]

RCW 71.05.020 Definitions. (Contingent expiration date.) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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

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

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

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

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

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

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

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

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

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

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

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

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

(14) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual;

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

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

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

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

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

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

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

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

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

(24) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health

services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(34) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their

capacity as legal representatives of public behavioral health service providers under RCW 71.05.130;

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

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

(37) "Likelihood of serious harm" means:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Provide the following services:

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

(ii) Clinical stabilization services;

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

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

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

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

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

(54) "State facility" means:

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

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

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

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

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

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

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

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

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

(62) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property. [2025 c 226 s 1. Prior: 2024 c 371 s 17; 2024 c 209 s 5; 2024 c 62 s 18; prior: 2023 c 433 s 3; 2023 c 425 s 20; 2022 c 210 s 1; prior:

2021 c 264 s 21; (2021 c 264 s 20 expired July 1, 2022); 2021 c 263 s 12; (2021 c 263 s 11 expired July 1, 2022); prior: 2020 c 302 s 3; 2020 c 256 s 301; 2020 c 80 s 51; 2020 c 5 s 1; prior: 2019 c 446 s 2; 2019 c 444 s 16; 2019 c 325 s 3001; prior: 2018 c 305 s 1; 2018 c 291 s 1; 2018 c 201 s 3001; 2017 3rd sp.s. c 14 s 14; prior: 2016 sp.s. c 29 s 204; 2016 c 155 s 1; prior: 2015 c 269 s 14; (2015 c 269 s 13 expired April 1, 2016); 2015 c 250 s 2; (2015 c 250 s 1 expired April 1, 2016); prior: 2014 c 225 s 79; prior: 2011 c 148 s 1; 2011 c 89 s 14; prior: 2009 c 320 s 1; 2009 c 217 s 20; 2008 c 156 s 1; prior: 2007 c 375 s 6; 2007 c 191 s 2; 2005 c 504 s 104; 2000 c 94 s 1; 1999 c 13 s 5; 1998 c 297 s 3; 1997 c 112 s 3; prior: 1989 c 420 s 13; 1989 c 205 s 8; 1989 c 120 s 2; 1979 ex.s. c 215 s 5; 1973 1st ex.s. c 142 s 7.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Contingent expiration date—2025 c 226 s 1: "Section 1 of this act expires when section 2 of this act takes effect." [2025 c 226 s 13.]

Effective date—2025 c 226: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 12, 2025]." [2025 c 226 s 17.]

Contingent expiration date—2024 c 371 s 17: "Section 17 of this act expires when section 18 of this act takes effect." [2024 c 371 s 24.]

Contingent expiration date—2024 c 209 s 5: "Section 5 of this act expires when section 6 of this act takes effect." [2024 c 209 s 35.]

Contingent expiration date—2024 c 62 s 18: "Section 18 of this act expires when section 2, chapter 210, Laws of 2022 takes effect." [2024 c 62 s 34.]

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Contingent expiration date—2023 c 425 s 20: "Section 20 of this act expires when section 21 of this act takes effect." [2023 c 425 s 28.]

Effective date—2023 c 425 ss 1-7, 13-20, and 22-26: See note following RCW 18.83.170.

Effective date—2022 c 210 ss 1, 2, and 31: "Sections 1, 2, and 31 of this act take effect July 1, 2022." [2022 c 210 s 30.]

Effective date—2021 c 264 ss 21 and 26: "Sections 21 and 26 of this act take effect July 1, 2022." [2021 c 264 s 38.]

Expiration date—2021 c 264 ss 20 and 25: "Sections 20 and 25 of this act expire July 1, 2022." [2021 c 264 s 37.]

Effective date—2021 c 263 ss 12 and 14: "Sections 12 and 14 of this act take effect July 1, 2022." [2021 c 263 s 25.]

Expiration date—2021 c 263 ss 11 and 13: "Sections 11 and 13 of this act expire July 1, 2022." [2021 c 263 s 24.]

Application—2021 c 263: See note following RCW 10.77.550.

Effective date—2020 c 80 ss 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: "Sections 1 through 4, 6, 7, 9, 11, 12, 13, and 15 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect April 1, 2018." [2018 c 291 s 18.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 10 and 14: See note following RCW 71.24.300.

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not they are certified by the department of social and health services, as of April 22, 2011, are not required to relicense or recertify under any new rules governing licensure or certification of triage facilities. The department of social and health services shall work with the Washington association of counties and the Washington association of sheriffs and police chiefs in creating rules that establish standards for certification of triage facilities. The department of health rules must not require triage facilities to provide twenty-four hour nursing." [2011 c 148 s 6.]

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Findings—2011 c 89: See RCW 18.320.005.

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Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.020 Definitions. (Contingent effective date.) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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

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

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

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

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

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

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

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

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

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

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

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

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

(14) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual;

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

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

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

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

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

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

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

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

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

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

(25) "Gravely disabled" means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating

loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(37) "Likelihood of serious harm" means:

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

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

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

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

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

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

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

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

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

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

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

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

(44) "Professional person" means a mental health professional, substance use disorder professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such

others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

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

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

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

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

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

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

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

(a) Provide the following services:

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

(ii) Clinical stabilization services;

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

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

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

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

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

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

(55) "State facility" means:

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

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

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

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

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

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

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

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

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

(63) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property. [2025 c 226 s 2. Prior: 2024 c 371 s 18; 2024 c 209 s 6; 2024 c 62 s 19; prior: 2023 c 433 s 4; 2023 c 425 s 21; 2022 c 210 s 2; prior: 2021 c 264 s 23; 2021 c 264 s 22; 2021 c 263 s 14; (2021 c 263 s 13 expired July 1, 2022); prior: 2020 c 302 s 4; 2020 c 302 s 3; 2020 c 256 s 301; 2020 c 80 s 51; 2020 c 5 s 1; prior: 2019 c 446 s 2; 2019 c

444 s 16; 2019 c 325 s 3001; prior: 2018 c 305 s 1; 2018 c 291 s 1; 2018 c 201 s 3001; 2017 3rd sp.s. c 14 s 14; prior: 2016 sp.s. c 29 s 204; 2016 c 155 s 1; prior: 2015 c 269 s 14; (2015 c 269 s 13 expired April 1, 2016); 2015 c 250 s 2; (2015 c 250 s 1 expired April 1, 2016); prior: 2014 c 225 s 79; prior: 2011 c 148 s 1; 2011 c 89 s 14; prior: 2009 c 320 s 1; 2009 c 217 s 20; 2008 c 156 s 1; prior: 2007 c 375 s 6; 2007 c 191 s 2; 2005 c 504 s 104; 2000 c 94 s 1; 1999 c 13 s 5; 1998 c 297 s 3; 1997 c 112 s 3; prior: 1989 c 420 s 13; 1989 c 205 s 8; 1989 c 120 s 2; 1979 ex.s. c 215 s 5; 1973 1st ex.s. c 142 s 7.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Contingent effective date—2025 c 226 s 2: "Section 2 of this act takes effect when the contingency in section 26, chapter 433, Laws of 2023 takes effect." [2025 c 226 s 14.]

Contingent effective date—2024 c 371 s 18: "Section 18 of this act takes effect when the contingency in section 26, chapter 433, Laws of 2023 takes effect." [2024 c 371 s 25.]

Contingent effective date—2024 c 209 s 6: "Section 6 of this at [act] takes effect when section 4, chapter 433, Laws of 2023 takes effect." [2024 c 209 s 36.]

Contingent effective date—2024 c 62 s 19: "Section 19 of this act takes effect when section 18 of this act expires." [2024 c 62 s 35.]

Intent—2024 c 62: See note following RCW 18.71A.020.

Contingent effective date—2023 c 425 s 21: "Section 21 of this act takes effect when section 2, chapter 210, Laws of 2022 takes effect." [2023 c 425 s 30.]

Effective date—2022 c 210 ss 1, 2, and 31: See note following RCW 71.05.020.

Contingent effective date—2023 c 433 s 4; 2022 c 210 ss 2 and 10; 2021 c 264 ss 22 and 23; 2021 c 263 ss 13 and 14; 2020 c 302 ss 4 and 28: "(1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021, sections 2 and 10, chapter 210, Laws of 2022, and section 4, chapter 433, Laws of 2023 take effect when monthly single-bed certifications authorized under RCW 71.05.745 fall below 200 reports for 3 consecutive months.

(2) The health care authority must provide written notice of the effective date of sections 4 and 28, chapter 302, Laws of 2020, sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021, sections 2 and 10, chapter 210, Laws of 2022, and section 4, chapter 433, Laws of 2023 to affected parties, the chief clerk of the house of representatives, the secretary of the senate, the office of the code reviser, and others as deemed appropriate by the authority." [2023 c 433 s 26; 2022 c 210 s 31. Prior: 2021 c 264 s 24; 2021 c 263 s 21; 2020 c 302 s 110.]

Effective date—2021 c 263 ss 12 and 14: "Sections 12 and 14 of this act take effect July 1, 2022." [2021 c 263 s 25.]

Expiration date—2021 c 263 ss 11 and 13: "Sections 11 and 13 of this act expire July 1, 2022." [2021 c 263 s 24.]

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Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

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triage facilities. The department of social and health services shall work with the Washington association of counties and the Washington association of sheriffs and police chiefs in creating rules that establish standards for certification of triage facilities. The department of health rules must not require triage facilities to provide twenty-four hour nursing." [2011 c 148 s 6.]

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Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Alphabetization—Correction of references—2005 c 504: "(1) The code reviser shall alphabetize and renumber the definitions, and correct any internal references affected by this act.

(2) The code reviser shall replace all references to "county designated mental health professional" with "designated mental health professional" in the Revised Code of Washington." [2005 c 504 s 811.]

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.025 Integration with chapter 71.24 RCW—Behavioral health administrative services organizations—Duty to institute procedures for timely consultation with resource management services. The legislature intends that the procedures and services authorized in this chapter be integrated with those in chapter 71.24 RCW to the maximum extent necessary to assure an appropriate continuum of care for persons with behavioral health disorders, as defined in either or both this chapter and chapter 71.24 RCW. To this end, behavioral

health administrative services organizations established in accordance with chapter 71.24 RCW shall institute procedures which require timely consultation with resource management services by designated crisis responders, managed care organizations, evaluation and treatment facilities, secure withdrawal management and stabilization facilities, and approved substance use disorder treatment programs to assure that determinations to admit, detain, commit, treat, discharge, or release persons with behavioral health disorders under this chapter are made only after appropriate information regarding such person's treatment history and current treatment plan has been sought from resource management services. [2020 c 302 s 5; 2019 c 325 s 3002; 2016 sp.s. c 29 s 205; 2014 c 225 s 80; 2000 c 94 s 2; 1989 c 205 s 9.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2014 c 225: See note following RCW 71.24.016.

Evaluation of transition to regional systems—1989 c 205: See note following RCW 71.24.015.

RCW 71.05.026 Behavioral health services contracts—Limitation on state liability. (1) Except for monetary damage claims which have been reduced to final judgment by a superior court, this section applies to all claims against the state, state agencies, state officials, or state employees that exist on or arise after March 29, 2006.

(2) Except as expressly provided in contracts entered into by the authority, the entities identified in subsection (3) of this section shall have no claim for declaratory relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient behavioral health disorder treatment and care.

(3) This section applies to counties, behavioral health administrative services organizations, managed care organizations, and entities which contract to provide behavioral health services and their subcontractors, agents, or employees. [2020 c 302 s 6; 2019 c 325 s 3003; 2018 c 201 s 3002; 2016 sp.s. c 29 s 206; 2014 c 225 s 81; 2006 c 333 s 301.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2014 c 225: See note following RCW 71.24.016.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

RCW 71.05.027 Integrated comprehensive screening and assessment process for substance use and mental disorders. All persons providing treatment under this chapter shall also provide an integrated comprehensive screening and assessment process for substance use disorders and mental disorders adopted pursuant to RCW 71.24.630. [2019 c 325 s 3004; 2018 c 201 s 3003; 2014 c 225 s 82; 2005 c 504 s 103.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2014 c 225: See note following RCW 71.24.016.

Findings—Intent—2005 c 504: "The legislature finds that persons with mental disorders, chemical dependency disorders, or co-occurring mental and substance abuse disorders are disproportionately more likely to be confined in a correctional institution, become homeless, become involved with child protective services or involved in a dependency proceeding, or lose those state and federal benefits to which they may be entitled as a result of their disorders. The legislature finds that prior state policy of addressing mental health and chemical dependency in isolation from each other has not been cost-effective and has often resulted in longer-term, more costly treatment that may be less effective over time. The legislature finds that a substantial number of persons have co-occurring mental and substance abuse disorders and that identification and integrated treatment of co-occurring disorders is critical to successful outcomes and recovery. Consequently, the legislature intends, to the extent of available funding, to:

(1) Establish a process for determining which persons with mental disorders and substance abuse disorders have co-occurring disorders;

(2) Reduce the gap between available chemical dependency treatment and the documented need for treatment;

(3) Improve treatment outcomes by shifting treatment, where possible, to evidence-based, research-based, and consensus-based treatment practices and by removing barriers to the use of those practices;

(4) Expand the authority for and use of therapeutic courts including drug courts, mental health courts, and therapeutic courts for dependency proceedings;

(5) Improve access to treatment for persons who are not enrolled in medicaid by improving and creating consistency in the application

processes, and by minimizing the numbers of eligible confined persons who leave confinement without medical assistance;

(6) Improve access to inpatient treatment by creating expanded services facilities for persons needing intensive treatment in a secure setting who do not need inpatient care, but are unable to access treatment under current licensing restrictions in other settings;

(7) Establish secure detoxification centers for persons involuntarily detained as gravely disabled or presenting a likelihood of serious harm due to chemical dependency and authorize combined crisis responders for both mental disorders and chemical dependency disorders on a pilot basis and study the outcomes;

(8) Slow or stop the loss of inpatient and intensive residential beds and children's long-term inpatient placements and refine the balance of state hospital and community inpatient and residential beds;

(9) Improve cross-system collaboration including collaboration with first responders and hospital emergency rooms, schools, primary care, developmental disabilities, law enforcement and corrections, and federally funded and licensed programs;

(10) Following the receipt of outcomes from the pilot programs in Part II of this act, if directed by future legislative enactment, implement a single, comprehensive, involuntary treatment act with a unified set of standards, rights, obligations, and procedures for adults and children with mental disorders, chemical dependency disorders, and co-occurring disorders; and

(11) Amend existing state law to address organizational and structural barriers to effective use of state funds for treating persons with mental and substance abuse disorders, minimize internal inconsistencies, clarify policy and requirements, and maximize the opportunity for effective and cost-effective outcomes." [2005 c 504 s 101.]

Severability—2005 c 504: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [2005 c 504 s 807.]

Application—Construction—2005 c 504: "This act shall be so applied and construed as to effectuate its general purpose to make uniform the law with respect to the subject of this act among those states which enact it." [2005 c 504 s 808.]

Captions, part headings, subheadings not law—2005 c 504: "Captions, part headings, and subheadings used in this act are not part of the law." [2005 c 504 s 809.]

Adoption of rules—2005 c 504: "(1) The secretary of the department of social and health services may adopt rules as necessary to implement the provisions of this act.

(2) The secretary of corrections may adopt rules as necessary to implement the provisions of this act." [2005 c 504 s 812.]

Effective dates—2005 c 504: "(1) Except for section 503 of this act, this act is necessary for the immediate preservation of the

public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2005.

(2) Section 503 of this act takes effect July 1, 2006." [2005 c 504 s 813.]

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

RCW 71.05.030 Commitment laws applicable. Persons suffering from a behavioral health disorder may not be involuntarily committed for treatment of such disorder except pursuant to provisions of this chapter, chapter 10.77 RCW, chapter 71.06 RCW, chapter 71.34 RCW, transfer pursuant to RCW 72.68.031 through 72.68.037, or pursuant to court ordered evaluation and treatment not to exceed ninety days pending a criminal trial or sentencing. [2020 c 302 s 7; 1998 c 297 s 4; 1985 c 354 s 31; 1983 c 3 s 179; 1974 ex.s. c 145 s 4; 1973 2nd ex.s. c 24 s 2; 1973 1st ex.s. c 142 s 8.]

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.040 Detention or judicial commitment of persons with developmental disabilities, impaired by substance use disorder, or suffering from dementia. Persons with developmental disabilities, impaired by substance use disorder, or suffering from dementia shall not be detained for evaluation and treatment or judicially committed solely by reason of that condition unless such condition causes a person to be gravely disabled or to present a likelihood of serious harm. However, persons with developmental disabilities, impaired by substance use disorder, or suffering from dementia and who otherwise meet the criteria for detention or judicial commitment are not ineligible for detention or commitment based on this condition alone. [2020 c 302 s 8; 2018 c 201 s 3004; 2004 c 166 s 2; 1997 c 112 s 4; 1987 c 439 s 1; 1977 ex.s. c 80 s 41; 1975 1st ex.s. c 199 s 1; 1974 ex.s. c 145 s 5; 1973 1st ex.s. c 142 s 9.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Severability—2004 c 166: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [2004 c 166 s 23.]

Effective dates—2004 c 166: "This act takes effect July 1, 2004, except for sections 6, 20, and 22 of this act, which are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [March 26, 2004]." [2004 c 166 s 24.]

Purpose—Intent—Severability—1977 ex.s. c 80: See notes following RCW 4.16.190.

RCW 71.05.050 Voluntary application for treatment of a behavioral health disorder—Rights—Review of condition and status—Detention—Person refusing voluntary admission, temporary detention.

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

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

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

(4) If a person is brought to or accepted at a 23-hour crisis relief center and thereafter refuses to stay voluntarily, and the professional staff of the 23-hour crisis relief center regard the person as presenting as a result of a behavioral health disorder an imminent likelihood of serious harm, or presenting as an imminent danger because of grave disability, they may detain the person for sufficient time to enable the designated crisis responder to complete an evaluation, and, if involuntary commitment criteria are met, authorize the person being further held in custody or transported to a hospital emergency department, evaluation and treatment center, secure withdrawal management and stabilization facility, or approved

substance use disorder treatment program pursuant to the provisions of this chapter, but which time shall be no more than 12 hours from the time the professional staff notify the designated crisis responder of the need for evaluation.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section. [2023 c 433 s 5; 2020 c 302 s 9; 2019 c 446 s 3; 2016 sp.s. c 29 s 207; 2015 c 269 s 5; 2000 c 94 s 3; 1998 c 297 s 6; 1997 c 112 s 5; 1979 ex.s. c 215 s 6; 1975 1st ex.s. c 199 s 2; 1974 ex.s. c 145 s 6; 1973 1st ex.s. c 142 s 10.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.100 Financial responsibility. In addition to the responsibility provided for by RCW 43.20B.330, any person, or his or her estate, or his or her spouse, who is involuntarily detained pursuant to this chapter for the purpose of treatment and evaluation outside of a facility maintained and operated by the department of social and health services shall be responsible for the cost of such care and treatment. In the event that an individual is unable to pay for such treatment or in the event payment would result in a substantial hardship upon the individual or his or her family, then the county of residence of such person shall be responsible for such costs. If it is not possible to determine the county of residence of the person, the cost shall be borne by the county where the person was originally detained. The department of social and health services, or the authority, as appropriate, shall, pursuant to chapter 34.05 RCW, adopt standards as to (1) inability to pay in whole or in part, (2) a definition of substantial hardship, and (3) appropriate payment schedules. Financial responsibility with respect to services and facilities of the department of social and health services shall continue to be as provided in RCW 43.20B.320 through 43.20B.360 and 43.20B.370. [2020 c 302 s 10; 2018 c 201 s 3005; 1997 c 112 s 6; 1987 c 75 s 18; 1973 2nd ex.s. c 24 s 4; 1973 1st ex.s. c 142 s 15.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Savings—1987 c 75: See RCW 43.20B.900.

RCW 71.05.110 Appointed counsel—Compensation. (1) The county where the person is detained shall administer appointed counsel under this chapter, regardless of the person's county of origin. Reimbursement for the costs of such representation is specified under RCW 71.05.730. The county shall provide counsel:

(a) Directly;
(b) By contracting for that representation; or
(c) When an individual is detained at a state facility, by submitting a request to the health care authority to contract for such counsel with the office of public defense on the county's behalf under chapter 2.70 RCW.

(2) The health care authority shall notify the county within 30 days of receiving notice from the office of public defense that appointed counsel cannot be provided by the office of public defense under subsection (1)(c) of this section. Upon such notice, the county shall provide appointed counsel pursuant to subsection (1)(a) or (b) of this section.

(3) Attorneys appointed for persons pursuant to this chapter shall be compensated for their services as follows: (a) The person for whom an attorney is appointed shall, if he or she is financially able pursuant to standards as to financial capability and indigency set by the superior court of the county in which the proceeding is held, bear the costs of such legal services; (b) if such person is indigent pursuant to such standards, the behavioral health administrative services organization shall reimburse the county in which the proceeding is held for the direct costs of such legal services except when the office of public defense is providing counsel under subsection (1)(c) of this section, as provided in RCW 71.05.730.

(4) This section supersedes any local ordinance, charter, or rule. [2025 c 226 s 3; 2019 c 325 s 3005; 2014 c 225 s 83; 2011 c 343 s 5; 1997 c 112 s 7; 1973 1st ex.s. c 142 s 16.]

Effective date—2025 c 226: See note following RCW 71.05.020.

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2014 c 225: See note following RCW 71.24.016.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

RCW 71.05.120 Exemptions from liability. (1) No officer of a public or private agency, nor the superintendent, professional person in charge, his or her professional designee, or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a person pursuant to this chapter, nor any designated crisis responder, nor the state, a unit of local government, an evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program shall be civilly or criminally liable for performing duties pursuant to this chapter with regard to the decision of whether to admit, discharge, release, administer antipsychotic medications, or detain a person for evaluation and treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

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

(3) This section does not relieve a person from giving the required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel. [2020 c 302 s 11; 2019 c 446 s 22. Prior: 2016 sp.s. c 29 s 208; 2016 c 158 s 4; 2000 c 94 s 4; 1991 c 105 s 2; 1989 c 120 s 3; 1987 c 212 s 301; 1979 ex.s. c 215 s 7; 1974 ex.s. c 145 s 7; 1973 2nd ex.s. c 24 s 5; 1973 1st ex.s. c 142 s 17.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Finding—Intent—2016 c 158: See note following RCW 71.05.455.

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.130 Duties of prosecuting attorney and attorney general. In any judicial proceeding for involuntary commitment or detention except under RCW 71.05.201, or in any proceeding challenging involuntary commitment or detention, the prosecuting attorney for the county in which the proceeding was initiated shall represent the individuals or agencies petitioning for commitment or detention and shall defend all challenges to such commitment or detention, except that the attorney general shall represent and provide legal services and advice to state hospitals and state facilities with regard to all provisions of and proceedings under this chapter other than proceedings initiated by such hospitals and facilities seeking 14-day detention. [2025 c 226 s 4; 2015 c 258 s 4; 1998 c 297 s 7; 1991 c 105 s 3; 1989 c 120 s 4; 1979 ex.s. c 215 s 8; 1973 1st ex.s. c 142 s 18.]

Effective date—2025 c 226: See note following RCW 71.05.020.

Short title—2015 c 258: See note following RCW 71.05.201.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.132 Court-ordered treatment—Required notifications. When any court orders a person to receive treatment under this

chapter, the order shall include a statement that if the person is, or becomes, subject to supervision by the department of corrections, the person must notify the treatment provider and the person's mental health treatment information and substance use disorder treatment information must be shared with the department of corrections for the duration of the offender's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of one or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this person's information. [2016 sp.s. c 29 s 209; 2004 c 166 s 12.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Severability—Effective dates—2004 c 166: See notes following RCW 71.05.040.

RCW 71.05.135 Mental health commissioners—Appointment. In each county the superior court may appoint the following persons to assist the superior court in disposing of its business: PROVIDED, That such positions may not be created without prior consent of the county legislative authority:

(1) One or more attorneys to act as mental health commissioners; and

(2) Such investigators, stenographers, and clerks as the court shall find necessary to carry on the work of the mental health commissioners.

The appointments provided for in this section shall be made by a majority vote of the judges of the superior court of the county and may be in addition to all other appointments of commissioners and other judicial attaches otherwise authorized by law. Mental health commissioners and investigators shall serve at the pleasure of the judges appointing them and shall receive such compensation as the county legislative authority shall determine. The appointments may be full or part-time positions. A person appointed as a mental health commissioner may also be appointed to any other commissioner position authorized by law. [1993 c 15 s 2; 1991 c 363 s 146; 1989 c 174 s 1.]

Effective date—1993 c 15: See note following RCW 26.12.050.

Purpose—Captions not law—1991 c 363: See notes following RCW 2.32.180.

Severability—1989 c 174: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1989 c 174 s 4.]

RCW 71.05.137 Mental health commissioners—Authority. The judges of the superior court of the county by majority vote may

authorize mental health commissioners, appointed pursuant to RCW 71.05.135, to perform any or all of the following duties:

(1) Receive all applications, petitions, and proceedings filed in the superior court for the purpose of disposing of them pursuant to this chapter or *RCW 10.77.525;

(2) Investigate the facts upon which to base warrants, subpoenas, orders to directions in actions, or proceedings filed pursuant to this chapter or *RCW 10.77.525;

(3) For the purpose of this chapter, exercise all powers and perform all the duties of a court commissioner appointed pursuant to RCW 2.24.010;

(4) Hold hearings in proceedings under this chapter or *RCW 10.77.525 and make written reports of all proceedings under this chapter or *RCW 10.77.525 which shall become a part of the record of superior court;

(5) Provide such supervision in connection with the exercise of its jurisdiction as may be ordered by the presiding judge; and

(6) Cause the orders and findings to be entered in the same manner as orders and findings are entered in cases in the superior court. [2013 c 27 s 1; 1989 c 174 s 2.]

***Reviser's note:** These RCW references have been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Severability—1989 c 174: See note following RCW 71.05.135.

RCW 71.05.140 Records maintained. A record of all applications, petitions, and proceedings under this chapter shall be maintained by the county clerk in which the application, petition, or proceeding was initiated. [1973 1st ex.s. c 142 s 19.]

RCW 71.05.145 Offenders with behavioral health disorders who are believed to be dangerous—Less restrictive alternative. The legislature intends that, when evaluating a person who is identified under RCW 72.09.370(7), the professional person at the evaluation and treatment facility shall, when appropriate after consideration of the person's mental condition and relevant public safety concerns, file a petition for a ninety-day less restrictive alternative in lieu of a petition for a fourteen-day commitment. [1999 c 214 s 4.]

Intent—Effective date—1999 c 214: See notes following RCW 72.09.370.

RCW 71.05.148 Assisted outpatient treatment—Petitions, court orders for less restrictive alternative treatment—Procedure. (Effective until June 30, 2027.) (1) A person is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence pursuant to a petition filed under this section that:

(a) The person has a behavioral health disorder;

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) A designated crisis responder;

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

(f) An emergency room physician.

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

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

(5) The petition must include:

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

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

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

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

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

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

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

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

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

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

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

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

(f) If the respondent has refused to be examined by the qualified professional whose affidavit accompanied the petition, the court may order a mental examination of the respondent. The examination of the respondent may be performed by the qualified professional whose

affidavit accompanied the petition. If the examination is performed by another qualified professional, the examining qualified professional shall be authorized to consult with the qualified professional whose affidavit accompanied the petition.

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

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

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

(9) After January 1, 2023, a petition for assisted outpatient treatment must be filed on forms developed by the administrative office of the courts. [2024 c 209 s 9; 2022 c 210 s 3; 2019 c 446 s 21; 2018 c 291 s 3.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15:
See note following RCW 71.05.020.

RCW 71.05.148 Assisted outpatient treatment—Petitions, court orders for less restrictive alternative treatment—Procedure.

(Effective June 30, 2027.) (1) A person is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence pursuant to a petition filed under this section that:

(a) The person has a behavioral health disorder;

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) A designated crisis responder;

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

(f) An emergency room physician.

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

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

(5) The petition must include:

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

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

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

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

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

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

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

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

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

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

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

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

(f) If the respondent has refused to be examined by the qualified professional whose affidavit accompanied the petition, the court may order a mental examination of the respondent. The examination of the respondent may be performed by the qualified professional whose

affidavit accompanied the petition. If the examination is performed by another qualified professional, the examining qualified professional shall be authorized to consult with the qualified professional whose affidavit accompanied the petition.

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

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

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

(9) After January 1, 2023, a petition for assisted outpatient treatment must be filed on forms developed by the administrative office of the courts. [2025 c 58 s 5145; 2024 c 209 s 9; 2022 c 210 s 3; 2019 c 446 s 21; 2018 c 291 s 3.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

RCW 71.05.150 Petition for initial detention of persons with behavioral health disorders—Evaluation and treatment period—Procedure—Tribal jurisdiction. (Effective until July 1, 2026.) (1) When a designated crisis responder receives information alleging that a person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek

appropriate treatment, file a petition for initial detention under this section. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, 23-hour crisis relief center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2)(a) A superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than 120 hours for evaluation and treatment upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of the judge that:

(i) There is probable cause to support the petition; and

(ii) The person has refused or failed to accept appropriate evaluation and treatment voluntarily.

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

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

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

(e) If the court does not issue an order to detain a person pursuant to this subsection (2), the court shall issue an order to dismiss the initial petition.

(3) The designated crisis responder shall then serve or cause to be served on such person and his or her guardian, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within 120 hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an

attorney, a personal physician, or other professional or religious advisor or traditional cultural healer to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

(5) In any investigation and evaluation of an individual under this section or RCW 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and Indian health care provider whether or not a petition for initial detention or involuntary outpatient treatment will be filed as soon as possible, but no later than three hours from the time the decision is made. If a petition for initial detention or involuntary outpatient treatment is filed, the designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before the hearing, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the designated crisis responder to provide notice to the tribe or Indian health care provider under this section. Notification under this section is subject to any federal and state laws and regulations including the requirements in RCW 70.02.230 (2)(ee) and (3) and shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan. [2024 c 209 s 11; 2023 c 433 s 6; 2022 c 210 s 5; 2021 c 264 s 1. Prior: 2020 c 302 s 13; (2020 c 302 s 12 expired January 1, 2021); 2020 c 256 s 302; 2020 c 5 s 2; 2019 c 446 s 4; 2018 c 291 s 4; 2016 sp.s. c 29 s 210; 2015 c 250 s 3; 2011 c 148 s 5; 2007 c 375 s 7; 1998 c 297 s 8; 1997 c 112 s 8; 1984 c 233 s 1; 1979 ex.s. c 215 s 9; 1975 1st ex.s. c 199 s 3; 1974 ex.s. c 145 s 8; 1973 1st ex.s. c 142 s 20.]

Expiration date—2024 c 209 ss 11, 13, 23, and 26: "Sections 11, 13, 23, and 26 of this act expire July 1, 2026." [2024 c 209 s 39.]

Expiration date—2023 c 433 ss 6, 8, and 10: "Sections 6, 8, and 10 of this act expire July 1, 2026." [2023 c 433 s 24.]

Expiration date—2022 c 210 ss 5, 12, 17, and 23: "Sections 5, 12, 17, and 23 of this act expire July 1, 2026." [2022 c 210 s 32.]

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: "Sections 1, 3, 6, 8, 10, 14, 31, and 33 of this act expire July 1, 2026." [2021 c 264 s 35.]

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: "Sections 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91 of this act expire January 1, 2021." [2020 c 302 s 106.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: "Sections 13, 16, 19 through 23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92 of this act take effect January 1, 2021." [2020 c 302 s 107.]

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: "Sections 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97 of this act expire July 1, 2026." [2020 c 302 s 108.]

Expiration date—2020 c 256 s 302: "Section 302 of this act expires July 1, 2026." [2020 c 256 s 501.]

Expiration date—2020 c 5 ss 2 and 4: "Sections 2 and 4 of this act expire July 1, 2026." [2020 c 5 s 6.]

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: "Sections 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41 of this act expire July 1, 2026." [2019 c 446 s 55.]

Expiration date—2018 c 291 ss 4, 7, and 9: "Sections 4, 7, and 9 of this act expire July 1, 2026." [2018 c 291 s 20.]

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Certification of triage facilities—Effective date—2011 c 148: See notes following RCW 71.05.020.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Captions not law—2007 c 375: See note following RCW 10.77.635.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.150 Petition for initial detention of persons with behavioral health disorders—Evaluation and treatment period—Procedure—Tribal jurisdiction. (Effective July 1, 2026.) (1) When a

designated crisis responder receives information alleging that a person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention under this section. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, 23-hour crisis relief center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2)(a) A superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than 120 hours for evaluation and treatment upon request of a designated crisis responder whenever it appears to the satisfaction of the judge that:

(i) There is probable cause to support the petition; and

(ii) The person has refused or failed to accept appropriate evaluation and treatment voluntarily.

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

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

(d) If the court does not issue an order to detain a person pursuant to this subsection (2), the court shall issue an order to dismiss the initial petition.

(3) The designated crisis responder shall then serve or cause to be served on such person and his or her guardian, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within 120 hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. The person shall be permitted to be

accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor or traditional cultural healer to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

(5) In any investigation and evaluation of an individual under this section or RCW 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and Indian health care provider whether or not a petition for initial detention or involuntary outpatient treatment will be filed as soon as possible, but no later than three hours from the time the decision is made. If a petition for initial detention or involuntary outpatient treatment is filed, the designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before the hearing, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the designated crisis responder to provide notice to the tribe or Indian health care provider under this section. Notification under this section is subject to any federal and state laws and regulations including the requirements in RCW 70.02.230 (2)(ee) and (3) and shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan. [2024 c 209 s 12; 2023 c 433 s 7; 2022 c 210 s 6; 2021 c 264 s 2. Prior: 2020 c 302 s 14; (2020 c 302 s 12 expired January 1, 2021); 2020 c 256 s 303; 2020 c 5 s 3; 2019 c 446 s 5; 2018 c 291 s 5; 2016 sp.s. c 29 s 211; 2016 sp.s. c 29 s 210; 2015 c 250 s 3; 2011 c 148 s 5; 2007 c 375 s 7; 1998 c 297 s 8; 1997 c 112 s 8; 1984 c 233 s 1; 1979 ex.s. c 215 s 9; 1975 1st ex.s. c 199 s 3; 1974 ex.s. c 145 s 8; 1973 1st ex.s. c 142 s 20.]

Effective date—2024 c 209 ss 12, 14, 24, and 27: "Sections 12, 14, 24, and 27 of this act take effect July 1, 2026." [2024 c 209 s 40.]

Effective date—2023 c 433 ss 7, 9, and 11: "Sections 7, 9, and 11 of this act take effect July 1, 2026." [2023 c 433 s 25.]

Effective date—2022 c 210 ss 6, 13, 18, and 24: "Sections 6, 13, 18, and 24 of this act take effect July 1, 2026." [2022 c 210 s 33.]

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: "Sections 2, 4, 7, 9, 11, 15, 32, and 34 of this act take effect July 1, 2026." [2021 c 264 s 36.]

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: "Sections 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91 of this act expire January 1, 2021." [2020 c 302 s 106.]

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: "Sections 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98 of this act take effect July 1, 2026." [2020 c 302 s 109.]

Effective date—2020 c 256 s 303: "Section 303 of this act takes effect July 1, 2026." [2020 c 256 s 502.]

Effective date—2020 c 5 ss 3 and 5: "Sections 3 and 5 of this act take effect July 1, 2026." [2020 c 5 s 7.]

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: "Sections 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42 of this act take effect July 1, 2026." [2019 c 446 s 56.]

Effective date—2018 c 291 ss 5, 8, and 10: "Sections 5, 8, and 10 of this act take effect July 1, 2026." [2018 c 291 s 19.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Certification of triage facilities—Effective date—2011 c 148: See notes following RCW 71.05.020.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Captions not law—2007 c 375: See note following RCW 10.77.635.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.153 Emergency detention of persons with behavioral health disorders—Procedure. (Effective until July 1, 2026.) (1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an emergency department, evaluation and treatment facility, secure withdrawal

management and stabilization facility if available with adequate space for the person, or approved substance use disorder treatment program if available with adequate space for the person, for not more than one hundred twenty hours as described in RCW 71.05.180.

(2) (a) Subject to (b) of this subsection, a peace officer may take or cause such person to be taken into custody and immediately delivered to a crisis stabilization unit, 23-hour crisis relief center, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under subsection (1) of this section or when he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

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

(3) Persons delivered to a crisis stabilization unit, 23-hour crisis relief center, evaluation and treatment facility, emergency department of a local hospital, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.

(4) Within three hours after arrival at an emergency department, not counting time periods prior to medical clearance, the person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. In conjunction with this evaluation, the facility where the patient is located must inquire as to a person's veteran status or eligibility for veterans benefits and, if the person appears to be potentially eligible for these benefits, inquire whether the person would be amenable to treatment by the veterans health administration compared to other relevant treatment options. This information must be shared with the designated crisis responder. If the person has been identified as being potentially eligible for veterans health administration services and as being amenable for those services, and if appropriate in light of all reasonably available information about the person's circumstances, the designated crisis responder must first refer the person to the veterans health administration for mental health or substance use disorder treatment at a facility capable of meeting the needs of the person including, but not limited to, the involuntary treatment options available at the Seattle division of the VA Puget Sound health care system. If the person is accepted for treatment by the veterans health administration, and is willing to accept treatment by the veterans health administration as an alternative to other available treatment options, the designated crisis responder, the veterans health administration, and the facility where the patient is located will work to make arrangements to have the person transported to a veterans health administration facility. As part of the assessment, the designated crisis responder must attempt to ascertain if the person

has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section. [2023 c 433 s 8. Prior: 2021 c 264 s 3; 2021 c 125 s 1; prior: 2020 c 302 s 16; (2020 c 302 s 15 expired January 1, 2021); 2020 c 5 s 4; 2019 c 446 s 6; 2016 sp.s. c 29 s 212; 2015 c 269 s 6; prior: 2011 c 305 s 8; 2011 c 148 s 2; 2007 c 375 s 8.]

Expiration date—2023 c 433 ss 6, 8, and 10: See note following RCW 71.05.150.

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Expiration date—2021 c 125 s 1: "Section 1 of this act expires July 1, 2026." [2021 c 125 s 3.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Expiration date—2020 c 5 ss 2 and 4: See note following RCW 71.05.150.

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Findings—2011 c 305: See note following RCW 74.09.295.

Certification of triage facilities—Effective date—2011 c 148:
See notes following RCW 71.05.020.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Captions not law—2007 c 375: See note following RCW 10.77.635.

RCW 71.05.153 Emergency detention of persons with behavioral health disorders—Procedure. (Effective July 1, 2026.) (1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, for not more than one hundred twenty hours as described in RCW 71.05.180.

(2) A peace officer may take or cause such person to be taken into custody and immediately delivered to a crisis stabilization unit, 23-hour crisis relief center, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under subsection (1) of this section or when he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

(3) Persons delivered to a crisis stabilization unit, 23-hour crisis relief center, evaluation and treatment facility, emergency department of a local hospital, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.

(4) Within three hours after arrival at an emergency department, not counting time periods prior to medical clearance, the person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. In conjunction with this evaluation, the facility where the patient is located must inquire as to a person's veteran status or eligibility for veterans benefits and, if the person appears to be potentially eligible for these benefits, inquire whether the person would be amenable to treatment by the veterans health administration compared to other relevant treatment options. This information must be shared with the designated crisis responder. If the person has been identified as being potentially eligible for

veterans health administration services and as being amenable for those services, and if appropriate in light of all reasonably available information about the person's circumstances, the designated crisis responder must first refer the person to the veterans health administration for mental health or substance use disorder treatment at a facility capable of meeting the needs of the person including, but not limited to, the involuntary treatment options available at the Seattle division of the VA Puget Sound health care system. If the person is accepted for treatment by the veterans health administration, and is willing to accept treatment by the veterans health administration as an alternative to other available treatment options, the designated crisis responder, the veterans health administration, and the facility where the patient is located will work to make arrangements to have the person transported to a veterans health administration facility. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section. [2023 c 433 s 9. Prior: 2021 c 264 s 4; 2021 c 125 s 2; prior: 2020 c 302 s 17; (2020 c 302 s 15 expired January 1, 2021); 2020 c 5 s 5; 2019 c 446 s 7; 2016 sp.s. c 29 s 213; 2016 sp.s. c 29 s 212; 2015 c 269 s 6; prior: 2011 c 305 s 8; 2011 c 148 s 2; 2007 c 375 s 8.]

Effective date—2023 c 433 ss 7, 9, and 11: See note following RCW 71.05.150.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Effective date—2021 c 125 s 2: "Section 2 of this act takes effect July 1, 2026." [2021 c 125 s 4.]

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 5 ss 3 and 5: See note following RCW 71.05.150.

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Findings—2011 c 305: See note following RCW 74.09.295.

Certification of triage facilities—Effective date—2011 c 148: See notes following RCW 71.05.020.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Captions not law—2007 c 375: See note following RCW 10.77.635.

RCW 71.05.154 Detention of persons with behavioral health disorders—Evaluation—Consultation with emergency room physician. (Effective until June 30, 2027.) If a person subject to evaluation under RCW 71.05.150 or 71.05.153 is located in an emergency room at the time of evaluation, the designated crisis responder conducting the evaluation shall take serious consideration of observations and opinions by an examining emergency room physician, *advanced registered nurse practitioner, or physician assistant in determining whether detention under this chapter is appropriate. The designated crisis responder must document his or her consultation with this professional, if the professional is available, or his or her review of the professional's written observations or opinions regarding whether detention of the person is appropriate. [2017 3rd sp.s. c 14 s 12; (2017 3rd sp.s. c 14 s 11 expired April 1, 2018); 2016 sp.s. c 29 s 214; 2013 c 334 s 1.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Expiration date—2017 3rd sp.s. c 14 ss 8, 11, and 13: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.154 Detention of persons with behavioral health disorders—Evaluation—Consultation with emergency room physician. (*Effective June 30, 2027.*) If a person subject to evaluation under RCW 71.05.150 or 71.05.153 is located in an emergency room at the time of evaluation, the designated crisis responder conducting the evaluation shall take serious consideration of observations and opinions by an examining emergency room physician, advanced practice registered nurse, or physician assistant in determining whether detention under this chapter is appropriate. The designated crisis responder must document his or her consultation with this professional, if the professional is available, or his or her review of the professional's written observations or opinions regarding whether detention of the person is appropriate. [2025 c 58 s 5146; 2017 3rd sp.s. c 14 s 12; (2017 3rd sp.s. c 14 s 11 expired April 1, 2018); 2016 sp.s. c 29 s 214; 2013 c 334 s 1.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Expiration date—2017 3rd sp.s. c 14 ss 8, 11, and 13: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.156 Evaluation for imminent likelihood of serious harm or imminent danger—Individual with grave disability. A designated crisis responder who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 must also evaluate the person under RCW 71.05.150 for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention. [2022 c 210 s 7; 2018 c 291 s 12; 2016 sp.s. c 29 s 215; 2015 c 250 s 4; 2013 c 334 s 2.]

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.157 Evaluation by designated crisis responder—When required—Required notifications. (1) When a designated crisis responder is notified by a jail that a defendant or offender who was

subject to a discharge review under RCW 71.05.232 is to be released to the community, the designated crisis responder shall evaluate the person within seventy-two hours of release.

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

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

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

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

(6) No jail or state correctional facility may be considered a less restrictive alternative to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. [2019 c 446 s 20; 2016 sp.s. c 29 s 216; 2007 c 375 s 9; 2005 c 504 s 507; 2004 c 166 s 16.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Severability—Effective dates—2004 c 166: See notes following RCW 71.05.040.

RCW 71.05.160 Petition for initial detention. (1) Any facility receiving a person pursuant to RCW 71.05.150 or 71.05.153 shall

require the designated crisis responder to prepare a petition for initial detention stating the circumstances under which the person's condition was made known and stating that there is evidence, as a result of his or her personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that he or she is gravely disabled, and stating the specific facts known to him or her as a result of his or her personal observation or investigation, upon which he or she bases the belief that such person should be detained for the purposes and under the authority of this chapter.

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

(b) If the person is involuntarily detained at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program in a different county from where the person was initially detained, the facility or program may file with the court and serve the designated attorney of the detained person the petition or supplemental petition for initial detention, proof of service of notice, and a copy of a notice of emergency detention at the request of the designated crisis responder. [2020 c 302 s 18; 2019 c 446 s 19; 2016 sp.s. c 29 s 217; 2007 c 375 s 13; 1998 c 297 s 9; 1997 c 112 s 10; 1974 ex.s. c 145 s 9; 1973 1st ex.s. c 142 s 21.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Purpose—Construction—Severability—2007 c 375: See notes following RCW 10.31.110.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.170 Acceptance of petition—Notice—Duty of state hospital. Whenever the designated crisis responder petitions for detention of a person whose actions constitute a likelihood of serious harm, or who is gravely disabled, the facility providing one hundred twenty hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. The facility shall then evaluate the person's condition and admit, detain, transfer, or discharge such person in accordance with RCW 71.05.210. The facility shall notify in writing the court and the designated crisis responder of the date and time of the initial detention of each person involuntarily detained in order that a probable cause hearing shall be held no later than one hundred twenty hours after detention.

The duty of a state hospital to accept persons for evaluation and treatment under this section shall be limited by chapter 71.24 RCW. [2020 c 302 s 19; 2016 sp.s. c 29 s 218; 2000 c 94 s 5; 1998 c 297 s 10; 1997 c 112 s 11; 1989 c 205 s 10; 1974 ex.s. c 145 s 10; 1973 1st ex.s. c 142 s 22.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.180 Detention period for evaluation and treatment. If the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admits the person, it may detain him or her for evaluation and treatment for a period not to exceed one hundred twenty hours from the time of acceptance as set forth in RCW 71.05.170. The computation of such one hundred twenty hour period shall exclude Saturdays, Sundays and holidays. [2020 c 302 s 20; 2019 c 446 s 18; 2016 sp.s. c 29 s 219; 1997 c 112 s 12; 1979 ex.s. c 215 s 11; 1974 ex.s. c 145 s 11; 1973 1st ex.s. c 142 s 23.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.182 Six-month suspension of right to possess firearms after detention for evaluation and treatment of person who presents likelihood of serious harm as a result of behavioral health disorder, substance use disorder, or both—Automatic restoration of right at expiration of six-month period. (1) A person who under RCW 71.05.150 or 71.05.153 has been detained at a facility for a period of not more than one hundred twenty hours for the purpose of evaluation and treatment on the grounds that the person presents a likelihood of serious harm, but who has not been subsequently committed for involuntary treatment under RCW 71.05.240, may not have in his or her possession or control any firearm for a period of six months after the date that the person is detained.

(2) Before the discharge of a person who has been initially detained under RCW 71.05.150 or 71.05.153 on the grounds that the person presents a likelihood of serious harm, but has not been subsequently committed for involuntary treatment under RCW 71.05.240,

the designated crisis responder shall inform the person orally and in writing that:

(a) He or she is prohibited from possessing or controlling any firearm for a period of six months;

(b) He or she must immediately surrender, for the six-month period, any concealed pistol license and any firearms that the person possesses or controls to the sheriff of the county or the chief of police of the municipality in which the person is domiciled;

(c) After the six-month suspension, the person's right to control or possess any firearm or concealed pistol license shall be automatically restored, absent further restrictions imposed by other law; and

(d) Upon discharge, the person may petition the superior court to have his or her right to possess a firearm restored before the six-month suspension period has elapsed by following the procedures provided in RCW 9.41.047(3).

(3) The designated crisis responder shall notify the sheriff of the county or the chief of police of the municipality in which the person is domiciled of the six-month suspension.

(4) A law enforcement agency holding any firearm that has been surrendered pursuant to this section shall, upon the request of the person from whom it was obtained, return the firearm at the expiration of the six-month suspension period, or prior to the expiration of the six-month period if the person's right to possess firearms has been restored by the court under RCW 9.41.047. The law enforcement agency, prior to returning the firearm, shall verify with the prosecuting attorney's office or designated crisis responders that the person has not been previously or subsequently committed for involuntary treatment under RCW 71.05.240. The law enforcement agency must comply with the provisions of RCW 9.41.345 when returning a firearm pursuant to this section.

(5) Any firearm surrendered pursuant to this section that remains unclaimed by the lawful owner shall be disposed of in accordance with the law enforcement agency's policies and procedures for the disposal of firearms in police custody. [2020 c 302 s 21; 2019 c 247 s 1.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

RCW 71.05.190 Persons not admitted—Transportation—Detention of arrested person pending return to custody. If the person is not approved for admission by a facility providing one hundred twenty hour evaluation and treatment, and the individual has not been arrested, the facility shall furnish transportation, if not otherwise available, for the person to his or her place of residence or other appropriate place. If the individual has been arrested, the evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program shall detain the individual for not more than eight hours at the request of the peace officer. The facility shall make reasonable attempts to contact the requesting peace officer during this time to inform the peace officer that the person is not approved for admission in order to enable a peace officer to return to the facility and take the individual back into custody. [2020 c 302 s 22; 2019 c 446 s 17; 2016

sp.s. c 29 s 220; 2011 c 305 s 3; 1997 c 112 s 13; 1979 ex.s. c 215 s 12; 1974 ex.s. c 145 s 12; 1973 1st ex.s. c 142 s 24.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—2011 c 305: See note following RCW 74.09.295.

RCW 71.05.195 Not guilty by reason of insanity—Detention of persons who have fled from state of origin—Probable cause hearing.

(1) A civil commitment may be initiated under the procedures described in RCW 71.05.150 or 71.05.153 for a person who has been found not guilty by reason of insanity in a state other than Washington or a tribe and who has fled from detention, commitment, or conditional release in that state or tribe, on the basis of a request by the state or tribe in which the person was found not guilty by reason of insanity for the person to be detained and transferred back to the custody or care of the requesting state or tribe. A finding of likelihood of serious harm or grave disability is not required for a commitment under this section. The detention may occur at either an evaluation and treatment facility or a state hospital. The petition for 120-hour detention filed by the designated crisis responder must be accompanied by the following documents:

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

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

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

(2) The person shall be entitled to a probable cause hearing within the time limits applicable to other detentions under this chapter and shall be afforded the rights described in this chapter including the right to counsel. At the probable cause hearing, the court shall determine the identity of the person and whether the other requirements of this section are met. If the court so finds, the court may order continued detention in a treatment facility for up to 30 days for the purpose of the transfer of the person to the custody or care of the requesting state or tribe. The court may order a less restrictive alternative to detention only under conditions which ensure the person's safe transfer to the custody or care of the

requesting state or tribe within 30 days without undue risk to the safety of the person or others.

(3) For the purposes of this section, "not guilty by reason of insanity" shall be construed to include any provision of law which is generally equivalent to a finding of criminal insanity within the state of Washington; and "state" shall be construed to mean any state, district, or territory of the United States. [2024 c 209 s 15; 2020 c 302 s 23; 2016 sp.s. c 29 s 221; 2010 c 208 s 1.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.201 Petition for initial detention when designated crisis responder does not detain—Procedure—Court review. (1) If a designated crisis responder decides not to detain a person for evaluation and treatment under RCW 71.05.150 or 71.05.153 or 48 hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the person detained, an immediate family member or guardian of the person, or a tribe if the person is a member of such a tribe, may petition the superior court for the person's initial detention.

(2) A petition under this section must be filed within 10 calendar days following the designated crisis responder investigation or the request for a designated crisis responder investigation. If more than 10 days have elapsed, the immediate family member, guardian, conservator, or a tribe if the person is a member of such a tribe, may request a new designated crisis responder investigation.

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

(b) The petition must contain:

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

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

(4) The court shall, within one judicial day, review the petition to determine whether the petition raises sufficient evidence to support the allegation. If the court so finds, it shall provide a copy of the petition to the designated crisis responder agency with an order for the agency to provide the court, within one judicial day, with a written sworn statement describing the basis for the decision

not to seek initial detention and a copy of all information material to the designated crisis responder's current decision.

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

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

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

(8) If the court enters an order for initial detention, it shall provide the order to the designated crisis responder agency and issue a warrant. The designated crisis responder agency serving the jurisdiction of the court must collaborate and coordinate with law enforcement, including tribal law enforcement, regarding apprehensions and detentions under this subsection, including sharing of information relating to risk and which would assist in locating the person. A person may not be detained to jail pursuant to a warrant issued under this subsection. An order for detention under this section should contain the advisement of rights which the person would receive if the person were detained by a designated crisis responder. An order for initial detention under this section expires 180 days from issuance.

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

(10) For purposes of this section, "immediate family member" means a spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, or sibling. [2024 c 209 s 16; 2022 c 210 s 8. Prior: 2020 c 302 s 24; 2020 c 256 s 304; 2018 c 291 s 11; 2017 3rd sp.s. c 14 s 2; prior: 2016 sp.s. c 29 s 222; 2016 c 107 s 1; 2015 c 258 s 2.]

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15:
See note following RCW 71.05.020.

Effective date—2017 3rd sp.s. c 14 ss 2 and 4: "Sections 2 and 4 of this act take effect April 1, 2018." [2017 3rd sp.s. c 14 s 7.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Short title—2015 c 258: "This act may be known and cited as Joel's Law." [2015 c 258 s 1.]

RCW 71.05.203 Notice—Petition for detention by family member, guardian, or conservator. (1) The authority and each behavioral health administrative services organization or agency employing designated crisis responders shall publish information in an easily accessible format describing the process for an immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, to petition for court review of a detention decision under RCW 71.05.201.

(2) A designated crisis responder or designated crisis responder agency that receives a request for investigation for possible detention under this chapter must inquire whether the request comes from an immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, who would be eligible to petition under RCW 71.05.201. If the designated crisis responder decides not to detain the person for evaluation and treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have elapsed since the request for investigation was received and the designated crisis responder has not taken action to have the person detained, the designated crisis responder or designated crisis responder agency must inform the immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, who made the request for investigation about the process to petition for court review under RCW 71.05.201 and, to the extent feasible, provide the immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, with written or electronic information about the petition process. Information provided to a federally recognized Indian tribe shall be sent to the tribal contact listed in the authority's tribal crisis coordination plan. If provision of written or electronic information is not feasible, the designated crisis responder or designated crisis responder agency must refer the immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, to a website where published information on the petition process may be accessed. The designated crisis responder or designated crisis responder agency must document the manner and date on which the information required under this subsection was provided to the immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe.

(3) A designated crisis responder or designated crisis responder agency must, upon request, disclose the date of a designated crisis responder investigation under this chapter to an immediate family member, guardian, or conservator, or a federally recognized Indian tribe if the person is a member of such tribe, of a person to assist in the preparation of a petition under RCW 71.05.201. [2021 c 264 s 5; 2019 c 325 s 3006; 2018 c 201 s 3006; 2017 3rd sp.s. c 14 s 4; (2017 3rd sp.s. c 14 s 3 expired April 1, 2018); 2016 sp.s. c 29 s 223; 2015 c 258 s 3.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2017 3rd sp.s. c 14 ss 2 and 4: See note following RCW 71.05.201.

Expiration date—2017 3rd sp.s. c 14 ss 1 and 3: See note following RCW 71.05.201.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Short title—2015 c 258: See note following RCW 71.05.201.

RCW 71.05.210 Evaluation—Treatment and care—Release or other disposition. (Effective until July 1, 2026.) (1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:

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

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

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

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

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment

program, would be better served in an evaluation and treatment facility than the person shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review; however, a person may only be referred to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is an available secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the person.

(3) An evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days. [2021 c 264 s 6; 2020 c 302 s 26; (2020 c 302 s 25 expired January 1, 2021); 2019 c 446 s 8; 2017 3rd sp.s. c 14 s 15. Prior: 2016 sp.s. c 29 s 224; 2016 c 155 s 2; prior: 2015 c 269 s 7; 2015 c 250 s 20; 2009 c 217 s 1; 2000 c 94 s 6; 1998 c 297 s 12; 1997 c 112 s 15; 1994 sp.s. c 9 s 747; prior: 1991 c 364 s 11; 1991 c 105 s 4; 1989 c 120 s 6; 1987 c 439 s 2; 1975 1st ex.s. c 199 s 4; 1974 ex.s. c 145 s 14; 1973 1st ex.s. c 142 s 26.]

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33:
See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21:
See note following RCW 71.05.590.

Expiration date—2017 3rd sp.s. c 14 ss 9 and 15: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Findings—1991 c 364: "The legislature finds that the use of alcohol and illicit drugs continues to be a primarycrippler of our youth. This translates into incredible costs to individuals, families, and society in terms of traffic fatalities, suicides, criminal activity including homicides, sexual promiscuity, familial incorrigibility, and conduct disorders, and educational fallout. Among children of all socioeconomic groups lower expectations for the future, low motivation and self-esteem, alienation, and depression are associated with alcohol and drug abuse.

Studies reveal that deaths from alcohol and other drug-related injuries rise sharply through adolescence, peaking in the early twenties. But second peak occurs in later life, where it accounts for three times as many deaths from chronic diseases. A young victim's life expectancy is likely to be reduced by an average of twenty-six years.

Yet the cost of treating alcohol and drug addicts can be recouped in the first three years of abstinence in health care savings alone. Public money spent on treatment saves not only the life of the chemical abuser, it makes us safer as individuals, and in the long-run costs less.

The legislature further finds that many children who abuse alcohol and other drugs may not require involuntary treatment, but still are not adequately served. These children remain at risk for future chemical dependency, and may become mentally ill or a juvenile offender or need out-of-home placement. Children placed at risk because of chemical abuse may be better served by the creation of a comprehensive integrated system for children in crisis.

The legislature declares that an emphasis on the treatment of youth will pay the largest dividend in terms of preventable costs to individuals themselves, their families, and to society. The provision of augmented involuntary alcohol treatment services to youths, as well as involuntary treatment for youths addicted by other drugs, is in the interest of the public health and safety." [1991 c 364 s 7.]

Construction—1991 c 364 ss 7-12: "The purpose of sections 7 through 12 of this act is solely to provide authority for the involuntary commitment of minors addicted by drugs within available funds and current programs and facilities. Nothing in sections 7 through 12 of this act shall be construed to require the addition of new facilities nor affect the department's authority for the uses of existing programs and facilities authorized by law. Nothing in sections 7 through 12 of this act shall prevent a parent or guardian from requesting the involuntary commitment of a minor through a county designated chemical dependency specialist on an ability to pay basis." [1991 c 364 s 13.]

Conflict with federal requirements—1991 c 364: "If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the

extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. The rules under this act shall meet federal requirements that are a necessary condition to the receipt of federal funds by the state." [1991 c 364 s 15.]

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.210 Evaluation—Treatment and care—Release or other disposition. (Effective July 1, 2026, until June 30, 2027.) (1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:

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

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

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

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

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review.

(3) An evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days. [2021 c 264 s 7; 2020 c 302 s 27; (2020 c 302 s 25 expired January 1, 2021); 2019 c 446 s 9; 2017 3rd sp.s. c 14 s 16; 2016 sp.s. c 29 s 225; 2016 sp.s. c 29 s 224; 2016 c 155 s 2. Prior: 2015 c 269 s 7; 2015 c 250 s 20; 2009 c 217 s 1; 2000 c 94 s 6; 1998 c 297 s 12; 1997 c 112 s 15; 1994 sp.s. c 9 s 747; prior: 1991 c 364 s 11; 1991 c 105 s 4; 1989 c 120 s 6; 1987 c 439 s 2; 1975 1st ex.s. c 199 s 4; 1974 ex.s. c 145 s 14; 1973 1st ex.s. c 142 s 26.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2017 3rd sp.s. c 14 ss 10 and 16: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Findings—1991 c 364: "The legislature finds that the use of alcohol and illicit drugs continues to be a primary crippler of our youth. This translates into incredible costs to individuals, families, and society in terms of traffic fatalities, suicides, criminal

activity including homicides, sexual promiscuity, familial incorrigibility, and conduct disorders, and educational fallout. Among children of all socioeconomic groups lower expectations for the future, low motivation and self-esteem, alienation, and depression are associated with alcohol and drug abuse.

Studies reveal that deaths from alcohol and other drug-related injuries rise sharply through adolescence, peaking in the early twenties. But second peak occurs in later life, where it accounts for three times as many deaths from chronic diseases. A young victim's life expectancy is likely to be reduced by an average of twenty-six years.

Yet the cost of treating alcohol and drug addicts can be recouped in the first three years of abstinence in health care savings alone. Public money spent on treatment saves not only the life of the chemical abuser, it makes us safer as individuals, and in the long-run costs less.

The legislature further finds that many children who abuse alcohol and other drugs may not require involuntary treatment, but still are not adequately served. These children remain at risk for future chemical dependency, and may become mentally ill or a juvenile offender or need out-of-home placement. Children placed at risk because of chemical abuse may be better served by the creation of a comprehensive integrated system for children in crisis.

The legislature declares that an emphasis on the treatment of youth will pay the largest dividend in terms of preventable costs to individuals themselves, their families, and to society. The provision of augmented involuntary alcohol treatment services to youths, as well as involuntary treatment for youths addicted by other drugs, is in the interest of the public health and safety." [1991 c 364 s 7.]

Construction—1991 c 364 ss 7-12: "The purpose of sections 7 through 12 of this act is solely to provide authority for the involuntary commitment of minors addicted by drugs within available funds and current programs and facilities. Nothing in sections 7 through 12 of this act shall be construed to require the addition of new facilities nor affect the department's authority for the uses of existing programs and facilities authorized by law. Nothing in sections 7 through 12 of this act shall prevent a parent or guardian from requesting the involuntary commitment of a minor through a county designated chemical dependency specialist on an ability to pay basis." [1991 c 364 s 13.]

Conflict with federal requirements—1991 c 364: "If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. The rules under this act shall meet federal requirements that are a necessary condition to the receipt of federal funds by the state." [1991 c 364 s 15.]

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.210 Evaluation—Treatment and care—Release or other disposition. (Effective June 30, 2027.) (1) Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program:

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

(i) One physician, physician assistant, or advanced practice registered nurse; and

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

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

(2) If, at any time during the involuntary treatment hold and following the initial examination and evaluation, the mental health professional or substance use disorder professional and licensed physician, physician assistant, or psychiatric advanced practice registered nurse determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, or, if detained to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate placement for the remainder of the current commitment period without any need for further court review.

(3) An evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days. [2025 c 58 s 5147; 2021 c 264 s 7; 2020 c 302 s 27; (2020 c 302 s 25 expired

January 1, 2021); 2019 c 446 s 9; 2017 3rd sp.s. c 14 s 16; 2016 sp.s. c 29 s 225; 2016 sp.s. c 29 s 224; 2016 c 155 s 2. Prior: 2015 c 269 s 7; 2015 c 250 s 20; 2009 c 217 s 1; 2000 c 94 s 6; 1998 c 297 s 12; 1997 c 112 s 15; 1994 sp.s. c 9 s 747; prior: 1991 c 364 s 11; 1991 c 105 s 4; 1989 c 120 s 6; 1987 c 439 s 2; 1975 1st ex.s. c 199 s 4; 1974 ex.s. c 145 s 14; 1973 1st ex.s. c 142 s 26.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2017 3rd sp.s. c 14 ss 10 and 16: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Findings—1991 c 364: "The legislature finds that the use of alcohol and illicit drugs continues to be a primarycrippler of our youth. This translates into incredible costs to individuals, families, and society in terms of traffic fatalities, suicides, criminal activity including homicides, sexual promiscuity, familial incorrigibility, and conduct disorders, and educational fallout. Among children of all socioeconomic groups lower expectations for the future, low motivation and self-esteem, alienation, and depression are associated with alcohol and drug abuse.

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life expectancy is likely to be reduced by an average of twenty-six years.

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The legislature further finds that many children who abuse alcohol and other drugs may not require involuntary treatment, but still are not adequately served. These children remain at risk for future chemical dependency, and may become mentally ill or a juvenile offender or need out-of-home placement. Children placed at risk because of chemical abuse may be better served by the creation of a comprehensive integrated system for children in crisis.

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Construction—1991 c 364 ss 7-12: "The purpose of sections 7 through 12 of this act is solely to provide authority for the involuntary commitment of minors addicted by drugs within available funds and current programs and facilities. Nothing in sections 7 through 12 of this act shall be construed to require the addition of new facilities nor affect the department's authority for the uses of existing programs and facilities authorized by law. Nothing in sections 7 through 12 of this act shall prevent a parent or guardian from requesting the involuntary commitment of a minor through a county designated chemical dependency specialist on an ability to pay basis." [1991 c 364 s 13.]

Conflict with federal requirements—1991 c 364: "If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. The rules under this act shall meet federal requirements that are a necessary condition to the receipt of federal funds by the state." [1991 c 364 s 15.]

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.212 Evaluation—Consideration of information and records. (Contingent expiration date.) (1) Whenever a designated crisis responder or professional person is conducting an evaluation under this chapter, consideration shall include all reasonably available information from credible witnesses and records regarding:

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

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

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

(d) Prior commitments under this chapter.

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

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

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

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

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

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

(5) The authority, in consultation with tribes and in coordination with Indian health care providers and the American Indian health commission for Washington state, shall establish written guidelines by December 31, 2024, for conducting culturally appropriate evaluations of American Indians or Alaska Natives. [2024 c 209 s 17; 2022 c 210 s 9; 2020 c 256 s 305; 2018 c 291 s 13; 2016 sp.s. c 29 s 226; 2015 c 250 s 5; (2011 2nd sp.s. c 6 s 2 expired July 1, 2014); 2010 c 280 s 2; 1999 c 214 s 5; 1998 c 297 s 19.]

Contingent expiration date—2024 c 209 s 17: "Section 17 of this act expires when section 18 of this act takes effect." [2024 c 209 s 41.]

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2013 c 335; 2011 2nd sp.s. c 6; 2010 c 280 ss 2 and 3: "Sections 2 and 3 of this act take effect July 1, 2014." [2013 c 335 s 1; 2011 2nd sp.s. c 6 s 1; 2010 c 280 s 5.]

Expiration date—2013 c 335; 2011 2nd sp.s. c 6 s 2: "Section 2 of this act expires July 1, 2014." [2013 c 335 s 2; 2011 2nd sp.s. c 6 s 3.]

Effective date—2011 2nd sp.s. c 6: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [December 20, 2011], except for section 2 of this act which takes effect January 1, 2012." [2011 2nd sp.s. c 6 s 4.]

Intent—Effective date—1999 c 214: See notes following RCW 72.09.370.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.212 Evaluation—Consideration of information and records. (Contingent effective date.) (1) Whenever a designated crisis responder or professional person is conducting an evaluation under this chapter, consideration shall include all reasonably available information from credible witnesses and records regarding:

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

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

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

(d) Prior commitments under this chapter.

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

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

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

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

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

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

(5) The authority, in consultation with tribes and in coordination with Indian health care providers and the American Indian health commission for Washington state, shall establish written guidelines by December 31, 2024, for conducting culturally appropriate evaluations of American Indians or Alaska Natives. [2024 c 209 s 18; 2022 c 210 s 10. Prior: 2020 c 302 s 28; 2020 c 256 s 305; 2018 c 291 s 13; 2016 sp.s. c 29 s 226; 2015 c 250 s 5; (2011 2nd sp.s. c 6 s 2 expired July 1, 2014); 2010 c 280 s 2; 1999 c 214 s 5; 1998 c 297 s 19.]

Contingent effective date—2024 c 209 s 18: "Section 18 of this act takes effect when section 10, chapter 210, Laws of 2022 takes effect." [2024 c 209 s 42.]

Contingent effective date—2022 c 210 ss 2 and 10; 2021 c 264 ss 22 and 23; 2021 c 263 ss 13 and 14; 2020 c 302 ss 4 and 28: See note following RCW 71.05.020.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2013 c 335; 2011 2nd sp.s. c 6; 2010 c 280 ss 2 and 3: "Sections 2 and 3 of this act take effect July 1, 2014." [2013 c 335 s 1; 2011 2nd sp.s. c 6 s 1; 2010 c 280 s 5.]

Expiration date—2013 c 335; 2011 2nd sp.s. c 6 s 2: "Section 2 of this act expires July 1, 2014." [2013 c 335 s 2; 2011 2nd sp.s. c 6 s 3.]

Effective date—2011 2nd sp.s. c 6: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [December 20, 2011], except for section 2 of this act which takes effect January 1, 2012." [2011 2nd sp.s. c 6 s 4.]

Intent—Effective date—1999 c 214: See notes following RCW 72.09.370.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.214 Protocols—Development—Submission to governor and legislature. The authority shall develop statewide protocols to be utilized by professional persons and designated crisis responders in administration of this chapter and chapters 10.77 and 71.34 RCW. The protocols shall be updated at least every three years. The protocols shall provide uniform development and application of criteria in evaluation and commitment recommendations, of persons who have, or are

alleged to have, behavioral health disorders and are subject to this chapter.

The initial protocols shall be developed not later than September 1, 1999. The authority shall develop and update the protocols in consultation with representatives of designated crisis responders, the department of social and health services, tribal government, local government, law enforcement, county and city prosecutors, public defenders, and groups concerned with behavioral health disorders. The protocols shall be submitted to the governor and legislature upon adoption by the authority. [2024 c 209 s 19; 2020 c 302 s 29; 2018 c 201 s 3007; 2016 sp.s. c 29 s 227; 1998 c 297 s 26.]

Addendum to designated crisis responder statewide protocols—2019

c 446: "Within existing resources, the health care authority shall develop an addendum to the designated crisis responder statewide protocols adopted pursuant to RCW 71.05.214 in consultation with representatives of designated crisis responders, the department of social and health services, local government, law enforcement, county and city prosecutors, public defenders, and groups concerned with mental illness and substance use disorders. The addendum must update the current protocols to address the implementation of the integration of mental health and substance use disorder treatment systems, to include general processes for referrals and investigations of individuals with substance use disorders and the applicability of commitment criteria to individuals with substance use disorders. The authority shall adopt and submit the addendum to the governor and the legislature by December 1, 2019." [2019 c 446 s 1.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.215 Right to refuse antipsychotic medicine—Rules. (Effective until June 30, 2027.) (1) A person found to be gravely disabled or to present a likelihood of serious harm as a result of a behavioral health disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

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

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

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional

concurring medical opinion approving medication by a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced registered nurse practitioner, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.

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

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

(e) Documentation in the medical record of the attempt by the physician, physician assistant, or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent. [2024 c 62 s 20; 2020 c 302 s 30; 2018 c 201 s 3008. Prior: 2016 sp.s. c 29 s 228; 2016 c 155 s 3; 2008 c 156 s 2; 1997 c 112 s 16; 1991 c 105 s 1.]

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32:
See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Severability—1991 c 105: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1991 c 105 s 6.]

RCW 71.05.215 Right to refuse antipsychotic medicine—Rules. (Effective June 30, 2027.) (1) A person found to be gravely disabled or to present a likelihood of serious harm as a result of a behavioral health disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

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

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

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced practice registered nurse, or physician or physician assistant in consultation with a mental health professional with prescriptive authority.

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

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

(e) Documentation in the medical record of the attempt by the physician, physician assistant, or psychiatric advanced practice registered nurse to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent. [2025 c 58 s 5148; 2024 c 62 s 20; 2020 c 302 s 30; 2018 c 201 s 3008. Prior: 2016 sp.s. c 29 s 228; 2016 c 155 s 3; 2008 c 156 s 2; 1997 c 112 s 16; 1991 c 105 s 1.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Severability—1991 c 105: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1991 c 105 s 6.]

RCW 71.05.217 Rights—Posting of list. (Effective until June 30, 2027.)

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

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

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

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

(d) To have visitors at reasonable times;

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

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

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

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

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

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

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

(ii) The court shall make specific findings of fact concerning: (A) The existence of one or more compelling state interests; (B) the necessity and effectiveness of the treatment; and (C) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she were competent to make such a determination.

(iii) The person shall be present at any hearing on a request to administer antipsychotic medication or electroconvulsant therapy filed pursuant to this subsection. The person has the right: (A) To be represented by an attorney; (B) to present evidence; (C) to cross-examine witnesses; (D) to have the rules of evidence enforced; (E) to

remain silent; (F) to view and copy all petitions and reports in the court file; and (G) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, physician assistant, or physician to examine and testify on behalf of such person. The court shall appoint a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, physician assistant, or physician designated by such person or the person's counsel to testify on behalf of the person in cases where an order for electroconvulsant therapy is sought.

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

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

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

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

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

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

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

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

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

(m) To not be denied access to treatment by cultural or spiritual means through practices that are in accordance with a tribal or cultural tradition in addition to the treatment otherwise proposed.

(2) Every person involuntarily detained or committed under the provisions of this chapter is entitled to all the rights set forth in

this chapter and retains all rights not denied him or her under this chapter except as limited by chapter 9.41 RCW.

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

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

(5) Whenever any person is detained under this chapter, the person must be advised that unless the person is released or voluntarily admits himself or herself for treatment within 120 hours of the initial detention, a judicial hearing must be held in a superior court within 120 hours to determine whether there is probable cause to detain the person for up to an additional 14 days based on an allegation that because of a behavioral health disorder the person presents a likelihood of serious harm or is gravely disabled, and that at the probable cause hearing the person has the following rights:

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

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

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

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

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

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

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

(h) To refuse psychiatric medications, including antipsychotic medication beginning 24 hours prior to the probable cause hearing.

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

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

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

(c) The record maker may not be required to testify in order to introduce medical or psychological records of the detained person so long as the requirements of RCW 5.45.020 are met except that portions of the record which contain opinions as to the detained person's

mental state must be deleted from such records unless the person making such conclusions is available for cross-examination.

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

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

(10) The rights set forth under this section apply equally to 90-day or 180-day hearings under RCW 71.05.310. [2024 c 209 s 20; 2024 c 62 s 21; 2020 c 302 s 32; (2020 c 302 s 31 expired January 1, 2021); 2016 c 155 s 4; 2008 c 156 s 3; 1997 c 112 s 31; 1991 c 105 s 5; 1989 c 120 s 8; 1974 ex.s. c 145 s 26; 1973 1st ex.s. c 142 s 42. Formerly RCW 71.05.370.]

Reviser's note: This section was amended by 2024 c 62 s 21 and by 2024 c 209 s 20, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.217 Rights—Posting of list. (Effective June 30, 2027.) (1) Insofar as danger to the individual or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights, a list of which shall be prominently posted in all facilities, institutions, and hospitals providing such services:

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

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

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

(d) To have visitors at reasonable times;

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

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

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

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

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

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

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

(ii) The court shall make specific findings of fact concerning: (A) The existence of one or more compelling state interests; (B) the necessity and effectiveness of the treatment; and (C) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she were competent to make such a determination.

(iii) The person shall be present at any hearing on a request to administer antipsychotic medication or electroconvulsant therapy filed pursuant to this subsection. The person has the right: (A) To be represented by an attorney; (B) to present evidence; (C) to cross-examine witnesses; (D) to have the rules of evidence enforced; (E) to remain silent; (F) to view and copy all petitions and reports in the court file; and (G) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced practice registered nurse, psychologist within their scope of practice, physician assistant, or physician to examine and testify on behalf of such person. The court shall appoint a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced practice registered nurse, psychologist within their scope of practice, physician assistant, or physician designated by such person or the person's counsel to testify on behalf of the person in cases where an order for electroconvulsant therapy is sought.

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

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

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

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

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

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

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

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

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

(m) To not be denied access to treatment by cultural or spiritual means through practices that are in accordance with a tribal or cultural tradition in addition to the treatment otherwise proposed.

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

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

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

(5) Whenever any person is detained under this chapter, the person must be advised that unless the person is released or voluntarily admits himself or herself for treatment within 120 hours of the initial detention, a judicial hearing must be held in a superior court within 120 hours to determine whether there is probable cause to detain the person for up to an additional 14 days based on an allegation that because of a behavioral health disorder the person presents a likelihood of serious harm or is gravely disabled, and that at the probable cause hearing the person has the following rights:

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

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

- (c) To present evidence on the person's behalf;
 - (d) To cross-examine witnesses who testify against him or her;
 - (e) To be proceeded against by the rules of evidence;
 - (f) To have the court appoint a reasonably available independent professional person to examine the person and testify in the hearing, at public expense unless the person is able to bear the cost;
 - (g) To view and copy all petitions and reports in the court file; and
 - (h) To refuse psychiatric medications, including antipsychotic medication beginning 24 hours prior to the probable cause hearing.
- (6) The judicial hearing described in subsection (5) of this section must be held according to the provisions of subsection (5) of this section and rules promulgated by the supreme court.
- (7) (a) Privileges between patients and physicians, physician assistants, psychologists, or psychiatric advanced practice registered nurses are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications. As to other proceedings under this chapter, the privileges are waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained person or the public.
- (b) The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained person for purposes of a proceeding under this chapter. Upon motion by the detained person or on its own motion, the court shall examine a record or testimony sought by a petitioner to determine whether it is within the scope of the waiver.
- (c) The record maker may not be required to testify in order to introduce medical or psychological records of the detained person so long as the requirements of RCW 5.45.020 are met except that portions of the record which contain opinions as to the detained person's mental state must be deleted from such records unless the person making such conclusions is available for cross-examination.
- (8) Nothing contained in this chapter prohibits the patient from petitioning by writ of habeas corpus for release.
- (9) Nothing in this section permits any person to knowingly violate a no-contact order or a condition of an active judgment and sentence or an active condition of supervision by the department of corrections.
- (10) The rights set forth under this section apply equally to 90-day or 180-day hearings under RCW 71.05.310. [2025 c 58 s 5149. Prior: 2024 c 209 s 20; 2024 c 62 s 21; 2020 c 302 s 32; (2020 c 302 s 31 expired January 1, 2021); 2016 c 155 s 4; 2008 c 156 s 3; 1997 c 112 s 31; 1991 c 105 s 5; 1989 c 120 s 8; 1974 ex.s. c 145 s 26; 1973 1st ex.s. c 142 s 42. Formerly RCW 71.05.370.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Severability—1991 c 105: See note following RCW 71.05.215.

RCW 71.05.220 Property of committed person. At the time a person is involuntarily admitted to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, the professional person in charge or his or her designee shall take reasonable precautions to inventory and safeguard the personal property of the person detained. A copy of the inventory, signed by the staff member making it, shall be given to the person detained and shall, in addition, be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained person. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the person. The facility shall not disclose the contents of the inventory to any other person without the consent of the patient or order of the court. [2019 c 446 s 10; 2016 sp.s. c 29 s 229; 1997 c 112 s 17; 1973 1st ex.s. c 142 s 27.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.230 Commitment beyond initial evaluation and treatment period—Petition for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment—Procedure. (Effective until June 30, 2027.) A person detained for one hundred twenty hours of evaluation and treatment may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative treatment. A petition may only be filed if the following conditions are met:

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) If the hospital or facility designated to provide less restrictive alternative treatment is other than the facility providing involuntary treatment, the outpatient facility so designated to provide less restrictive alternative treatment has agreed to assume such responsibility. [2022 c 210 s 11; 2020 c 302 s 34; (2020 c 302 s 33 expired January 1, 2021); 2018 c 291 s 6; 2017 3rd sp.s. c 14 s 17. Prior: 2016 sp.s. c 29 s 230; 2016 c 155 s 5; 2016 c 45 s 1; 2015 c 250 s 6; 2011 c 343 s 9; prior: 2009 c 293 s 3; 2009 c 217 s 2; 2006 c 333 s 302; 1998 c 297 s 13; 1997 c 112 s 18; 1987 c 439 s 3; 1975 1st ex.s. c 199 s 5; 1974 ex.s. c 145 s 15; 1973 1st ex.s. c 142 s 28.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15:
See note following RCW 71.05.020.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21:
See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.230 Commitment beyond initial evaluation and treatment period—Petition for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment—Procedure. (Effective June 30, 2027.) A person detained for one hundred twenty hours of evaluation and treatment may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative treatment. A petition may only be filed if the following conditions are met:

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

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

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

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

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

(A) One physician, physician assistant, or psychiatric advanced practice registered nurse; and

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

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

(b) If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of a behavioral health disorder, presents a likelihood of serious harm, or

is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled and shall set forth any recommendations for less restrictive alternative treatment services; and

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

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

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

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

(9) If the hospital or facility designated to provide less restrictive alternative treatment is other than the facility providing involuntary treatment, the outpatient facility so designated to provide less restrictive alternative treatment has agreed to assume such responsibility. [2025 c 58 s 5150; 2022 c 210 s 11; 2020 c 302 s 34; (2020 c 302 s 33 expired January 1, 2021); 2018 c 291 s 6; 2017 3rd sp.s. c 14 s 17. Prior: 2016 sp.s. c 29 s 230; 2016 c 155 s 5; 2016 c 45 s 1; 2015 c 250 s 6; 2011 c 343 s 9; prior: 2009 c 293 s 3; 2009 c 217 s 2; 2006 c 333 s 302; 1998 c 297 s 13; 1997 c 112 s 18; 1987 c 439 s 3; 1975 1st ex.s. c 199 s 5; 1974 ex.s. c 145 s 15; 1973 1st ex.s. c 142 s 28.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Intent—Effective date—2011 c 343: See notes following RCW 71.05.730.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.232 Discharge reviews—Consultations, notifications required. (1) When a state hospital admits a person for evaluation or treatment under this chapter who has a history of one or more violent acts and:

(a) Has been transferred from a correctional facility; or

(b) Is or has been under the authority of the department of corrections or the indeterminate sentence review board, the state hospital shall consult with the appropriate corrections and *chemical dependency personnel and the appropriate forensic staff at the state hospital to conduct a discharge review to determine whether the person presents a likelihood of serious harm and whether the person is appropriate for release to a less restrictive alternative.

(2) When a state hospital returns a person who was reviewed under subsection (1) of this section to a correctional facility, the hospital shall notify the correctional facility that the person was subject to a discharge review pursuant to this section. [2004 c 166 s 18.]

***Reviser's note:** RCW 71.05.020 was amended by 2019 c 325 s 3001, deleting the definition of "chemical dependency," effective January 1, 2020.

Severability—Effective dates—2004 c 166: See notes following RCW 71.05.040.

RCW 71.05.235 Examination, evaluation of criminal defendant—Hearing. (1) If an individual is referred to a designated crisis responder under *RCW 10.77.650(6)(a), the designated crisis responder shall examine the individual within forty-eight hours. If the designated crisis responder determines it is not appropriate to detain the individual or petition for a ninety-day less restrictive alternative under RCW 71.05.230(4), that decision shall be immediately presented to the superior court for hearing. The court shall hold a hearing to consider the decision of the designated crisis responder not later than the next judicial day. At the hearing the superior court shall review the determination of the designated crisis responder and determine whether an order should be entered requiring the person to be evaluated at an evaluation and treatment facility. No person referred to an evaluation and treatment facility may be held at the facility longer than one hundred twenty hours.

(2) If an individual is placed in an evaluation and treatment facility under *RCW 10.77.650(6)(b), a professional person shall

evaluate the individual for purposes of determining whether to file a ninety-day inpatient or outpatient petition under this chapter. Before expiration of the one hundred twenty hour evaluation period authorized under *RCW 10.77.650(6)(b), the professional person shall file a petition or, if the recommendation of the professional person is to release the individual, present his or her recommendation to the superior court of the county in which the criminal charge was dismissed. The superior court shall review the recommendation not later than forty-eight hours, excluding Saturdays, Sundays, and holidays, after the recommendation is presented. If the court rejects the recommendation to unconditionally release the individual, the court may order the individual detained at a designated evaluation and treatment facility for not more than a one hundred twenty hour evaluation and treatment period. If the evaluation and treatment facility files a ninety-day petition within the one hundred twenty hour period, the clerk shall set a hearing after the day of filing consistent with RCW 71.05.300. Upon the individual's first appearance in court after a petition has been filed, proceedings under RCW 71.05.310 and 71.05.320 shall commence. For an individual subject to this subsection, the professional person may directly file a petition for ninety-day inpatient or outpatient treatment and no petition for initial detention or fourteen-day detention is required before such a petition may be filed.

(3) If a designated crisis responder or the professional person and prosecuting attorney for the county in which the criminal charge was dismissed or attorney general, as appropriate, stipulate that the individual does not present a likelihood of serious harm or is not gravely disabled, the hearing under this section is not required and the individual, if in custody, shall be released. [2023 c 453 s 21; 2020 c 302 s 36; (2020 c 302 s 35 expired January 1, 2021); 2016 sp.s. c 29 s 231; 2015 1st sp.s. c 7 s 14; 2008 c 213 s 5; 2005 c 504 s 708; 2000 c 74 s 6; 1999 c 11 s 1; 1998 c 297 s 18.]

***Reviser's note:** These RCW references have been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Finding—2015 1st sp.s. c 7: See note following RCW 10.77.620.

Effective dates—2015 1st sp.s. c 7: See note following RCW 10.77.620.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Severability—2000 c 74: See note following RCW 10.77.400.

Effective date—1999 c 11: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect March 1, 1999, or upon approval by the governor, whichever occurs later [April 15, 1999]." [1999 c 11 s 2.]

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.236 Involuntary commitment hearing—Postponement—Continuance. (1) In any proceeding for involuntary commitment under this chapter, the court may continue or postpone such proceeding for a reasonable time on motion of the respondent for good cause, or on motion of the prosecuting attorney or the attorney general if:

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

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

(2) The court may continue a hearing on a petition filed under RCW 71.05.280(3) for good cause upon written request by the petitioner, respondent, or respondent's attorney.

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

(4) The court shall state in any order of continuance or postponement the grounds for the continuance or postponement and whether detention will be extended. [2020 c 302 s 37.]

RCW 71.05.237 Judicial proceedings—Court to enter findings when recommendations of professional person not followed. In any judicial proceeding in which a professional person has made a recommendation regarding whether an individual should be committed for treatment under this chapter, and the court does not follow the recommendation, the court shall enter findings that state with particularity its reasoning, including a finding whether the state met its burden of proof in showing whether the person presents a likelihood of serious harm. [1998 c 297 s 25.]

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.240 Petition for up to 14 days of involuntary treatment or 90 days or 18 months of less restrictive alternative treatment—Probable cause hearing. (Effective until July 1, 2026.)

(1) If a petition is filed for up to 14 days of involuntary treatment, 90 days of less restrictive alternative treatment, or 18 months of less restrictive alternative treatment under RCW 71.05.148, the court shall hold a probable cause hearing within 120 hours of the initial detention under RCW 71.05.180, or at a time scheduled under RCW 71.05.148.

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

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

(4) (a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that a person detained for behavioral health treatment, as the result of a behavioral health disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed 14 days in a facility licensed or certified to provide treatment by the department or under RCW 71.05.745.

(b) A court may only order commitment to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program if there is an available facility with adequate space for the person.

(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that a person detained for behavioral health treatment, as the result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for up to ninety days.

(d) If the court finds by a preponderance of the evidence that a person subject to a petition under RCW 71.05.148, as the result of a behavioral health disorder, is in need of assisted outpatient treatment, the court shall order an appropriate less restrictive alternative course of treatment for up to 18 months.

(5) An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the treatment recommendations of the behavioral health service provider.

(6) The court shall notify the person orally and in writing that if involuntary treatment is sought beyond the 14-day inpatient or 90-day less restrictive treatment period, the person has the right to a full hearing or jury trial under RCW 71.05.310. If the commitment is for mental health treatment, the court shall notify the person orally and in writing that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

(7) If the court does not issue an order to detain or commit a person under this section, the court shall issue an order to dismiss the petition.

(8) Nothing in this section precludes the court from subsequently modifying the terms of an order for less restrictive alternative treatment under RCW 71.05.590(3). [2022 c 210 s 12; 2021 c 264 s 8; 2020 c 302 s 39; (2020 c 302 s 38 expired January 1, 2021); 2019 c 446 s 11. Prior: 2018 c 291 s 7; 2018 c 201 s 3009; prior: 2016 sp.s. c 29 s 232; 2016 c 45 s 2; 2015 c 250 s 7; 2009 c 293 s 4; 1997 c 112 s 19; 1992 c 168 s 3; 1987 c 439 s 5; 1979 ex.s. c 215 s 13; 1974 ex.s. c 145 s 16; 1973 1st ex.s. c 142 s 29.]

Expiration date—2022 c 210 ss 5, 12, 17, and 23: See note following RCW 71.05.150.

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Expiration date—2018 c 291 ss 4, 7, and 9: See note following RCW 71.05.150.

Expiration date—2018 c 201 ss 3009, 3012, 3026, 5017, and 5020: "Sections 3009, 3012, 3026, 5017, and 5020 of this act expire July 1, 2026." [2018 c 201 s 11004.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Severability—1992 c 168: See note following RCW 9.41.070.

RCW 71.05.240 Petition for up to 14 days of involuntary treatment or 90 days or 18 months of less restrictive alternative treatment—Probable cause hearing. (Effective July 1, 2026.) (1) If a petition is filed for up to 14 days of involuntary treatment, 90 days of less restrictive alternative treatment, or 18 months of less restrictive alternative treatment under RCW 71.05.148, the court shall hold a probable cause hearing within 120 hours of the initial detention under RCW 71.05.180, or at a time scheduled under RCW 71.05.148.

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

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

(4) (a) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that a person detained for behavioral health treatment, as the result of a behavioral health disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility licensed or certified to provide treatment by the department or under RCW 71.05.745.

(b) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that a person detained for behavioral health treatment, as the result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for up to ninety days.

(c) If the court finds by a preponderance of the evidence that a person subject to a petition under RCW 71.05.148, as the result of a behavioral health disorder, is in need of assisted outpatient treatment, the court shall order an appropriate less restrictive alternative course of treatment for up to 18 months.

(5) An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the treatment recommendations of the behavioral health service provider.

(6) The court shall notify the person orally and in writing that if involuntary treatment is sought beyond the 14-day inpatient or 90-

day less restrictive treatment period, such person has the right to a full hearing or jury trial under RCW 71.05.310. If the commitment is for mental health treatment, the court shall also notify the person orally and in writing that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

(7) If the court does not issue an order to detain or commit a person under this section, the court shall issue an order to dismiss the petition.

(8) Nothing in this section precludes the court from subsequently modifying the terms of an order for less restrictive alternative treatment under RCW 71.05.590(3). [2022 c 210 s 13; 2021 c 264 s 9; 2020 c 302 s 40; (2020 c 302 s 38 expired January 1, 2021); 2019 c 446 s 12. Prior: 2018 c 291 s 8; 2018 c 201 s 3010; 2016 sp.s. c 29 s 233; 2016 sp.s. c 29 s 232; 2016 c 45 s 2; 2015 c 250 s 7; 2009 c 293 s 4; 1997 c 112 s 19; 1992 c 168 s 3; 1987 c 439 s 5; 1979 ex.s. c 215 s 13; 1974 ex.s. c 145 s 16; 1973 1st ex.s. c 142 s 29.]

Effective date—2022 c 210 ss 6, 13, 18, and 24: See note following RCW 71.05.150.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 5, 8, and 10: See note following RCW 71.05.150.

Effective date—2018 c 201 ss 3010, 3013, 3027, 5018, and 5021: "Sections 3010, 3013, 3027, 5018, and 5021 of this act take effect July 1, 2026." [2018 c 201 s 11005.]

Findings—Intent—2018 c 201: See note following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Severability—1992 c 168: See note following RCW 9.41.070.

RCW 71.05.245 Determination of grave disability, likelihood of serious harm, or need of assisted outpatient treatment—Use of recent history evidence. (1) In making a determination of whether a person is gravely disabled, presents a likelihood of serious harm, or is in need of assisted outpatient treatment in a hearing conducted under RCW

71.05.240 or 71.05.320, the court must consider the symptoms and behavior of the respondent in light of all available evidence concerning the respondent's historical behavior.

(2) Symptoms or behavior which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient treatment, when: (a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts; (b) these symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and (c) without treatment, the continued deterioration of the respondent is probable.

(3) In making a determination of whether there is a likelihood of serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320, the court shall give great weight to any evidence before the court regarding whether the person has: (a) A recent history of one or more violent acts; or (b) a recent history of one or more commitments under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The existence of prior violent acts or commitments under this chapter or its equivalent shall not be the sole basis for determining whether a person presents a likelihood of serious harm.

For the purposes of this subsection "recent" refers to the period of time not exceeding three years prior to the current hearing. [2022 c 210 s 14; 2018 c 291 s 14; 2015 c 250 s 8; 2010 c 280 s 3; 1999 c 13 s 6; 1998 c 297 s 14.]

Effective date—2013 c 335; 2011 2nd sp.s. c 6; 2010 c 280 ss 2 and 3: See note following RCW 71.05.212.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.260 Release from involuntary intensive treatment—Exception. (1) Involuntary intensive treatment ordered at the time of the probable cause hearing shall be for no more than fourteen days, and shall terminate sooner when, in the opinion of the professional person in charge of the facility or his or her professional designee, (a) the person no longer constitutes a likelihood of serious harm, or (b) no longer is gravely disabled, or (c) is prepared to accept voluntary treatment upon referral, or (d) is to remain in the facility providing intensive treatment on a voluntary basis.

(2) A person who has been detained for fourteen days of intensive treatment shall be released at the end of the fourteen days unless one of the following applies: (a) Such person agrees to receive further treatment on a voluntary basis; or (b) such person is a patient to whom RCW 71.05.280 is applicable. [1997 c 112 s 20; 1987 c 439 s 7; 1974 ex.s. c 145 s 18; 1973 1st ex.s. c 142 s 31.]

RCW 71.05.270 Temporary release. Nothing in this chapter shall prohibit the professional person in charge of a treatment facility, or his or her professional designee, from permitting a person detained for intensive treatment to leave the facility for prescribed periods during the term of the person's detention, under such conditions as may be appropriate. [1997 c 112 s 21; 1973 1st ex.s. c 142 s 32.]

RCW 71.05.280 Additional commitment—Grounds. At the expiration of the fourteen-day period of intensive treatment, a person may be committed for further treatment pursuant to RCW 71.05.320 if:

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

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

(3) Such person has been determined to be incompetent and criminal charges have been dismissed pursuant to *RCW 10.77.645(7), and has committed acts constituting a felony, and as a result of a behavioral health disorder, presents a substantial likelihood of repeating similar acts.

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

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

(4) Such person is gravely disabled. [2023 c 453 s 22; 2022 c 210 s 15; 2020 c 302 s 41; 2018 c 291 s 15; 2016 sp.s. c 29 s 234; 2015 c 250 s 9; 2013 c 289 s 4; 2008 c 213 s 6; 1998 c 297 s 15; 1997 c 112 s 22; 1986 c 67 s 3; 1979 ex.s. c 215 s 14; 1974 ex.s. c 145 s 19; 1973 1st ex.s. c 142 s 33.]

***Reviser's note:** This RCW reference has been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—2013 c 289: See note following RCW 10.77.645.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.285 Additional confinement—Prior history evidence.

In determining whether an inpatient or less restrictive alternative commitment under the process provided in RCW 71.05.280 and 71.05.320(4) is appropriate, great weight shall be given to evidence of a prior history or pattern of decompensation and discontinuation of treatment resulting in: (1) Repeated hospitalizations; or (2) repeated peace officer interventions resulting in juvenile offenses, criminal charges, diversion programs, or jail admissions. Such evidence may be used to provide a factual basis for concluding that the individual would not receive, if released, such care as is essential for his or her health or safety. [2018 c 201 s 3011; 2001 c 12 s 1; 1997 c 112 s 23.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.05.290 Petition for additional commitment—Affidavit.

(Effective until June 30, 2027.) (1) At any time during a person's 14-day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated crisis responder may petition the superior court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one or more of the grounds set forth in RCW 71.05.280.

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

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

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

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

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

(3) If a person has been determined to be incompetent pursuant to **RCW 10.77.645(7), then the professional person in charge of the treatment facility or his or her professional designee or the designated crisis responder may directly file a petition for 180-day treatment under RCW 71.05.280(3), or for 90-day treatment under RCW 71.05.280 (1), (2), or (4). No petition for initial detention or 14-day detention is required before such a petition may be filed. [2023

c 453 s 23; 2022 c 210 s 16; 2020 c 302 s 42; 2017 3rd sp.s. c 14 s 18. Prior: 2016 sp.s. c 29 s 235; 2016 c 155 s 6; 2016 c 45 s 3; 2015 c 250 s 10; 2009 c 217 s 3; 2008 c 213 s 7; 1998 c 297 s 16; 1997 c 112 s 24; 1986 c 67 s 4; 1975 1st ex.s. c 199 s 6; 1974 ex.s. c 145 s 20; 1973 1st ex.s. c 142 s 34.]

Reviser's note: *(1) The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

** (2) This RCW reference has been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.290 Petition for additional commitment—Affidavit. (Effective June 30, 2027.) (1) At any time during a person's 14-day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated crisis responder may petition the superior court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one or more of the grounds set forth in RCW 71.05.280.

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

(A) One physician, physician assistant, or psychiatric advanced practice registered nurse; and

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

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

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

(3) If a person has been determined to be incompetent pursuant to *RCW 10.77.645(7), then the professional person in charge of the

treatment facility or his or her professional designee or the designated crisis responder may directly file a petition for 180-day treatment under RCW 71.05.280(3), or for 90-day treatment under RCW 71.05.280 (1), (2), or (4). No petition for initial detention or 14-day detention is required before such a petition may be filed. [2025 c 58 s 5151; 2023 c 453 s 23; 2022 c 210 s 16; 2020 c 302 s 42; 2017 3rd sp.s. c 14 s 18. Prior: 2016 sp.s. c 29 s 235; 2016 c 155 s 6; 2016 c 45 s 3; 2015 c 250 s 10; 2009 c 217 s 3; 2008 c 213 s 7; 1998 c 297 s 16; 1997 c 112 s 24; 1986 c 67 s 4; 1975 1st ex.s. c 199 s 6; 1974 ex.s. c 145 s 20; 1973 1st ex.s. c 142 s 34.]

***Reviser's note:** This RCW reference has been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.300 Filing of petition—Appearance—Notice—Advice as to rights—Appointment of attorney, expert, or professional person. (Effective until June 30, 2027.) (1) The petition for ninety day treatment shall be filed with the clerk of the superior court at least three days before expiration of the fourteen-day period of intensive treatment. The clerk shall set a trial setting date as provided in RCW 71.05.310 on the next judicial day after the date of filing the petition and notify the designated crisis responder. The designated crisis responder shall immediately notify the person detained, his or her attorney, if any, and his or her guardian or conservator, if any, the prosecuting attorney, and the behavioral health administrative services organization administrator, and provide a copy of the petition to such persons as soon as possible. The behavioral health administrative services organization administrator or designee may review the petition and may appear and testify at the full hearing on the petition.

(2) The attorney for the detained person shall advise him or her of his or her right to be represented by an attorney, his or her right to a jury trial, and, if the petition is for commitment for mental health treatment, his or her loss of firearm rights if involuntarily committed. If the detained person is not represented by an attorney, or is indigent or is unwilling to retain an attorney, the court shall

immediately appoint an attorney to represent him or her. The court shall, if requested, appoint a reasonably available licensed physician, physician assistant, psychiatric advanced registered nurse practitioner, psychologist, psychiatrist, or other professional person, designated by the detained person to examine and testify on behalf of the detained person.

(3) The court may, if requested, also appoint a professional person as defined in RCW 71.05.020 to seek less restrictive alternative courses of treatment and to testify on behalf of the detained person. In the case of a person with a developmental disability who has been determined to be incompetent pursuant to *RCW 10.77.645(7), the appointed professional person under this section shall be a developmental disabilities professional. [2023 c 453 s 24; 2020 c 302 s 43; 2019 c 325 s 3007; 2017 3rd sp.s. c 14 s 19. Prior: 2016 sp.s. c 29 s 236; 2016 c 155 s 7; 2014 c 225 s 84; prior: 2009 c 293 s 5; 2009 c 217 s 4; 2008 c 213 s 8; 2006 c 333 s 303; 1998 c 297 s 17; 1997 c 112 s 25; 1989 c 420 s 14; 1987 c 439 s 8; 1975 1st ex.s. c 199 s 7; 1974 ex.s. c 145 s 21; 1973 1st ex.s. c 142 s 35.]

***Reviser's note:** This RCW reference has been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2014 c 225: See note following RCW 71.24.016.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.300 Filing of petition—Appearance—Notice—Advice as to rights—Appointment of attorney, expert, or professional person. (Effective June 30, 2027.) (1) The petition for ninety day treatment shall be filed with the clerk of the superior court at least three days before expiration of the fourteen-day period of intensive treatment. The clerk shall set a trial setting date as provided in RCW 71.05.310 on the next judicial day after the date of filing the petition and notify the designated crisis responder. The designated crisis responder shall immediately notify the person detained, his or her attorney, if any, and his or her guardian or conservator, if any, the prosecuting attorney, and the behavioral health administrative services organization administrator, and provide a copy of the

petition to such persons as soon as possible. The behavioral health administrative services organization administrator or designee may review the petition and may appear and testify at the full hearing on the petition.

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

(3) The court may, if requested, also appoint a professional person as defined in RCW 71.05.020 to seek less restrictive alternative courses of treatment and to testify on behalf of the detained person. In the case of a person with a developmental disability who has been determined to be incompetent pursuant to *RCW 10.77.645(7), the appointed professional person under this section shall be a developmental disabilities professional. [2025 c 58 s 5152; 2023 c 453 s 24; 2020 c 302 s 43; 2019 c 325 s 3007; 2017 3rd sp.s. c 14 s 19. Prior: 2016 sp.s. c 29 s 236; 2016 c 155 s 7; 2014 c 225 s 84; prior: 2009 c 293 s 5; 2009 c 217 s 4; 2008 c 213 s 8; 2006 c 333 s 303; 1998 c 297 s 17; 1997 c 112 s 25; 1989 c 420 s 14; 1987 c 439 s 8; 1975 1st ex.s. c 199 s 7; 1974 ex.s. c 145 s 21; 1973 1st ex.s. c 142 s 35.]

***Reviser's note:** This RCW reference has been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Findings—2023 c 453: See note following RCW 10.77.400.

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2014 c 225: See note following RCW 71.24.016.

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.310 Time for hearing—Due process—Jury trial—Continuation of treatment. The court shall set a hearing on the petition for ninety-day or one hundred eighty-day treatment within five judicial days of the trial setting hearing, or within ten judicial days for a petition filed under RCW 71.05.280(3). The court may continue the hearing in accordance with RCW 71.05.236. If the person named in the petition requests a jury trial, the trial must be set within ten judicial days of the next judicial day after the date of filing the petition. The burden of proof shall be by clear, cogent, and convincing evidence and shall be upon the petitioner. The person has the right to be present at such proceeding, which shall in all respects accord with the constitutional guarantees of due process of law and the rules of evidence under RCW 71.05.217.

During the proceeding, the person named in the petition shall continue to be treated until released by order of the superior court or discharged by the behavioral health service provider. If the hearing has not commenced within thirty days after the filing of the petition, not including extensions of time ordered under RCW 71.05.236, the detained person shall be released. [2020 c 302 s 44; 2012 c 256 s 8; 2005 c 504 s 709; 1987 c 439 s 9; 1975 1st ex.s. c 199 s 8; 1974 ex.s. c 145 s 22; 1973 1st ex.s. c 142 s 36.]

Purpose—Effective date—2012 c 256: See notes following RCW 10.77.605.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

RCW 71.05.320 Remand for additional treatment—Less restrictive alternatives—Duration—Grounds—Hearing. (Effective until July 1, 2026.) (1)(a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.

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

(c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of

the department of social and health services or to a facility certified for 180-day treatment by the department or under RCW 71.05.745.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed 90 days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed 180 days from the date of judgment. If the court has made an affirmative special finding under RCW 71.05.280(3)(b), the court shall appoint a multidisciplinary transition team as provided in subsection (6)(a)(i) of this section.

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

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

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

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

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

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

which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled.

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

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

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

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed 180 days from the date of judgment, except as provided in subsection (7) of this section. An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the behavioral health service provider.

(i) In cases where the court has ordered less restrictive alternative treatment and has previously made an affirmative special finding under RCW 71.05.280(3)(b), the court shall appoint a multidisciplinary transition team to supervise and assist the person on the order for less restrictive treatment, which shall include a representative of the community behavioral health agency providing treatment under RCW 71.05.585, and a specially trained supervising community corrections officer. The court may omit the appointment of a community corrections officer if it makes a special finding that the appointment of a community corrections officer would not facilitate the success of the person, or the safety of the person and the community under (a)(ii) of this subsection.

(ii) The role of the transition team shall be to facilitate the success of the person on the less restrictive alternative order by monitoring the person's progress in treatment, compliance with court-ordered conditions, and to problem solve around extra support the person may need or circumstances which may arise that threaten the safety of the person or the community. The transition team may develop a monitoring plan which may be carried out by any member of the team. The transition team shall meet according to a schedule developed by the team, and shall communicate as needed if issues arise that require the immediate attention of the team.

(iii) The department of corrections shall collaborate with the department to develop specialized training for community corrections officers under this section. The lack of a trained community corrections officer must not be the cause of delay to entry of a less restrictive alternative order.

(b) At the end of the 180-day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional

180-day period of continued treatment is filed and heard in the same manner as provided in this section. Successive 180-day commitments are permissible on the same grounds and pursuant to the same procedures as the original 180-day commitment.

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

(8) No person committed under this section may be detained unless a valid order of commitment is in effect. No order of commitment under this section may exceed 180 days in length except as provided in subsection (7) of this section.

(9) Nothing in this section precludes the court from subsequently modifying the terms of an order for less restrictive alternative treatment under RCW 71.05.590(3). [2022 c 210 s 17. Prior: 2021 c 264 s 10; 2021 c 263 s 2; 2020 c 302 s 45; 2018 c 201 s 3012; prior: 2016 sp.s. c 29 s 237; 2016 c 45 s 4; 2015 c 250 s 11; 2013 c 289 s 5; 2009 c 323 s 2; 2008 c 213 s 9; 2006 c 333 s 304; 1999 c 13 s 7; 1997 c 112 s 26; 1989 c 420 s 15; 1986 c 67 s 5; 1979 ex.s. c 215 s 15; 1975 1st ex.s. c 199 s 9; 1974 ex.s. c 145 s 23; 1973 1st ex.s. c 142 s 37.]

Expiration date—2022 c 210 ss 5, 12, 17, and 23: See note following RCW 71.05.150.

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Expiration date—2021 c 263 s 2: "Section 2 of this act expires July 1, 2026." [2021 c 263 s 22.]

Application—2021 c 263: See note following RCW 10.77.550.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2018 c 201 ss 3009, 3012, 3026, 5017, and 5020: See note following RCW 71.05.240.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—2013 c 289: See note following RCW 10.77.645.

Findings—Intent—2015 c 250; 2009 c 323: "(1) The legislature finds that many persons who are released from involuntary mental health treatment in an inpatient setting would benefit from an order for less restrictive treatment in order to provide the structure and support necessary to facilitate long-term stability and success in the community.

(2) The legislature intends to make it easier to renew orders for less restrictive treatment following a period of inpatient commitment in cases in which a person has been involuntarily committed more than once and is likely to benefit from a renewed order for less restrictive treatment.

(3) The legislature finds that public safety is enhanced when a designated mental health professional is able to file a petition to revoke an order for less restrictive treatment under RCW 71.05.590 before a person who is the subject of the petition becomes ill enough to present a likelihood of serious harm." [2015 c 250 s 21; 2009 c 323 s 1.]

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

RCW 71.05.320 Remand for additional treatment—Less restrictive alternatives—Duration—Grounds—Hearing. (Effective July 1, 2026.)

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

If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of social and health services or to a facility certified for 180-day treatment by the department or under RCW 71.05.745.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed 90 days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed 180 days from the date of judgment. If the court has made an affirmative special finding under RCW 71.05.280(3)(b), the court shall appoint a multidisciplinary transition team as provided in subsection (6)(a)(i) of this section.

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

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

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

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

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

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

(d) Continues to be gravely disabled.

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

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

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

(6) (a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed 180 days from the date of judgment, except as provided in subsection (7) of this section. An order for less restrictive alternative treatment must name the behavioral health service provider responsible for identifying the services the person

will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the behavioral health service provider.

(i) In cases where the court has ordered less restrictive alternative treatment and has previously made an affirmative special finding under RCW 71.05.280(3)(b), the court shall appoint a multidisciplinary transition team to supervise and assist the person on the order for less restrictive treatment, which shall include a representative of the community behavioral health agency providing treatment under RCW 71.05.585, and a specially trained supervising community corrections officer. The court may omit the appointment of a community corrections officer if it makes a special finding that the appointment of a community corrections officer would not facilitate the success of the person, or the safety of the person and the community under (a)(ii) of this subsection.

(ii) The role of the transition team shall be to facilitate the success of the person on the less restrictive alternative order by monitoring the person's progress in treatment, compliance with court-ordered conditions, and to problem solve around extra support the person may need or circumstances which may arise that threaten the safety of the person or the community. The transition team may develop a monitoring plan which may be carried out by any member of the team. The transition team shall meet according to a schedule developed by the team, and shall communicate as needed if issues arise that require the immediate attention of the team.

(iii) The department of corrections shall collaborate with the department to develop specialized training for community corrections officers under this section. The lack of a trained community corrections officer must not be the cause of delay to entry of a less restrictive alternative order.

(b) At the end of the 180-day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional 180-day period of continued treatment is filed and heard in the same manner as provided in this section. Successive 180-day commitments are permissible on the same grounds and pursuant to the same procedures as the original 180-day commitment.

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

(8) No person committed under this section may be detained unless a valid order of commitment is in effect. No order of commitment under this section may exceed 180 days in length except as provided in subsection (7) of this section.

(9) Nothing in this section precludes the court from subsequently modifying the terms of an order for less restrictive alternative treatment under RCW 71.05.590(3). [2022 c 210 s 18. Prior: 2021 c 264 s 11; 2021 c 263 s 3; 2020 c 302 s 46; 2018 c 201 s 3013; 2016 sp.s. c 29 s 238; 2016 sp.s. c 29 s 237; 2016 c 45 s 4; 2015 c 250 s 11; 2013 c 289 s 5; 2009 c 323 s 2; 2008 c 213 s 9; 2006 c 333 s 304; 1999 c 13 s 7; 1997 c 112 s 26; 1989 c 420 s 15; 1986 c 67 s 5; 1979 ex.s. c 215 s 15; 1975 1st ex.s. c 199 s 9; 1974 ex.s. c 145 s 23; 1973 1st ex.s. c 142 s 37.]

Effective date—2022 c 210 ss 6, 13, 18, and 24: See note following RCW 71.05.150.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Effective date—2021 c 263 s 3: "Section 3 of this act takes effect July 1, 2026." [2021 c 263 s 23.]

Application—2021 c 263: See note following RCW 10.77.550.

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2018 c 201 ss 3010, 3013, 3027, 5018, and 5021: See note following RCW 71.05.240.

Findings—Intent—2018 c 201: See note following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—2013 c 289: See note following RCW 10.77.645.

Findings—Intent—2015 c 250; 2009 c 323: "(1) The legislature finds that many persons who are released from involuntary mental health treatment in an inpatient setting would benefit from an order for less restrictive treatment in order to provide the structure and support necessary to facilitate long-term stability and success in the community.

(2) The legislature intends to make it easier to renew orders for less restrictive treatment following a period of inpatient commitment in cases in which a person has been involuntarily committed more than once and is likely to benefit from a renewed order for less restrictive treatment.

(3) The legislature finds that public safety is enhanced when a designated mental health professional is able to file a petition to revoke an order for less restrictive treatment under RCW 71.05.590 before a person who is the subject of the petition becomes ill enough to present a likelihood of serious harm." [2015 c 250 s 21; 2009 c 323 s 1.]

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

RCW 71.05.325 Release—Authorized leave—Notice to prosecuting attorney. (1) Before a person committed under grounds set forth in RCW 71.05.280(3) is released because a new petition for involuntary

treatment has not been filed under RCW 71.05.320(4), the superintendent, professional person, or designated crisis responder responsible for the decision whether to file a new petition shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision not to file a new petition for involuntary treatment. Notice shall be provided at least forty-five days before the period of commitment expires.

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

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

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

(4) The existence of the notice requirements in this section will not require any extension of the leave date in the event the leave plan changes after notification.

(5) The notice requirements contained in this section shall not apply to emergency medical transfers.

(6) The notice provisions of this section are in addition to those provided in RCW 71.05.425. [2018 c 201 s 3014; 2016 sp.s. c 29 s 239; 2000 c 94 s 7; 1994 c 129 s 8; 1990 c 3 s 111; 1989 c 401 s 1; 1986 c 67 s 2.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Intent—1994 c 129: See note following RCW 4.24.550.

RCW 71.05.330 Early release—Notice to court and prosecuting attorney—Petition for hearing. (1) Nothing in this chapter shall prohibit the superintendent or professional person in charge of the hospital or facility in which the person is being involuntarily treated from releasing him or her prior to the expiration of the commitment period when, in the opinion of the superintendent or professional person in charge, the person being involuntarily treated no longer presents a likelihood of serious harm.

Whenever the superintendent or professional person in charge of a hospital or facility providing involuntary treatment pursuant to this

chapter releases a person prior to the expiration of the period of commitment, the superintendent or professional person in charge shall in writing notify the court which committed the person for treatment.

(2) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is released under this section, the superintendent or professional person in charge shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the release date. Notice shall be provided at least thirty days before the release date. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county in which the person is being involuntarily treated for a hearing to determine whether the person is to be released. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and the guardian or conservator of the committed person. The court shall conduct a hearing on the petition within ten days of filing the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the committed person shall be released or shall be returned for involuntary treatment subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter. [2018 c 201 s 3015; 1998 c 297 s 20; 1997 c 112 s 27; 1986 c 67 s 1; 1973 1st ex.s. c 142 s 38.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.335 Modification of order for inpatient treatment—Intervention by prosecuting attorney. In any proceeding under this chapter to modify a commitment order of a person committed to inpatient treatment under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) in which the requested relief includes treatment less restrictive than detention, the prosecuting attorney shall be entitled to intervene. The party initiating the motion to modify the commitment order shall serve the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed with written notice and copies of the initiating papers. [2018 c 201 s 3016; 1986 c 67 s 7.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.05.337 Intervention by attorney representing a tribe.

(1) An attorney representing a tribe has the right to intervene at any point in any court proceeding under this chapter involving a member of the tribe.

(a) For purposes of this section, "right to intervene" means the right of a tribal attorney to:

(i) Attend court proceedings;

(ii) Speak in court;

(iii) Request copies of orders issued by the court and petitions filed;

(iv) Submit information to the court including, but not limited to, information about available tribal resources to coordinate services; and

(v) Petition the court under RCW 71.05.201.

(b) Information provided to the tribal attorney under this section is subject to any federal and state laws and regulations including the requirements in RCW 70.02.230 (2)(ee) and (3).

(2) Behavioral health service providers shall accept tribal court orders from tribes located within the state on the same basis as state court orders issued under this chapter.

(3) The administrative office of the courts, in consultation with the authority, shall develop and update court forms as needed in proceedings under this chapter for use by designated crisis responders and make them available by December 1, 2024. After January 1, 2025, superior courts must allow tribal designated crisis responders to use court forms developed by the administrative office of the courts.
[2024 c 209 s 1.]

RCW 71.05.338 Assertion of jurisdiction or authority over tribes prohibited. Nothing in this chapter may be read as an assertion of state jurisdiction or regulatory authority over a tribe. [2024 c 209 s 3.]

RCW 71.05.340 Outpatient treatment or care—Conditional release.

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when combined with the number of days the person has spent in inpatient treatment, shall not exceed 90 days if the underlying commitment was for a period of 14 or 90 days, or 180 days if the underlying commitment was for a period of 180 days. If the facility or agency designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated crisis responder in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in

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

(2) The facility or agency designated to provide outpatient care or the secretary of the department of social and health services may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions. Enforcement or revocation proceedings related to a conditional release may occur as provided under RCW 71.05.590. [2021 c 264 s 12; 2018 c 201 s 3017; 2016 sp.s. c 29 s 240; 2015 c 250 s 12; 2009 c 322 s 1; 2000 c 94 s 8; 1998 c 297 s 21; 1997 c 112 s 28; 1987 c 439 s 10; 1986 c 67 s 6; 1979 ex.s. c 215 s 16; 1974 ex.s. c 145 s 24; 1973 1st ex.s. c 142 s 39.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.350 Assistance to released persons. No indigent patient shall be conditionally released or discharged from involuntary treatment without suitable clothing, and the superintendent of a state hospital shall furnish the same, together with such sum of money as he or she deems necessary for the immediate welfare of the patient. Such sum of money shall be the same as the amount required by RCW 72.02.100 to be provided to persons in need being released from correctional institutions. As funds are available, the secretary of the department of social and health services may provide payment to indigent persons conditionally released pursuant to this chapter consistent with the optional provisions of RCW 72.02.100 and 72.02.110, and may adopt rules and regulations to do so. [2018 c 201 s 3018; 1997 c 112 s 29; 1973 1st ex.s. c 142 s 40.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.05.360 Rights of involuntarily detained persons.

Reviser's note: RCW 71.05.360 was amended by 2020 c 312 s 731 without reference to its repeal by 2020 c 302 s 104. It has been decodified for publication purposes under RCW 1.12.025.

RCW 71.05.365 Involuntary commitment—Individualized discharge plan. When a person has been involuntarily committed for treatment to a hospital for a period of 90 or 180 days, and the superintendent or professional person in charge of the hospital determines that the person no longer requires active psychiatric treatment at an inpatient level of care, the behavioral health administrative services organization, managed care organization, or agency providing oversight of long-term care or developmental disability services that is responsible for resource management services for the person must work with the hospital to develop an individualized discharge plan, including whether a petition should be filed for less restrictive alternative treatment on the basis that the person is in need of assisted outpatient treatment, and arrange for a transition to the community in accordance with the person's individualized discharge plan within 14 days of the determination. [2022 c 210 s 19; 2019 c 325 s 3008; 2016 sp.s. c 37 s 15; 2014 c 225 s 85; 2013 c 338 s 4.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2016 sp.s. c 37 s 15: "Section 15 of this act takes effect July 1, 2018." [2016 sp.s. c 37 s 16.]

Effective date—2014 c 225 s 85: "Section 85 of this act takes effect July 1, 2018." [2014 c 225 s 113.]

Effective date—2013 c 338 s 4: "Section 4 of this act takes effect July 1, 2018." [2013 c 338 s 8.]

RCW 71.05.380 Rights of voluntarily committed persons. All persons voluntarily entering or remaining in any facility, institution, or hospital providing evaluation and treatment for

behavioral health disorders shall have no less than all rights secured to involuntarily detained persons by RCW 71.05.217. [2020 c 302 s 47; 2016 sp.s. c 29 s 245; 1973 1st ex.s. c 142 s 43.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.425 Persons committed following dismissal of sex, violent, or felony harassment offense—Notification of conditional release, final release, leave, transfer, or escape—To whom given—Definitions. (1)(a) Except as provided in subsection (2) of this section, at the earliest possible date, and in no event later than thirty days before conditional release, final release, authorized leave under RCW 71.05.325(2), or transfer to a facility other than a state mental hospital, the superintendent shall send written notice of conditional release, release, authorized leave, or transfer of a person committed under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to *RCW 10.77.645(7) to the following:

(i) The chief of police of the city, if any, in which the person will reside;

(ii) The sheriff of the county in which the person will reside; and

(iii) The prosecuting attorney of the county in which the criminal charges against the committed person were dismissed.

(b) The same notice as required by (a) of this subsection shall be sent to the following, if such notice has been requested in writing about a specific person committed under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a sex, violent, or felony harassment offense pursuant to *RCW 10.77.645(7):

(i) The victim of the sex, violent, or felony harassment offense that was dismissed pursuant to *RCW 10.77.645(7) preceding commitment under RCW 71.05.280(3) or 71.05.320(4)(c) or the victim's next of kin if the crime was a homicide;

(ii) Any witnesses who testified against the person in any court proceedings;

(iii) Any person specified in writing by the prosecuting attorney. Information regarding victims, next of kin, or witnesses requesting the notice, information regarding any other person specified in writing by the prosecuting attorney to receive the notice, and the notice are confidential and shall not be available to the person committed under this chapter; and

(iv) The chief of police of the city, if any, and the sheriff of the county, if any, which had jurisdiction of the person on the date of the applicable offense.

(c) The thirty-day notice requirements contained in this subsection shall not apply to emergency medical transfers.

(d) The existence of the notice requirements in this subsection will not require any extension of the release date in the event the release plan changes after notification.

(2) If a person committed under RCW 71.05.280(3) or 71.05.320(4)(c) following dismissal of a sex, violent, or felony

harassment offense pursuant to *RCW 10.77.645(7) escapes, the superintendent shall immediately notify, by the most reasonable and expedient means available, the chief of police of the city and the sheriff of the county in which the person escaped and in which the person resided immediately before the person's arrest and the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed. If previously requested, the superintendent shall also notify the witnesses and the victim of the sex, violent, or felony harassment offense that was dismissed pursuant to *RCW 10.77.645(7) preceding commitment under RCW 71.05.280(3) or 71.05.320(4) or the victim's next of kin if the crime was a homicide. In addition, the secretary shall also notify appropriate parties pursuant to RCW 70.02.230(2)(o). If the person is recaptured, the superintendent shall send notice to the persons designated in this subsection as soon as possible but in no event later than two working days after the department of social and health services learns of such recapture.

(3) If the victim, the victim's next of kin, or any witness is under the age of sixteen, the notice required by this section shall be sent to the parent or legal guardian of the child.

(4) The superintendent shall send the notices required by this chapter to the last address provided to the department of social and health services by the requesting party. The requesting party shall furnish the department of social and health services with a current address.

(5) For purposes of this section the following terms have the following meanings:

(a) "Violent offense" means a violent offense under RCW 9.94A.030;

(b) "Sex offense" means a sex offense under RCW 9.94A.030;

(c) "Next of kin" means a person's spouse, state registered domestic partner, parents, siblings, and children;

(d) "Felony harassment offense" means a crime of harassment as defined in RCW 9A.46.060 that is a felony. [2023 c 453 s 25; 2021 c 264 s 19; 2018 c 201 s 3019. Prior: 2013 c 289 s 6; 2013 c 200 s 30; 2011 c 305 s 5; 2009 c 521 s 158; 2008 c 213 s 10; 2005 c 504 s 710; 2000 c 94 s 10; 1999 c 13 s 8; 1994 c 129 s 9; 1992 c 186 s 9; 1990 c 3 s 109.]

***Reviser's note:** These RCW references have been corrected to reflect the reorganization of chapter 10.77 RCW by 2025 c 358 s 2.

Findings—2023 c 453: See note following RCW 10.77.400.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—2013 c 289: See note following RCW 10.77.645.

Effective date—2013 c 200: See note following RCW 70.02.010.

Findings—2011 c 305: See note following RCW 74.09.295.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

Findings—Intent—1994 c 129: See note following RCW 4.24.550.

Severability—1992 c 186: See note following RCW 9A.46.110.

RCW 71.05.435 Discharge of person from treatment entity—Notice to designated crisis responder office. (1) Whenever a person who is the subject of an involuntary commitment order under this chapter is discharged from an evaluation and treatment facility, state hospital, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program providing involuntary treatment services, the entity discharging the person shall provide notice of the person's discharge, subject to federal laws and regulations, to the designated crisis responder office responsible for the initial commitment, which may be a tribe or other Indian health care provider if the designated crisis responder is appointed by the authority, and the designated crisis responder office that serves the county in which the person is expected to reside or to the tribal contact listed in the authority's tribal crisis coordination plan if the entity discharging the person knows, or has reason to know, that the person is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state. The entity discharging the person must also provide these offices with a copy of any less restrictive order or conditional release order entered in conjunction with the discharge of the person, unless the entity discharging the person has entered into a memorandum of understanding obligating another entity to provide these documents.

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

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

(4) A facility providing substance use disorder services must attempt to obtain a release of information before discharge to meet the notification requirements of subsection (1) of this section.

[2024 c 209 s 21; 2020 c 256 s 306; 2019 c 446 s 26; 2018 c 201 s 3020; 2016 sp.s. c 29 s 246; 2010 c 280 s 4.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.445 Court-ordered behavioral health treatment of persons subject to department of corrections supervision—Initial assessment inquiry—Required notifications—Rules.

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

(b) When a person receiving court-ordered treatment or treatment ordered by the department of corrections discloses to his or her behavioral health service provider that he or she is subject to supervision by the department of corrections, the behavioral health service provider shall notify the department of corrections that he or she is treating the offender and shall notify the offender that his or her community corrections officer will be notified of the treatment, provided that if the offender has received relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132 and the offender has provided the behavioral health service provider with a copy of the order granting relief from disclosure pursuant to RCW 9.94A.562 or 71.05.132, the behavioral health service provider is not required to notify the department of corrections that the behavioral health service provider is treating the offender. The notification may be written or oral and shall not require the consent of the offender. If an oral notification is made, it must be confirmed by a written notification. For purposes of this section, a written notification includes notification by email or facsimile, so long as the notifying behavioral health service provider is clearly identified.

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

(3) The authority and the department of corrections, in consultation with behavioral health administrative services organizations, managed care organizations, behavioral health service providers as defined in RCW 71.05.020, behavioral health consumers, and advocates for persons with behavioral health disorders, shall adopt rules to implement the provisions of this section related to the type and scope of information to be released. These rules shall:

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

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

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

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

(6) Whenever federal law or federal regulations restrict the release of information and records related to behavioral health

services for any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.

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

(8) The authority shall, subject to available resources, electronically, or by the most cost-effective means available, provide the department of corrections with the names, last dates of services, and addresses of specific behavioral health administrative services organizations, managed care organizations, and behavioral health service providers that delivered behavioral health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the authority and the department of corrections. [2020 c 302 s 48; 2019 c 325 s 3009; 2018 c 201 s 3021. Prior: 2014 c 225 s 86; 2014 c 220 s 14; 2013 c 200 s 31; 2009 c 320 s 4; 2005 c 504 s 711; 2004 c 166 s 4; 2002 c 39 s 2; 2000 c 75 s 3.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2014 c 225: See note following RCW 71.24.016.

Effective date—2014 c 220: See note following RCW 70.02.290.

Effective date—2013 c 200: See note following RCW 70.02.010.

Conflict with federal requirements—2009 c 320: See note following RCW 71.05.020.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Severability—Effective dates—2004 c 166: See notes following RCW 71.05.040.

Intent—2000 c 75: "It is the intent of the legislature to enhance and facilitate the ability of the department of corrections to carry out its responsibility of planning and ensuring community protection with respect to persons subject to sentencing under chapter 9.94A RCW by authorizing access to, and release or disclosure of, necessary information related to mental health services. This includes accessing and releasing or disclosing information of persons who received mental health services as a minor. The legislature does not intend this act to readdress access to information and records regarding continuity of care.

The legislature recognizes that persons with mental illness have a right to the confidentiality of information related to mental health services, including the fact of their receiving such services, unless there is a state interest that supersedes this right. It is the intent

of the legislature to balance that right of the individual with the state interest to enhance public safety." [2000 c 75 s 1.]

RCW 71.05.455 Law enforcement referrals to behavioral health agencies—Reports of threatened or attempted suicide—Model policy. When funded, the Washington association of sheriffs and police chiefs, in consultation with the criminal justice training commission, must develop and adopt a model policy for use by law enforcement agencies relating to a law enforcement officer's referral of a person to a behavioral health agency after receiving a report of threatened or attempted suicide. The model policy must complement the criminal justice training commission's crisis intervention training curriculum. [2020 c 302 s 49; 2016 c 158 s 2.]

Finding—Intent—2016 c 158: "The legislature finds that law enforcement officers may respond to situations in which an individual has threatened harm to himself or herself, but that individual does not meet the criteria to be taken into custody for an evaluation under the involuntary treatment act. In these situations, officers are encouraged to facilitate contact between the individual and a mental health professional in order to protect the individual and the community. While the legislature acknowledges that some law enforcement officers receive mental health training, law enforcement officers are not mental health professionals. It is the intent of the legislature that mental health incidents are addressed by mental health professionals." [2016 c 158 s 1.]

RCW 71.05.457 Law enforcement referrals to behavioral health agencies—Reports of threatened or attempted suicide—General authority law enforcement policy. By July 1, 2017, all general authority Washington law enforcement agencies must adopt a policy establishing criteria and procedures for a law enforcement officer to refer a person to a behavioral health agency after receiving a report of threatened or attempted suicide. [2020 c 302 s 50; 2016 c 158 s 3.]

Finding—Intent—2016 c 158: See note following RCW 71.05.455.

RCW 71.05.458 Law enforcement referral—Threatened or attempted suicide—Contact by designated crisis responder. As soon as possible, but no later than 24 hours from receiving a referral from a law enforcement officer or law enforcement agency, including a tribal law enforcement officer or tribal law enforcement agency, excluding Saturdays, Sundays, and holidays, a mental health professional contacted by the designated crisis responder agency must attempt to contact the referred person to determine whether additional mental health intervention is necessary, including, if needed, an assessment by a designated crisis responder for initial detention under RCW 71.05.150 or 71.05.153. Documentation of the mental health professional's attempt to contact and assess the person must be maintained by the designated crisis responder agency. [2024 c 209 s 22; 2019 c 325 s 3010; 2016 c 158 s 5.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Finding—Intent—2016 c 158: See note following RCW 71.05.455.

RCW 71.05.500 Liability of applicant. Any person making or filing an application alleging that a person should be involuntarily detained, certified, committed, treated, or evaluated pursuant to this chapter shall not be rendered civilly or criminally liable where the making and filing of such application was in good faith. [1973 1st ex.s. c 142 s 55.]

RCW 71.05.510 Damages for excessive detention. Any individual who knowingly, willfully or through gross negligence violates the provisions of this chapter by detaining a person for more than the allowable number of days shall be liable to the person detained in civil damages. It shall not be a prerequisite to an action under this section that the plaintiff shall have suffered or be threatened with special, as contrasted with general damages. [2018 c 201 s 3022; 1974 ex.s. c 145 s 30; 1973 1st ex.s. c 142 s 56.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.05.520 Protection of rights—Staff. The authority as the state's behavioral health authority, the department of social and health services in its operation of the state hospitals, and the department of health in exercising its function of licensing and certification of behavioral health providers and facilities shall have the responsibility to determine whether all rights of individuals recognized and guaranteed by the provisions of this chapter and the Constitutions of the state of Washington and the United States are in fact protected and effectively secured. To this end, each agency shall assign appropriate staff who shall from time to time as may be necessary have authority to examine records, inspect facilities, attend proceedings, and do whatever is necessary to monitor, evaluate, and assure adherence to such rights. Such persons shall also recommend such additional safeguards or procedures as may be appropriate to secure individual rights set forth in this chapter and as guaranteed by the state and federal Constitutions. [2018 c 201 s 3023; 1973 1st ex.s. c 142 s 57.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

RCW 71.05.530 Facilities part of comprehensive behavioral health program. Evaluation and treatment facilities and secure withdrawal management and stabilization facilities authorized pursuant to this chapter may be part of the comprehensive community behavioral health services program conducted in counties pursuant to chapter 71.24 RCW, and may receive funding pursuant to the provisions thereof. [2020 c 302 s 52; 2016 sp.s. c 29 s 247; 1998 c 297 s 23; 1973 1st ex.s. c 142 s 58.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.560 Adoption of rules. The department, the department of social and health services, and the authority shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost-effectiveness of such programs and facilities, and procedures and standards for licensing or certification and other action relevant to evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs. [2018 c 201 s 3025; 2016 sp.s. c 29 s 248; 1998 c 297 s 24; 1973 1st ex.s. c 142 s 61.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective dates—Severability—Intent—1998 c 297: See notes following RCW 71.05.010.

RCW 71.05.570 Rules of court. The supreme court of the state of Washington shall adopt such rules as it shall deem necessary with respect to the court procedures and proceedings provided for by this chapter. [1973 1st ex.s. c 142 s 62.]

RCW 71.05.575 Less restrictive alternative treatment—Consideration by court. (1) When making a decision under this chapter whether to require a less restrictive alternative treatment, the court shall consider whether it is appropriate to include or exclude time spent in confinement when determining whether the person has committed a recent overt act.

(2) When determining whether an offender is a danger to himself or herself or others under this chapter, a court shall give great weight to any evidence submitted to the court regarding an offender's recent history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement. [1999 c 214 s 6.]

Intent—Effective date—1999 c 214: See notes following RCW 72.09.370.

RCW 71.05.585 Less restrictive alternative treatment. (Effective until June 30, 2027.) (1) Less restrictive alternative treatment, at a minimum, includes the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the less restrictive alternative treatment;
- (c) A psychiatric evaluation, a substance use disorder evaluation, or both;
- (d) A schedule of regular contacts with the provider of the treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan;
- (g) Consultation about the formation of a mental health advance directive under chapter 71.32 RCW; and

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

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

- (a) Medication management;
- (b) Psychotherapy;
- (c) Nursing;
- (d) Substance use disorder counseling;
- (e) Residential treatment;
- (f) Partial hospitalization;
- (g) Intensive outpatient treatment;
- (h) Support for housing, benefits, education, and employment; and
- (i) Periodic court review.

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

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

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

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

(7) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less

restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis. [2024 c 62 s 22; 2022 c 210 s 20; 2021 c 264 s 13; 2020 c 302 s 53; 2018 c 291 s 2. Prior: 2016 sp.s. c 29 s 241; 2016 c 45 s 5; 2015 c 250 s 16.]

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32:
See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15:
See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.585 Less restrictive alternative treatment. (Effective June 30, 2027.) (1) Less restrictive alternative treatment, at a minimum, includes the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the less restrictive alternative treatment;
- (c) A psychiatric evaluation, a substance use disorder evaluation, or both;
- (d) A schedule of regular contacts with the provider of the treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan;
- (g) Consultation about the formation of a mental health advance directive under chapter 71.32 RCW; and
- (h) Notification to the care coordinator assigned in (a) of this subsection if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

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

- (a) Medication management;
- (b) Psychotherapy;
- (c) Nursing;
- (d) Substance use disorder counseling;
- (e) Residential treatment;
- (f) Partial hospitalization;
- (g) Intensive outpatient treatment;
- (h) Support for housing, benefits, education, and employment; and
- (i) Periodic court review.

(3) If the person was provided with involuntary medication under RCW 71.05.215 or pursuant to a judicial order during the involuntary commitment period, the less restrictive alternative treatment order

may authorize the less restrictive alternative treatment provider or its designee to administer involuntary antipsychotic medication to the person if the provider has attempted and failed to obtain the informed consent of the person and there is a concurring medical opinion approving the medication by a psychiatrist, physician assistant working with a psychiatrist who is acting as a participating physician as defined in RCW 18.71A.010, psychiatric advanced practice registered nurse, or physician or physician assistant in consultation with an independent mental health professional with prescribing authority.

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

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

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

(7) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis. [2025 c 58 s 5153; 2024 c 62 s 22; 2022 c 210 s 20; 2021 c 264 s 13; 2020 c 302 s 53; 2018 c 291 s 2. Prior: 2016 sp.s. c 29 s 241; 2016 c 45 s 5; 2015 c 250 s 16.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.590 Enforcement, modification, or revocation of less restrictive alternative or conditional release orders—Initiation of inpatient detention procedures. (Effective until July 1, 2026.) (1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order. The agency, facility, or designated crisis responder must determine that:

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

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

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

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

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

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

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

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

(d) To detain the person for up to 12 hours for evaluation at an agency, facility providing services under the court order, crisis stabilization unit, 23-hour crisis relief center, emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility with available space, or an approved substance use disorder treatment program with available space. The purpose of the evaluation is to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when, based on clinical judgment, temporary detention is appropriate. The agency, facility, or designated crisis responder may request assistance from a peace officer for the purposes of temporary detention under this subsection

(2)(d). This subsection does not limit the ability or obligation of the agency, facility, or designated crisis responder to pursue revocation procedures under subsection (5) of this section in appropriate circumstances; and

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

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

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

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

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

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

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

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

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the order; (ii)

substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether it is appropriate for the court to reinstate or modify the person's less restrictive alternative treatment order or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing if the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for inpatient treatment and the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.290 or 71.05.320, the number of days remaining on the order must be converted to days of inpatient treatment. A court may not detain a person for inpatient treatment to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program under this subsection unless there is a facility or program available with adequate space for the person.

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

(7) Prior to taking any action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order in which the agency, facility, or designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the agency, facility, or designated crisis responder shall notify the tribe and Indian health care provider regarding any action that will be taken under this section as soon as possible, but no later than three hours from the time the decision to take action is made. The agency, facility, or designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before any hearing under this section, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the agency, facility, or designated crisis responder to provide notice to the tribe or Indian health care provider under this section. Notification under this section is subject to any federal and state laws and regulations including the requirements in RCW 70.02.230 (2)(ee) and (3) and shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan. [2024 c 209 s 23; 2023 c 433 s 10; 2022 c 210 s 23; 2021 c 264 s 14; 2020 c 302 s 55; (2020 c 302 s 54 expired January 1, 2021); 2019 c 446 s 14. Prior: 2018 c 291 s 9; 2018 c 201 s 3026; 2017 3rd sp.s. c 14 s 9; (2017 3rd sp.s. c 14 s 8 expired April 1, 2018); 2016 sp.s. c 29 s 242; 2015 c 250 s 13.]

Expiration date—2024 c 209 ss 11, 13, 23, and 26: See note following RCW 71.05.150.

Expiration date—2023 c 433 ss 6, 8, and 10: See note following RCW 71.05.150.

Expiration date—2022 c 210 ss 5, 12, 17, and 23: See note following RCW 71.05.150.

Expiration date—2021 c 264 ss 1, 3, 6, 8, 10, 14, 31, and 33: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 13, 16, 26, 39, 45, 55, 78, 83, 86, 92, 94, and 97: See note following RCW 71.05.150.

Expiration date—2019 c 446 ss 4, 6, 8, 11, 14, 30, 32, 34, 37, 39, and 41: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 1-4, 6, 7, 9, 11, 12, 13, and 15: See note following RCW 71.05.020.

Expiration date—2018 c 291 ss 4, 7, and 9: See note following RCW 71.05.150.

Expiration date—2018 c 201 ss 3009, 3012, 3026, 5017, and 5020: See note following RCW 71.05.240.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: "Sections 9, 12, 14, 15, and 17 through 21 of this act take effect April 1, 2018." [2017 3rd sp.s. c 14 s 24.]

Expiration date—2017 3rd sp.s. c 14 ss 9 and 15: "Sections 9 and 15 of this act expire July 1, 2026." [2017 3rd sp.s. c 14 s 25.]

Expiration date—2017 3rd sp.s. c 14 ss 8, 11, and 13: "Sections 8, 11, and 13 of this act expire April 1, 2018." [2017 3rd sp.s. c 14 s 23.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.590 Enforcement, modification, or revocation of less restrictive alternative or conditional release orders—Initiation of inpatient detention procedures. (Effective July 1, 2026.) (1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order. The agency, facility, or designated crisis responder must determine that:

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

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

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

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

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

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

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

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

(d) To detain the person for up to 12 hours for evaluation at an agency, facility providing services under the court order, crisis stabilization unit, 23-hour crisis relief center, emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program. The purpose of the evaluation is to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when, based on clinical judgment, temporary detention is appropriate. The agency, facility, or designated crisis responder may request assistance from a peace officer for the purposes of temporary detention under this subsection (2)(d). This subsection does not limit the ability or

obligation of the agency, facility, or designated crisis responder to pursue revocation procedures under subsection (5) of this section in appropriate circumstances; and

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

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

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

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

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

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

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

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

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a

reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether it is appropriate for the court to reinstate or modify the person's less restrictive alternative treatment order or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing if the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for inpatient treatment and the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.290 or 71.05.320, the number of days remaining on the order must be converted to days of inpatient treatment.

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

(7) Prior to taking any action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order in which the agency, facility, or designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the agency, facility, or designated crisis responder shall notify the tribe and Indian health care provider regarding any action that will be taken under this section as soon as possible, but no later than three hours from the time the decision to take action is made. The agency, facility, or designated crisis responder must provide the tribe and Indian health care provider with a copy of the petition, together with any orders issued by the court and a notice of the tribe's right to intervene as soon as possible, but before any hearing under this section, and no later than 24 hours from the time the petition is served upon the person and the person's guardian. The court clerk shall provide copies of any court orders necessary for the agency, facility, or designated crisis responder to provide notice to the tribe or Indian health care provider under this section. Notification under this section is subject to any federal and state laws and regulations including the requirements in RCW 70.02.230 (2)(ee) and (3) and shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan. [2024 c 209 s 24; 2023 c 433 s 11; 2022 c 210 s 24; 2021 c 264 s 15; 2020 c 302 s 56; (2020 c 302 s 54 expired January 1, 2021); 2019 c 446 s 15. Prior: 2018 c 291 s 10; 2018 c 201 s 3027; 2017 3rd sp.s. c 14 s 10; (2017 3rd sp.s. c 14 s 8 expired April 1, 2018); 2016 sp.s. c 29 s 243; 2016 sp.s. c 29 s 242; 2015 c 250 s 13.]

Effective date—2024 c 209 ss 12, 14, 24, and 27: See note following RCW 71.05.150.

Effective date—2023 c 433 ss 7, 9, and 11: See note following RCW 71.05.150.

Effective date—2022 c 210 ss 6, 13, 18, and 24: See note following RCW 71.05.150.

Effective date—2021 c 264 ss 2, 4, 7, 9, 11, 15, 32, and 34: See note following RCW 71.05.150.

Expiration date—2020 c 302 ss 12, 15, 25, 31, 33, 35, 38, 54, 75, 82, 85, 88, and 91: See note following RCW 71.05.150.

Effective date—2020 c 302 ss 14, 17, 27, 40, 46, 56, 79, 84, 87, 93, 95, and 98: See note following RCW 71.05.150.

Effective date—2019 c 446 ss 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42: See note following RCW 71.05.150.

Effective date—2018 c 291 ss 5, 8, and 10: See note following RCW 71.05.150.

Effective date—2018 c 201 ss 3010, 3013, 3027, 5018, and 5021: See note following RCW 71.05.240.

Findings—Intent—2018 c 201: See note following RCW 41.05.018.

Effective date—2017 3rd sp.s. c 14 ss 10 and 16: "Sections 10 and 16 of this act take effect July 1, 2026." [2017 3rd sp.s. c 14 s 26.]

Expiration date—2017 3rd sp.s. c 14 ss 8, 11, and 13: "Sections 8, 11, and 13 of this act expire April 1, 2018." [2017 3rd sp.s. c 14 s 23.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.595 Less restrictive alternative treatment order—Termination. A court order for less restrictive alternative treatment for a person found to be in need of assisted outpatient treatment must be terminated prior to the expiration of the order when, in the opinion of the professional person in charge of the less restrictive alternative treatment provider, (1) the person is prepared to accept voluntary treatment, or (2) the outpatient treatment ordered is no longer necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. [2022 c 210 s 25; 2018 c 291 s 16; 2015 c 250 s 17.]

RCW 71.05.620 Court files and records closed—Exceptions—Rules. (1) The files and records of court proceedings under this chapter and chapter 71.34 RCW shall be closed but shall be accessible to:

- (a) The department;
- (b) The department of social and health services;
- (c) The authority;
- (d) The state hospitals as defined in RCW 72.23.010;
- (e) Any person who is the subject of a petition;
- (f) The attorney or guardian of the person;
- (g) Resource management services for that person;
- (h) Service providers authorized to receive such information by resource management services;
- (i) The Washington state patrol firearms background division to conduct background checks for processing and purchasing firearms, concealed pistol licenses, alien firearms licenses, firearm rights restoration petitions under chapter 9.41 RCW, and release of firearms from evidence, including appeals of denial;
- (j) The prosecuting attorney of a county or tribe located in this state; and
- (k) The tribe or Indian health care provider who has the right to intervene or receive notice and copies of any orders issued by a court in any court proceeding under this chapter and chapter 71.34 RCW.

(2) The authority shall adopt rules to implement this section.
[2024 c 209 s 25; 2023 c 298 s 1; 2018 c 201 s 3028; 2016 sp.s. c 29 s 249; 2015 c 269 s 16; 2013 c 200 s 23; 2005 c 504 s 111; 1989 c 205 s 12.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2013 c 200: See note following RCW 70.02.010.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Contingent effective date—1989 c 205 ss 11-19: "Sections 10 [11] through 19 of this act shall take effect on July 1, 1995, or when regional support networks are established." [1989 c 205 s 24.] See note following chapter digest.

RCW 71.05.660 Treatment records—Privileged communications unaffected. Nothing in this chapter or chapter 70.02 or 71.34 RCW shall be construed to interfere with communications between physicians, physician assistants, psychiatric advanced registered nurse practitioners, or psychologists and patients and attorneys and clients. [2016 sp.s. c 29 s 420; 2016 c 155 s 9; 2013 c 200 s 21; 2009 c 217 s 9; 2005 c 504 s 114; 1989 c 205 s 16.]

Reviser's note: This section was amended by 2016 c 155 s 9 and by 2016 sp.s. c 29 s 420, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2013 c 200: See note following RCW 70.02.010.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Contingent effective date—1989 c 205 ss 11-19: See note following RCW 71.05.620.

RCW 71.05.680 Treatment records—Access under false pretenses, penalty. Any person who requests or obtains confidential information pursuant to RCW 71.05.620 under false pretenses shall be guilty of a gross misdemeanor. [2013 c 200 s 22; 2005 c 504 s 713; 1999 c 13 s 11. Prior: 1989 c 205 s 18.]

Effective date—2013 c 200: See note following RCW 70.02.010.

Findings—Intent—Severability—Application—Construction—Captions, part headings, subheadings not law—Adoption of rules—Effective dates—2005 c 504: See notes following RCW 71.05.027.

Alphabetization—Correction of references—2005 c 504: See note following RCW 71.05.020.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

Contingent effective date—1989 c 205 ss 11-19: See note following RCW 71.05.620.

RCW 71.05.700 Home visit by designated crisis responder or crisis intervention worker—Accompaniment by second trained individual. No designated crisis responder or crisis intervention worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's involuntary treatment act, unless a second trained individual, determined by the clinical team supervisor, on-call supervisor, or individual professional acting alone based on a risk assessment for potential violence, accompanies

them. The second individual may be a law enforcement officer, a mental health professional, a mental health paraprofessional who has received training under RCW 71.05.715, or other first responder, such as fire or ambulance personnel. No retaliation may be taken against a worker who, following consultation with the clinical team, refuses to go on a home visit alone. [2016 sp.s. c 29 s 250; 2007 c 360 s 2.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—2007 c 360: "The legislature finds that designated mental health professionals go out into the community to evaluate people for potential detention under the state's involuntary treatment act. Also, designated mental health professionals and other mental health workers do crisis intervention work intended to stabilize a person in crisis and provide immediate treatment and intervention in communities throughout Washington state. In many cases, the presence of a second trained individual on outreach to a person's private home or other private location will enhance safety for consumers, families, and mental health professionals and will advance the legislature's interest in quality mental health care services." [2007 c 360 s 1.]

Short title—2007 c 360: "This act may be known and cited as the Marty Smith law." [2007 c 360 s 7.]

RCW 71.05.705 Provider of designated crisis responder or crisis outreach services—Policy for home visits. Each provider of designated crisis responder or crisis outreach services shall maintain a written policy that, at a minimum, describes the organization's plan for training, staff backup, information sharing, and communication for crisis outreach staff who respond to private homes or nonpublic settings. [2016 sp.s. c 29 s 251; 2007 c 360 s 3.]

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Findings—Short title—2007 c 360: See notes following RCW 71.05.700.

RCW 71.05.710 Home visit by mental health professional—Wireless telephone to be provided. Any mental health professional who engages in home visits to clients shall be provided by their employer with a wireless telephone or comparable device for the purpose of emergency communication. [2007 c 360 s 4.]

Findings—Short title—2007 c 360: See notes following RCW 71.05.700.

RCW 71.05.715 Crisis visit by mental health professional—Access to information. Any mental health professional who is dispatched on a crisis visit, as described in RCW 71.05.700, shall have prompt access to information about any history of dangerousness or potential dangerousness on the client they are being sent to evaluate that is documented in crisis plans or commitment records and is available without unduly delaying a crisis response. [2007 c 360 s 5.]

Findings—Short title—2007 c 360: See notes following RCW 71.05.700.

RCW 71.05.720 Training for community mental health employees. Annually, all community mental health employees who work directly with clients shall be provided with training on safety and violence prevention topics described in RCW 49.19.030. The curriculum for the training shall be developed collaboratively among the authority, the department, contracted behavioral health service providers, and employee organizations that represent community mental health workers. [2020 c 302 s 57; 2018 c 201 s 3029; 2007 c 360 s 6.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Short title—2007 c 360: See notes following RCW 71.05.700.

RCW 71.05.730 Judicial services—Civil commitment cases—Reimbursement. (1) A county may apply to its behavioral health administrative services organization on a quarterly basis for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter and chapter 71.34 RCW. A tribe may apply to the authority on a quarterly basis for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter and chapter 71.34 RCW. The behavioral health administrative services organization shall in turn be entitled to reimbursement from the behavioral health administrative services organization that serves the county of residence of the individual who is the subject of the civil commitment case.

(2) Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county's or tribe's actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county or tribe over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county or tribe, the reimbursement rate shall be equal to 80 percent of the median reimbursement rate of counties or tribes, if applicable included in the independent assessment.

(3) For the purposes of this section:

(a) "Civil commitment case" includes all judicial hearings related to a single episode of hospitalization or less restrictive alternative treatment, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive 180-day commitment under chapter 71.34 RCW shall be

considered to be a new case regardless of whether there has been a break in detention. "Civil commitment case" does not include the filing of a petition for a 180-day commitment under this chapter on behalf of a patient at a state hospital.

(b) "Judicial services" means a county's or tribe's reasonable direct costs in providing prosecutor services, assigned counsel and defense services, court services, and court clerk services for civil commitment cases under this chapter and chapter 71.34 RCW.

(4) In the case where a county has requested that the health care authority contract for public defense services on the county's behalf under RCW 71.05.110, the authority shall reduce the funding provided to the county's behavioral health administrative services organization equivalent to the authority's expense in contracting with the office of public defense for that representation. The county's behavioral health administrative services organization may still seek reimbursement from the behavioral health administrative services organization that serves the county of residence of the individual who is the subject of the civil commitment case under subsection (1) of this section.

(5) To the extent that resources have a shared purpose, the behavioral health administrative services organization may only reimburse counties to the extent such resources are necessary for and devoted to judicial services as described in this section. To the extent that resources have a shared purpose, the authority may only reimburse tribes to the extent the resources are necessary for and devoted to judicial services as described in this section.

(6) No filing fee may be charged or collected for any civil commitment case subject to reimbursement under this section. [2025 c 226 s 5; 2024 c 209 s 28; 2019 c 325 s 3011; 2015 c 250 s 15; (2015 c 250 s 14 expired April 1, 2016); 2014 c 225 s 87; 2011 c 343 s 2.]

Effective date—2025 c 226: See note following RCW 71.05.020.

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2015 c 250 ss 2, 15, and 19: See note following RCW 71.05.020.

Expiration date—2015 c 250 ss 1, 14, and 18: See note following RCW 71.05.020.

Effective date—2014 c 225: See note following RCW 71.24.016.

Intent—2011 c 343: "The legislature recognizes that counties that host evaluation and treatment beds incur costs by providing judicial services associated with civil commitments under chapters 71.05 and 71.34 RCW. Because evaluation and treatment beds are not evenly distributed across the state, these commitments frequently occur in a different county from the county in which the person was originally detained. The intent of this act is to create a process for the state to reimburse counties through the regional support networks for the counties' reasonable direct costs incurred in providing these judicial services, and to prevent the burden of these costs from falling disproportionately on the counties or regional support networks in which the commitments are most likely to occur. The legislature recognizes that the costs of judicial services may vary

across the state based on different factors and conditions." [2011 c 343 s 1.]

Effective date—2011 c 343: "Except for section 3 of this act, this act takes effect July 1, 2012." [2011 c 343 s 10.]

RCW 71.05.732 Reimbursement for judicial services—Assessment.

(1) The joint legislative audit and review committee shall conduct an independent assessment of the direct costs of providing judicial services under this chapter and chapter 71.34 RCW as defined in RCW 71.05.730. The assessment shall include a review and analysis of the reasons for differences in costs among counties. The assessment shall be conducted for any county in which more than twenty civil commitment cases were conducted during the year prior to the study. The assessment must be completed by June 1, 2012.

(2) The administrative office of the courts, the authority, and the department of social and health services shall provide the joint legislative audit and review committee with assistance and data required to complete the assessment.

(3) The joint legislative audit and review committee shall present recommendations as to methods for updating the costs identified in the assessment to reflect changes over time. [2018 c 201 s 3030; 2011 c 343 s 3.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Intent—2011 c 343: See note following RCW 71.05.730.

RCW 71.05.740 Reporting of commitment data. (1) All behavioral health administrative services organizations in the state of Washington must forward historical behavioral health involuntary commitment information retained by the organization, including identifying information and dates of commitment to the authority. As soon as feasible, the behavioral health administrative services organizations must arrange to report new commitment data to the authority within twenty-four hours. Commitment information under this section does not need to be resent if it is already in the possession of the authority. Behavioral health administrative services organizations and the authority shall be immune from liability related to the sharing of commitment information under this section.

(2) The clerk of the court must share commitment hearing outcomes in all hearings under this chapter with the local behavioral health administrative services organization that serves the region where the superior court is located, including in cases in which the designated crisis responder investigation occurred outside the region. The hearing outcome data must include the name of the facility to which a person has been committed. [2022 c 210 s 29; 2021 c 263 s 15; 2020 c 302 s 58; 2019 c 325 s 3012; 2018 c 201 s 3031; 2014 c 225 s 88; 2013 c 216 s 2.]

Application—2021 c 263: See note following RCW 10.77.550.

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2014 c 225: See note following RCW 71.24.016.

RCW 71.05.745 Single bed certification. (1) The authority may use a single bed certification process as outlined in rule to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.

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

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

(4) The authority may adopt rules implementing this section and continue to enforce rules it has already adopted except where inconsistent with this section. [2018 c 201 s 3032; 2016 sp.s. c 29 s 252; 2015 c 269 s 2.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

RCW 71.05.750 Report—No bed available for person who meets detention criteria. (1) A designated crisis responder shall make a report to the authority when he or she determines a person meets detention criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are not any beds available at an evaluation and treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative. Starting at the time when the designated crisis responder determines a person meets detention criteria and the investigation has been completed, the designated crisis responder has twenty-four hours to submit a completed report to the authority.

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

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

(b) The identity of the responsible behavioral health administrative services organization and managed care organization, if applicable;

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

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

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

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

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

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

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

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

(b) A licensed or certified inpatient evaluation and treatment facility that is already at capacity. [2020 c 302 s 59; 2019 c 325 s 3013; 2018 c 201 s 3033; 2016 sp.s. c 29 s 253; 2015 c 269 s 3.]

Effective date—2020 c 302 ss 13, 16, 19-23, 26, 32, 34, 36, 39, 55, 59, 76, 83, 86, 89, and 92: See note following RCW 71.05.150.

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective dates—2016 sp.s. c 29: See note following RCW 71.05.760.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

RCW 71.05.755 Duties upon receipt of no bed available report—Corrective actions. (1) The authority shall promptly share reports it receives under RCW 71.05.750 with the responsible behavioral health administrative services organization or managed care organization, if applicable. The behavioral health administrative services organization or managed care organization, if applicable, receiving this notification must attempt to engage the person in appropriate services for which the person is eligible and report back within seven days to the authority.

(2) The authority shall track and analyze reports submitted under RCW 71.05.750. The authority must initiate corrective action when appropriate to ensure that each behavioral health administrative services organization or managed care organization, if applicable, has implemented an adequate plan to provide evaluation and treatment services. Corrective actions may include remedies under the authority's contract with such entity. An adequate plan may include development of less restrictive alternatives to involuntary commitment such as crisis diversion, voluntary treatment, or prevention programs reasonably calculated to reduce demand for evaluation and treatment under this chapter. [2023 c 433 s 15; 2019 c 325 s 3014; 2018 c 201 s 3034; 2015 c 269 s 4.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2015 c 269 ss 1-9 and 11-13: See note following RCW 71.05.010.

RCW 71.05.760 Designated crisis responders—Training—Qualifications—Secure withdrawal management and stabilization facility capacity. (1)(a) The authority or its designee shall provide training to the designated crisis responders.

(b)(i) To qualify as a designated crisis responder, a person must have received substance use disorder training as determined by the authority and be a:

(A) Mental health professional with an advanced degree;

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

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

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

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

(b) If, at any time during the implementation of secure withdrawal management and stabilization facility capacity, federal funding becomes unavailable for federal match for services provided in

secure withdrawal management and stabilization facilities, then the authority must cease any expansion of secure withdrawal management and stabilization facilities until further direction is provided by the legislature. [2023 c 425 s 22. Prior: 2019 c 446 s 16; 2019 c 325 s 3015; 2018 c 201 s 3035; 2017 3rd sp.s. c 14 s 21; 2016 sp.s. c 29 s 201.]

Effective date—2023 c 425 ss 1-7, 13-20, and 22-26: See note following RCW 18.83.170.

Effective date—2019 c 325: See note following RCW 71.24.011.

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Effective date—2017 3rd sp.s. c 14 ss 9, 12, 14, 15, and 17-21: See note following RCW 71.05.590.

Effective dates—2016 sp.s. c 29: "(1) Sections 501, 503 through 532, and 701 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect *April 1, 2016.

(2) Sections 201 through 210, 212, 214 through 224, 226 through 232, 234 through 237, 239 through 242, 244 through 267, 269, 271, 273, 274, 276, 278, 279, 281, 401 through 429, and 502 of this act take effect April 1, 2018.

(3) Sections 211, 213, 225, 233, 238, 243, 268, 270, 272, 275, 277, and 280 of this act take effect July 1, 2026." [2016 sp.s. c 29 s 803.]

***Reviser's note:** 2016 sp.s. c 29 was signed by the governor on April 18, 2016.

Short title—Right of action—2016 sp.s. c 29: See notes following RCW 71.05.010.

RCW 71.05.765 Civil commitment training—Contracting—Requirements. The authority must contract with an association that represents designated crisis responders in Washington to develop and begin delivering by July 1, 2025, a training program for social workers licensed under chapter 18.225 RCW who practice in an emergency department with responsibilities related to civil commitments under this chapter. The training must include instruction emphasizing standards and procedures relating to the civil commitment of persons with substance use disorders and mental illness, including which clinical presentations warrant summoning a designated crisis responder. The training must emphasize the manner in which a patient with a primary substance use disorder may present as a risk of harm to self or others, or gravely disabled. Each hospital shall ensure that, by July 1, 2026, or within three months of hire, all social workers employed in the emergency department with responsibilities relating to civil commitments under this chapter complete the training every three years. [2024 c 366 s 15.]

Findings—Intent—2024 c 366: See note following RCW 71.24.847.

RCW 71.05.801 Persons with developmental disabilities—Service plans—Habilitation services. When appropriate and subject to available funds, the treatment and training of a person with a developmental disability who is committed to the custody of the department of social and health services or to a facility licensed or certified for ninety day treatment by the department for a further period of intensive treatment under RCW 71.05.320 must be provided in a program specifically reserved for the treatment and training of persons with developmental disabilities. A person so committed shall receive habilitation services pursuant to an individualized service plan specifically developed to treat the behavior which was the subject of the criminal proceedings. The treatment program shall be administered by developmental disabilities professionals and others trained specifically in the needs of persons with developmental disabilities. The department of social and health services may limit admissions to this specialized program in order to ensure that expenditures for services do not exceed amounts appropriated by the legislature and allocated by the department of social and health services for such services. The department of social and health services may establish admission priorities in the event that the number of eligible persons exceeds the limits set by the department of social and health services. [2018 c 201 s 3036; 2009 c 323 s 3.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Findings—Intent—2009 c 323: See note following RCW 71.05.320.

RCW 71.05.820 Appearance by video technology. For purposes of this chapter, at any hearing the petitioner, the respondent, the witnesses, the interpreters, and the presiding judicial officer may be present and participate either in person or by video, as determined by the court. The term "video" as used in this section includes any functional equivalent. At any hearing conducted by video, the technology used must permit the judicial officer, counsel, all parties, and the witnesses to be able to see, hear, and speak, when authorized, during the hearing; to allow attorneys to use exhibits or other materials during the hearing; and to allow the respondent's counsel to be in the same location as the respondent unless otherwise requested by the respondent or the respondent's counsel. Witnesses in a proceeding may also appear in court through other means, including telephonically, pursuant to the requirements of superior court civil rule 43. Notwithstanding the foregoing, the court, upon its own motion or upon a motion for good cause by any party, may require all parties and witnesses to participate in the hearing in person rather than by video. In ruling on any such motion, the court may allow in-person or video testimony; and the court may consider, among other things, whether the respondent's alleged behavioral health disorder affects the respondent's ability to perceive or participate in the proceeding by video. [2020 c 302 s 101.]

RCW 71.05.940 Equal application of 1989 c 420—Evaluation for developmental disability. The provisions of chapter 420, Laws of 1989 shall apply equally to persons in the custody of the department of social and health services on May 13, 1989, who were found by a court to be not guilty by reason of insanity or incompetent to stand trial, or who have been found to have committed acts constituting a felony pursuant to RCW 71.05.280(3) and present a substantial likelihood of repeating similar acts, and the secretary of the department of social and health services shall cause such persons to be evaluated to ascertain if such persons have a developmental disability for placement in a program specifically reserved for the treatment and training of persons with developmental disabilities. [2018 c 201 s 3037; 1999 c 13 s 13; 1989 c 420 s 18.]

Findings—Intent—Effective date—2018 c 201: See notes following RCW 41.05.018.

Purpose—Construction—1999 c 13: See note following RCW 10.77.010.

RCW 71.05.950 Construction—Chapter applicable to state registered domestic partnerships—2009 c 521. For the purposes of this chapter, the terms spouse, marriage, marital, husband, wife, widow, widower, next of kin, and family shall be interpreted as applying equally to state registered domestic partnerships or individuals in state registered domestic partnerships as well as to marital relationships and married persons, and references to dissolution of marriage shall apply equally to state registered domestic partnerships that have been terminated, dissolved, or invalidated, to the extent that such interpretation does not conflict with federal law. Where necessary to implement chapter 521, Laws of 2009, gender-specific terms such as husband and wife used in any statute, rule, or other law shall be construed to be gender neutral, and applicable to individuals in state registered domestic partnerships. [2009 c 521 s 157.]