

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 2099**

66th Legislature  
2020 Regular Session

Passed by the House March 7, 2020  
Yeas 97 Nays 0

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**Speaker of the House of  
Representatives**

Passed by the Senate March 5, 2020  
Yeas 49 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2099** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**ENGROSSED SUBSTITUTE HOUSE BILL 2099**

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AS AMENDED BY THE SENATE

Passed Legislature - 2020 Regular Session

**State of Washington                      66th Legislature                      2019 Regular Session**

**By** House Civil Rights & Judiciary (originally sponsored by  
Representatives Irwin and Jenkins)

READ FIRST TIME 02/22/19.

1            AN ACT Relating to the use of video technology under the  
2 involuntary treatment act; amending RCW 71.05.150, 71.05.150,  
3 71.05.153, and 71.05.153; reenacting and amending RCW 71.05.020;  
4 providing an effective date; and providing an expiration date.

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

6            **Sec. 1.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
7 2019 c 325 s 3001 are each reenacted and amended to read as follows:

8            The definitions in this section apply throughout this chapter  
9 unless the context clearly requires otherwise.

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

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

20           (3) "Antipsychotic medications" means that class of drugs  
21 primarily used to treat serious manifestations of mental illness

1 associated with thought disorders, which includes, but is not limited  
2 to atypical antipsychotic medications;

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

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

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

11 (7) "Co-occurring disorder specialist" means an individual  
12 possessing an enhancement granted by the department of health under  
13 chapter 18.205 RCW that certifies the individual to provide substance  
14 use disorder counseling subject to the practice limitations under RCW  
15 18.205.105;

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

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

21 (10) "Crisis stabilization unit" means a short-term facility or a  
22 portion of a facility licensed or certified by the department, such  
23 as an evaluation and treatment facility or a hospital, which has been  
24 designed to assess, diagnose, and treat individuals experiencing an  
25 acute crisis without the use of long-term hospitalization;

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

30 (12) "Department" means the department of health;

31 (13) "Designated crisis responder" means a mental health  
32 professional appointed by the county or an entity appointed by the  
33 county, to perform the duties specified in this chapter;

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

36 (15) "Developmental disabilities professional" means a person who  
37 has specialized training and three years of experience in directly  
38 treating or working with persons with developmental disabilities and  
39 is a psychiatrist, physician assistant working with a supervising  
40 psychiatrist, psychologist, psychiatric advanced registered nurse

1 practitioner, or social worker, and such other developmental  
2 disabilities professionals as may be defined by rules adopted by the  
3 secretary of the department of social and health services;

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

6 (17) "Director" means the director of the authority;

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

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

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

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

38 (22) "Habilitative services" means those services provided by  
39 program personnel to assist persons in acquiring and maintaining life  
40 skills and in raising their levels of physical, mental, social, and

1 vocational functioning. Habilitative services include education,  
2 training for employment, and therapy. The habilitative process shall  
3 be undertaken with recognition of the risk to the public safety  
4 presented by the person being assisted as manifested by prior charged  
5 criminal conduct;

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

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

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

36 (26) "In need of assisted outpatient behavioral health treatment"  
37 means that a person, as a result of a mental disorder or substance  
38 use disorder: (a) Has been committed by a court to detention for  
39 involuntary behavioral health treatment during the preceding thirty-  
40 six months; (b) is unlikely to voluntarily participate in outpatient

1 treatment without an order for less restrictive alternative  
2 treatment, based on a history of nonadherence with treatment or in  
3 view of the person's current behavior; (c) is likely to benefit from  
4 less restrictive alternative treatment; and (d) requires less  
5 restrictive alternative treatment to prevent a relapse,  
6 decompensation, or deterioration that is likely to result in the  
7 person presenting a likelihood of serious harm or the person becoming  
8 gravely disabled within a reasonably short period of time;

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

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

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

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

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

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

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

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

29 (28) "Information related to mental health services" means all  
30 information and records compiled, obtained, or maintained in the  
31 course of providing services to either voluntary or involuntary  
32 recipients of services by a mental health service provider. This may  
33 include documents of legal proceedings under this chapter or chapter  
34 71.34 or 10.77 RCW, or somatic health care information;

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

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

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

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

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

11 (34) "Likelihood of serious harm" means:

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

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

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

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

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

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

1 health service delivery systems or community behavioral health  
2 programs as defined in RCW 71.24.025, facilities conducting  
3 competency evaluations and restoration under chapter 10.77 RCW,  
4 approved substance use disorder treatment programs as defined in this  
5 section, secure withdrawal management and stabilization facilities as  
6 defined in this section, and correctional facilities operated by  
7 state and local governments;

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

12 (40) "Physician assistant" means a person licensed as a physician  
13 assistant under chapter 18.57A or 18.71A RCW;

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

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

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

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

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



1 (46) "Public agency" means any evaluation and treatment facility  
2 or institution, secure withdrawal management and stabilization  
3 facility, approved substance use disorder treatment program, or  
4 hospital which is conducted for, or includes a department or ward  
5 conducted for, the care and treatment of persons with mental illness,  
6 substance use disorders, or both mental illness and substance use  
7 disorders, if the agency is operated directly by federal, state,  
8 county, or municipal government, or a combination of such  
9 governments;

10 (47) "Release" means legal termination of the commitment under  
11 the provisions of this chapter;

12 (48) "Resource management services" has the meaning given in  
13 chapter 71.24 RCW;

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

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

23 (a) Provide the following services:

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

26 (ii) Clinical stabilization services;

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

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

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

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

37 (51) "Serious violent offense" has the same meaning as provided  
38 in RCW 9.94A.030;

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

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

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

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

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

35 (57) "Triage facility" means a short-term facility or a portion  
36 of a facility licensed or certified by the department, which is  
37 designed as a facility to assess and stabilize an individual or  
38 determine the need for involuntary commitment of an individual, and  
39 must meet department residential treatment facility standards. A

1 triage facility may be structured as a voluntary or involuntary  
2 placement facility;

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

13 (59) "Violent act" means behavior that resulted in homicide,  
14 attempted suicide, nonfatal injuries, or substantial damage to  
15 property.

16 **Sec. 2.** RCW 71.05.150 and 2019 c 446 s 4 are each amended to  
17 read as follows:

18 (1) When a designated crisis responder receives information  
19 alleging that a person, as a result of a mental disorder, substance  
20 use disorder, or both presents a likelihood of serious harm or is  
21 gravely disabled, or that a person is in need of assisted outpatient  
22 behavioral health treatment; the designated crisis responder may,  
23 after investigation and evaluation of the specific facts alleged and  
24 of the reliability and credibility of any person providing  
25 information to initiate detention or involuntary outpatient  
26 treatment, if satisfied that the allegations are true and that the  
27 person will not voluntarily seek appropriate treatment, file a  
28 petition for initial detention under this section or a petition for  
29 involuntary outpatient behavioral health treatment under RCW  
30 71.05.148. Before filing the petition, the designated crisis  
31 responder must personally interview the person, unless the person  
32 refuses an interview, and determine whether the person will  
33 voluntarily receive appropriate evaluation and treatment at an  
34 evaluation and treatment facility, crisis stabilization unit, triage  
35 facility, or approved substance use disorder treatment program. The  
36 interview performed by the designated crisis responder may be  
37 conducted by video provided that a licensed health care professional  
38 or professional person who can adequately and accurately assist with

1 obtaining any necessary information is present with the person at the  
2 time of the interview.

3 (2) (a) An order to detain a person with a mental disorder to a  
4 designated evaluation and treatment facility, or to detain a person  
5 with a substance use disorder to a secure withdrawal management and  
6 stabilization facility or approved substance use disorder treatment  
7 program, for not more than a seventy-two-hour evaluation and  
8 treatment period may be issued by a judge of the superior court upon  
9 request of a designated crisis responder, subject to (d) of this  
10 subsection, whenever it appears to the satisfaction of a judge of the  
11 superior court:

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

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

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

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

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

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

1 treatment facility, secure withdrawal management and stabilization  
2 facility, or approved substance use disorder treatment program. The  
3 person shall be permitted to be accompanied by one or more of his or  
4 her relatives, friends, an attorney, a personal physician, or other  
5 professional or religious advisor to the place of evaluation. An  
6 attorney accompanying the person to the place of evaluation shall be  
7 permitted to be present during the admission evaluation. Any other  
8 individual accompanying the person may be present during the  
9 admission evaluation. The facility may exclude the individual if his  
10 or her presence would present a safety risk, delay the proceedings,  
11 or otherwise interfere with the evaluation.

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

21 **Sec. 3.** RCW 71.05.150 and 2019 c 446 s 5 are each amended to  
22 read as follows:

23 (1) When a designated crisis responder receives information  
24 alleging that a person, as a result of a mental disorder, substance  
25 use disorder, or both presents a likelihood of serious harm or is  
26 gravely disabled, or that a person is in need of assisted outpatient  
27 behavioral health treatment; the designated crisis responder may,  
28 after investigation and evaluation of the specific facts alleged and  
29 of the reliability and credibility of any person providing  
30 information to initiate detention or involuntary outpatient  
31 treatment, if satisfied that the allegations are true and that the  
32 person will not voluntarily seek appropriate treatment, file a  
33 petition for initial detention under this section or a petition for  
34 involuntary outpatient behavioral health treatment under RCW  
35 71.05.148. Before filing the petition, the designated crisis  
36 responder must personally interview the person, unless the person  
37 refuses an interview, and determine whether the person will  
38 voluntarily receive appropriate evaluation and treatment at an  
39 evaluation and treatment facility, crisis stabilization unit, triage

1 facility, or approved substance use disorder treatment program. The  
2 interview performed by the designated crisis responder may be  
3 conducted by video provided that a licensed health care professional  
4 or professional person who can adequately and accurately assist with  
5 obtaining any necessary information is present with the person at the  
6 time of the interview.

7 (2) (a) An order to detain a person with a mental disorder to a  
8 designated evaluation and treatment facility, or to detain a person  
9 with a substance use disorder to a secure withdrawal management and  
10 stabilization facility or approved substance use disorder treatment  
11 program, for not more than a seventy-two-hour evaluation and  
12 treatment period may be issued by a judge of the superior court upon  
13 request of a designated crisis responder whenever it appears to the  
14 satisfaction of a judge of the superior court:

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

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

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

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

26 (3) The designated crisis responder shall then serve or cause to  
27 be served on such person, his or her guardian, and conservator, if  
28 any, a copy of the order together with a notice of rights, and a  
29 petition for initial detention. After service on such person the  
30 designated crisis responder shall file the return of service in court  
31 and provide copies of all papers in the court file to the evaluation  
32 and treatment facility, secure withdrawal management and  
33 stabilization facility, or approved substance use disorder treatment  
34 program, and the designated attorney. The designated crisis responder  
35 shall notify the court and the prosecuting attorney that a probable  
36 cause hearing will be held within seventy-two hours of the date and  
37 time of outpatient evaluation or admission to the evaluation and  
38 treatment facility, secure withdrawal management and stabilization  
39 facility, or approved substance use disorder treatment program. The  
40 person shall be permitted to be accompanied by one or more of his or

1 her relatives, friends, an attorney, a personal physician, or other  
2 professional or religious advisor to the place of evaluation. An  
3 attorney accompanying the person to the place of evaluation shall be  
4 permitted to be present during the admission evaluation. Any other  
5 individual accompanying the person may be present during the  
6 admission evaluation. The facility may exclude the individual if his  
7 or her presence would present a safety risk, delay the proceedings,  
8 or otherwise interfere with the evaluation.

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

18 **Sec. 4.** RCW 71.05.153 and 2019 c 446 s 6 are each amended to  
19 read as follows:

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

30 (2) When a designated crisis responder receives information  
31 alleging that a person, as the result of substance use disorder,  
32 presents an imminent likelihood of serious harm, or is in imminent  
33 danger because of being gravely disabled, after investigation and  
34 evaluation of the specific facts alleged and of the reliability and  
35 credibility of the person or persons providing the information if  
36 any, the designated crisis responder may take the person, or cause by  
37 oral or written order the person to be taken, into emergency custody  
38 in a secure withdrawal management and stabilization facility or  
39 approved substance use disorder treatment program for not more than

1 seventy-two hours as described in RCW 71.05.180, if a secure  
2 withdrawal management and stabilization facility or approved  
3 substance use disorder treatment program is available and has  
4 adequate space for the person.

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

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

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

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

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

31 (5) Within three hours after arrival, not counting time periods  
32 prior to medical clearance, the person must be examined by a mental  
33 health professional. Within twelve hours of notice of the need for  
34 evaluation, not counting time periods prior to medical clearance, the  
35 designated crisis responder must determine whether the individual  
36 meets detention criteria. The interview performed by the designated  
37 crisis responder may be conducted by video provided that a licensed  
38 health care professional or professional person who can adequately  
39 and accurately assist with obtaining any necessary information is  
40 present with the person at the time of the interview. If the



1 individual is detained, the designated crisis responder shall file a  
2 petition for detention or a supplemental petition as appropriate and  
3 commence service on the designated attorney for the detained person.  
4 If the individual is released to the community, the mental health  
5 service provider shall inform the peace officer of the release within  
6 a reasonable period of time after the release if the peace officer  
7 has specifically requested notification and provided contact  
8 information to the provider.

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

15 **Sec. 5.** RCW 71.05.153 and 2019 c 446 s 7 are each amended to  
16 read as follows:

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

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

38 (3) A peace officer may take or cause such person to be taken  
39 into custody and immediately delivered to a triage facility, crisis

1 stabilization unit, evaluation and treatment facility, secure  
2 withdrawal management and stabilization facility, approved substance  
3 use disorder treatment program, or the emergency department of a  
4 local hospital under the following circumstances:

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

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

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

18 (5) Within three hours after arrival, not counting time periods  
19 prior to medical clearance, the person must be examined by a mental  
20 health professional. Within twelve hours of notice of the need for  
21 evaluation, not counting time periods prior to medical clearance, the  
22 designated crisis responder must determine whether the individual  
23 meets detention criteria. The interview performed by the designated  
24 crisis responder may be conducted by video provided that a licensed  
25 health care professional or professional person who can adequately  
26 and accurately assist with obtaining any necessary information is  
27 present with the person at the time of the interview. If the  
28 individual is detained, the designated crisis responder shall file a  
29 petition for detention or a supplemental petition as appropriate and  
30 commence service on the designated attorney for the detained person.  
31 If the individual is released to the community, the mental health  
32 service provider shall inform the peace officer of the release within  
33 a reasonable period of time after the release if the peace officer  
34 has specifically requested notification and provided contact  
35 information to the provider.

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

1 professional has totally disregarded the requirements of this  
2 section.

3 NEW SECTION. **Sec. 6.** Sections 2 and 4 of this act expire July  
4 1, 2026.

5 NEW SECTION. **Sec. 7.** Sections 3 and 5 of this act take effect  
6 July 1, 2026.

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