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## SUBSTITUTE SENATE BILL 6665

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State of Washington 60th Legislature 2008 Regular Session

By Senate Human Services & Corrections (originally sponsored by Senators Hargrove, Stevens, and Marr)

READ FIRST TIME 02/08/08.

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AN ACT Relating to the intensive case management and integrated response pilot programs; amending RCW 70.96A.800, 70.96B.800, 70.96B.010, 70.96B.050, 70.96B.100, and 70.96B.900; amending 2007 c 120 s 4 (uncodified); adding a new section to chapter 70.96B RCW; and providing expiration dates.

- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 7 **Sec. 1.** RCW 70.96A.800 and 2005 c 504 s 220 are each amended to 8 read as follows:
  - (1) The secretary shall select and contract with counties to provide intensive case management for chemically dependent persons with histories of high utilization of crisis services at two sites. In selecting the two sites, the secretary shall endeavor to site one in an urban county, and one in a rural county; and to site them in counties other than those selected pursuant to RCW 70.96B.020, to the extent necessary to facilitate evaluation of pilot project results.
  - (2) The contracted sites shall implement the pilot programs by providing intensive case management to persons with a primary chemical dependency diagnosis or dual primary chemical dependency and mental

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health diagnoses, through the employment of chemical dependency case managers. The chemical dependency case managers shall:

- (a) Be trained in and use the integrated, comprehensive screening and assessment process adopted under RCW 70.96C.010;
- (b) Reduce the use of crisis medical, chemical dependency and mental health services, including but not limited to, emergency room admissions, hospitalizations, detoxification programs, inpatient psychiatric admissions, involuntary treatment petitions, emergency medical services, and ambulance services;
- (c) Reduce the use of emergency first responder services including police, fire, emergency medical, and ambulance services;
- (d) Reduce the number of criminal justice interventions including arrests, violations of conditions of supervision, bookings, jail days, prison sanction day for violations, court appearances, and prosecutor and defense costs;
- (e) Where appropriate and available, work with therapeutic courts including drug courts and mental health courts to maximize the outcomes for the individual and reduce the likelihood of reoffense;
- (f) Coordinate with local offices of the economic services administration to assist the person in accessing and remaining enrolled in those programs to which the person may be entitled;
- (g) Where appropriate and available, coordinate with primary care and other programs operated through the federal government including federally qualified health centers, Indian health programs, and veterans' health programs for which the person is eligible to reduce duplication of services and conflicts in case approach;
- (h) Where appropriate, advocate for the client's needs to assist the person in achieving and maintaining stability and progress toward recovery;
- (i) Document the numbers of persons with co-occurring mental and substance abuse disorders and the point of determination of the co-occurring disorder by quadrant of intensity of need; and
- (j) Where a program participant is under supervision by the department of corrections, collaborate with the department of corrections to maximize treatment outcomes and reduce the likelihood of reoffense.
- 37 (3) The pilot programs established by this section shall begin 38 providing services by March 1, 2006.

- 1 (4) This section expires June 30, ((2008)) 2009.
- 2 **Sec. 2.** RCW 70.96B.800 and 2005 c 504 s 217 are each amended to read as follows:
  - (1) The Washington state institute for public policy shall evaluate the pilot programs and make ((a)) preliminary reports to appropriate committees of the legislature by December 1, 2007, and June 30, 2008, and a final report by ((September 30, 2008)) June 30, 2010.
    - (2) The evaluation of the pilot programs shall include:
    - (a) Whether the designated crisis responder pilot program:
- 10 (i) Has increased efficiency of evaluation and treatment of persons 11 involuntarily detained for seventy-two hours;
- 12 (ii) Is cost-effective;

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- 13 (iii) Results in better outcomes for persons involuntarily 14 detained;
- 15 (iv) Increased the effectiveness of the crisis response system in 16 the pilot catchment areas;
- 17 (b) The effectiveness of providing a single chapter in the Revised 18 Code of Washington to address initial detention of persons with mental 19 disorders or chemical dependency, in crisis response situations and the 20 likelihood of effectiveness of providing a single, comprehensive 21 involuntary treatment act.
- 22 (3) The reports shall consider the impact of the pilot programs on 23 the existing mental health system and on the persons served by the 24 system.
- 25 **Sec. 3.** RCW 70.96B.010 and 2005 c 504 s 202 are each amended to 26 read as follows:
- 27 The definitions in this section apply throughout this chapter 28 unless the context clearly requires otherwise.
  - (1) "Admission" or "admit" means a decision by a physician that a person should be examined or treated as a patient in a hospital, an evaluation and treatment facility, or other inpatient facility, or a decision by a professional person in charge or his or her designee that a person should be detained as a patient for evaluation and treatment in a secure detoxification facility or other certified chemical dependency provider.

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- 1 (2) "Antipsychotic medications" means that class of drugs primarily 2 used to treat serious manifestations of mental illness associated with 3 thought disorders, which includes but is not limited to atypical 4 antipsychotic medications.
  - (3) "Approved treatment program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department as meeting standards adopted under chapter 70.96A RCW.
- 9 (4) "Attending staff" means any person on the staff of a public or 10 private agency having responsibility for the care and treatment of a 11 patient.
  - (5) "Chemical dependency" means:
- 13 (a) Alcoholism;

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- (b) Drug addiction; or
- 15 (c) Dependence on alcohol and one or more other psychoactive 16 chemicals, as the context requires.
  - (6) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.
  - (7) "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.
- 23 (8) "Conditional release" means a revocable modification of a 24 commitment that may be revoked upon violation of any of its terms.
  - (9) "Custody" means involuntary detention under either chapter 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.
- 29 (10) "Department" means the department of social and health 30 services.
  - (11) "Designated chemical dependency specialist" or "specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and this chapter, and qualified to do so by meeting standards adopted by the department.
- 37 (12) "Designated crisis responder" means a person designated by the

1 county or regional support network to perform the duties specified in 2 this chapter.

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- (13) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.
- (14) "Detention" or "detain" means the lawful confinement of a person under this chapter, or chapter 70.96A or 71.05 RCW.
- (15) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with individuals with developmental disabilities and is a psychiatrist, psychologist, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.
- 14 (16) "Developmental disability" means that condition defined in RCW 15 71A.10.020.
- 16 (17) "Discharge" means the termination of facility authority. The 17 commitment may remain in place, be terminated, or be amended by court 18 order.
  - (18) "Evaluation and treatment facility" means any facility that 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 that is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility that is part of, or operated by, the department or any federal agency does not require certification. No correctional institution or facility, or jail, may be an evaluation and treatment facility within the meaning of this chapter.
- 30 (19) "Facility" means either an evaluation and treatment facility 31 or a secure detoxification facility.
  - (20) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals:
  - (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or
    - (b) Manifests severe deterioration in routine functioning evidenced

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- 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.
  - (21) "History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter, or chapter 70.96A or 71.05 RCW, excluding any time spent, but not any violent acts committed, in a mental health facility or a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.
- 10 (22) "Imminent" means the state or condition of being likely to
  11 occur at any moment or near at hand, rather than distant or remote.
  - (23) "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.
- 15  $((\frac{(23)}{23}))$  <u>(24)</u> "Judicial commitment" means a commitment by a court 16 under this chapter.
- $((\frac{(24)}{(24)}))$  <u>(25)</u> "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.
  - $((\frac{25}{1}))$  <u>(26)</u> "Likelihood of serious harm" means:
  - (a) A substantial risk that:

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- (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 that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or
  - (iii) Physical harm will be inflicted by a person upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or
- 31 (b) The person has threatened the physical safety of another and 32 has a history of one or more violent acts.
- $((\frac{(26)}{)})$  <u>(27)</u> "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.
- 36  $((\frac{(27)}{)})$  (28) "Mental health professional" means a psychiatrist, 37 psychologist, psychiatric nurse, or social worker, and such other

mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.

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 $((\frac{28}{28}))$  (29) "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.

 $((\frac{29}{29}))$  (30) "Person in charge" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.

(((30))) (31) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved treatment program, that is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill and/or chemically dependent.

 $((\frac{31}{1}))$   $\underline{(32)}$  "Professional person" means a mental health professional or chemical dependency professional and shall also mean a physician, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter.

 $((\frac{32}{2}))$  (33) "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.

 $((\frac{33}{3}))$  <u>(34)</u> "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

(((34))) (35) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved treatment program that is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill and/or chemically dependent, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

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 $((\frac{35}{}))$  (36) "Registration records" means all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

- $((\frac{36}{1}))$  "Release" means legal termination of the commitment under chapter 70.96A or 71.05 RCW or this chapter.
- $((\frac{37}{3}))$  "Secretary" means the secretary of the department or the secretary's designee.
  - ((<del>(38)</del>)) (<u>39)</u> "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that serves the purpose of providing evaluation and assessment, and acute and/or subacute detoxification services for intoxicated persons and includes security measures sufficient to protect the patients, staff, and community.
  - $((\frac{39}{39}))$  (40) "Social worker" means a person with a master's or further advanced degree from an accredited school of social work or a degree deemed equivalent under rules adopted by the secretary.
    - ((40)) (41) "Treatment records" means registration records and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others.
- $((\frac{41}{1}))$  (42) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.
- **Sec. 4.** RCW 70.96B.050 and 2007 c 120 s 1 are each amended to read 31 as follows:
- 32 (1) When a designated crisis responder receives information 33 alleging that a person, as a result of a mental disorder, chemical 34 dependency disorder, or both, presents a likelihood of serious harm or 35 is gravely disabled, the designated crisis responder may, after 36 investigation and evaluation of the specific facts alleged and of the 37 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. 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 either an evaluation and treatment facility, a detoxification facility, or other certified chemical dependency provider. 

- (2)(a) An order to detain to an evaluation and treatment facility, a detoxification facility, or other certified chemical dependency provider for not more than a seventy-two hour evaluation and treatment period may be issued by a judge upon request of a designated crisis responder: (i) Whenever it appears to the satisfaction of a judge of the superior court, district court, or other court permitted by court rule, that there is probable cause to support the petition, and (ii) that the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention, 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.
- (3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order to appear, together with a notice of rights and a petition for initial detention. After service on the 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 or secure detoxification facility and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or other certified chemical dependency provider. If requested by the detained person or his or her attorney,

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- the hearing may be postponed for a period not to exceed forty-eight hours. The court may be continued subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours. The person may be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other person accompanying the person may be present during the admission evaluation. The facility may exclude the person 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 the person or cause the person to be taken into custody and placed in an evaluation and treatment facility, a secure detoxification facility, or other certified chemical dependency provider. At the time the person is taken into custody there shall commence to be served on the person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of detention, a notice of rights, and a petition for initial detention.
- **Sec. 5.** RCW 70.96B.100 and 2005 c 504 s 211 are each amended to 22 read as follows:
  - ((If a person is detained for additional treatment beyond fourteen days under RCW 70.96B.090, the professional staff of the agency or facility may petition for additional treatment under RCW 70.96A.140.))
    (1) A person detained for fourteen days of involuntary chemical dependency treatment under RCW 70.96B.090 shall be released from involuntary treatment at the expiration of the period of commitment unless the professional staff of the agency or facility files a petition for additional period of involuntary treatment under RCW 70.96A.140, or files a petition for sixty days less restrictive treatment under this section.
- (2) A petition for less restrictive treatment must be filed at least three days before expiration of the fourteen-day period of intensive treatment, and comport with the rules contained in RCW 70.96B.090(2). The petition shall state facts that support the finding that the person, as a result of a chemical dependency, presents a

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likelihood of serious harm or is gravely disabled, and that continued treatment pursuant to a less restrictive order is in the best interest of the person or others. At the time of filing such a petition, the clerk shall set a time for the person to come before the court on the next judicial day after the day of filing unless such appearance is waived by the person's attorney.

- (3) At the time set for appearance the detained person must be brought before the court, unless such appearance has been waived and the court shall advise him or her of his or her right to be represented by an attorney. 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, psychologist, or psychiatrist, designated by the detained person to examine and testify on behalf of the detained person.
- (4) The court shall conduct a hearing on the petition for sixty days less restrictive treatment on or before the last day of the confinement period. The burden of proof shall be by clear, cogent, and convincing evidence and shall be upon the petitioner. The person shall be present at such proceeding, which shall in all respects accord with the constitutional guarantees of due process of law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9). Involuntary treatment shall continue while a petition for less restrictive treatment is pending under this section.
- (5) The court may impose a sixty-day less restrictive order if the evidence shows that the person, as a result of a chemical dependency, presents a likelihood of serious harm or is gravely disabled, and that continued treatment pursuant to a less restrictive order is in the best interest of the person or others. The less restrictive order may impose treatment conditions and other conditions which are in the best interest of the patient and others. A copy of the less restrictive order shall be given to the patient, the designated crisis responder, and any program designated to provide less restrictive treatment. A program designated to provide less restrictive treatment and willing to supervise the conditions of the less restrictive order may modify the conditions for continued release when the modification is in the best interests of the patient, but must notify the designated crisis responder and the court of such modification.

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(6) If an outpatient treatment program approved by the court and 1 2 willing to supervise the conditions of the less restrictive order or the designated crisis responder determines that the respondent is 3 failing to adhere to the terms of the less restrictive order, or that 4 substantial deterioration in the patient's functioning has occurred, 5 6 then the designated crisis responder shall notify the court of original 7 commitment and request a hearing to be held no less than two and no more than seven days after the date of the request to determine whether 8 or not the person should be returned to more restrictive care. The 9 designated crisis responder may cause the person to be immediately 10 taken into custody of the secure detox pending the hearing if the 11 12 alleged noncompliance causes an imminent risk to the safety of the 13 person. The designated crisis responder shall file a petition with the 14 court stating the facts substantiating the need for the hearing along with the treatment recommendations. The patient shall have the same 15 rights with respect to notice, hearing, and counsel as for the original 16 involuntary treatment proceedings. The issues to be determined at the 17 hearing are whether the conditionally released patient did or did not 18 adhere to the terms and conditions of his or her release to less 19 restrictive care or that substantial deterioration of the patient's 20 21 functioning has occurred and whether the condition of release should be modified or the person should be returned to a more restrictive 22 setting. The hearing may be waived by the patient and his or her 23 24 counsel and his or her quardian or conservator, if any, but may not be waived unless all such persons agree to the waiver. If court finds in 25 26 favor of the petitioner, or the person waives a hearing, the court may 27 order the person to be committed to secure detox for fourteen days of involuntary chemical dependency treatment, or may order the patient to 28 be returned to less restrictive treatment on the same or modified 29 30 conditions.

NEW SECTION. Sec. 6. A new section is added to chapter 70.96B RCW to read as follows:

(1) A person committed for fourteen days of involuntary chemical dependency treatment under this chapter 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

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- deterioration and there is no less intrusive course of treatment than medication in the best interest of that person.
- 3 (2) The department shall adopt rules to carry out the purposes of 4 this chapter. These rules shall include:

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- (a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication;
- (b) For short-term treatment up to fourteen days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication;
- (c) 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, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion;
- (d) Documentation in the medical record of the physician's attempt to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.
- 21 (3) A person committed pursuant to this chapter may refuse 22 psychiatric medication twenty-four hours before a court hearing as 23 provided in RCW 71.05.210.
- 24 Sec. 7. RCW 70.96B.900 and 2005 c 504 s 219 are each amended to 25 read as follows:
- 26 Sections 202 through 216 ((of this act)), chapter 504, Laws of 2005 27 expire ((July 1, 2008)) June 30, 2009.
- NEW SECTION. Sec. 8. Sections 3 through 6 of this act expire June 30, 2009.
- 30 **Sec. 9.** 2007 c 120 s 4 (uncodified) is amended to read as follows: 31 Sections 1 and 2 ((<del>of this act</del>)), chapter 120, Laws of 2007 expire 32 ((<del>July 1, 2008</del>)) <u>June 30, 2009</u>.

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