ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1450

State of Washington 64th Legislature 2015 Regular Session

By House Appropriations (originally sponsored by Representatives Jinkins, Rodne, Walkinshaw, Harris, Cody, Goodman, Senn, Walsh, Riccelli, Robinson, Orwall, Moeller, Gregerson, Van De Wege, Ormsby, Clibborn, McBride, Tharinger, Kagi, and Stanford)

READ FIRST TIME 02/27/15.

- AN ACT Relating to involuntary outpatient mental health treatment; amending RCW 71.05.150, 71.05.156, 71.05.212, 71.05.230, 71.05.240, 71.05.245, 71.05.280, 71.05.290, 71.05.320, 71.05.340, 71.05.730, 71.05.730, 71.24.330, and 71.24.330; reenacting and amending RCW 71.05.020 and 71.05.020; adding new sections to chapter 71.05 RCW; creating a new section; providing an effective date; and providing an expiration date.
- 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 9 **Sec. 1.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are 10 each reenacted and amended to read as follows:
- 11 The definitions in this section apply throughout this chapter 12 unless the context clearly requires otherwise.
- 13 (1) "Admission" or "admit" means a decision by a physician or 14 psychiatric advanced registered nurse practitioner that a person 15 should be examined or treated as a patient in a hospital;
- 16 (2) "Antipsychotic medications" means that class of drugs 17 primarily used to treat serious manifestations of mental illness 18 associated with thought disorders, which includes, but is not limited 19 to atypical antipsychotic medications;

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1 (3) "Attending staff" means any person on the staff of a public 2 or private agency having responsibility for the care and treatment of 3 a patient;

- (4) "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;
- (5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (7) "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;
- (8) "Department" means the department of social and health services;
 - (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
 - (10) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;
 - (11) "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;
- (12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

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1 (14) "Developmental disability" means that condition defined in 2 RCW 71A.10.020($(\frac{3}{1})$) (5);

- (15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
- (16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- (17) "Gravely disabled" means a condition in which a person, as a result of a mental 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;
- (18) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (19) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction;
- 38 (20) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

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- 1 (21) "Individualized service plan" means a plan prepared by a 2 developmental disabilities professional with other professionals as a 3 team, for a person with developmental disabilities, which shall 4 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;
- 9 (c) The intermediate and long-range goals of the habilitation 10 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;

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- (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
- 19 (g) The type of residence immediately anticipated for the person 20 and possible future types of residences;
 - (22) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;
 - (23) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;
 - (25) "Likelihood of serious harm" means:
- 34 (a) A substantial risk that: (i) Physical harm will be inflicted 35 by a person upon his or her own person, as evidenced by threats or 36 attempts to commit suicide or inflict physical harm on oneself; (ii) 37 physical harm will be inflicted by a person upon another, as 38 evidenced by behavior which has caused such harm or which places 39 another person or persons in reasonable fear of sustaining such harm; 40 or (iii) physical harm will be inflicted by a person upon the

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property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

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- (b) The person has threatened the physical safety of another and has a history of one or more violent acts;
- (26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;
- (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;
- (30) "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, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;
- (31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- 38 (32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner

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pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;

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- (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;
- 9 (34) "Psychologist" means a person who has been licensed as a 10 psychologist pursuant to chapter 18.83 RCW;
 - (35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;
- 17 (36) "Registration records" include all the records of the 18 department, regional support networks, treatment facilities, and 19 other persons providing services to the department, county 20 departments, or facilities which identify persons who are receiving 21 or who at any time have received services for mental illness;
- 22 (37) "Release" means legal termination of the commitment under 23 the provisions of this chapter;
- 24 (38) "Resource management services" has the meaning given in 25 chapter 71.24 RCW;
- 26 (39) "Secretary" means the secretary of the department of social 27 and health services, or his or her designee;
- 28 (40) "Serious violent offense" has the same meaning as provided 29 in RCW 9.94A.030;
- 30 (41) "Social worker" means a person with a master's or further 31 advanced degree from a social work educational program accredited and 32 approved as provided in RCW 18.320.010;
- 33 (42) "Therapeutic court personnel" means the staff of a mental 34 health court or other therapeutic court which has jurisdiction over 35 defendants who are dually diagnosed with mental disorders, including 36 court personnel, probation officers, a court monitor, prosecuting 37 attorney, or defense counsel acting within the scope of therapeutic 38 court duties;
- 39 (43) "Triage facility" means a short-term facility or a portion 40 of a facility licensed by the department of health and certified by

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

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- (44) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks 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, regional support networks, or a treatment facility if the notes or records are not available to others;
- 19 (45) "Violent act" means behavior that resulted in homicide, 20 attempted suicide, nonfatal injuries, or substantial damage to 21 property.
- 22 (46) "In need of assisted outpatient mental health treatment" 23 means that a person, as a result of a mental disorder: (a) Has been committed by a court to detention for involuntary mental health 24 25 treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health 26 treatment, the person has been committed to detention for involuntary 27 28 mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment 29 cycle; (b) is unlikely to voluntarily participate in outpatient 30 treatment without an order for less restrictive alternative 31 32 treatment, in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without 33 supervision; (d) is likely to benefit from less restrictive 34 alternative treatment; and (e) requires outpatient treatment that 35 would be provided under a less restrictive alternative treatment 36 order to prevent a relapse, decompensation, or deterioration that is 37 likely to result in the person presenting a likelihood of serious 38 39 harm or the person becoming gravely disabled within a reasonably 40 short period of time. For purposes of (a) of this subsection, time

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- 1 spent in a mental health facility or in confinement as a result of a
- 2 criminal conviction is excluded from the thirty-six month
- 3 <u>calculation</u>.

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- 4 (47) "Less restrictive alternative treatment" means a program of
- 5 <u>individualized treatment in a less restrictive setting that includes</u>
- 6 the services described in section 15 of this act.
- 7 **Sec. 2.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted and 8 amended to read as follows:
- 9 The definitions in this section apply throughout this chapter 10 unless the context clearly requires otherwise.
 - (1) "Admission" or "admit" means a decision by a physician or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;
 - (2) "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;
 - (3) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;
 - (4) "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;
 - (5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
 - (7) "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;
- 37 (8) "Department" means the department of social and health 38 services;

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

- (10) "Designated crisis responder" means a mental health professional appointed by the county or the behavioral health organization to perform the duties specified in this chapter;
 - (11) "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;
 - (12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;
- 20 (14) "Developmental disability" means that condition defined in 21 RCW 71A.10.020(((4)))) (5);
 - (15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
 - (16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- 36 (17) "Gravely disabled" means a condition in which a person, as a 37 result of a mental disorder: (a) Is in danger of serious physical 38 harm resulting from a failure to provide for his or her essential 39 human needs of health or safety; or (b) manifests severe 40 deterioration in routine functioning evidenced by repeated and

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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;

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- (18) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (19) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction;
- 17 (20) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;
 - (21) "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:
- 23 (a) The nature of the person's specific problems, prior charged 24 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;
- 29 (d) The rationale for using this plan of habilitation to achieve 30 those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
- 32 (f) Where relevant in light of past criminal behavior and due 33 consideration for public safety, the criteria for proposed movement 34 to less-restrictive settings, criteria for proposed eventual 35 discharge or release, and a projected possible date for discharge or 36 release; and
- 37 (g) The type of residence immediately anticipated for the person 38 and possible future types of residences;
- 39 (22) "Information related to mental health services" means all 40 information and records compiled, obtained, or maintained in the

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- course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;
 - (23) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
 - (24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;
 - (25) "Likelihood of serious harm" means:

- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 21 (b) The person has threatened the physical safety of another and 22 has a history of one or more violent acts;
 - (26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
 - (27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
 - (28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;

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(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;

- (30) "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, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;
- (31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (32) "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;
- (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;
- (34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;
- (36) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;
- 39 (37) "Release" means legal termination of the commitment under 40 the provisions of this chapter;

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- 1 (38) "Resource management services" has the meaning given in 2 chapter 71.24 RCW;
- 3 (39) "Secretary" means the secretary of the department of social 4 and health services, or his or her designee;
- 5 (40) "Serious violent offense" has the same meaning as provided 6 in RCW 9.94A.030;

- (41) "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;
- (42) "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;
- (43) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;
- (44) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- 36 (45) "Violent act" means behavior that resulted in homicide, 37 attempted suicide, nonfatal injuries, or substantial damage to 38 property.
- 39 <u>(46) "In need of assisted outpatient mental health treatment"</u> 40 <u>means that a person, as a result of a mental disorder: (a) Has been</u>

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1 committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, 2 if the person is currently committed for involuntary mental health 3 treatment, the person has been committed to detention for involuntary 4 mental health treatment at least once during the thirty-six months 5 6 preceding the date of initial detention of the current commitment cycle; (b) is unlikely to voluntarily participate in outpatient 7 treatment without an order for less restrictive alternative 8 treatment, in view of the person's treatment history or current 9 10 behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive 11 alternative treatment; and (e) requires outpatient treatment that 12 would be provided under a less restrictive alternative treatment 13 order to prevent a relapse, decompensation, or deterioration that is 14 15 likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably 16 short period of time. For purposes of (a) of this subsection, time 17 spent in a mental health facility or in confinement as a result of a 18 criminal conviction is excluded from the thirty-six month 19 20 calculation.

- 21 (47) "Less restrictive alternative treatment" means a program of 22 individualized treatment in a less restrictive setting than inpatient 23 treatment that includes the services described in section 15 of this 24 act.
- 25 **Sec. 3.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to 26 read as follows:

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(1)(a) When a designated mental health professional receives information alleging that a person, as a result of a mental disorder: (i) Presents a likelihood of serious harm; ((er)) (ii) is gravely disabled; or (iii) is in need of assisted outpatient mental health treatment; the designated mental health professional may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an outpatient evaluation. If

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the petition is for an outpatient evaluation and the person is being
held in a hospital emergency department, the person may be released
once the hospital has satisfied federal and state legal requirements
for appropriate screening and stabilization of patients.

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- (b) Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.
- (2)(a) An order to detain to a designated evaluation and treatment facility for not more than a seventy-two-hour evaluation and treatment period, or an order for an outpatient evaluation, may be issued by a judge of the superior court upon request of a designated mental health professional, whenever it appears to the satisfaction of a judge of the superior court:
 - (i) That there is probable cause to support the petition; and
- (ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention <u>or outpatient evaluation</u>, 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 mental health professional shall then serve or cause to be served on such person, his or her quardian, and conservator, if any, a copy of the order together with a notice of a petition for initial detention or outpatient and evaluation. After service on such person the designated mental health professional shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility and the designated attorney. The designated mental health professional shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventytwo hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility. The person shall be permitted to be accompanied by one or more of his or her relatives,

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- 1 friends, an attorney, a personal physician, or other professional or advisor to the place of evaluation. 2 An accompanying the person to the place of evaluation shall be permitted 3 to be present during the admission evaluation. Any other individual 4 accompanying the person may be present during the admission 5 б evaluation. The facility may exclude the individual if his or her 7 presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation. 8
- 9 (4) The designated mental health professional 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. At the 12 time such person is taken into custody there shall commence to be 13 served on such person, his or her guardian, and conservator, if any, 14 a copy of the original order together with a notice of rights and a 15 petition for initial detention.
- 16 **Sec. 4.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to read as follows:
- A designated mental health professional who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 must also evaluate the person under RCW 71.05.150 for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention, and to determine whether the person is in need of assisted outpatient mental health treatment.
- 25 **Sec. 5.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to 26 read as follows:
 - (1) Whenever a designated mental health professional 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;
- 34 (b) Historical behavior, including history of one or more violent 35 acts;
- 36 (c) Prior determinations of incompetency or insanity under 37 chapter 10.77 RCW; and
- 38 (d) Prior commitments under this chapter.

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

- (3) Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient mental health treatment, when:
- 15 (a) Such symptoms or behavior are closely associated with 16 symptoms or behavior which preceded and led to a past incident of 17 involuntary hospitalization, severe deterioration, or one or more 18 violent acts;
- 19 (b) These symptoms or behavior represent a marked and concerning 20 change in the baseline behavior of the respondent; and
- 21 (c) Without treatment, the continued deterioration of the 22 respondent is probable.
- (4) When conducting an evaluation for offenders identified under RCW 72.09.370, the designated mental health professional or professional person shall consider an offender's history of judicially required or administratively ordered antipsychotic medication while in confinement.
- **Sec. 6.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to 29 read as follows:
 - A person detained <u>or committed</u> for seventy-two hour evaluation and treatment may be ((detained)) <u>committed</u> for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. A petition may only be filed if the following conditions are met:
 - (1) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and finds that the condition is caused by mental disorder and ((either)) results in a likelihood of serious harm, ((er)) results in the

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- ((detained)) person being gravely disabled, or results in the person being in need of assisted outpatient mental health treatment, and are prepared to testify those conditions are met; and
 - (2) The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered; and
 - (3) The facility providing intensive treatment is certified to provide such treatment by the department; and
 - (4) The professional staff of the agency or facility or the designated mental health professional has filed a petition with the court for a fourteen day involuntary detention or a ninety day less restrictive alternative ((with the court)). The petition must be signed either by:
 - (a) Two physicians;

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- (b) One physician and a mental health professional;
- (c) Two psychiatric advanced registered nurse practitioners;
- (d) One psychiatric advanced registered nurse practitioner and a mental health professional; or
 - (e) A physician and a psychiatric advanced registered nurse practitioner. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of mental 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 mental disorder, presents a likelihood of serious harm, ((or)) is gravely disabled, or is in need of assisted outpatient mental health treatment, and shall set forth a plan for the less restrictive alternative treatment proposed by the facility in accordance with section 15 of this act; and
 - (5) A copy of the petition has been served on the detained <u>or</u> <u>committed</u> person, his or her attorney and his or her guardian or conservator, if any, prior to the probable cause hearing; and

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1 (6) The court at the time the petition was filed and before the 2 probable cause hearing has appointed counsel to represent such person 3 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; and
- (8) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated mental health professional may petition for an additional period of either ninety days of less restrictive alternative treatment or ninety days of involuntary intensive treatment as provided in RCW 71.05.290; and
- 11 (9) If the hospital or facility designated to provide 12 ((outpatient)) less restrictive alternative treatment is other than 13 the facility providing involuntary treatment, the outpatient facility 14 so designated to provide less restrictive alternative treatment has 15 agreed to assume such responsibility.
 - **Sec. 7.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to read as follows:
 - (1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention or outpatient evaluation of such person as determined in RCW 71.05.180. If requested by the ((detained)) person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.
 - (2) The court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.
 - (3) At the conclusion of the probable cause hearing((, if the court finds by a preponderance of the evidence that)):
 - (a) If the court finds by a preponderance of the evidence that such person, as the result of mental disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment,

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finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department. If the court finds that such person, as the result of a mental disorder, presents a б likelihood of serious harm, or is gravely disabled, but 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 <u>alternative</u> course of treatment for not to exceed ninety days:

- (b) If the court finds by a preponderance of the evidence that such person, as the result of a mental disorder, is in need of assisted outpatient mental health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days, and may not order inpatient treatment.
- (c) An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed less restrictive alternative treatment plan, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative treatment services. The court may order additional evaluation of the person if necessary to identify appropriate services.
- (4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. The court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.
- **Sec. 8.** RCW 71.05.245 and 2010 c 280 s 3 are each amended to read as follows:
 - (1) In making a determination of whether a person is gravely disabled $((\Theta r))_{L}$ presents a likelihood of serious harm, or is in need

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of assisted outpatient mental health 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.

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- (2) Symptoms or behavior which standing alone would not justify 5 б civil commitment may support a finding of grave disability or 7 likelihood of serious harm, or a finding that the person is in need of assisted outpatient mental health treatment, when: (a) Such 8 symptoms or behavior are closely associated with symptoms or behavior 9 which preceded and led to a past incident of 10 involuntary hospitalization, severe deterioration, or one or more violent acts; 11 12 (b) these symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and (c) without 13 treatment, the continued deterioration of the respondent is probable. 14
 - (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.
- 27 **Sec. 9.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to 28 read as follows:
- At the expiration of the fourteen-day period of intensive treatment, a person may be confined for further treatment pursuant to RCW 71.05.320 if:
 - (1) Such person after having been taken into custody for evaluation and treatment has threatened, attempted, or inflicted: (a) Physical harm upon the person of another or himself or herself, or substantial damage upon the property of another, and (b) as a result of mental disorder presents a likelihood of serious harm; or
- 37 (2) Such person was taken into custody as a result of conduct in 38 which he or she attempted or inflicted physical harm upon the person 39 of another or himself or herself, or substantial damage upon the

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- 1 property of others, and continues to present, as a result of mental 2 disorder, a likelihood of serious harm; or
 - (3) Such person has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.086(4), and has committed acts constituting a felony, and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.
- 8 (a) In any proceeding pursuant to this subsection it shall not be 9 necessary to show intent, willfulness, or state of mind as an element 10 of the crime;
- 11 (b) For any person subject to commitment under this subsection 12 where the charge underlying the finding of incompetence is for a 13 felony classified as violent under RCW 9.94A.030, the court shall 14 determine whether the acts the person committed constitute a violent 15 offense under RCW 9.94A.030; or
 - (4) Such person is gravely disabled; or

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- 17 <u>(5) Such person is in need of assisted outpatient mental health</u>
 18 <u>treatment</u>.
- 19 **Sec. 10.** RCW 71.05.290 and 2009 c 217 s 3 are each amended to 20 read as follows:
- (1) At any time during a person's fourteen day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated mental health professional 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.
- 28 (2) The petition shall summarize the facts which support the need 29 for further confinement and shall be supported by affidavits signed 30 by:
 - (a) Two examining physicians;
- 32 (b) One examining physician and examining mental health 33 professional;
 - (c) Two psychiatric advanced registered nurse practitioners;
- 35 (d) One psychiatric advanced registered nurse practitioner and a 36 mental health professional; or
- 37 (e) An examining physician and an examining psychiatric advanced 38 registered nurse practitioner. The affidavits shall describe in 39 detail the behavior of the detained person which supports the

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- 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. <u>If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative treatment in accordance with section 15 of this act.</u>
- 8 (3) If a person has been determined to be incompetent pursuant to 9 RCW 10.77.086(4), then the professional person in charge of the 10 treatment facility or his or her professional designee or the 11 designated mental health professional may directly file a petition 12 for one hundred eighty day treatment under RCW 71.05.280(3). No 13 petition for initial detention or fourteen day detention is required 14 before such a petition may be filed.
- **Sec. 11.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to 16 read as follows:

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

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court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

- (3) An order for less restrictive alternative treatment entered under subsection (2) of this section must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed plan for less restrictive alternative services, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative services. The court may order additional evaluation of the person if necessary to identify appropriate services.
- (4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated mental health professional, 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 mental disorder or developmental disability presents a likelihood of serious harm; or
- (b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder or developmental disability a likelihood of serious harm; or
- (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
- (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person

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- presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or
 - (d) Continues to be gravely disabled; or

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

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

- ((4) For a person committed under subsection (2) of this section who has been remanded to a period of less restrictive treatment, in addition to the grounds specified in subsection (3) of this section, the designated mental health professional may file a new petition for continued less restrictive treatment if:
- (a) The person was previously committed by a court to detention for involuntary mental health treatment during the thirty-six months that preceded the person's initial detention date during the current involuntary commitment cycle, excluding any time spent in a mental health facility or in confinement as a result of a criminal conviction;
- (b) In view of the person's treatment history or current behavior, the person is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment; and
- (c) Outpatient treatment that would be provided under a less restrictive treatment order is 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.)) If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative services in accordance with section 15 of this act.
- (5) A new petition for involuntary treatment filed under subsection $((\frac{3}{\text{or}}))$ (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

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1 a change of venue. The cost of the proceedings shall be borne by the 2 state.

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(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 one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed plan for less restrictive alternative services, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative services. The court may order additional evaluation of the person if necessary to identify appropriate services.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for ((another)) an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment. However, a commitment solely on the grounds identified in subsection (4)(e) of this section is not permissible under this subsection (((4)) of this section)) if ((thirty-six months have passed since the last date of discharge from detention for inpatient treatment that preceded the current less restrictive alternative order, nor shall a commitment under subsection (4) of this section be permissible if)) the likelihood of serious harm ((in subsection (4)(c) of this)section)) as described in RCW 71.05.020(46)(e) is based solely on harm to the property of others.

(7) <u>An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the</u>

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person's previous commitment term was for intensive inpatient
treatment in a state hospital.

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- (8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.
- 7 **Sec. 12.** RCW 71.05.340 and 2009 c 322 s 1 are each amended to 8 read as follows:
 - (1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the commitment. If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree writing to assume such responsibility. A copy of the terms conditional release shall be given to the patient, the designated mental health professional 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(((3))) <u>(4)</u>(c) is conditionally releasedunder (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

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1 attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which 2 the committed person is to receive outpatient treatment is the same 3 county in which the criminal charges against the committed person 4 were dismissed, then the court shall, upon the motion of the 5 б prosecuting attorney, transfer the proceeding to the court in that 7 county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have 8 the same rights with respect to notice, hearing, and counsel as for 9 an involuntary treatment proceeding, except as set forth in this 10 11 subsection and except that there shall be no right to jury trial. The 12 issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other 13 14 persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of 15 16 the conditional release, it may do so only on the basis 17 substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved 18 by the court on the same or modified conditions or the person shall 19 20 be returned for involuntary treatment on an inpatient basis subject 21 to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this 22 23 chapter.

- (2) The hospital or facility designated to provide outpatient care or the secretary may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions.
- 29 (3)(a) If the hospital or facility designated to provide 30 outpatient care, the designated mental health professional, or the 31 secretary determines that:
 - (i) A conditionally released person is failing to adhere to the terms and conditions of his or her release;
- 34 (ii) Substantial deterioration in a conditionally released 35 person's functioning has occurred;
- 36 (iii) There is evidence of substantial decompensation with a 37 reasonable probability that the decompensation can be reversed by 38 further inpatient treatment; or
 - (iv) The person poses a likelihood of serious harm.

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Upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated mental health professional or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment.

- (b) The hospital or facility designated to provide outpatient treatment shall notify the secretary or designated mental health professional when a conditionally released person fails to adhere to terms and conditions of his or her conditional release or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm. The designated mental health professional or secretary shall order the person apprehended and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment.
- (c) A person detained under this subsection (3) shall be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. The designated mental health professional or the secretary may modify or rescind such order at any time prior to commencement of the court hearing.
- (d) The court that originally ordered commitment shall be notified within two judicial days of a person's detention under the provisions of this section, and the designated mental health professional or the secretary shall file his or her petition and order of apprehension and detention with the court that originally ordered commitment or with the court in the county in which the person is detained and serve them upon the person detained. His or her attorney, if any, and his or her guardian or conservator, if any, shall receive a copy of such papers as soon as possible. Such person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except specifically set forth in this section and except that there shall be no right to jury trial. The venue for proceedings regarding a petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed. The issues to be determined shall be: (i) Whether the conditionally

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released person did or did not adhere to the terms and conditions of his or her conditional release; (ii) that 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 б (iv) there is a likelihood of serious harm; and, if any of the conditions listed in this subsection (3)(d) have occurred, whether the terms of conditional release should be modified or the person should be returned to the facility. If any of the conditions listed in this subsection (3)(d) have occurred and the person is committed solely based on being in need of assisted outpatient mental health treatment, the court shall determine whether the terms of the order should be modified or if proceedings should be initiated under RCW 71.05.150.

(e) <u>In determining whether or not to modify the terms of</u> conditional release or return the person to the facility:

- (i) The court must consider the symptoms and behavior of the person in light of all available evidence concerning the person's historical behavior, which may include information provided by credible witnesses as defined in RCW 71.05.212(2); and
- (ii) If the petition is based on the person's failure to adhere to the terms or conditions of his or her release, the court must give great weight to information regarding symptoms or behavior that: (A) 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) represent a marked and concerning change in the baseline behavior of the person; and (C) indicate that without modified terms or return of the person to the facility, continued deterioration is probable.
- (f) Pursuant to the determination of the court upon such hearing, the conditionally released person shall either continue to be conditionally released on the same or modified conditions or 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 for involuntary treatment, or otherwise in accordance with the provisions of this chapter. Such hearing may be waived by the person and his or her counsel and his or her guardian or conservator, if any, but shall not be waivable unless all such persons agree to waive, and upon such waiver the person may be returned for

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involuntary treatment or continued on conditional release on the same or modified conditions.

(4) The proceedings set forth in subsection (3) of this section may be initiated by the designated mental health professional or the secretary on the same basis set forth therein without requiring or ordering the apprehension and detention of the conditionally released person, in which case the court hearing shall take place in not less than five days from the date of service of the petition upon the conditionally released person. The petition may be filed in the court that originally ordered commitment or with the court in the county in which the person is present. The venue for the proceedings regarding the petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed.

Upon expiration of the period of commitment, or when the person is released from outpatient care, notice in writing to the court which committed the person for treatment shall be provided.

- (5) The grounds and procedures for revocation of less restrictive alternative treatment shall be the same as those set forth in this section for conditional releases, except that if inpatient treatment is sought for a person committed based solely on being in need of assisted outpatient mental health treatment, such treatment must be initiated under a new petition for involuntary treatment under RCW 71.05.150.
- 25 (6) In the event of a revocation of a conditional release, the 26 subsequent treatment period may be for no longer than the actual 27 period authorized in the original court order.
- **Sec. 13.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to 29 read as follows:
 - (1) A county may apply to its regional support network 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 regional support network shall in turn be entitled to reimbursement from the regional support network that serves the county of residence of the individual who is the subject of the civil commitment case. Reimbursements under this section shall be paid out of the regional support network's nonmedicaid appropriation.

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- (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 actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county 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, the reimbursement rate shall be equal to eighty percent of the median reimbursement rate of counties included in the independent assessment.
 - (3) For the purposes of this section:

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- (a) "Civil commitment case" includes all judicial hearings related to a single episode of hospitalization((τ)) or less restrictive alternative ((detention in lieu of hospitalization)) treatment, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive one hundred eighty-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 one hundred eighty-day commitment under this chapter on behalf of a patient at a state psychiatric hospital.
- (b) "Judicial services" means a county'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) To the extent that resources have shared purpose, the regional support network may only reimburse counties to the extent such resources are necessary for and devoted to judicial services as described in this section.
- 31 (5) No filing fee may be charged or collected for any civil 32 commitment case subject to reimbursement under this section.
- 33 **Sec. 14.** RCW 71.05.730 and 2014 c 225 s 87 are each amended to 34 read as follows:
- 35 (1) A county may apply to its behavioral health organization on a 36 quarterly basis for reimbursement of its direct costs in providing 37 judicial services for civil commitment cases under this chapter and 38 chapter 71.34 RCW. The behavioral health organization shall in turn 39 be entitled to reimbursement from the behavioral health organization

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- that serves the county of residence of the individual who is the subject of the civil commitment case. Reimbursements under this section shall be paid out of the behavioral health organization's nonmedicaid appropriation.
- (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 actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county 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, the reimbursement rate shall be equal to eighty percent of the median reimbursement rate of counties 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((τ)) or less restrictive alternative ((detention in lieu of hospitalization)) treatment, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive one hundred eighty-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 one hundred eighty-day commitment under this chapter on behalf of a patient at a state psychiatric hospital.
- (b) "Judicial services" means a county'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.
- 31 (4) To the extent that resources have shared purpose, the 32 behavioral health organization may only reimburse counties to the 33 extent such resources are necessary for and devoted to judicial 34 services as described in this section.
- 35 (5) No filing fee may be charged or collected for any civil commitment case subject to reimbursement under this section.
- NEW SECTION. Sec. 15. A new section is added to chapter 71.05 RCW to read as follows:

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- 1 (1) Less restrictive alternative treatment, at a minimum, 2 includes the following services:
 - (a) Assignment of a care coordinator;
- 4 (b) An intake evaluation with the provider of the less 5 restrictive alternative treatment;
 - (c) A psychiatric evaluation;
- 7 (d) Medication management;
- 8 (e) A schedule of regular contacts with the provider of the less 9 restrictive alternative treatment services for the duration of the 10 order;
- 11 (f) A transition plan addressing access to continued services at 12 the expiration of the order; and
- 13 (g) An individual crisis plan.
- 14 (2) Less restrictive alternative treatment may additionally include the following services:
- 16 (a) Psychotherapy;
- 17 (b) Nursing;

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- 18 (c) Substance abuse counseling; and
- 19 (d) Support for housing, benefits, education, and employment.
- NEW SECTION. Sec. 16. A new section is added to chapter 71.05 21 RCW to read as follows:
- A court order for less restrictive alternative treatment for a 22 person found to be in need of assisted outpatient mental health 23 treatment must be terminated prior to the expiration of the order 24 25 when, in the opinion of the professional person in charge of the less restrictive alternative treatment provider, (1) the person 26 prepared to accept voluntary treatment, or (2) the outpatient 27 treatment ordered is no longer necessary to prevent a relapse, 28 decompensation, or deterioration that is likely to result in the 29 30 person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. 31
- 32 **Sec. 17.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to 33 read as follows:
- (1)(a) Contracts between a regional support network and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to,

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financial penalties, termination of the contract, and reprocurement of the contract.

- (b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with regional support networks as provided in chapter 70.320 RCW.
- (2) The regional support network procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a regional support network selected through the procurement process is not required to contract for services with any county-owned or operated facility. The regional support network procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.
- (3) In addition to the requirements of RCW 71.24.035, contracts shall:
- (a) Define administrative costs and ensure that the regional support network does not exceed an administrative cost of ten percent of available funds;
- (b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;
- (c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;
- (d) Maintain the decision-making independence of designated mental health professionals;
 - (e) Except at the discretion of the secretary or as specified in the biennial budget, require regional support networks to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;
- 36 (f) Include a negotiated alternative dispute resolution clause; 37 ((and))
- (g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a

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- mandatory amendment to the contract to act as a regional support network. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a regional support network they shall provide ninety days' advance notice in writing to the other party; and
 - (h) Require regional support networks to provide services as identified in section 15 of this act to individuals committed for involuntary commitment under less restrictive alternative court orders when:

- 10 <u>(i) The individual is enrolled in the medicaid program and meets</u>
 11 <u>regional support network access to care standards; or</u>
- (ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the regional support network has adequate available resources to provide the services.
- **Sec. 18.** RCW 71.24.330 and 2014 c 225 s 51 are each amended to 17 read as follows:
- (1)(a) Contracts between a behavioral health organization and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.
 - (b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.
 - (2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

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1 (3) In addition to the requirements of RCW 71.24.035, contracts 2 shall:

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- (a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;
- 6 (b) Require effective collaboration with law enforcement,
 7 criminal justice agencies, and the chemical dependency treatment
 8 system;
- 9 (c) Require substantial implementation of department adopted 10 integrated screening and assessment process and matrix of best 11 practices;
 - (d) Maintain the decision-making independence of designated mental health professionals;
 - (e) Except at the discretion of the secretary or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;
- 19 (f) Include a negotiated alternative dispute resolution clause; 20 ((and))
 - (g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party; and
- 30 (h) Require behavioral health organizations to provide services
 31 as identified in section 15 of this act to individuals committed for
 32 involuntary commitment under less restrictive alternative court
 33 orders when:
 - (i) The individual is enrolled in the medicaid program and meets behavioral health organization access to care standards; or
- (ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the behavioral health organization has adequate available resources to provide the services.

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- 1 <u>NEW SECTION.</u> **Sec. 19.** Sections 1, 13, and 17 of this act expire
- 2 April 1, 2016.
- 3 <u>NEW SECTION.</u> **Sec. 20.** Sections 2, 14, and 18 of this act take
- 4 effect April 1, 2016.
- 5 <u>NEW SECTION.</u> **Sec. 21.** If specific funding for the purposes of
- 6 this act, referencing this act by bill or chapter number, is not
- 7 provided by June 30, 2015, in the omnibus appropriations act, this
- 8 act is null and void.

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