

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1450**

Chapter 250, Laws of 2015

64th Legislature  
2015 Regular Session

INVOLUNTARY OUTPATIENT MENTAL HEALTH TREATMENT

EFFECTIVE DATE: 7/24/2015 - Except for sections 2, 15, and 19, which become effective 4/1/2016.

Passed by the House April 20, 2015  
Yeas 86 Nays 9

FRANK CHOPP

**Speaker of the House of Representatives**

Passed by the Senate April 14, 2015  
Yeas 48 Nays 1

BRAD OWEN

**President of the Senate**

Approved May 14, 2015 11:02 AM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1450** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

**Chief Clerk**

FILED

May 14, 2015

**Secretary of State  
State of Washington**

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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1450

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AS AMENDED BY THE SENATE

Passed Legislature - 2015 Regular Session

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.

1 AN ACT Relating to involuntary outpatient mental health  
2 treatment; amending RCW 71.05.150, 71.05.156, 71.05.212, 71.05.230,  
3 71.05.240, 71.05.245, 71.05.280, 71.05.290, 71.05.320, 71.05.340,  
4 71.05.730, 71.05.730, 71.24.330, 71.24.330, and 71.05.210; amending  
5 2009 c 323 s 1 (uncodified); reenacting and amending RCW 71.05.020  
6 and 71.05.020; adding new sections to chapter 71.05 RCW; creating a  
7 new section; providing an effective date; and providing an expiration  
8 date.

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

10 **Sec. 1.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are  
11 each reenacted and amended to read as follows:

12 The definitions in this section apply throughout this chapter  
13 unless the context clearly requires otherwise.

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

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

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

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

9 (6) "Crisis stabilization unit" means a short-term facility or a  
10 portion of a facility licensed by the department of health and  
11 certified by the department of social and health services under RCW  
12 71.24.035, such as an evaluation and treatment facility or a  
13 hospital, which has been designed to assess, diagnose, and treat  
14 individuals experiencing an acute crisis without the use of long-term  
15 hospitalization;

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

20 (8) "Department" means the department of social and health  
21 services;

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

26 (10) "Designated crisis responder" means a mental health  
27 professional appointed by the county or the regional support network  
28 to perform the duties specified in this chapter;

29 (11) "Designated mental health professional" means a mental  
30 health professional designated by the county or other authority  
31 authorized in rule to perform the duties specified in this chapter;

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

34 (13) "Developmental disabilities professional" means a person who  
35 has specialized training and three years of experience in directly  
36 treating or working with persons with developmental disabilities and  
37 is a psychiatrist, psychologist, psychiatric advanced registered  
38 nurse practitioner, or social worker, and such other developmental  
39 disabilities professionals as may be defined by rules adopted by the  
40 secretary;

1 (14) "Developmental disability" means that condition defined in  
2 RCW 71A.10.020(~~(+3)~~) (5);

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

6 (16) "Evaluation and treatment facility" means any facility which  
7 can provide directly, or by direct arrangement with other public or  
8 private agencies, emergency evaluation and treatment, outpatient  
9 care, and timely and appropriate inpatient care to persons suffering  
10 from a mental disorder, and which is certified as such by the  
11 department. A physically separate and separately operated portion of  
12 a state hospital may be designated as an evaluation and treatment  
13 facility. A facility which is part of, or operated by, the department  
14 or any federal agency will not require certification. No correctional  
15 institution or facility, or jail, shall be an evaluation and  
16 treatment facility within the meaning of this chapter;

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

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

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

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

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:

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

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

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

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

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

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

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

21 (22) "Information related to mental health services" means all  
22 information and records compiled, obtained, or maintained in the  
23 course of providing services to either voluntary or involuntary  
24 recipients of services by a mental health service provider. This may  
25 include documents of legal proceedings under this chapter or chapter  
26 71.34 or 10.77 RCW, or somatic health care information;

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

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

33 (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

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

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

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

8 (27) "Mental health professional" means a psychiatrist,  
9 psychologist, psychiatric advanced registered nurse practitioner,  
10 psychiatric nurse, or social worker, and such other mental health  
11 professionals as may be defined by rules adopted by the secretary  
12 pursuant to the provisions of this chapter;

13 (28) "Mental health service provider" means a public or private  
14 agency that provides mental health services to persons with mental  
15 disorders as defined under this section and receives funding from  
16 public sources. This includes, but is not limited to, hospitals  
17 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
18 as defined in this section, community mental health service delivery  
19 systems or community mental health programs as defined in RCW  
20 71.24.025, facilities conducting competency evaluations and  
21 restoration under chapter 10.77 RCW, and correctional facilities  
22 operated by state and local governments;

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

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

33 (31) "Professional person" means a mental health professional and  
34 shall also mean a physician, psychiatric advanced registered nurse  
35 practitioner, registered nurse, and such others as may be defined by  
36 rules adopted by the secretary pursuant to the provisions of this  
37 chapter;

38 (32) "Psychiatric advanced registered nurse practitioner" means a  
39 person who is licensed as an advanced registered nurse practitioner

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

3 (33) "Psychiatrist" means a person having a license as a  
4 physician and surgeon in this state who has in addition completed  
5 three years of graduate training in psychiatry in a program approved  
6 by the American medical association or the American osteopathic  
7 association and is certified or eligible to be certified by the  
8 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;

11 (35) "Public agency" means any evaluation and treatment facility  
12 or institution, or hospital which is conducted for, or includes a  
13 department or ward conducted for, the care and treatment of persons  
14 with mental illness, if the agency is operated directly by, federal,  
15 state, county, or municipal government, or a combination of such  
16 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

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

7 (44) "Treatment records" include registration and all other  
8 records concerning persons who are receiving or who at any time have  
9 received services for mental illness, which are maintained by the  
10 department, by regional support networks and their staffs, and by  
11 treatment facilities. Treatment records include mental health  
12 information contained in a medical bill including but not limited to  
13 mental health drugs, a mental health diagnosis, provider name, and  
14 dates of service stemming from a medical service. Treatment records  
15 do not include notes or records maintained for personal use by a  
16 person providing treatment services for the department, regional  
17 support networks, or a treatment facility if the notes or records are  
18 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  
24 committed by a court to detention for involuntary mental health  
25 treatment at least twice during the preceding thirty-six months, or,  
26 if the person is currently committed for involuntary mental health  
27 treatment, the person has been committed to detention for involuntary  
28 mental health treatment at least once during the thirty-six months  
29 preceding the date of initial detention of the current commitment  
30 cycle; (b) is unlikely to voluntarily participate in outpatient  
31 treatment without an order for less restrictive alternative  
32 treatment, in view of the person's treatment history or current  
33 behavior; (c) is unlikely to survive safely in the community without  
34 supervision; (d) is likely to benefit from less restrictive  
35 alternative treatment; and (e) requires less restrictive alternative  
36 treatment to prevent a relapse, decompensation, or deterioration that  
37 is likely to result in the person presenting a likelihood of serious  
38 harm or the person becoming gravely disabled within a reasonably  
39 short period of time. For purposes of (a) of this subsection, time  
40 spent in a mental health facility or in confinement as a result of a



1 criminal conviction is excluded from the thirty-six month  
2 calculation.

3 (47) "Less restrictive alternative treatment" means a program of  
4 individualized treatment in a less restrictive setting that includes  
5 the services described in section 16 of this act.

6 **Sec. 2.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted and  
7 amended to read as follows:

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

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

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

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

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

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

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

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

36 (8) "Department" means the department of social and health  
37 services;

38 (9) "Designated chemical dependency specialist" means a person  
39 designated by the county alcoholism and other drug addiction program

1 coordinator designated under RCW 70.96A.310 to perform the commitment  
2 duties described in chapters 70.96A and 70.96B RCW;

3 (10) "Designated crisis responder" means a mental health  
4 professional appointed by the county or the behavioral health  
5 organization to perform the duties specified in this chapter;

6 (11) "Designated mental health professional" means a mental  
7 health professional designated by the county or other authority  
8 authorized in rule to perform the duties specified in this chapter;

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

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

18 (14) "Developmental disability" means that condition defined in  
19 RCW 71A.10.020(~~(+4)~~) (5);

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

23 (16) "Evaluation and treatment facility" means any facility which  
24 can provide directly, or by direct arrangement with other public or  
25 private agencies, emergency evaluation and treatment, outpatient  
26 care, and timely and appropriate inpatient care to persons suffering  
27 from a mental disorder, and which is certified as such by the  
28 department. A physically separate and separately operated portion of  
29 a state hospital may be designated as an evaluation and treatment  
30 facility. A facility which is part of, or operated by, the department  
31 or any federal agency will not require certification. No correctional  
32 institution or facility, or jail, shall be an evaluation and  
33 treatment facility within the meaning of this chapter;

34 (17) "Gravely disabled" means a condition in which a person, as a  
35 result of a mental disorder: (a) Is in danger of serious physical  
36 harm resulting from a failure to provide for his or her essential  
37 human needs of health or safety; or (b) manifests severe  
38 deterioration in routine functioning evidenced by repeated and  
39 escalating loss of cognitive or volitional control over his or her

1 actions and is not receiving such care as is essential for his or her  
2 health or safety;

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

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

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

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

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

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

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

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

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

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

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

38 (22) "Information related to mental health services" means all  
39 information and records compiled, obtained, or maintained in the  
40 course of providing services to either voluntary or involuntary

1 recipients of services by a mental health service provider. This may  
2 include documents of legal proceedings under this chapter or chapter  
3 71.34 or 10.77 RCW, or somatic health care information;

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

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

10 (25) "Likelihood of serious harm" means:

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

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

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

25 (27) "Mental health professional" means a psychiatrist,  
26 psychologist, psychiatric advanced registered nurse practitioner,  
27 psychiatric nurse, or social worker, and such other mental health  
28 professionals as may be defined by rules adopted by the secretary  
29 pursuant to the provisions of this chapter;

30 (28) "Mental health service provider" means a public or private  
31 agency that provides mental health services to persons with mental  
32 disorders as defined under this section and receives funding from  
33 public sources. This includes, but is not limited to, hospitals  
34 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
35 as defined in this section, community mental health service delivery  
36 systems or community mental health programs as defined in RCW  
37 71.24.025, facilities conducting competency evaluations and  
38 restoration under chapter 10.77 RCW, and correctional facilities  
39 operated by state and local governments;

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

5 (30) "Private agency" means any person, partnership, corporation,  
6 or association that is not a public agency, whether or not financed  
7 in whole or in part by public funds, which constitutes an evaluation  
8 and treatment facility or private institution, or hospital, which is  
9 conducted for, or includes a department or ward conducted for, the  
10 care and treatment of persons who are mentally ill;

11 (31) "Professional person" means a mental health professional and  
12 shall also mean a physician, psychiatric advanced registered nurse  
13 practitioner, registered nurse, and such others as may be defined by  
14 rules adopted by the secretary pursuant to the provisions of this  
15 chapter;

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

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

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

28 (35) "Public agency" means any evaluation and treatment facility  
29 or institution, or hospital which is conducted for, or includes a  
30 department or ward conducted for, the care and treatment of persons  
31 with mental illness, if the agency is operated directly by, federal,  
32 state, county, or municipal government, or a combination of such  
33 governments;

34 (36) "Registration records" include all the records of the  
35 department, behavioral health organizations, treatment facilities,  
36 and other persons providing services to the department, county  
37 departments, or facilities which identify persons who are receiving  
38 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;

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;

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

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

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

28 (44) "Triage facility" means a short-term facility or a portion  
29 of a facility licensed by the department of health and certified by  
30 the department of social and health services under RCW 71.24.035,  
31 which is designed as a facility to assess and stabilize an individual  
32 or determine the need for involuntary commitment of an individual,  
33 and must meet department of health residential treatment facility  
34 standards. A triage facility may be structured as a voluntary or  
35 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 (46) "In need of assisted outpatient mental health treatment"  
40 means that a person, as a result of a mental disorder: (a) Has been

1 committed by a court to detention for involuntary mental health  
2 treatment at least twice during the preceding thirty-six months, or,  
3 if the person is currently committed for involuntary mental health  
4 treatment, the person has been committed to detention for involuntary  
5 mental health treatment at least once during the thirty-six months  
6 preceding the date of initial detention of the current commitment  
7 cycle; (b) is unlikely to voluntarily participate in outpatient  
8 treatment without an order for less restrictive alternative  
9 treatment, in view of the person's treatment history or current  
10 behavior; (c) is unlikely to survive safely in the community without  
11 supervision; (d) is likely to benefit from less restrictive  
12 alternative treatment; and (e) requires less restrictive alternative  
13 treatment to prevent a relapse, decompensation, or deterioration that  
14 is likely to result in the person presenting a likelihood of serious  
15 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 calculation.

20 (47) "Less restrictive alternative treatment" means a program of  
21 individualized treatment in a less restrictive setting than inpatient  
22 treatment that includes the services described in section 16 of this  
23 act.

24 **Sec. 3.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to  
25 read as follows:

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

1 evaluation may be conducted by any combination of licensed  
2 professionals authorized to petition for involuntary commitment under  
3 RCW 71.05.230 and must include involvement or consultation with the  
4 agency or facility which will provide monitoring or services under  
5 the proposed less restrictive alternative treatment order. If the  
6 petition is for an involuntary outpatient evaluation and the person  
7 is being held in a hospital emergency department, the person may be  
8 released once the hospital has satisfied federal and state legal  
9 requirements for appropriate screening and stabilization of patients.

10 (b) Before filing the petition, the designated mental health  
11 professional must personally interview the person, unless the person  
12 refuses an interview, and determine whether the person will  
13 voluntarily receive appropriate evaluation and treatment at an  
14 evaluation and treatment facility, crisis stabilization unit, or  
15 triage facility.

16 (2)(a) An order to detain to a designated evaluation and  
17 treatment facility for not more than a seventy-two-hour evaluation  
18 and treatment period, or an order for an involuntary outpatient  
19 evaluation, may be issued by a judge of the superior court upon  
20 request of a designated mental health professional, whenever it  
21 appears to the satisfaction of a judge of the superior court:

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

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

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

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

33 (3) The designated mental health professional shall then serve or  
34 cause to be served on such person, his or her guardian, and  
35 conservator, if any, a copy of the order together with a notice of  
36 rights, and a petition for initial detention or involuntary  
37 outpatient evaluation. After service on such person the designated  
38 mental health professional shall file the return of service in court  
39 and provide copies of all papers in the court file to the evaluation  
40 and treatment facility and the designated attorney. The designated



1 mental health professional shall notify the court and the prosecuting  
2 attorney that a probable cause hearing will be held within seventy-  
3 two hours of the date and time of outpatient evaluation or admission  
4 to the evaluation and treatment facility. The person shall be  
5 permitted to be accompanied by one or more of his or her relatives,  
6 friends, an attorney, a personal physician, or other professional or  
7 religious advisor to the place of evaluation. An attorney  
8 accompanying the person to the place of evaluation shall be permitted  
9 to be present during the admission evaluation. Any other individual  
10 accompanying the person may be present during the admission  
11 evaluation. The facility may exclude the individual if his or her  
12 presence would present a safety risk, delay the proceedings, or  
13 otherwise interfere with the evaluation.

14 (4) The designated mental health professional may notify a peace  
15 officer to take such person or cause such person to be taken into  
16 custody and placed in an evaluation and treatment facility. At the  
17 time such person is taken into custody there shall commence to be  
18 served on such person, his or her guardian, and conservator, if any,  
19 a copy of the original order together with a notice of rights and a  
20 petition for initial detention.

21 **Sec. 4.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to  
22 read as follows:

23 A designated mental health professional who conducts an  
24 evaluation for imminent likelihood of serious harm or imminent danger  
25 because of being gravely disabled under RCW 71.05.153 must also  
26 evaluate the person under RCW 71.05.150 for likelihood of serious  
27 harm or grave disability that does not meet the imminent standard for  
28 emergency detention, and to determine whether the person is in need  
29 of assisted outpatient mental health treatment.

30 **Sec. 5.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to  
31 read as follows:

32 (1) Whenever a designated mental health professional or  
33 professional person is conducting an evaluation under this chapter,  
34 consideration shall include all reasonably available information from  
35 credible witnesses and records regarding:

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

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

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

5 (d) Prior commitments under this chapter.

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

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

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

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

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

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

33 **Sec. 6.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to  
34 read as follows:

35 A person detained or committed for seventy-two hour evaluation  
36 and treatment or for an outpatient evaluation for the purpose of  
37 filing a petition for a less restrictive alternative treatment order  
38 may be (~~detained~~) committed for not more than fourteen additional  
39 days of involuntary intensive treatment or ninety additional days of

1 a less restrictive alternative to involuntary intensive treatment. A  
2 petition may only be filed if the following conditions are met:

3 (1) The professional staff of the agency or facility providing  
4 evaluation services has analyzed the person's condition and finds  
5 that the condition is caused by mental disorder and ~~((either))~~  
6 results in a likelihood of serious harm, ~~((or))~~ results in the  
7 ~~((detained))~~ person being gravely disabled, or results in the person  
8 being in need of assisted outpatient mental health treatment, and are  
9 prepared to testify those conditions are met; and

10 (2) The person has been advised of the need for voluntary  
11 treatment and the professional staff of the facility has evidence  
12 that he or she has not in good faith volunteered; and

13 (3) The agency or facility providing intensive treatment or which  
14 proposes to supervise the less restrictive alternative is certified  
15 to provide such treatment by the department; and

16 (4) The professional staff of the agency or facility or the  
17 designated mental health professional has filed a petition with the  
18 court for a fourteen day involuntary detention or a ninety day less  
19 restrictive alternative ~~((with the court))~~. The petition must be  
20 signed either by:

21 (a) Two physicians;

22 (b) One physician and a mental health professional;

23 (c) Two psychiatric advanced registered nurse practitioners;

24 (d) One psychiatric advanced registered nurse practitioner and a  
25 mental health professional; or

26 (e) A physician and a psychiatric advanced registered nurse  
27 practitioner. The persons signing the petition must have examined the  
28 person. If involuntary detention is sought the petition shall state  
29 facts that support the finding that such person, as a result of  
30 mental disorder, presents a likelihood of serious harm, or is gravely  
31 disabled and that there are no less restrictive alternatives to  
32 detention in the best interest of such person or others. The petition  
33 shall state specifically that less restrictive alternative treatment  
34 was considered and specify why treatment less restrictive than  
35 detention is not appropriate. If an involuntary less restrictive  
36 alternative is sought, the petition shall state facts that support  
37 the finding that such person, as a result of mental disorder,  
38 presents a likelihood of serious harm, ~~((or))~~ is gravely disabled, or  
39 is in need of assisted outpatient mental health treatment, and shall  
40 set forth a plan for the less restrictive alternative treatment

1 proposed by the facility in accordance with section 16 of this act;  
2 and

3 (5) A copy of the petition has been served on the detained or  
4 committed person, his or her attorney and his or her guardian or  
5 conservator, if any, prior to the probable cause hearing; and

6 (6) The court at the time the petition was filed and before the  
7 probable cause hearing has appointed counsel to represent such person  
8 if no other counsel has appeared; and

9 (7) The petition reflects that the person was informed of the  
10 loss of firearm rights if involuntarily committed; and

11 (8) At the conclusion of the initial commitment period, the  
12 professional staff of the agency or facility or the designated mental  
13 health professional may petition for an additional period of either  
14 ninety days of less restrictive alternative treatment or ninety days  
15 of involuntary intensive treatment as provided in RCW 71.05.290; and

16 (9) If the hospital or facility designated to provide  
17 (~~outpatient~~) less restrictive alternative treatment is other than  
18 the facility providing involuntary treatment, the outpatient facility  
19 so designated to provide less restrictive alternative treatment has  
20 agreed to assume such responsibility.

21 **Sec. 7.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to  
22 read as follows:

23 (1) If a petition is filed for fourteen day involuntary treatment  
24 or ninety days of less restrictive alternative treatment, the court  
25 shall hold a probable cause hearing within seventy-two hours of the  
26 initial detention or involuntary outpatient evaluation of such person  
27 as determined in RCW 71.05.180. If requested by the (~~detained~~)  
28 person or his or her attorney, the hearing may be postponed for a  
29 period not to exceed forty-eight hours. The hearing may also be  
30 continued subject to the conditions set forth in RCW 71.05.210 or  
31 subject to the petitioner's showing of good cause for a period not to  
32 exceed twenty-four hours.

33 (2) The court at the time of the probable cause hearing and  
34 before an order of commitment is entered shall inform the person both  
35 orally and in writing that the failure to make a good faith effort to  
36 seek voluntary treatment as provided in RCW 71.05.230 will result in  
37 the loss of his or her firearm rights if the person is subsequently  
38 detained for involuntary treatment under this section.

1 (3) At the conclusion of the probable cause hearing(~~(, if the~~  
2 ~~court finds by a preponderance of the evidence that)~~):

3 (a) If the court finds by a preponderance of the evidence that  
4 such person, as the result of mental disorder, presents a likelihood  
5 of serious harm, or is gravely disabled, and, after considering less  
6 restrictive alternatives to involuntary detention and treatment,  
7 finds that no such alternatives are in the best interests of such  
8 person or others, the court shall order that such person be detained  
9 for involuntary treatment not to exceed fourteen days in a facility  
10 certified to provide treatment by the department. If the court finds  
11 that such person, as the result of a mental disorder, presents a  
12 likelihood of serious harm, or is gravely disabled, but that  
13 treatment in a less restrictive setting than detention is in the best  
14 interest of such person or others, the court shall order an  
15 appropriate less restrictive alternative course of treatment for not  
16 to exceed ninety days;

17 (b) If the court finds by a preponderance of the evidence that  
18 such person, as the result of a mental disorder, is in need of  
19 assisted outpatient mental health treatment, and that the person does  
20 not present a likelihood of serious harm or grave disability, the  
21 court shall order an appropriate less restrictive alternative course  
22 of treatment not to exceed ninety days, and may not order inpatient  
23 treatment.

24 (c) An order for less restrictive alternative treatment must  
25 identify the services the person will receive, in accordance with  
26 section 16 of this act. The court may order additional evaluation of  
27 the person if necessary to identify appropriate services.

28 (4) The court shall specifically state to such person and give  
29 such person notice in writing that if involuntary treatment beyond  
30 the fourteen day period or beyond the ninety days of less restrictive  
31 treatment is to be sought, such person will have the right to a full  
32 hearing or jury trial as required by RCW 71.05.310. The court shall  
33 also state to the person and provide written notice that the person  
34 is barred from the possession of firearms and that the prohibition  
35 remains in effect until a court restores his or her right to possess  
36 a firearm under RCW 9.41.047.

37 **Sec. 8.** RCW 71.05.245 and 2010 c 280 s 3 are each amended to  
38 read as follows:

1 (1) In making a determination of whether a person is gravely  
2 disabled (~~(or)~~), presents a likelihood of serious harm, or is in need  
3 of assisted outpatient mental health treatment in a hearing conducted  
4 under RCW 71.05.240 or 71.05.320, the court must consider the  
5 symptoms and behavior of the respondent in light of all available  
6 evidence concerning the respondent's historical behavior.

7 (2) Symptoms or behavior which standing alone would not justify  
8 civil commitment may support a finding of grave disability or  
9 likelihood of serious harm, or a finding that the person is in need  
10 of assisted outpatient mental health treatment, when: (a) Such  
11 symptoms or behavior are closely associated with symptoms or behavior  
12 which preceded and led to a past incident of involuntary  
13 hospitalization, severe deterioration, or one or more violent acts;  
14 (b) these symptoms or behavior represent a marked and concerning  
15 change in the baseline behavior of the respondent; and (c) without  
16 treatment, the continued deterioration of the respondent is probable.

17 (3) In making a determination of whether there is a likelihood of  
18 serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320,  
19 the court shall give great weight to any evidence before the court  
20 regarding whether the person has: (a) A recent history of one or more  
21 violent acts; or (b) a recent history of one or more commitments  
22 under this chapter or its equivalent provisions under the laws of  
23 another state which were based on a likelihood of serious harm. The  
24 existence of prior violent acts or commitments under this chapter or  
25 its equivalent shall not be the sole basis for determining whether a  
26 person presents a likelihood of serious harm.

27 For the purposes of this subsection "recent" refers to the period  
28 of time not exceeding three years prior to the current hearing.

29 **Sec. 9.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to  
30 read as follows:

31 At the expiration of the fourteen-day period of intensive  
32 treatment, a person may be (~~(confined)~~) committed for further  
33 treatment pursuant to RCW 71.05.320 if:

34 (1) Such person after having been taken into custody for  
35 evaluation and treatment has threatened, attempted, or inflicted: (a)  
36 Physical harm upon the person of another or himself or herself, or  
37 substantial damage upon the property of another, and (b) as a result  
38 of mental disorder presents a likelihood of serious harm; or

1 (2) Such person was taken into custody as a result of conduct in  
2 which he or she attempted or inflicted physical harm upon the person  
3 of another or himself or herself, or substantial damage upon the  
4 property of others, and continues to present, as a result of mental  
5 disorder, a likelihood of serious harm; or

6 (3) Such person has been determined to be incompetent and  
7 criminal charges have been dismissed pursuant to RCW 10.77.086(4),  
8 and has committed acts constituting a felony, and as a result of a  
9 mental disorder, presents a substantial likelihood of repeating  
10 similar acts.

11 (a) In any proceeding pursuant to this subsection it shall not be  
12 necessary to show intent, willfulness, or state of mind as an element  
13 of the crime;

14 (b) For any person subject to commitment under this subsection  
15 where the charge underlying the finding of incompetence is for a  
16 felony classified as violent under RCW 9.94A.030, the court shall  
17 determine whether the acts the person committed constitute a violent  
18 offense under RCW 9.94A.030; or

19 (4) Such person is gravely disabled; or

20 (5) Such person is in need of assisted outpatient mental health  
21 treatment.

22 **Sec. 10.** RCW 71.05.290 and 2009 c 217 s 3 are each amended to  
23 read as follows:

24 (1) At any time during a person's fourteen day intensive  
25 treatment period, the professional person in charge of a treatment  
26 facility or his or her professional designee or the designated mental  
27 health professional may petition the superior court for an order  
28 requiring such person to undergo an additional period of treatment.  
29 Such petition must be based on one or more of the grounds set forth  
30 in RCW 71.05.280.

31 (2) The petition shall summarize the facts which support the need  
32 for further (~~confinement~~) commitment and shall be supported by  
33 affidavits signed by:

34 (a) Two examining physicians;

35 (b) One examining physician and examining mental health  
36 professional;

37 (c) Two psychiatric advanced registered nurse practitioners;

38 (d) One psychiatric advanced registered nurse practitioner and a  
39 mental health professional; or

1 (e) An examining physician and an examining psychiatric advanced  
2 registered nurse practitioner. The affidavits shall describe in  
3 detail the behavior of the detained person which supports the  
4 petition and shall explain what, if any, less restrictive treatments  
5 which are alternatives to detention are available to such person, and  
6 shall state the willingness of the affiant to testify to such facts  
7 in subsequent judicial proceedings under this chapter. If less  
8 restrictive alternative treatment is sought, the petition shall set  
9 forth a proposed plan for less restrictive alternative treatment in  
10 accordance with section 16 of this act.

11 (3) If a person has been determined to be incompetent pursuant to  
12 RCW 10.77.086(4), then the professional person in charge of the  
13 treatment facility or his or her professional designee or the  
14 designated mental health professional may directly file a petition  
15 for one hundred eighty day treatment under RCW 71.05.280(3). No  
16 petition for initial detention or fourteen day detention is required  
17 before such a petition may be filed.

18 **Sec. 11.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to  
19 read as follows:

20 (1) If the court or jury finds that grounds set forth in RCW  
21 71.05.280 have been proven and that the best interests of the person  
22 or others will not be served by a less restrictive treatment which is  
23 an alternative to detention, the court shall remand him or her to the  
24 custody of the department or to a facility certified for ninety day  
25 treatment by the department for a further period of intensive  
26 treatment not to exceed ninety days from the date of judgment. If the  
27 grounds set forth in RCW 71.05.280(3) are the basis of commitment,  
28 then the period of treatment may be up to but not exceed one hundred  
29 eighty days from the date of judgment in a facility certified for one  
30 hundred eighty day treatment by the department.

31 (2) If the court or jury finds that grounds set forth in RCW  
32 71.05.280 have been proven, but finds that treatment less restrictive  
33 than detention will be in the best interest of the person or others,  
34 then the court shall remand him or her to the custody of the  
35 department or to a facility certified for ninety day treatment by the  
36 department or to a less restrictive alternative for a further period  
37 of less restrictive treatment not to exceed ninety days from the date  
38 of judgment. If the grounds set forth in RCW 71.05.280(3) are the  
39 basis of commitment, then the period of treatment may be up to but



1 not exceed one hundred eighty days from the date of judgment. If the  
2 court or jury finds that the grounds set forth in RCW 71.05.280(5)  
3 have been proven, and provide the only basis for commitment, the  
4 court must enter an order for less restrictive alternative treatment  
5 for up to ninety days from the date of judgment and may not order  
6 inpatient treatment.

7 (3) An order for less restrictive alternative treatment entered  
8 under subsection (2) of this section must identify the services the  
9 person will receive, in accordance with section 16 of this act. The  
10 court may order additional evaluation of the person if necessary to  
11 identify appropriate services.

12 (4) The person shall be released from involuntary treatment at  
13 the expiration of the period of commitment imposed under subsection  
14 (1) or (2) of this section unless the superintendent or professional  
15 person in charge of the facility in which he or she is confined, or  
16 in the event of a less restrictive alternative, the designated mental  
17 health professional, files a new petition for involuntary treatment  
18 on the grounds that the committed person:

19 (a) During the current period of court ordered treatment: (i) Has  
20 threatened, attempted, or inflicted physical harm upon the person of  
21 another, or substantial damage upon the property of another, and (ii)  
22 as a result of mental disorder or developmental disability presents a  
23 likelihood of serious harm; or

24 (b) Was taken into custody as a result of conduct in which he or  
25 she attempted or inflicted serious physical harm upon the person of  
26 another, and continues to present, as a result of mental disorder or  
27 developmental disability a likelihood of serious harm; or

28 (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result  
29 of mental disorder or developmental disability continues to present a  
30 substantial likelihood of repeating acts similar to the charged  
31 criminal behavior, when considering the person's life history,  
32 progress in treatment, and the public safety.

33 (ii) In cases under this subsection where the court has made an  
34 affirmative special finding under RCW 71.05.280(3)(b), the commitment  
35 shall continue for up to an additional one hundred eighty day period  
36 whenever the petition presents prima facie evidence that the person  
37 continues to suffer from a mental disorder or developmental  
38 disability that results in a substantial likelihood of committing  
39 acts similar to the charged criminal behavior, unless the person  
40 presents proof through an admissible expert opinion that the person's

1 condition has so changed such that the mental disorder or  
2 developmental disability no longer presents a substantial likelihood  
3 of the person committing acts similar to the charged criminal  
4 behavior. The initial or additional commitment period may include  
5 transfer to a specialized program of intensive support and treatment,  
6 which may be initiated prior to or after discharge from the state  
7 hospital; or

8 (d) Continues to be gravely disabled; or

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

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

13 ~~((4) For a person committed under subsection (2) of this section  
14 who has been remanded to a period of less restrictive treatment, in  
15 addition to the grounds specified in subsection (3) of this section,  
16 the designated mental health professional may file a new petition for  
17 continued less restrictive treatment if:~~

18 ~~(a) The person was previously committed by a court to detention  
19 for involuntary mental health treatment during the thirty-six months  
20 that preceded the person's initial detention date during the current  
21 involuntary commitment cycle, excluding any time spent in a mental  
22 health facility or in confinement as a result of a criminal  
23 conviction;~~

24 ~~(b) In view of the person's treatment history or current  
25 behavior, the person is unlikely to voluntarily participate in  
26 outpatient treatment without an order for less restrictive treatment;  
27 and~~

28 ~~(c) Outpatient treatment that would be provided under a less  
29 restrictive treatment order is necessary to prevent a relapse,  
30 decompensation, or deterioration that is likely to result in the  
31 person presenting a likelihood of serious harm or the person becoming  
32 gravely disabled within a reasonably short period of time.)~~ If less  
33 restrictive alternative treatment is sought, the petition shall set  
34 forth a proposed plan for less restrictive alternative services in  
35 accordance with section 16 of this act.

36 (5) A new petition for involuntary treatment filed under  
37 subsection ~~((3) or)~~ (4) of this section shall be filed and heard in  
38 the superior court of the county of the facility which is filing the  
39 new petition for involuntary treatment unless good cause is shown for

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

3 (6)(a) The hearing shall be held as provided in RCW 71.05.310,  
4 and if the court or jury finds that the grounds for additional  
5 confinement as set forth in this section are present, the court may  
6 order the committed person returned for an additional period of  
7 treatment not to exceed one hundred eighty days from the date of  
8 judgment, except as provided in subsection (7) of this section. If  
9 the court's order is based solely on the grounds identified in  
10 subsection (4)(e) of this section, the court may enter an order for  
11 less restrictive alternative treatment not to exceed one hundred  
12 eighty days from the date of judgment, and may not enter an order for  
13 inpatient treatment. An order for less restrictive alternative  
14 treatment must identify the services the person will receive, in  
15 accordance with section 16 of this act. The court may order  
16 additional evaluation of the person if necessary to identify  
17 appropriate services.

18 (b) At the end of the one hundred eighty day period of  
19 commitment, or one-year period of commitment if subsection (7) of  
20 this section applies, the committed person shall be released unless a  
21 petition for ~~((another))~~ an additional one hundred eighty day period  
22 of continued treatment is filed and heard in the same manner as  
23 provided in this section. Successive one hundred eighty day  
24 commitments are permissible on the same grounds and pursuant to the  
25 same procedures as the original one hundred eighty day commitment.  
26 ~~((However, a commitment is not permissible under subsection (4) of~~  
27 ~~this section if thirty six months have passed since the last date of~~  
28 ~~discharge from detention for inpatient treatment that preceded the~~  
29 ~~current less restrictive alternative order, nor shall a commitment~~  
30 ~~under subsection (4) of this section be permissible if the likelihood~~  
31 ~~of serious harm in subsection (4)(c) of this section is based solely~~  
32 ~~on harm to the property of others.))~~

33 (7) An order for less restrictive treatment entered under  
34 subsection (6) of this section may be for up to one year when the  
35 person's previous commitment term was for intensive inpatient  
36 treatment in a state hospital.

37 (8) No person committed as provided in this section may be  
38 detained unless a valid order of commitment is in effect. No order of  
39 commitment can exceed one hundred eighty days in length except as  
40 provided in subsection (7) of this section.

1       **Sec. 12.** RCW 71.05.340 and 2009 c 322 s 1 are each amended to  
2 read as follows:

3       (1)(a) When, in the opinion of the superintendent or the  
4 professional person in charge of the hospital or facility providing  
5 involuntary treatment, the committed person can be appropriately  
6 served by outpatient treatment prior to or at the expiration of the  
7 period of commitment, then such outpatient care may be required as a  
8 term of conditional release for a period which, when added to the  
9 inpatient treatment period, shall not exceed the period of  
10 commitment. If the (~~hospital or~~) facility or agency designated to  
11 provide outpatient treatment is other than the facility providing  
12 involuntary treatment, the outpatient facility so designated must  
13 agree in writing to assume such responsibility. A copy of the terms  
14 of conditional release shall be given to the patient, the designated  
15 mental health professional in the county in which the patient is to  
16 receive outpatient treatment, and to the court of original  
17 commitment.

18       (b) Before a person committed under grounds set forth in RCW  
19 71.05.280(3) or 71.05.320(~~(+3+)~~) (4)(c) is conditionally released  
20 under (a) of this subsection, the superintendent or professional  
21 person in charge of the hospital or facility providing involuntary  
22 treatment shall in writing notify the prosecuting attorney of the  
23 county in which the criminal charges against the committed person  
24 were dismissed, of the decision to conditionally release the person.  
25 Notice and a copy of the terms of conditional release shall be  
26 provided at least thirty days before the person is released from  
27 inpatient care. Within twenty days after receiving notice, the  
28 prosecuting attorney may petition the court in the county that issued  
29 the commitment order to hold a hearing to determine whether the  
30 person may be conditionally released and the terms of the conditional  
31 release. The prosecuting attorney shall provide a copy of the  
32 petition to the superintendent or professional person in charge of  
33 the hospital or facility providing involuntary treatment, the  
34 attorney, if any, and guardian or conservator of the committed  
35 person, and the court of original commitment. If the county in which  
36 the committed person is to receive outpatient treatment is the same  
37 county in which the criminal charges against the committed person  
38 were dismissed, then the court shall, upon the motion of the  
39 prosecuting attorney, transfer the proceeding to the court in that  
40 county. The court shall conduct a hearing on the petition within ten

1 days of the filing of the petition. The committed person shall have  
2 the same rights with respect to notice, hearing, and counsel as for  
3 an involuntary treatment proceeding, except as set forth in this  
4 subsection and except that there shall be no right to jury trial. The  
5 issue to be determined at the hearing is whether or not the person  
6 may be conditionally released without substantial danger to other  
7 persons, or substantial likelihood of committing criminal acts  
8 jeopardizing public safety or security. If the court disapproves of  
9 the conditional release, it may do so only on the basis of  
10 substantial evidence. Pursuant to the determination of the court upon  
11 the hearing, the conditional release of the person shall be approved  
12 by the court on the same or modified conditions or the person shall  
13 be returned for involuntary treatment on an inpatient basis subject  
14 to release at the end of the period for which he or she was  
15 committed, or otherwise in accordance with the provisions of this  
16 chapter.

17 (2) The (~~hospital or~~) facility or agency designated to provide  
18 outpatient care or the secretary may modify the conditions for  
19 continued release when such modification is in the best interest of  
20 the person. Notification of such changes shall be sent to all persons  
21 receiving a copy of the original conditions. Enforcement or  
22 revocation proceedings related to a conditional release order may  
23 occur as provided under section 13 of this act.

24 (~~(3)(a) If the hospital or facility designated to provide~~  
25 ~~outpatient care, the designated mental health professional, or the~~  
26 ~~secretary determines that:~~

27 ~~(i) A conditionally released person is failing to adhere to the~~  
28 ~~terms and conditions of his or her release;~~

29 ~~(ii) Substantial deterioration in a conditionally released~~  
30 ~~person's functioning has occurred;~~

31 ~~(iii) There is evidence of substantial decompensation with a~~  
32 ~~reasonable probability that the decompensation can be reversed by~~  
33 ~~further inpatient treatment; or~~

34 ~~(iv) The person poses a likelihood of serious harm.~~

35 ~~Upon notification by the hospital or facility designated to~~  
36 ~~provide outpatient care, or on his or her own motion, the designated~~  
37 ~~mental health professional or the secretary may order that the~~  
38 ~~conditionally released person be apprehended and taken into custody~~  
39 ~~and temporarily detained in an evaluation and treatment facility in~~

1 ~~or near the county in which he or she is receiving outpatient~~  
2 ~~treatment.~~

3 ~~(b) The hospital or facility designated to provide outpatient~~  
4 ~~treatment shall notify the secretary or designated mental health~~  
5 ~~professional when a conditionally released person fails to adhere to~~  
6 ~~terms and conditions of his or her conditional release or experiences~~  
7 ~~substantial deterioration in his or her condition and, as a result,~~  
8 ~~presents an increased likelihood of serious harm. The designated~~  
9 ~~mental health professional or secretary shall order the person~~  
10 ~~apprehended and temporarily detained in an evaluation and treatment~~  
11 ~~facility in or near the county in which he or she is receiving~~  
12 ~~outpatient treatment.~~

13 ~~(c) A person detained under this subsection (3) shall be held~~  
14 ~~until such time, not exceeding five days, as a hearing can be~~  
15 ~~scheduled to determine whether or not the person should be returned~~  
16 ~~to the hospital or facility from which he or she had been~~  
17 ~~conditionally released. The designated mental health professional or~~  
18 ~~the secretary may modify or rescind such order at any time prior to~~  
19 ~~commencement of the court hearing.~~

20 ~~(d) The court that originally ordered commitment shall be~~  
21 ~~notified within two judicial days of a person's detention under the~~  
22 ~~provisions of this section, and the designated mental health~~  
23 ~~professional or the secretary shall file his or her petition and~~  
24 ~~order of apprehension and detention with the court that originally~~  
25 ~~ordered commitment or with the court in the county in which the~~  
26 ~~person is detained and serve them upon the person detained. His or~~  
27 ~~her attorney, if any, and his or her guardian or conservator, if any,~~  
28 ~~shall receive a copy of such papers as soon as possible. Such person~~  
29 ~~shall have the same rights with respect to notice, hearing, and~~  
30 ~~counsel as for an involuntary treatment proceeding, except as~~  
31 ~~specifically set forth in this section and except that there shall be~~  
32 ~~no right to jury trial. The venue for proceedings regarding a~~  
33 ~~petition for modification or revocation of an order for conditional~~  
34 ~~release shall be in the county in which the petition was filed. The~~  
35 ~~issues to be determined shall be: (i) Whether the conditionally~~  
36 ~~released person did or did not adhere to the terms and conditions of~~  
37 ~~his or her conditional release; (ii) that substantial deterioration~~  
38 ~~in the person's functioning has occurred; (iii) there is evidence of~~  
39 ~~substantial decompensation with a reasonable probability that the~~  
40 ~~decompensation can be reversed by further inpatient treatment; or~~

1 ~~(iv) there is a likelihood of serious harm; and, if any of the~~  
2 ~~conditions listed in this subsection (3)(d) have occurred, whether~~  
3 ~~the terms of conditional release should be modified or the person~~  
4 ~~should be returned to the facility.~~

5 ~~(e) Pursuant to the determination of the court upon such hearing,~~  
6 ~~the conditionally released person shall either continue to be~~  
7 ~~conditionally released on the same or modified conditions or shall be~~  
8 ~~returned for involuntary treatment on an inpatient basis subject to~~  
9 ~~release at the end of the period for which he or she was committed~~  
10 ~~for involuntary treatment, or otherwise in accordance with the~~  
11 ~~provisions of this chapter. Such hearing may be waived by the person~~  
12 ~~and his or her counsel and his or her guardian or conservator, if~~  
13 ~~any, but shall not be waivable unless all such persons agree to~~  
14 ~~waive, and upon such waiver the person may be returned for~~  
15 ~~involuntary treatment or continued on conditional release on the same~~  
16 ~~or modified conditions.~~

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

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

32 ~~(5) The grounds and procedures for revocation of less restrictive~~  
33 ~~alternative treatment shall be the same as those set forth in this~~  
34 ~~section for conditional releases.~~

35 ~~(6) In the event of a revocation of a conditional release, the~~  
36 ~~subsequent treatment period may be for no longer than the actual~~  
37 ~~period authorized in the original court order.))~~

38 NEW SECTION. **Sec. 13.** A new section is added to chapter 71.05  
39 RCW to read as follows:

1 (1) An agency or facility designated to monitor or provide  
2 services under a less restrictive alternative or conditional release  
3 order or a designated mental health professional may take action to  
4 enforce, modify, or revoke a less restrictive alternative or  
5 conditional release order if the agency, facility, or designated  
6 mental health professional determines that:

7 (a) The person is failing to adhere to the terms and conditions  
8 of the court order;

9 (b) Substantial deterioration in the person's functioning has  
10 occurred;

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

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

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

21 (a) To counsel, advise, or admonish the person as to their rights  
22 and responsibilities under the court order, and to offer appropriate  
23 incentives to motivate compliance;

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

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

38 (d) To cause the person to be transported by a peace officer,  
39 designated mental health professional, or other means to the agency  
40 or facility monitoring or providing services under the court order,



1 or to a triage facility, crisis stabilization unit, emergency  
2 department, or evaluation and treatment facility for up to twelve  
3 hours for the purpose of an evaluation to determine whether  
4 modification, revocation, or commitment proceedings are necessary and  
5 appropriate to stabilize the person and prevent decompensation,  
6 deterioration, or physical harm. Temporary detention for evaluation  
7 under this subsection is intended to occur only following a pattern  
8 of noncompliance or the failure of reasonable attempts at outreach  
9 and engagement, and may occur only when in the clinical judgment of a  
10 designated mental health professional or the professional person in  
11 charge of an agency or facility designated to monitor less  
12 restrictive alternative services temporary detention is appropriate.  
13 This subsection does not limit the ability or obligation to pursue  
14 revocation procedures under subsection (4) of this section in  
15 appropriate circumstances; and

16 (e) To initiate revocation procedures under subsection (4) of  
17 this section.

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

24 (4)(a) A designated mental health professional or the secretary  
25 may upon their own motion or notification by the facility or agency  
26 designated to provide outpatient care order a person subject to a  
27 court order under this section to be apprehended and taken into  
28 custody and temporary detention in an evaluation and treatment  
29 facility in or near the county in which he or she is receiving  
30 outpatient treatment, or initiate proceedings under this subsection  
31 (4) without ordering the apprehension and detention of the person.

32 (b) A person detained under this subsection (4) must be held  
33 until such time, not exceeding five days, as a hearing can be  
34 scheduled to determine whether or not the person should be returned  
35 to the hospital or facility from which he or she had been released.  
36 If the person is not detained, the hearing must be scheduled within  
37 five days of service on the person. The designated mental health  
38 professional or the secretary may modify or rescind the order at any  
39 time prior to commencement of the court hearing.

1 (c) The designated mental health professional or secretary shall  
2 notify the court that originally ordered commitment within two  
3 judicial days of a person's detention and file a revocation petition  
4 and order of apprehension and detention with the court and serve the  
5 person and their attorney, guardian, and conservator, if any. The  
6 person has the same rights with respect to notice, hearing, and  
7 counsel as in any involuntary treatment proceeding, except as  
8 specifically set forth in this section. There is no right to jury  
9 trial. The venue for proceedings regarding a petition for  
10 modification or revocation must be in the county in which the  
11 petition was filed.

12 (d) The issues for the court to determine are whether: (i) The  
13 person adhered to the terms and conditions of the court order; (ii)  
14 substantial deterioration in the person's functioning has occurred;  
15 (iii) there is evidence of substantial decompensation with a  
16 reasonable probability that the decompensation can be reversed by  
17 further inpatient treatment; or (iv) there is a likelihood of serious  
18 harm; and, if any of the above conditions apply, whether the court  
19 should reinstate or modify the person's less restrictive alternative  
20 or conditional release order or order the person's detention for  
21 inpatient treatment. The person may waive the court hearing and allow  
22 the court to enter a stipulated order upon the agreement of all  
23 parties. If the court orders detention for inpatient treatment, the  
24 treatment period may be for no longer than the period authorized in  
25 the original court order.

26 (e) Revocation proceedings under this subsection (4) are not  
27 allowable if the current commitment is solely based on the person  
28 being in need of assisted outpatient mental health treatment. In  
29 order to obtain a court order for detention for inpatient treatment  
30 under this circumstance, a petition must be filed under RCW 71.05.150  
31 or 71.05.153.

32 (5) In determining whether or not to take action under this  
33 section the designated mental health professional, agency, or  
34 facility must consider the factors specified under RCW 71.05.212 and  
35 the court must consider the factors specified under RCW 71.05.245 as  
36 they apply to the question of whether to enforce, modify, or revoke a  
37 court order for involuntary treatment.

38 **Sec. 14.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to  
39 read as follows:

1 (1) A county may apply to its regional support network on a  
2 quarterly basis for reimbursement of its direct costs in providing  
3 judicial services for civil commitment cases under this chapter and  
4 chapter 71.34 RCW. The regional support network shall in turn be  
5 entitled to reimbursement from the regional support network that  
6 serves the county of residence of the individual who is the subject  
7 of the civil commitment case. Reimbursements under this section shall  
8 be paid out of the regional support network's nonmedicaid  
9 appropriation.

10 (2) Reimbursement for judicial services shall be provided per  
11 civil commitment case at a rate to be determined based on an  
12 independent assessment of the county's actual direct costs. This  
13 assessment must be based on an average of the expenditures for  
14 judicial services within the county over the past three years. In the  
15 event that a baseline cannot be established because there is no  
16 significant history of similar cases within the county, the  
17 reimbursement rate shall be equal to eighty percent of the median  
18 reimbursement rate of counties included in the independent  
19 assessment.

20 (3) For the purposes of this section:

21 (a) "Civil commitment case" includes all judicial hearings  
22 related to a single episode of hospitalization(( $\tau$ )) or less  
23 restrictive alternative (~~(detention in lieu of hospitalization)~~)  
24 treatment, except that the filing of a petition for a one hundred  
25 eighty-day commitment under this chapter or a petition for a  
26 successive one hundred eighty-day commitment under chapter 71.34 RCW  
27 shall be considered to be a new case regardless of whether there has  
28 been a break in detention. "Civil commitment case" does not include  
29 the filing of a petition for a one hundred eighty-day commitment  
30 under this chapter on behalf of a patient at a state psychiatric  
31 hospital.

32 (b) "Judicial services" means a county's reasonable direct costs  
33 in providing prosecutor services, assigned counsel and defense  
34 services, court services, and court clerk services for civil  
35 commitment cases under this chapter and chapter 71.34 RCW.

36 (4) To the extent that resources have shared purpose, the  
37 regional support network may only reimburse counties to the extent  
38 such resources are necessary for and devoted to judicial services as  
39 described in this section.

1 (5) No filing fee may be charged or collected for any civil  
2 commitment case subject to reimbursement under this section.

3 **Sec. 15.** RCW 71.05.730 and 2014 c 225 s 87 are each amended to  
4 read as follows:

5 (1) A county may apply to its behavioral health organization on a  
6 quarterly basis for reimbursement of its direct costs in providing  
7 judicial services for civil commitment cases under this chapter and  
8 chapter 71.34 RCW. The behavioral health organization shall in turn  
9 be entitled to reimbursement from the behavioral health organization  
10 that serves the county of residence of the individual who is the  
11 subject of the civil commitment case. Reimbursements under this  
12 section shall be paid out of the behavioral health organization's  
13 nonmedicaid appropriation.

14 (2) Reimbursement for judicial services shall be provided per  
15 civil commitment case at a rate to be determined based on an  
16 independent assessment of the county's actual direct costs. This  
17 assessment must be based on an average of the expenditures for  
18 judicial services within the county over the past three years. In the  
19 event that a baseline cannot be established because there is no  
20 significant history of similar cases within the county, the  
21 reimbursement rate shall be equal to eighty percent of the median  
22 reimbursement rate of counties included in the independent  
23 assessment.

24 (3) For the purposes of this section:

25 (a) "Civil commitment case" includes all judicial hearings  
26 related to a single episode of hospitalization((~~τ~~)) or less  
27 restrictive alternative ((~~detention in lieu of hospitalization~~))  
28 treatment, except that the filing of a petition for a one hundred  
29 eighty-day commitment under this chapter or a petition for a  
30 successive one hundred eighty-day commitment under chapter 71.34 RCW  
31 shall be considered to be a new case regardless of whether there has  
32 been a break in detention. "Civil commitment case" does not include  
33 the filing of a petition for a one hundred eighty-day commitment  
34 under this chapter on behalf of a patient at a state psychiatric  
35 hospital.

36 (b) "Judicial services" means a county's reasonable direct costs  
37 in providing prosecutor services, assigned counsel and defense  
38 services, court services, and court clerk services for civil  
39 commitment cases under this chapter and chapter 71.34 RCW.

1 (4) To the extent that resources have shared purpose, the  
2 behavioral health organization may only reimburse counties to the  
3 extent such resources are necessary for and devoted to judicial  
4 services as described in this section.

5 (5) No filing fee may be charged or collected for any civil  
6 commitment case subject to reimbursement under this section.

7 NEW SECTION. **Sec. 16.** A new section is added to chapter 71.05  
8 RCW to read as follows:

9 (1) Less restrictive alternative treatment, at a minimum,  
10 includes the following services:

11 (a) Assignment of a care coordinator;

12 (b) An intake evaluation with the provider of the less  
13 restrictive alternative treatment;

14 (c) A psychiatric evaluation;

15 (d) Medication management;

16 (e) A schedule of regular contacts with the provider of the less  
17 restrictive alternative treatment services for the duration of the  
18 order;

19 (f) A transition plan addressing access to continued services at  
20 the expiration of the order; and

21 (g) An individual crisis plan.

22 (2) Less restrictive alternative treatment may additionally  
23 include requirements to participate in the following services:

24 (a) Psychotherapy;

25 (b) Nursing;

26 (c) Substance abuse counseling;

27 (d) Residential treatment; and

28 (e) Support for housing, benefits, education, and employment.

29 (3) Less restrictive alternative treatment must be administered  
30 by a provider that is certified or licensed to provide or coordinate  
31 the full scope of services required under the less restrictive  
32 alternative order and that has agreed to assume this responsibility.

33 (4) For the purpose of this section, "care coordinator" means a  
34 clinical practitioner who coordinates the activities of less  
35 restrictive alternative treatment. The care coordinator coordinates  
36 activities with the designated mental health professionals necessary  
37 for enforcement and continuation of less restrictive alternative  
38 orders and is responsible for coordinating service activities with

1 other agencies and establishing and maintaining a therapeutic  
2 relationship with the individual on a continuing basis.

3 NEW SECTION. **Sec. 17.** A new section is added to chapter 71.05  
4 RCW to read as follows:

5 A court order for less restrictive alternative treatment for a  
6 person found to be in need of assisted outpatient mental health  
7 treatment must be terminated prior to the expiration of the order  
8 when, in the opinion of the professional person in charge of the less  
9 restrictive alternative treatment provider, (1) the person is  
10 prepared to accept voluntary treatment, or (2) the outpatient  
11 treatment ordered is no longer necessary to prevent a relapse,  
12 decompensation, or deterioration that is likely to result in the  
13 person presenting a likelihood of serious harm or the person becoming  
14 gravely disabled within a reasonably short period of time.

15 **Sec. 18.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to  
16 read as follows:

17 (1)(a) Contracts between a regional support network and the  
18 department shall include mechanisms for monitoring performance under  
19 the contract and remedies for failure to substantially comply with  
20 the requirements of the contract including, but not limited to,  
21 financial penalties, termination of the contract, and reprourement  
22 of the contract.

23 (b) The department shall incorporate the criteria to measure the  
24 performance of service coordination organizations into contracts with  
25 regional support networks as provided in chapter 70.320 RCW.

26 (2) The regional support network procurement processes shall  
27 encourage the preservation of infrastructure previously purchased by  
28 the community mental health service delivery system, the maintenance  
29 of linkages between other services and delivery systems, and  
30 maximization of the use of available funds for services versus  
31 profits. However, a regional support network selected through the  
32 procurement process is not required to contract for services with any  
33 county-owned or operated facility. The regional support network  
34 procurement process shall provide that public funds appropriated by  
35 the legislature shall not be used to promote or deter, encourage, or  
36 discourage employees from exercising their rights under Title 29,  
37 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

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

3 (a) Define administrative costs and ensure that the regional  
4 support network does not exceed an administrative cost of ten percent  
5 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;

12 (d) Maintain the decision-making independence of designated  
13 mental health professionals;

14 (e) Except at the discretion of the secretary or as specified in  
15 the biennial budget, require regional support networks to pay the  
16 state for the costs associated with individuals who are being served  
17 on the grounds of the state hospitals and who are not receiving long-  
18 term inpatient care as defined in RCW 71.24.025;

19 (f) Include a negotiated alternative dispute resolution clause;  
20 ((and))

21 (g) Include a provision requiring either party to provide one  
22 hundred eighty days' notice of any issue that may cause either party  
23 to voluntarily terminate, refuse to renew, or refuse to sign a  
24 mandatory amendment to the contract to act as a regional support  
25 network. If either party decides to voluntarily terminate, refuse to  
26 renew, or refuse to sign a mandatory amendment to the contract to  
27 serve as a regional support network they shall provide ninety days'  
28 advance notice in writing to the other party;

29 (h) Require regional support networks to provide services as  
30 identified in section 16 of this act to individuals committed for  
31 involuntary commitment under less restrictive alternative court  
32 orders when:

33 (i) The individual is enrolled in the medicaid program and meets  
34 regional support network access to care standards; or

35 (ii) The individual is not enrolled in medicaid, does not have  
36 other insurance which can pay for the services, and the regional  
37 support network has adequate available resources to provide the  
38 services; and

39 (i) Establish caseload guidelines for care coordinators who  
40 supervise less restrictive alternative orders and guidelines for

1 response times during and immediately following periods of  
2 hospitalization or incarceration.

3 **Sec. 19.** RCW 71.24.330 and 2014 c 225 s 51 are each amended to  
4 read as follows:

5 (1)(a) Contracts between a behavioral health organization and the  
6 department shall include mechanisms for monitoring performance under  
7 the contract and remedies for failure to substantially comply with  
8 the requirements of the contract including, but not limited to,  
9 financial penalties, termination of the contract, and reprocurement  
10 of the contract.

11 (b) The department shall incorporate the criteria to measure the  
12 performance of service coordination organizations into contracts with  
13 behavioral health organizations as provided in chapter 70.320 RCW.

14 (2) The behavioral health organization procurement processes  
15 shall encourage the preservation of infrastructure previously  
16 purchased by the community mental health service delivery system, the  
17 maintenance of linkages between other services and delivery systems,  
18 and maximization of the use of available funds for services versus  
19 profits. However, a behavioral health organization selected through  
20 the procurement process is not required to contract for services with  
21 any county-owned or operated facility. The behavioral health  
22 organization procurement process shall provide that public funds  
23 appropriated by the legislature shall not be used to promote or  
24 deter, encourage, or discourage employees from exercising their  
25 rights under Title 29, chapter 7, subchapter II, United States Code  
26 or chapter 41.56 RCW.

27 (3) In addition to the requirements of RCW 71.24.035, contracts  
28 shall:

29 (a) Define administrative costs and ensure that the behavioral  
30 health organization does not exceed an administrative cost of ten  
31 percent of available funds;

32 (b) Require effective collaboration with law enforcement,  
33 criminal justice agencies, and the chemical dependency treatment  
34 system;

35 (c) Require substantial implementation of department adopted  
36 integrated screening and assessment process and matrix of best  
37 practices;

38 (d) Maintain the decision-making independence of designated  
39 mental health professionals;



1 (e) Except at the discretion of the secretary or as specified in  
2 the biennial budget, require behavioral health organizations to pay  
3 the state for the costs associated with individuals who are being  
4 served on the grounds of the state hospitals and who are not  
5 receiving long-term inpatient care as defined in RCW 71.24.025;

6 (f) Include a negotiated alternative dispute resolution clause;  
7 (~~and~~)

8 (g) Include a provision requiring either party to provide one  
9 hundred eighty days' notice of any issue that may cause either party  
10 to voluntarily terminate, refuse to renew, or refuse to sign a  
11 mandatory amendment to the contract to act as a behavioral health  
12 organization. If either party decides to voluntarily terminate,  
13 refuse to renew, or refuse to sign a mandatory amendment to the  
14 contract to serve as a behavioral health organization they shall  
15 provide ninety days' advance notice in writing to the other party;

16 (h) Require behavioral health organizations to provide services  
17 as identified in section 16 of this act to individuals committed for  
18 involuntary commitment under less restrictive alternative court  
19 orders when:

20 (i) The individual is enrolled in the medicaid program and meets  
21 behavioral health organization access to care standards; or

22 (ii) The individual is not enrolled in medicaid, does not have  
23 other insurance which can pay for the services, and the behavioral  
24 health organization has adequate available resources to provide the  
25 services; and

26 (i) Establish caseload guidelines for care coordinators who  
27 supervise less restrictive alternative orders and guidelines for  
28 response times during and immediately following periods of  
29 hospitalization or incarceration.

30 **Sec. 20.** RCW 71.05.210 and 2009 c 217 s 1 are each amended to  
31 read as follows:

32 Each person involuntarily detained and accepted or admitted at an  
33 evaluation and treatment facility (1) shall, within twenty-four hours  
34 of his or her admission or acceptance at the facility, be examined  
35 and evaluated by (a) a licensed physician who may be assisted by a  
36 physician assistant according to chapter 18.71A RCW and a mental  
37 health professional, (b) an advanced registered nurse practitioner  
38 according to chapter 18.79 RCW and a mental health professional, or  
39 (c) a licensed physician and a psychiatric advanced registered nurse

1 practitioner and (2) shall receive such treatment and care as his or  
2 her condition requires including treatment on an outpatient basis for  
3 the period that he or she is detained, except that, beginning twenty-  
4 four hours prior to a trial or hearing pursuant to RCW 71.05.215,  
5 71.05.240, 71.05.310, 71.05.320, (~~71.05.340~~) section 13 of this  
6 act, or 71.05.217, the individual may refuse psychiatric medications,  
7 but may not refuse: (a) Any other medication previously prescribed by  
8 a person licensed under Title 18 RCW; or (b) emergency lifesaving  
9 treatment, and the individual shall be informed at an appropriate  
10 time of his or her right of such refusal. The person shall be  
11 detained up to seventy-two hours, if, in the opinion of the  
12 professional person in charge of the facility, or his or her  
13 professional designee, the person presents a likelihood of serious  
14 harm, or is gravely disabled. A person who has been detained for  
15 seventy-two hours shall no later than the end of such period be  
16 released, unless referred for further care on a voluntary basis, or  
17 detained pursuant to court order for further treatment as provided in  
18 this chapter.

19 If, after examination and evaluation, the mental health  
20 professional and licensed physician or psychiatric advanced  
21 registered nurse practitioner determine that the initial needs of the  
22 person would be better served by placement in a chemical dependency  
23 treatment facility, then the person shall be referred to an approved  
24 treatment program defined under RCW 70.96A.020.

25 An evaluation and treatment center admitting or accepting any  
26 person pursuant to this chapter whose physical condition reveals the  
27 need for hospitalization shall assure that such person is transferred  
28 to an appropriate hospital for evaluation or admission for treatment.  
29 Notice of such fact shall be given to the court, the designated  
30 attorney, and the designated mental health professional and the court  
31 shall order such continuance in proceedings under this chapter as may  
32 be necessary, but in no event may this continuance be more than  
33 fourteen days.

34 **Sec. 21.** 2009 c 323 s 1 (uncodified) is amended to read as  
35 follows:

36 (1) The legislature finds that many persons who are released from  
37 involuntary mental health treatment in an inpatient setting would  
38 benefit from an order for less restrictive treatment in order to

1 provide the structure and support necessary to facilitate long-term  
2 stability and success in the community.

3 (2) The legislature intends to make it easier to renew orders for  
4 less restrictive treatment following a period of inpatient commitment  
5 in cases in which a person has been involuntarily committed more than  
6 once and is likely to benefit from a renewed order for less  
7 restrictive treatment.

8 (3) The legislature finds that public safety is enhanced when a  
9 designated mental health professional is able to file a petition to  
10 revoke an order for less restrictive treatment under ((RCW  
11 ~~71.05.340~~)) section 13 of this act before a person who is the subject  
12 of the petition becomes ill enough to present a likelihood of serious  
13 harm.

14 NEW SECTION. **Sec. 22.** Sections 1, 14, and 18 of this act expire  
15 April 1, 2016.

16 NEW SECTION. **Sec. 23.** Sections 2, 15, and 19 of this act take  
17 effect April 1, 2016.

18 NEW SECTION. **Sec. 24.** If specific funding for the purposes of  
19 this act, referencing this act by bill or chapter number, is not  
20 provided by June 30, 2015, in the omnibus appropriations act, this  
21 act is null and void.

Passed by the House April 20, 2015.  
Passed by the Senate April 14, 2015.  
Approved by the Governor May 14, 2015.  
Filed in Office of Secretary of State May 14, 2015.

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