Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. This act establishes the path of reform for the state behavioral health system over upcoming biennia concerning provision of long-term psychiatric care. Over the ensuing years Washington must transition purchasing of long-term involuntary psychiatric care to a regionally based system under a managed care framework which is responsive to the needs of the community and accountable for quality and patient outcomes. During this time state hospital practices must be modernized and state hospital resources focused on service to forensic and higher acuity civil patients. Treatment for patients under long-term civil commitment must be transitioned into a managed care framework over a time frame coinciding with the integration of physical and behavioral health care, after which the state hospitals must provide civil commitment services as part of a network of geographically diverse facilities certified to provide long-term involuntary civil treatment. Many components are required for the success of this vision. The state must establish the foundation for growth of long-term involuntary treatment capacity in the community and for performance measurement and data collection which enables an acuity-informed comparison of the costs and outcomes achieved in alternative certified community facilities. New community placement options must be established for persons with complex needs related to long-term care and developmental disabilities. Other critical measures improve availability and streamline filing procedures for assisted outpatient mental health treatment, deploy crisis walk-in centers and clubhouses, and expedite the movement of low-level, nonviolent defendants with severe mental illness through the criminal justice system.

Part I
Integrating Risk for Long-Term Civil Involuntary Treatment Into Managed Care

NEW SECTION. Sec. 101. A new section is added to chapter 71.24 RCW to read as follows:

(1) To promote the development of effective community-based resources for treatment and prevention and align the system financial structure with the goal of reducing inpatient utilization concurrent with the integration of physical and behavioral health care, the authority shall integrate risk for long-term involuntary civil treatment provided by state hospitals into managed care contracts by January 1, 2020.

(2) The office of financial management shall engage a consultant to create a state psychiatric hospital managed care risk model to be submitted to the governor and select committee on quality improvement in state hospitals by December 31, 2017. The design of this model shall support placing full integration managed care entities at risk for the long-term involuntary civil treatment benefit effective January 1, 2020.

(3) The risk model must include analysis and recommendations to address the following:

(a) Necessary fiscal or actuarial analysis to determine how much of the state hospital budget to place in the capitation base;

(b) Steps to develop capacity within the state hospitals to contract with risk-bearing managed care entities by January 1, 2020, as part of a network of regional providers of long-term civil treatment and to collaborate effectively with managed care entities on development of patient treatment plans and discharge decisions;

(c) Special considerations related to the application of the managed care model to civilly committed patients subject to RCW 71.05.325, 71.05.330(2), 71.05.425, 71.05.280(3)(b), and patients civilly committed under chapter 10.77 RCW. Analysis should consider the level of risk observed with these patients and the comparative advantages of reasonable alternative approaches. Patients undergoing competency evaluation and competency restoration treatment are excluded from the risk model;

(d) Performance metrics and other contract structures available to hold:
Managed care entities accountable to uphold the legal requirements of the civil commitment system and the public policy outcomes intended under RCW 71.05.010, 71.05.012, and 10.77.2101; and

Providers of long-term civil treatment, including state hospitals, accountable for performance, including consideration of the interaction between performance conditions and collective bargaining agreements; and

The availability of options for incentives for the aging and long-term support administration and developmental disability administration to ensure that long-term involuntary treatment patients with specialized needs move to the appropriate level of care within a reasonable time period.

The risk model must be designed to allow managed care entities to contract with any certified provider capable of providing the level of inpatient psychiatric care required under civil commitment within a fixed capitation rate, placing the entity at risk for all hospital utilization above the capitation base.

The contracts for consultant services in this section are exempt from the competitive solicitation requirements in RCW 39.26.125.

Part II

Development of Community Long-Term Involuntary Treatment Capacity

A new section is added to chapter 71.24 RCW to read as follows:

The state intends to develop new capacity for delivery of long-term treatment in the community in diverse regions of the state prior to the effective date of the integration of risk for long-term involuntary treatment into managed care, and to study the cost and outcomes associated with treatment in community facilities. In furtherance of this goal, the department shall purchase a portion of the state's long-term treatment capacity allocated to behavioral health organizations under RCW 71.24.310 in willing community facilities capable of providing alternatives to treatment in a state hospital. The state shall increase its purchasing of long-term involuntary treatment capacity in the community over time.

The department shall:

(a) Work with willing community hospitals licensed under chapters 70.41 and 71.12 RCW and evaluation and treatment facilities certified
under chapter 71.05 RCW to assess their capacity to become certified
to provide long-term mental health placements and to meet the
requirements of this chapter; and

(b) Enter into contracts and payment arrangements with such
hospitals and evaluation and treatment facilities choosing to provide
long-term mental health placements, to the extent that willing
certified facilities are available. Nothing in this chapter requires
any community hospital or evaluation and treatment facility to be
certified to provide long-term mental health placements.

(3) The department must establish rules for the certification of
facilities interested in providing care under this section.

(4) Contracts developed by the department to implement this
section must be constructed to allow the department to obtain
complete identification information and admission and discharge dates
for patients served under this authority. Prior to requesting
identification information and admission and discharge dates or
reports from certified facilities, the department must determine that
this information cannot be identified or obtained from existing data
sources available to state agencies. In addition, until January 1,
2022, facilities certified by the department to provide community
long-term involuntary treatment to adults shall report to the
department:

(a) All instances where a patient on a ninety or one hundred
eighty-day involuntary commitment order experiences an adverse event
required to be reported to the department of health pursuant to
chapter 70.56 RCW; and

(b) All hospital-based inpatient psychiatric service core
measures reported to the joint commission or other accrediting body
occurring from psychiatric departments, in the format in which the
report was made to the joint commission.

Sec. 202. RCW 71.24.310 and 2017 c 222 s 1 are each amended to
read as follows:

The legislature finds that administration of chapter 71.05 RCW
and this chapter can be most efficiently and effectively implemented
as part of the behavioral health organization defined in RCW
71.24.025. For this reason, the legislature intends that the
department and the behavioral health organizations shall work
together to implement chapter 71.05 RCW as follows:
(1) By June 1, 2006, behavioral health organizations shall recommend to the department the number of state hospital beds that should be allocated for use by each behavioral health organization. The statewide total allocation shall not exceed the number of state hospital beds offering long-term inpatient care, as defined in this chapter, for which funding is provided in the biennial appropriations act.

(2) If there is consensus among the behavioral health organizations regarding the number of state hospital beds that should be allocated for use by each behavioral health organization, the department shall contract with each behavioral health organization accordingly.

(3) If there is not consensus among the behavioral health organizations regarding the number of beds that should be allocated for use by each behavioral health organization, the department shall establish by emergency rule the number of state hospital beds that are available for use by each behavioral health organization. The emergency rule shall be effective September 1, 2006. The primary factor used in the allocation shall be the estimated number of adults with acute and chronic mental illness in each behavioral health organization area, based upon population-adjusted incidence and utilization.

(4) The allocation formula shall be updated at least every three years to reflect demographic changes, and new evidence regarding the incidence of acute and chronic mental illness and the need for long-term inpatient care. In the updates, the statewide total allocation shall include (a) all state hospital beds offering long-term inpatient care for which funding is provided in the biennial appropriations act; plus (b) the estimated equivalent number of beds or comparable diversion services contracted in accordance with subsection (5) of this section.

(5) (a) The department (is encouraged to enter) shall enter into performance-based contracts with (behavioral health organizations) facilities certified by the department to provide treatment to adults on a ninety or one hundred eighty-day inpatient involuntary commitment order to provide some or all of the behavioral health organization's allocated long-term inpatient treatment capacity in the community, rather than in the state hospital, to the extent that willing certified facilities and funding are available. The performance contracts shall specify the number of patient days of
care available for use by the behavioral health organization in the state hospital and the number of patient days of care available for use by the behavioral health organization in a facility certified by the department to provide treatment to adults on a ninety or one hundred eighty-day inpatient involuntary commitment order, including hospitals licensed under chapters 70.41 and 71.12 RCW and evaluation and treatment facilities certified under chapter 71.05 RCW.

(b) A hospital licensed under chapter 70.41 or 71.12 RCW is not required to undergo certification to treat patients on ninety or one hundred eighty-day involuntary commitment orders in order to treat adults who are waiting for placement at either the state hospital or in certified facilities that voluntarily contract to provide treatment to patients on ninety or one hundred eighty-day involuntary commitment orders.

(6) If a behavioral health organization uses more state hospital patient days of care than it has been allocated under subsection (3) or (4) of this section, or than it has contracted to use under subsection (5) of this section, whichever is less, it shall reimburse the department for that care. Reimbursements must be calculated using quarterly average census data to determine an average number of days used in excess of the bed allocation for the quarter. The reimbursement rate per day shall be the hospital's total annual budget for long-term inpatient care, divided by the total patient days of care assumed in development of that budget.

(7) One-half of any reimbursements received pursuant to subsection (6) of this section shall be used to support the cost of operating the state hospital and, during the 2007-2009 fiscal biennium, implementing new services that will enable a behavioral health organization to reduce its utilization of the state hospital. The department shall distribute the remaining half of such reimbursements among behavioral health organizations that have used less than their allocated or contracted patient days of care at that hospital, proportional to the number of patient days of care not used.

Sec. 203. RCW 71.24.310 and 2017 3rd sp.s. c ... (Engrossed Substitute House Bill No. 1388) s 4017 are each amended to read as follows:

The legislature finds that administration of chapter 71.05 RCW and this chapter can be most efficiently and effectively implemented
as part of the behavioral health organization defined in RCW 71.24.025. For this reason, the legislature intends that the authority and the behavioral health organizations shall work together to implement chapter 71.05 RCW as follows:

(1) Behavioral health organizations shall recommend to the authority the number of state hospital beds that should be allocated for use by each behavioral health organization. The statewide total allocation shall not exceed the number of state hospital beds offering long-term inpatient care, as defined in this chapter, for which funding is provided in the biennial appropriations act.

(2) If there is consensus among the behavioral health organizations regarding the number of state hospital beds that should be allocated for use by each behavioral health organization, the authority shall contract with each behavioral health organization accordingly.

(3) If there is not consensus among the behavioral health organizations regarding the number of beds that should be allocated for use by each behavioral health organization, the authority shall establish by emergency rule the number of state hospital beds that are available for use by each behavioral health organization. The primary factor used in the allocation shall be the estimated number of adults with acute and chronic mental illness in each behavioral health organization area, based upon population-adjusted incidence and utilization.

(4) The allocation formula shall be updated at least every three years to reflect demographic changes, and new evidence regarding the incidence of acute and chronic mental illness and the need for long-term inpatient care. In the updates, the statewide total allocation shall include (a) all state hospital beds offering long-term inpatient care for which funding is provided in the biennial appropriations act; plus (b) the estimated equivalent number of beds or comparable diversion services contracted in accordance with subsection (5) of this section.

(5)(a) The ((authority is encouraged to enter)) department of social and health services shall enter into performance-based contracts with ((behavioral health organizations)) facilities certified by the department of social and health services to provide treatment to adults on a ninety or one hundred eighty-day involuntary commitment order to provide some or all of the behavioral health organization's allocated long-term inpatient treatment.

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capacity in the community, rather than in the state hospital, to the extent that willing certified facilities and funding are available. The performance contracts shall specify the number of patient days of care available for use by the behavioral health organization in the state hospital and the number of patient days of care available for use by the behavioral health organization in a facility certified by the department of social and health services to provide treatment to adults on a ninety or one hundred eighty-day involuntary commitment order, including hospitals licensed under chapters 70.41 and 71.12 RCW and evaluation and treatment facilities certified under chapter 71.05 RCW.

(b) A hospital licensed under chapter 70.41 or 71.12 RCW is not required to undergo certification to treat patients on ninety or one hundred eighty-day involuntary commitment orders in order to treat adults who are waiting for placement at either the state hospital or in certified facilities that voluntarily contract to provide treatment to patients on ninety or one hundred eighty-day involuntary commitment orders.

(6) If a behavioral health organization uses more state hospital patient days of care than it has been allocated under subsection (3) or (4) of this section, or than it has contracted to use under subsection (5) of this section, whichever is less, it shall reimburse the authority for that care. Reimbursements must be calculated using quarterly average census data to determine an average number of days used in excess of the bed allocation for the quarter. The reimbursement rate per day shall be the hospital's total annual budget for long-term inpatient care, divided by the total patient days of care assumed in development of that budget.

(7) One-half of any reimbursements received pursuant to subsection (6) of this section shall be used to support the cost of operating the state hospital. The authority shall distribute the remaining half of such reimbursements among behavioral health organizations that have used less than their allocated or contracted patient days of care at that hospital, proportional to the number of patient days of care not used.

NEW SECTION.  Sec. 204. A new section is added to chapter 71.05 RCW to read as follows:

Treatment under RCW 71.05.320 may be provided at a state hospital or any willing and able facility certified to provide ninety-day or
one hundred eighty-day care. The order for such treatment must remand the person to the custody of the department or designee. A prepaid inpatient health plan, managed care organization, or the department, when responsible for the cost of care, may designate where treatment is to be provided, at a willing and able facility certified to provide ninety-day or one hundred eighty-day care or a state hospital, after consultation with the facility currently providing treatment. The prepaid inpatient health plan, managed care organization, or the department, when responsible for the cost of care, may not require prior authorization for treatment under RCW 71.05.320. The designation of a treatment facility must not result in a delay of the transfer of the person to a state hospital or facility certified to provide ninety-day or one hundred eighty-day care if there is an open bed available at either the state hospital or a facility certified to provide ninety-day or one hundred eighty-day care.

Sec. 205. RCW 71.05.320 and 2016 c 45 s 4 are each amended to read as follows:

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

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

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

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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

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

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

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

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person
presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge (from the state hospital); or

(d) Continues to be gravely disabled; or

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

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

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.
(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

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

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

Sec. 206. RCW 71.05.320 and 2017 3rd sp.s. c ... (Engrossed Substitute House Bill No. 1388) s 3017 are each amended to read as follows:

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

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court ((shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department)) must commit him or her for a period of treatment of up to ninety days or to a less restrictive facility. (Code Rev/KS:eab 12 S-2887.6/17 6th draft)
restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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

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

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

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

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person
continues to suffer from a mental disorder or developmental
disability that results in a substantial likelihood of committing
acts similar to the charged criminal behavior, unless the person
presents proof through an admissible expert opinion that the person's
condition has so changed such that the mental disorder or
developmental disability no longer presents a substantial likelihood
of the person committing acts similar to the charged criminal
behavior. The initial or additional commitment period may include
transfer to a specialized program of intensive support and treatment,
which may be initiated prior to or after discharge ((from the state
hospital)); or

(d) Continues to be gravely disabled; or
(e) Is in need of assisted outpatient ((mental)) behavioral
health treatment.

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

If less restrictive alternative treatment is sought, the petition
shall set forth any recommendations for less restrictive alternative
treatment services.

(5) A new petition for involuntary treatment filed under
subsection (4) of this section shall be filed and heard in the
superior court of the county of the facility which is filing the new
petition for involuntary treatment unless good cause is shown for a
change of venue. The cost of the proceedings shall be borne by the
state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310,
and if the court or jury finds that the grounds for additional
confinement as set forth in this section are present, the court may
order the committed person returned for an additional period of
treatment not to exceed one hundred eighty days from the date of
judgment, except as provided in subsection (7) of this section. If
the court's order is based solely on the grounds identified in
subsection (4)(e) of this section, the court may enter an order for
less restrictive alternative treatment not to exceed one hundred
eighty days from the date of judgment, and may not enter an order for
inpatient treatment. An order for less restrictive alternative
treatment must name the mental health service provider responsible
for identifying the services the person will receive in accordance
with RCW 71.05.585, and must include a requirement that the person
cooperate with the services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

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

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

Sec. 207. RCW 71.05.320 and 2016 sp.s. c 29 s 237 and 2016 c 45 s 4 are each reenacted and amended to read as follows:

(1)(a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her (to the custody of the department or to a facility certified for ninety day treatment by the department) for a further period of intensive treatment not to exceed ninety days from the date of judgment.

(b) If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. The court may only enter an order for commitment based on a substance use disorder if there is an available approved substance use disorder treatment program with adequate space for the person.

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

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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

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

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

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

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge ((from the state hospital)); or

(d) Continues to be gravely disabled; or

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

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

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to
subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

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

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

Sec. 208. RCW 71.05.320 and 2017 3rd sp.s. c ... (Engrossed Substitute House Bill No. 1388) s 3018 are each amended to read as follows:

(1)(a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her (to the custody of the department of social and health services or to a facility certified for ninety
day treatment by the department) for a further period of intensive
treatment not to exceed ninety days from the date of judgment.

(b) If the order for inpatient treatment is based on a substance
use disorder, treatment must take place at an approved substance use
disorder treatment program. The court may only enter an order for
commitment based on a substance use disorder if there is an available
approved substance use disorder treatment program with adequate space
for the person.

(c) If the grounds set forth in RCW 71.05.280(3) are the basis of
commitment, then the period of treatment may be up to but not exceed
one hundred eighty days from the date of judgment to the custody of
the department of social and health services or to a facility
certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW
71.05.280 have been proven, but finds that treatment less restrictive
than detention will be in the best interest of the person or others,
then the court ((shall remand him or her to the custody of the
department of social and health services or to a facility certified
for ninety day treatment by the department)) must commit him or her
for a period of treatment of up to ninety days or to a less
restrictive alternative for a further period of less restrictive
treatment not to exceed ninety days from the date of judgment. If the
order for less restrictive treatment is based on a substance use
disorder, treatment must be provided by an approved substance use
disorder treatment program. If the grounds set forth in RCW
71.05.280(3) are the basis of commitment, then the period of
treatment may be up to but not exceed one hundred eighty days from
the date of judgment. If the court or jury finds that the grounds set
forth in RCW 71.05.280(5) have been proven, and provide the only
basis for commitment, the court must enter an order for less
restrictive alternative treatment for up to ninety days from the date
of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered
under subsection (2) of this section must name the mental health
service provider responsible for identifying the services the person
will receive in accordance with RCW 71.05.585, and must include a
requirement that the person cooperate with the services planned by
the mental health service provider.

(4) The person shall be released from involuntary treatment at
the expiration of the period of commitment imposed under subsection
Code Rev/KS:eab 19 S-2887.6/17 6th draft
(1) or (2) of this section unless the superintendent or professional
person in charge of the facility in which he or she is confined, or
in the event of a less restrictive alternative, the designated crisis
responder, files a new petition for involuntary treatment on the
grounds that the committed person:

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

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

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

(ii) In cases under this subsection where the court has made an
affirmative special finding under RCW 71.05.280(3)(b), the commitment
shall continue for up to an additional one hundred eighty day period
whenever the petition presents prima facie evidence that the person
continues to suffer from a mental disorder or developmental
disability that results in a substantial likelihood of committing
acts similar to the charged criminal behavior, unless the person
presents proof through an admissible expert opinion that the person's
condition has so changed such that the mental disorder or
developmental disability no longer presents a substantial likelihood
of the person committing acts similar to the charged criminal
behavior. The initial or additional commitment period may include
transfer to a specialized program of intensive support and treatment,
which may be initiated prior to or after discharge ((from the state
hospital)); or

(d) Continues to be gravely disabled; or

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

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

(7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.
(8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.

Sec. 209. RCW 71.05.320 and 2016 sp.s. c 29 s 238 are each amended to read as follows:

(1)(a) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her ((to the custody of the department or to a facility certified for ninety day treatment by the department)) for a further period of intensive treatment not to exceed ninety days from the date of judgment.

(b) If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court ((shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department)) must commit him or her for a period of treatment of up to ninety days or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on a substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.
(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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

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

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

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

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include
transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge (from the state hospital); or

(d) Continues to be gravely disabled; or

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

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

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are...
permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

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

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

Sec. 210. RCW 71.05.320 and 2017 3rd sp.s. c ... (Engrossed Substitute House Bill No. 1388) s 3019 are each amended to read as follows:

(1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her ((to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department)) for a further period of intensive treatment not to exceed ninety days from the date of judgment.

If the order for inpatient treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment to the custody of the department of social and health services or to a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court ((shall remand him or her to the custody of the department of social and health services or to a facility certified for ninety day treatment by the department)) must commit him or her for a period of treatment of up to ninety days or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on a substance use disorder, treatment must take place at an approved substance use disorder treatment program.
disorder, treatment must be provided by an approved substance use
disorder treatment program. If the grounds set forth in RCW
71.05.280(3) are the basis of commitment, then the period of
treatment may be up to but not exceed one hundred eighty days from
the date of judgment. If the court or jury finds that the grounds set
forth in RCW 71.05.280(5) have been proven, and provide the only
basis for commitment, the court must enter an order for less
restrictive alternative treatment for up to ninety days from the date
of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered
under subsection (2) of this section must name the mental health
service provider responsible for identifying the services the person
will receive in accordance with RCW 71.05.585, and must include a
requirement that the person cooperate with the services planned by
the mental health service provider.

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

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

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

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

(ii) In cases under this subsection where the court has made an
affirmative special finding under RCW 71.05.280(3)(b), the commitment
shall continue for up to an additional one hundred eighty day period
whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge (from the state hospital); or

(d) Continues to be gravely disabled; or
(e) Is in need of assisted outpatient ((mental)) behavioral health treatment.

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

If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(5) A new petition for involuntary treatment filed under subsection (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with...
with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for an additional one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment.

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

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

NEW SECTION. Sec. 211. The department of social and health services shall confer with the department of health and hospitals licensed under chapters 70.41 and 71.12 RCW to review laws and regulations and identify changes that may be necessary to address care delivery and cost-effective treatment for adults on ninety or one hundred eighty day commitment orders which may be different than the requirements for short-term psychiatric hospitalization. The department of social and health services shall report its findings to the select committee on quality improvement in state hospitals by November 1, 2017.

Part III
State Hospital Short-Term Reforms

NEW SECTION. Sec. 301. The legislature intends to expand capacity in the upcoming biennia for enhanced community placements for complex patients to decrease utilization of state hospitals and increase community stability. Capacity must be provided in settings such as nursing homes, assisted living facilities, adult family homes, enhanced service facilities, state-operated living
alternatives, and supported housing for persons with developmental
disabilities or long-term care needs. The funding must be
administered by the department of social and health services.

NEW SECTION. Sec. 302. A new section is added to chapter 71.05
RCW to read as follows:

Discharge planning in state hospitals and certified community
long-term involuntary treatment facilities must begin at admission.
Discharge planning must be collaborative across state agencies and
community providers, provide individualized treatment targeted
towards known risks of rehospitalization or recidivism, and work
ahead to resolve known discharge barriers that may prevent patients
from leaving the state hospital or certified community long-term
involuntary treatment facilities when they are deemed ready. To
ensure effective discharge planning, state hospitals, certified long-
term involuntary treatment facilities, and state agencies responsible
for the cost of the community care long-term involuntary treatment
patients must do the following:

(1) The aging and long-term support administration and
developmental disabilities administration or their successor agencies
must assume expanded responsibility beginning at admission for aiding
its clients to transition from state hospitals and certified long-
term involuntary treatment facilities into the community. This
responsibility may include interfacing with behavioral health
organizations and others to coordinate community treatment
arrangements for multiagency clients. State hospitals and certified
long-term treatment facilities must allow functional assessments to
be conducted on individuals identified as potential clients before
the patient is deemed eligible for discharge and allow necessary
access for agency staff to implement the goals of this subsection;

(2) State hospitals and certified long-term involuntary treatment
facilities must allow managed care entities responsible for the cost
of a state hospital patient's community care appropriate access to
the patient and patient records for purposes of coordinated care.
Managed care entities must be allowed to make assessments, provide
input into treatment and discharge planning, and otherwise engage in
appropriate rehabilitation case management activities; and

(3) State hospitals must screen patients upon admission for
medical necessity for substance use disorder treatment and provide
coordinated substance use disorder treatment services targeted to
reduce rehospitalization or recidivism to patients with an identified need.

Sec. 303. RCW 71.05.365 and 2016 sp.s. c 37 s 15 are each amended to read as follows:

(1) When a person has been involuntarily committed for treatment to a state hospital for a period of ninety or one hundred eighty days, and the superintendent or professional person in charge of the state hospital determines that the person no longer requires active psychiatric treatment at an inpatient level of care, the behavioral health organization or full integration entity under RCW 71.24.380 must establish an individualized discharge plan arranging for transition to an identified placement in the community within no more than fourteen days of the determination. The individualized discharge plan must provide for a date certain by which discharge must be completed.

(2) If the entity under subsection (1) of this section has not fulfilled the obligation to establish an individualized discharge plan for the patient, the entity must reimburse the department for days of care provided after the fourteenth day following determination that the person no longer requires active psychiatric treatment at an inpatient level of care, until an individualized discharge plan meeting the requirements of subsection (1) of this section is established. The reimbursement rate per day shall be the same reimbursement rate under RCW 71.24.310. Reimbursements charged to an entity under this section must be credited against reimbursements charged to the same entity under RCW 71.24.310 during the same time period for using more state hospital patient days than allocated to that entity.

(3) The department must establish a process for appeal to the secretary or the secretary's designee when entities under subsection (1) of this section and the state hospital are unable to mutually agree within fourteen days about a specific patient's readiness for discharge, whether readiness for discharge is asserted by the state hospital or by the managed care entity. The managed care entity may...
use this process to request relief from a reimbursement obligation under subsection (2) of this section if the managed care entity is unable to establish a discharge plan due to the action or inaction of a third party outside its contracting authority or control, such as a state agency division responsible for a portion of the costs related to the community care needs of the person or the court.

(4) The requirements of this section are suspended when the risk for state hospital treatment or state-contracted inpatient treatment in a certified community long-term involuntary treatment facility is integrated into managed care contracts as provided under section 101 of this act.

Sec. 304. RCW 71.05.365 and 2016 sp.s. c 37 s 15 are each amended to read as follows:

(1) When a person has been involuntarily committed for treatment to a state hospital for a period of ninety or one hundred eighty days, and the superintendent or professional person in charge of the state hospital determines that the person no longer requires active psychiatric treatment at an inpatient level of care, the behavioral health organization or full integration entity under RCW 71.24.380, or agency providing oversight of long-term care or developmental disability services that is responsible for resource management services for the person must work with the hospital to develop an individualized discharge plan and arrange for a transition to the community in accordance with the person's individualized discharge plan within fourteen days of the determination. The individualized discharge plan must provide for a date certain by which discharge must be completed.

(2) If the entity under subsection (1) of this section has not fulfilled the obligation to establish an individualized discharge plan for the patient, the entity must reimburse the authority for days of care provided after the fourteenth day following determination that the person no longer requires active psychiatric treatment at an inpatient level of care, until an individualized discharge plan meeting the requirements of subsection (1) of this section is established. The reimbursement rate per day shall be the same reimbursement rate under RCW 71.24.310. Reimbursements charged to an entity under this section must be credited against...
reimbursements charged to the same entity under RCW 71.24.310 during
the same time period for using more state hospital patient days than
allocated to that entity.

(3) The authority must establish a process for appeal to the
director or the director's designee when entities under subsection
(1) of this section and the state hospital are unable to mutually
agree within fourteen days about a specific patient's readiness for
discharge, whether readiness for discharge is asserted by the state
hospital or by the managed care entity. The managed care entity may
use this process to request relief from a reimbursement obligation
under subsection (2) of this section if the managed care entity is
unable to establish a discharge plan due to the action or inaction of
a third party outside its contracting authority or control, such as a
state agency division responsible for a portion of the costs related
to the community care needs of the person or the court.

(4) The requirements of this section are suspended when the risk
for state hospital treatment or state-contracted inpatient treatment
in a certified community long-term involuntary treatment facility is
integrated into managed care contracts as provided under section 101
of this act.

NEW SECTION. Sec. 305. A new section is added to chapter 72.23
RCW to read as follows:

(1) The legislature finds that qualified physician assistants
supervised by a psychiatrist and psychiatric advanced registered
nurse practitioners have a role in the provision of psychiatric
treatment at state psychiatric hospitals consistent with practice at
the top of their scope of education, training, and license, including
prescribing psychiatric medication and other tasks historically
performed by psychiatrists at the state hospitals. The department
should take reasonable steps available to employ these professionals
at state hospitals.

(2) The role of state hospital psychiatrists is expanded to
provide supervision to physician assistants specializing in
psychiatry necessary to allow these professionals to practice at the
top of their scope of education, training, and license.

(3) In order to increase the use of psychiatric advanced
registered nurse practitioners and physician assistants, the
department shall work with the University of Washington department of
psychiatry and behavioral sciences and the appropriate department of
Washington State University and with appropriate graduate schools of nursing that provide psychiatric advanced registered nurse practitioner training to conduct an analysis and develop a team model plan at western and eastern state hospitals to facilitate the integration of psychiatric advanced registered nurse practitioners and physician assistants into the provision of psychiatric treatment at western and eastern state hospitals. The plan shall include an appraisal of risks, barriers, and benefits to implementation as well as an implementation timeline. The department must report to the office of financial management and relevant policy and fiscal committees of the legislature on findings and recommendations by December 15, 2017.

Part IV

Improving Access to Assisted Outpatient Mental Health Treatment

Sec. 401. RCW 71.05.020 and 2016 c 155 s 1 are each reenacted and amended to read as follows:

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

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

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

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

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

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

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

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

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

(9) "Designated chemical dependency specialist" means a person
designated by ((the county alcoholism and other drug addiction
program coordinator designated under RCW 70.96A.310)) a behavioral
health organization as defined in RCW 71.24.025 to perform the
commitment duties described in chapters 70.96A and 70.96B RCW;

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

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

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

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

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

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

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

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

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

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

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

(21) "In need of assisted outpatient mental health treatment"
means that a person, as a result of a mental disorder: (a) ((Has been
committed by a court to detention for involuntary mental health
treatment at least twice during the preceding thirty-six months, or,
if the person is currently committed for involuntary mental health
treatment, the person has been committed to detention for involuntary
mental health treatment at least once during the thirty-six months
preceding the date of initial detention of the current commitment
cycle; (b))) Is unlikely to voluntarily participate in outpatient
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treatment without an order for less restrictive alternative
treatment, ((in view of the person's treatment history or current
behavior; (c) is unlikely to survive safely in the community without
supervision; (d) is likely to benefit from less restrictive
alternative treatment; and (e))) based on a history of nonadherence
with treatment or in view of the person's current behavior; (b) is
likely to benefit from less restrictive alternative treatment; and
(c) requires less restrictive alternative treatment to prevent a
relapse, decompensation, or deterioration that is likely to result in
the person presenting a likelihood of serious harm or the person
becoming gravely disabled within a reasonably short period of time((
For purposes of (a) of this subsection, time spent in a mental health
facility or in confinement as a result of a criminal conviction is
excluded from the thirty-six month calculation));

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

(a) The nature of the person's specific problems, prior charged
criminal behavior, and habilitation needs;
(b) The conditions and strategies necessary to achieve the
purposes of habilitation;
(c) The intermediate and long-range goals of the habilitation
program, with a projected timetable for the attainment;
(d) The rationale for using this plan of habilitation to achieve
those intermediate and long-range goals;
(e) The staff responsible for carrying out the plan;
(f) Where relevant in light of past criminal behavior and due
consideration for public safety, the criteria for proposed movement
to less-restrictive settings, criteria for proposed eventual
discharge or release, and a projected possible date for discharge or
release; and

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

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

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

"Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585;

"Likelihood of serious harm" means:
(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

"Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated mental health professional;

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

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

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

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

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

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

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

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

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

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

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

(40) "Registration records" include all the records of the
and other persons providing services to the department, county
departments, or facilities which identify persons who are receiving
or who at any time have received services for mental illness;

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

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

(43) "Secretary" means the secretary of the department of social
and health services, or his or her designee;

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

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

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

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

(48) "Triage facility" means a short-term facility or a portion
of a facility licensed by the department of health and certified by
the department of social and health services under RCW 71.24.035,
which is designed as a facility to assess and stabilize an individual
or determine the need for involuntary commitment of an individual,
and must meet department of health residential treatment facility
standards. A triage facility may be structured as a voluntary or
involuntary placement facility;
"Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

**Sec. 402.** RCW 71.05.020 and 2016 sp.s. c 29 s 204 and 2016 c 155 s 1 are each reenacted and amended to read as follows:
The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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

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

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

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

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

6. "Chemical dependency" means:
   a. Alcoholism;
   b. Drug addiction; or
   c. Dependence on alcohol and one or more psychoactive chemicals, as the context requires;

7. "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW;

8. "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
(9) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;

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

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

(12) "Department" means the department of social and health services;

(13) "Designated crisis responder" means a mental health professional appointed by the behavioral health organization to perform the duties specified in this chapter;

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

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

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

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

(18) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
(19) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. The department may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(27) "In need of assisted outpatient (mental) behavioral health treatment" means that a person, as a result of a mental disorder or substance use disorder: (a) (Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b)) Is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, ((in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to
benefit from less restrictive alternative treatment; and (e)) based on a history of nonadherence with treatment or in view of the person's current behavior; (b) is likely to benefit from less restrictive alternative treatment; and (c) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time (For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation));

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

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

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

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

(32) "Likelihood of serious harm" means:

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

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

(33) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
(34) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;

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

(36) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or behavioral health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section, secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;

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

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

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

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

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

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

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

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

(45) "Registration records" include all the records of the
department, behavioral health organizations, treatment facilities,
and other persons providing services to the department, county
departments, or facilities which identify persons who are receiving
or who at any time have received services for mental illness or
substance use disorders;

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

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

(48) "Secretary" means the secretary of the department of social
and health services, or his or her designee;

(49) "Secure detoxification facility" means a facility operated
by either a public or private agency or by the program of an agency
that:

(a) Provides for intoxicated persons:

(i) Evaluation and assessment, provided by certified chemical
dependency professionals;
(ii) Acute or subacute detoxification services; and

(iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Is certified as such by the department;

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

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

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

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

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

(55) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035,
which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

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

Sec. 403. RCW 71.05.585 and 2016 c 45 s 5 are each amended to read as follows:

(1) Less restrictive alternative treatment, at a minimum, includes the following services:
   (a) Assignment of a care coordinator;
   (b) An intake evaluation with the provider of the less restrictive alternative treatment;
   (c) A psychiatric evaluation;
   (d) (Medication management;
   (e+)) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
   ((e+)) (e) A transition plan addressing access to continued services at the expiration of the order; ((and
   (f+)) (f) An individual crisis plan; and
   (g) Notification to the designated mental health professional if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

(2) Less restrictive alternative treatment may additionally include requirements to participate in the following services:
   (a) Medication management;
   (b) Psychotherapy;
   ((c+)) (c) Nursing;
   ((e+)) (d) Substance abuse counseling;
   ((d+)) (e) Residential treatment; and
   ((f+)) (f) Support for housing, benefits, education, and employment.

(3) Less restrictive alternative treatment must be administered by a provider that is certified or licensed to provide or coordinate the full scope of services required under the less restrictive alternative order and that has agreed to assume this responsibility.
(4) The care coordinator assigned to a person ordered to less restrictive alternative treatment must submit an individualized plan for the person's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.

(5) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated mental health professionals necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

Sec. 404. RCW 71.05.585 and 2016 sp.s. c 29 s 241 and 2016 c 45 s 5 are each reenacted and amended to read as follows:

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

(a) Assignment of a care coordinator;

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

(c) A psychiatric evaluation;

(d) ((Medication management;)) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;

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

(g)) (f) An individual crisis plan; and

(q) Notification to the designated crisis responder if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

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

(a) Medication management;

(b) Psychotherapy;

((c)) (e) Nursing;

((d)) (f) Substance abuse counseling;
(e) Residential treatment; and
(f) Support for housing, benefits, education, and employment.

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

(4) The care coordinator assigned to a person ordered to less restrictive alternative treatment must submit an individualized plan for the person's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.

(5) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

NEW SECTION. Sec. 405. A new section is added to chapter 71.05 RCW to read as follows:

This section establishes a process for initial evaluation and filing of a petition for assisted outpatient mental health treatment, but however does not preclude the filing of a petition for assisted outpatient mental health treatment following a period of inpatient detention in appropriate circumstances:

(1) The designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at a mental health facility.

(2) The designated mental health professional must investigate and evaluate the specific facts alleged and the reliability or credibility of any person providing information. The designated mental health professional may spend up to forty-eight hours to complete the investigation, provided that the person may not be held
for investigation for any period except as authorized by RCW 71.05.050 or 71.05.153.

(3) If the designated mental health professional finds that the person is in need of assisted outpatient mental health treatment, they may file a petition requesting the court to enter an order for up to ninety days less restrictive alternative treatment. The petition must include:

(a) A statement of the circumstances under which the person's condition was made known and stating that there is evidence, as a result of the designated mental health professional's personal observation or investigation, that the person is in need of assisted outpatient mental health treatment, and stating the specific facts known as a result of personal observation or investigation, upon which the designated mental health professional bases this belief;

(b) The declaration of additional witnesses, if any, supporting the petition for assisted outpatient mental health treatment;

(c) A designation of retained counsel for the person or, if counsel is appointed, the name, business address, and telephone number of the attorney appointed to represent the person;

(d) The name of an agency or facility which agreed to assume the responsibility of providing less restrictive alternative treatment if the petition is granted by the court;

(e) A summons to appear in court at a specific time and place within five judicial days for a probable cause hearing, except as provided in subsection (4) of this section.

(4) If the person is in the custody of jail or prison at the time of the investigation, a petition for assisted outpatient mental health treatment may be used to facilitate continuity of care after release from custody or the diversion of criminal charges as follows:

(a) If the petition is filed in anticipation of the person's release from custody, the summons may be for a date up to five judicial days following the person's anticipated release date, provided that a clear time and place for the hearing is provided; or

(b) The hearing may be held prior to the person's release from custody, provided that (i) the filing of the petition does not extend the time the person would otherwise spend in the custody of jail or prison; (ii) the charges or custody of the person is not a pretext to detain the person for the purpose of the involuntary commitment hearing; and (iii) the person's release from custody must be expected to swiftly follow the adjudication of the petition. In this Code Rev/KS:eab S-2887.6/17 6th draft
circumstance, the time for hearing is shortened to three judicial
days after the filing of the petition.

(5) The petition must be served upon the person and the person's
counsel with a notice of applicable rights. Proof of service must be
filed with the court.

(6) A petition for assisted outpatient mental health treatment
filed under this section must be adjudicated under RCW 71.05.240.

NEW SECTION. Sec. 406. A new section is added to chapter 71.05
RCW to read as follows:

This section establishes a process for initial evaluation and
filing of a petition for assisted outpatient behavioral health
treatment, but however does not preclude the filing of a petition for
assisted outpatient behavioral health treatment following a period of
inpatient detention in appropriate circumstances:

(1) The designated crisis responder must personally interview the
person, unless the person refuses an interview, and determine whether
the person will voluntarily receive appropriate evaluation and
treatment at a mental health facility, secure detoxification
facility, or approved substance use disorder treatment program.

(2) The designated crisis responder must investigate and evaluate
the specific facts alleged and the reliability or credibility of any
person providing information. The designated crisis responder may
spend up to forty-eight hours to complete the investigation, provided
that the person may not be held for investigation for any period
except as authorized by RCW 71.05.050 or 71.05.153.

(3) If the designated crisis responder finds that the person is
in need of assisted outpatient behavioral health treatment, they may
file a petition requesting the court to enter an order for up to
ninety days less restrictive alternative treatment. The petition must
include:

(a) A statement of the circumstances under which the person's
condition was made known and stating that there is evidence, as a
result of the designated crisis responder's personal observation or
investigation, that the person is in need of assisted outpatient
behavioral health treatment, and stating the specific facts known as
a result of personal observation or investigation, upon which the
designated crisis responder bases this belief;

(b) The declaration of additional witnesses, if any, supporting
the petition for assisted outpatient behavioral health treatment;
(c) A designation of retained counsel for the person or, if
counsel is appointed, the name, business address, and telephone
number of the attorney appointed to represent the person;

(d) The name of an agency or facility which agreed to assume the
responsibility of providing less restrictive alternative treatment if
the petition is granted by the court;

(e) A summons to appear in court at a specific time and place
within five judicial days for a probable cause hearing, except as
provided in subsection (4) of this section.

(4) If the person is in the custody of jail or prison at the time
of the investigation, a petition for assisted outpatient behavioral
health treatment may be used to facilitate continuity of care after
release from custody or the diversion of criminal charges as follows:

(a) If the petition is filed in anticipation of the person's
release from custody, the summons may be for a date up to five
judicial days following the person's anticipated release date,
provided that a clear time and place for the hearing is provided; or

(b) The hearing may be held prior to the person's release from
custody, provided that (i) the filing of the petition does not extend
the time the person would otherwise spend in the custody of jail or
prison; (ii) the charges or custody of the person is not a pretext to
detain the person for the purpose of the involuntary commitment
hearing; and (iii) the person's release from custody must be expected
to swiftly follow the adjudication of the petition. In this
circumstance, the time for hearing is shortened to three judicial
days after the filing of the petition.

(5) The petition must be served upon the person and the person's
counsel with a notice of applicable rights. Proof of service must be
filed with the court.

(6) A petition for assisted outpatient behavioral health
treatment filed under this section must be adjudicated under RCW
71.05.240.

Sec. 407. RCW 71.05.150 and 2015 c 250 s 3 are each amended to
read as follows:

(1)(((a))) When a designated mental health professional receives
information alleging that a person, as a result of a mental disorder:

((a))) ((a)) Presents a likelihood of serious harm; ((b)) (b) is
gravely disabled; or ((c)) (c) is in need of assisted outpatient
mental health treatment; the designated mental health professional
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may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient (evaluation) treatment, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention (or involuntary outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to petition for involuntary commitment under RCW 71.05.230 and must include involvement or consultation with the agency or facility which will provide monitoring or services under the proposed less restrictive alternative treatment order. If the petition is for an involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

(b) Under this section or a petition for involuntary outpatient treatment under section 405 of this act. Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.

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

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

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

(b) The petition for initial detention (or involuntary outpatient evaluation), signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
(c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

(3) The designated mental health professional shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention ((or involuntary outpatient evaluation)). After service on such person the designated mental health professional shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility and the designated attorney. The designated mental health professional shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

Sec. 408. RCW 71.05.150 and 2016 sp.s. c 29 s 210 are each amended to read as follows:

(1)(a) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, substance use disorder, or both presents a likelihood of serious harm or is gravely disabled, or that a person is in need of assisted outpatient ((mental)) behavioral health treatment; the designated

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crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient (evaluation) treatment, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention (or involuntary outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to petition for involuntary commitment under RCW 71.05.230 and must include involvement or consultation with the agency or facility which will provide monitoring or services under the proposed less restrictive alternative treatment order. If the petition is for an involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

(b) under this section or a petition for involuntary outpatient behavioral health treatment under section 406 of this act. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, or approved substance use disorder treatment program.

(2)(a) An order to detain a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period (or an order for an involuntary outpatient evaluation) may be issued by a judge of the superior court upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of a judge of the superior court:

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

(ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
(b) The petition for initial detention (or involuntary outpatient evaluation), signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.

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

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

(3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention (or involuntary outpatient evaluation). After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

Sec. 409. RCW 71.05.150 and 2016 sp.s. c 29 s 211 are each
amended to read as follows:

1. When a designated crisis responder receives
information alleging that a person, as a result of a mental disorder,
substance use disorder, or both presents a likelihood of serious harm
or is gravely disabled, or that a person is in need of assisted
outpatient (behavioral) health treatment; the designated
crisis responder may, after investigation and evaluation of the
specific facts alleged and of the reliability and credibility of any
person providing information to initiate detention or involuntary
outpatient (evaluation) treatment, if satisfied that the
allegations are true and that the person will not voluntarily seek
appropriate treatment, file a petition for initial detention (or
involuntary outpatient evaluation. If the petition is filed solely on
the grounds that the person is in need of assisted outpatient mental
health treatment, the petition may only be for an involuntary
outpatient evaluation. An involuntary outpatient evaluation may be
conducted by any combination of licensed professionals authorized to
petition for involuntary commitment under RCW 71.05.230 and must
include involvement or consultation with the agency or facility which
will provide monitoring or services under the proposed less
restrictive alternative treatment order. If the petition is for an
involuntary outpatient evaluation and the person is being held in a
hospital emergency department, the person may be released once the
hospital has satisfied federal and state legal requirements for
appropriate screening and stabilization of patients.

2. Before filing the petition, the designated crisis responder must personally
interview the person, unless the person refuses an interview, and
determine whether the person will voluntarily receive appropriate
evaluation and treatment at an evaluation and treatment facility,
crisis stabilization unit, triage facility, or approved substance use
disorder treatment program.
(2)(a) An order to detain a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period((, or an order for an involuntary outpatient evaluation)), may be issued by a judge of the superior court upon request of a designated crisis responder whenever it appears to the satisfaction of a judge of the superior court:

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

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

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

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

(3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention ((or involuntary outpatient evaluation)). After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be
present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

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

Sec. 410. RCW 71.05.230 and 2016 c 155 s 5 and 2016 c 45 s 1 are each reenacted and amended to read as follows:

A person detained (or committed) for seventy-two hour evaluation and treatment (or for an outpatient evaluation for the purpose of filing a petition for a less restrictive alternative treatment order) may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. A petition may only be filed if the following conditions are met:

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

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

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

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

(a) Two physicians;
(b) One physician and a mental health professional;
(c) One physician assistant and a mental health professional; or
(d) One psychiatric advanced registered nurse practitioner and a mental health professional. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient mental health treatment, and shall set forth any recommendations for less restrictive alternative treatment services; and

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

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

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

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

(9) If the hospital or facility designated to provide less restrictive alternative treatment is other than the facility providing involuntary treatment, the outpatient facility so designated to provide less restrictive alternative treatment has agreed to assume such responsibility.
Sec. 411. RCW 71.05.230 and 2016 sp.s. c 29 s 230, 2016 c 155 s 5, and 2016 c 45 s 1 are each reenacted and amended to read as follows:

A person detained (or committed) for seventy-two hour evaluation and treatment (or for an outpatient evaluation for the purpose of filing a petition for a less restrictive alternative treatment order) may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative (to involuntary intensive) treatment. A petition may only be filed if the following conditions are met:

1. The professional staff of the facility providing evaluation services has analyzed the person's condition and finds that the condition is caused by mental disorder or substance use disorder and results in a likelihood of serious harm, results in the person being gravely disabled, or results in the person being in need of assisted outpatient mental behavioral health treatment, and are prepared to testify those conditions are met; and

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

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

4. The professional staff of the facility or the designated crisis responder has filed a petition with the court for a fourteen day involuntary detention or a ninety day less restrictive alternative. The petition must be signed either by:

   a. Two physicians;

   b. One physician and a mental health professional;

   c. One physician assistant and a mental health professional; or

   d. One psychiatric advanced registered nurse practitioner and a mental health professional. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was
considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of a mental disorder or as a result of a substance use disorder, presents a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient ((mental)) behavioral health treatment, and shall set forth any recommendations for less restrictive alternative treatment services; and

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

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

(7) The petition reflects that the person was informed of the loss of firearm rights if involuntarily committed for mental health treatment; and

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

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

Sec. 412. RCW 71.05.240 and 2016 c 45 s 2 are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention ((or involuntary outpatient evaluation)) of such person as determined in RCW 71.05.180, or at a time determined under section 405 of this act. If requested by the person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.
(2) The court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3) At the conclusion of the probable cause hearing:

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

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

(4) An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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

Sec. 413. RCW 71.05.240 and 2016 sp.s. c 29 s 232 and 2016 c 45
s 2 are each reenacted and amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment
or ninety days of less restrictive alternative treatment, the court
shall hold a probable cause hearing within seventy-two hours of the
initial detention (or involuntary outpatient evaluation) of such
person as determined in RCW 71.05.180, or at a time determined under
section 406 of this act. If requested by the person or his or her
attorney, the hearing may be postponed for a period not to exceed
forty-eight hours. The hearing may also be continued subject to the
conditions set forth in RCW 71.05.210 or subject to the petitioner's
showing of good cause for a period not to exceed twenty-four hours.

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

(3)(a) Subject to (b) of this subsection, at the conclusion of
the probable cause hearing, if the court finds by a preponderance of
the evidence that such person, as the result of a mental disorder or
substance use disorder, presents a likelihood of serious harm, or is
gravely disabled, and, after considering less restrictive
alternatives to involuntary detention and treatment, finds that no
such alternatives are in the best interests of such person or others,
the court shall order that such person be detained for involuntary
treatment not to exceed fourteen days in a facility certified to
provide treatment by the department.

(b) Commitment for up to fourteen days based on a substance use
disorder must be to either a secure detoxification facility or an
approved substance use disorder treatment program. A court may only
enter a commitment order based on a substance use disorder if there
is an available secure detoxification facility or approved substance
use disorder treatment program with adequate space for the person.
(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days.

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

((e)) (4) An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

((f)) (5) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

Sec. 414. RCW 71.05.240 and 2016 sp.s. c 29 s 233 are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention (or involuntary outpatient evaluation) of such person as determined in RCW 71.05.180, or at a time determined under section 406 of this act. If requested by the person or his or her
attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

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

(3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.

(b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program.

(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days.

(d) If the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, is in need of assisted outpatient (mental) behavioral health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days (and may not order inpatient treatment).
An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

Sec. 415. RCW 71.05.590 and 2015 c 250 s 13 are each amended to read as follows:

(1) An agency or facility designated to monitor or provide services under a less restrictive alternative or conditional release order or a designated mental health professional may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order if the agency, facility, or designated mental health professional determines that:
   (a) The person is failing to adhere to the terms and conditions of the court order;
   (b) Substantial deterioration in the person's functioning has occurred;
   (c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
   (d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:
(a) To counsel, advise, or admonish the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;

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

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

(d) To cause the person to be transported by a peace officer, designated mental health professional, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or evaluation and treatment facility for up to twelve hours for the purpose of an evaluation to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when in the clinical judgment of a designated mental health professional or the professional person in charge of an agency or facility designated to monitor less restrictive alternative services temporary detention is appropriate. This subsection does not limit the ability or obligation to pursue revocation procedures under subsection (4) of this section in appropriate circumstances; and

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

(3) The facility or agency designated to provide outpatient treatment shall notify the secretary or designated mental health professional when a person fails to adhere to terms and conditions of

court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

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

(b) A person detained under this subsection (4) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released may be held for evaluation for up to seventy-two hours, excluding weekends and holidays, pending a court hearing. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated mental health professional or the secretary may modify or rescind the order at any time prior to commencement of the court hearing.

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

(d) The issues for the court to determine are whether (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, to continue
detention of the person for inpatient treatment or whether the court
should reinstate or modify the person's less restrictive alternative
or conditional release order ((or order the person's detention for
inpatient treatment)). To continue detention after the seventy-two
hour period, the court must find that the person, as a result of a
mental disorder, presents a likelihood of serious harm or is gravely
disabled, and, after considering less restrictive alternatives to
involuntary detention and treatment, that no such alternatives are in
the best interest of the person or others. The person may waive the
court hearing and allow the court to enter a stipulated order upon
the agreement of all parties. If the court orders detention for
inpatient treatment, the treatment period may be for no longer than
the period authorized in the original court order.

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

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

Sec. 416. RCW 71.05.590 and 2016 sp.s. c 29 s 242 are each
amended to read as follows:

(1) An agency or facility designated to monitor or provide
services under a less restrictive alternative or conditional release
order or a designated crisis responder may take action to enforce,
modify, or revoke a less restrictive alternative or conditional
release order if the agency, facility, or designated crisis responder
determines that:

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

(b) Substantial deterioration in the person's functioning has
occurred;
(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or

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

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

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

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

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

(d) To cause the person to be transported by a peace officer, designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed for mental health treatment, or to a secure detoxification facility with available space or an approved substance use disorder treatment program with available space if the person is committed for substance use disorder treatment. The person may be detained at the facility for up to twelve hours for the purpose of an evaluation to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention
for evaluation under this subsection is intended to occur only
following a pattern of noncompliance or the failure of reasonable
attempts at outreach and engagement, and may occur only when in the
clinical judgment of a designated crisis responder or the
professional person in charge of an agency or facility designated to
monitor less restrictive alternative services temporary detention is
appropriate. This subsection does not limit the ability or obligation
to pursue revocation procedures under subsection (4) of this section
in appropriate circumstances; and

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

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

(4)(a) A designated crisis responder or the secretary may upon
their own motion or notification by the facility or agency designated
to provide outpatient care order a person subject to a court order
under this chapter to be apprehended and taken into custody and
temporary detention for inpatient evaluation in an evaluation and
treatment facility in or near the county in which he or she is
receiving outpatient treatment if the person is committed for mental
health treatment, or, if the person is committed for substance use
disorder treatment, in a secure detoxification facility or approved
substance use disorder treatment program if either is available in or
near the county in which he or she is receiving outpatient treatment
and has adequate space. Proceedings under this subsection (4) may be
initiated without ordering the apprehension and detention of the
person.

(b) A person detained under this subsection (4) may be held
until such time, not exceeding five days, as a hearing can be
scheduled to determine whether or not the person should be returned
to the hospital or facility from which he or she had been released
may be held for evaluation for up to seventy-two hours, excluding
weekends and holidays, pending a court hearing. If the person is not
detained, the hearing must be scheduled within five days of service
on the person. The designated crisis responder or the secretary may
modify or rescind the order at any time prior to commencement of the court hearing.

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

(d) The issues for the court to determine are whether: (i) the person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm, and, if any of the above conditions apply, to continue detention of the person for inpatient treatment or whether the court should reinstate or modify the person's less restrictive alternative or conditional release order (or order the person's detention for inpatient treatment). To continue detention after the seventy-two hour period, the court must find that the person, as a result of a mental disorder or substance use disorder, presents a likelihood of serious harm or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, that no such alternatives are in the best interest of the person or others. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period may be for no longer than the period authorized in the original court order. A court may not issue an order to detain a person for inpatient treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless there is a secure detoxification facility or approved substance use disorder treatment program available and with adequate space for the person.

((e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person's mental disorder or substance use disorder.

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being in need of assisted outpatient mental health treatment. In
order to obtain a court order for detention for inpatient treatment
under this circumstance, a petition must be filed under RCW 71.05.150
or 71.05.153.

(5) In determining whether or not to take action under this
section the designated crisis responder, agency, or facility must
consider the factors specified under RCW 71.05.212 and the court must
consider the factors specified under RCW 71.05.245 as they apply to
the question of whether to enforce, modify, or revoke a court order
for involuntary treatment.

Sec. 417. RCW 71.05.590 and 2016 sp.s. c 29 s 243 are each
amended to read as follows:

(1) An agency or facility designated to monitor or provide
services under a less restrictive alternative or conditional release
order or a designated crisis responder may take action to enforce,
modify, or revoke a less restrictive alternative or conditional
release order if the agency, facility, or designated crisis responder
determines that:

(a) The person is failing to adhere to the terms and conditions
of the court order;
(b) Substantial deterioration in the person's functioning has
occurred;
(c) There is evidence of substantial decompensation with a
reasonable probability that the decompensation can be reversed by
further evaluation, intervention, or treatment; or
(d) The person poses a likelihood of serious harm.

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

(a) To counsel, advise, or admonish the person as to their rights
and responsibilities under the court order, and to offer appropriate
incentives to motivate compliance;
(b) To increase the intensity of outpatient services provided to
the person by increasing the frequency of contacts with the provider,
referring the person for an assessment for assertive community
services, or by other means;
(c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

(d) To cause the person to be transported by a peace officer, designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed for mental health treatment, or to a secure detoxification facility or an approved substance use disorder treatment program if the person is committed for substance use disorder treatment. The person may be detained at the facility for up to twelve hours for the purpose of an evaluation to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when in the clinical judgment of a designated crisis responder or the professional person in charge of an agency or facility designated to monitor less restrictive alternative services temporary detention is appropriate. This subsection does not limit the ability or obligation to pursue revocation procedures under subsection (4) of this section in appropriate circumstances; and

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

(3) The facility or agency designated to provide outpatient treatment shall notify the secretary or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.
(4) (a) A designated crisis responder or the secretary may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this chapter to be apprehended and taken into custody and temporary detention for inpatient evaluation in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program if either is available in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection (4) may be initiated without ordering the apprehension and detention of the person.

(b) A person detained under this subsection (4) ((must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released)) may be held for evaluation for up to seventy-two hours, excluding weekends and holidays, pending a court hearing. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary may modify or rescind the order at any time prior to commencement of the court hearing.

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

(d) The issues for the court to determine are whether:(i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply,) to continue
detention of the person for inpatient treatment or whether the court
should reinstate or modify the person's less restrictive alternative
or conditional release order ((or order the person's detention for
inpatient treatment)). To continue detention after the seventy-two
hour period, the court must find that the person, as a result of a
mental disorder or substance use disorder, presents a likelihood of
serious harm or is gravely disabled, and, after considering less
restrictive alternatives to involuntary detention and treatment, that
no such alternatives are in the best interest of the person or
others. The person may waive the court hearing and allow the court to
enter a stipulated order upon the agreement of all parties. If the
court orders detention for inpatient treatment, the treatment period
may be for no longer than the period authorized in the original court
order.

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

(5) In determining whether or not to take action under this
section the designated crisis responder, agency, or facility must
consider the factors specified under RCW 71.05.212 and the court must
consider the factors specified under RCW 71.05.245 as they apply to
the question of whether to enforce, modify, or revoke a court order
for involuntary treatment.

Sec. 418. RCW 71.05.201 and 2016 sp.s. c 29 s 222 and 2016 c 107
s 1 are each reenacted and amended to read as follows:

(1) If a designated crisis responder decides not to detain a
person for evaluation and treatment under RCW 71.05.150 or 71.05.153
or forty-eight hours have elapsed since a designated crisis responder
received a request for investigation and the designated crisis
responder has not taken action to have the person detained, an
immediate family member or guardian or conservator of the person may
petition the superior court for the person's initial detention.

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

(b) The petition must contain:
(i) A description of the relationship between the petitioner and
the person; and
(ii) The date on which an investigation was requested from the
designated crisis responder.

(3) The court shall, within one judicial day, review the petition
to determine whether the petition raises sufficient evidence to
support the allegation. If the court so finds, it shall provide a
copy of the petition to the designated crisis responder agency with
an order for the agency to provide the court, within one judicial
day, with a written sworn statement describing the basis for the
decision not to seek initial detention and a copy of all information
material to the designated crisis responder's current decision.

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

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

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

(7) If the court enters an order for initial detention, it shall
provide the order to the designated crisis responder agency, which
shall execute the order without delay. An order for initial detention under this section expires one hundred eighty days from issuance.

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

(9) For purposes of this section, "immediate family member" means a spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, or sibling.

Sec. 419. RCW 71.05.156 and 2016 sp.s. c 29 s 215 are each amended to read as follows:

A designated crisis responder who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 must also evaluate the person under RCW 71.05.150 for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention, and to determine whether the person is in need of assisted outpatient ((mental)) behavioral health treatment.

Sec. 420. RCW 71.05.212 and 2016 sp.s. c 29 s 226 are each amended to read as follows:

(1) Whenever a designated crisis responder or professional person is conducting an evaluation under this chapter, consideration shall include all reasonably available information from credible witnesses and records regarding:

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

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

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

(d) Prior commitments under this chapter.

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

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

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

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

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

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

Sec. 421. RCW 71.05.245 and 2015 c 250 s 8 are each amended to
read as follows:

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

(2) Symptoms or behavior which standing alone would not justify
civil commitment may support a finding of grave disability or
likelihood of serious harm, or a finding that the person is in need
of assisted outpatient (mental) behavioral health treatment, when:
(a) Such symptoms or behavior are closely associated with symptoms or
behavior which preceded and led to a past incident of involuntary
hospitalization, severe deterioration, or one or more violent acts;
(b) these symptoms or behavior represent a marked and concerning
change in the baseline behavior of the respondent; and (c) without
treatment, the continued deterioration of the respondent is probable.
(3) In making a determination of whether there is a likelihood of serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320, the court shall give great weight to any evidence before the court regarding whether the person has: (a) A recent history of one or more violent acts; or (b) a recent history of one or more commitments under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The existence of prior violent acts or commitments under this chapter or its equivalent shall not be the sole basis for determining whether a person presents a likelihood of serious harm.

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

Sec. 422. RCW 71.05.280 and 2016 sp.s. c 29 s 234 are each amended to read as follows:

At the expiration of the fourteen-day period of intensive treatment, a person may be committed for further treatment pursuant to RCW 71.05.320 if:

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

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

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

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

(b) For any person subject to commitment under this subsection where the charge underlying the finding of incompetence is for a felony classified as violent under RCW 9.94A.030, the court shall...
1 determine whether the acts the person committed constitute a violent
2 offense under RCW 9.94A.030; or
3
4 (4) Such person is gravely disabled; or
5
6 (5) Such person is in need of assisted outpatient (mental)
7 behavioral health treatment.
8
Sec. 423. RCW 71.05.595 and 2015 c 250 s 17 are each amended to
read as follows:

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

Part V
Reducing Demand for Forensic Services

NEW SECTION. Sec. 501. (1) The legislature intends to expand
crisis triage, stabilization centers, or both, to be deployed in
high-need urban areas. The crisis centers allow individuals to self-
refer or be referred by emergency services or police and stay for
short periods under observation. Services generally include crisis
stabilization and intervention, general counseling, peer support,
medication management, education, and referral assistance. Studies
indicate that these centers reduce hospital admissions and increase
enrollment in community programs. The legislature intends for these
centers to be geographically distributed around the state.

(2) The legislature intends to expand availability of clubhouses
to provide community-based programs which promote rehabilitation,
recovery, and reintegration services to adults with persistent mental
illness. Clubhouses expanded under this section must show fidelity to
the evidence-based model and be credentialed through clubhouse
international.
Sec. 502. RCW 10.77.060 and 2012 c 256 s 3 are each amended to read as follows:

(1)(a) Whenever a defendant has pleaded not guilty by reason of insanity, or there is reason to doubt his or her competency, the court on its own motion or on the motion of any party shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.

(b) The signed order of the court shall serve as authority for the evaluator to be given access to all records held by any mental health, medical, educational, or correctional facility that relate to the present or past mental, emotional, or physical condition of the defendant. If the court is advised by any party that the defendant may have a developmental disability, the evaluation must be performed by a developmental disabilities professional.

(c) The evaluator shall assess the defendant in a jail, detention facility, in the community, or in court to determine whether a period of inpatient commitment will be necessary to complete an accurate evaluation. If inpatient commitment is needed, the signed order of the court shall serve as authority for the evaluator to request the jail or detention facility to transport the defendant to a hospital or secure mental health facility for a period of commitment not to exceed ({(fifteen)} eight) days from the time of admission to the facility. Otherwise, the evaluator shall complete the evaluation.

(d) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if:

(i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

(e) The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal
proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

(f) When a defendant is ordered to be committed for inpatient evaluation under this subsection (1), the court may delay granting bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

(2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3) of this section. If the defendant is indigent, the court shall upon the request of the defendant assist him or her in obtaining an expert or professional person.

(3) The report of the evaluation shall include the following:

(a) A description of the nature of the evaluation;

(b) A diagnosis or description of the current mental status of the defendant;

(c) If the defendant suffers from a mental disease or defect, or has a developmental disability, an opinion as to competency;

(d) If the defendant has indicated his or her intention to rely on the defense of insanity pursuant to RCW 10.77.030, and an evaluation and report by an expert or professional person has been provided concluding that the defendant was criminally insane at the time of the alleged offense, an opinion as to the defendant's sanity at the time of the act, and an opinion as to whether the defendant presents a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing
public safety or security, unless kept under further control by the
court or other persons or institutions, provided that no opinion
shall be rendered under this subsection (3)(d) unless the evaluator
or court determines that the defendant is competent to stand trial;

(e) When directed by the court, if an evaluation and report by an
expert or professional person has been provided concluding that the
defendant lacked the capacity at the time of the offense to form the
mental state necessary to commit the charged offense, an opinion as
to the capacity of the defendant to have a particular state of mind
which is an element of the offense charged;

(f) An opinion as to whether the defendant should be evaluated by
a designated mental health professional under chapter 71.05 RCW.

(4) The secretary may execute such agreements as appropriate and
necessary to implement this section and may choose to designate more
than one evaluator.

Sec. 503. RCW 10.77.060 and 2016 sp.s. c 29 s 408 are each
amended to read as follows:

(1)(a) Whenever a defendant has pleaded not guilty by reason of
insanity, or there is reason to doubt his or her competency, the
court on its own motion or on the motion of any party shall either
appoint or request the secretary to designate a qualified expert or
professional person, who shall be approved by the prosecuting
attorney, to evaluate and report upon the mental condition of the
defendant.

(b) The signed order of the court shall serve as authority for
the evaluator to be given access to all records held by any mental
health, medical, educational, or correctional facility that relate to
the present or past mental, emotional, or physical condition of the
defendant. If the court is advised by any party that the defendant
may have a developmental disability, the evaluation must be performed
by a developmental disabilities professional.

(c) The evaluator shall assess the defendant in a jail, detention
facility, in the community, or in court to determine whether a period
of inpatient commitment will be necessary to complete an accurate
evaluation. If inpatient commitment is needed, the signed order of
the court shall serve as authority for the evaluator to request the
jail or detention facility to transport the defendant to a hospital
or secure mental health facility for a period of commitment not to
(d) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if:

(i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

(e) The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

(f) When a defendant is ordered to be committed for inpatient evaluation under this subsection (1), the court may delay granting bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

(2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3)
of this section. If the defendant is indigent, the court shall upon
the request of the defendant assist him or her in obtaining an expert
or professional person.

(3) The report of the evaluation shall include the following:
(a) A description of the nature of the evaluation;
(b) A diagnosis or description of the current mental status of
the defendant;
(c) If the defendant suffers from a mental disease or defect, or
has a developmental disability, an opinion as to competency;
(d) If the defendant has indicated his or her intention to rely
on the defense of insanity pursuant to RCW 10.77.030, and an
evaluation and report by an expert or professional person has been
provided concluding that the defendant was criminally insane at the
time of the alleged offense, an opinion as to the defendant's sanity
at the time of the act, and an opinion as to whether the defendant
presents a substantial danger to other persons, or presents a
substantial likelihood of committing criminal acts jeopardizing
public safety or security, unless kept under further control by the
court or other persons or institutions, provided that no opinion
shall be rendered under this subsection (3)(d) unless the evaluator
or court determines that the defendant is competent to stand trial;
(e) When directed by the court, if an evaluation and report by an
expert or professional person has been provided concluding that the
defendant lacked the capacity at the time of the offense to form the
mental state necessary to commit the charged offense, an opinion as
to the capacity of the defendant to have a particular state of mind
which is an element of the offense charged;
(f) An opinion as to whether the defendant should be evaluated by
a designated crisis responder under chapter 71.05 RCW.

(4) The secretary may execute such agreements as appropriate and
necessary to implement this section and may choose to designate more
than one evaluator.

Part VI
Addressing Managed Care Entities to Provide Fully Integrated Care

NEW SECTION. Sec. 601. A new section is added to chapter 71.24
RCW to read as follows:
(1) The health care authority shall, upon the request of a county
authority or authorities within a regional service area, collaborate
with those counties to create an interlocal leadership structure that includes representation from counties and the managed health care systems serving that regional service area. The interlocal leadership structure must include representation from physical and behavioral health care providers, tribes, and may include other entities serving the regional service area as necessary.

(2) The interlocal leadership structure must be chaired by the counties and jointly administered by the health care authority, managed health care systems, and counties. It must design and implement the fully integrated managed care model for that regional service area to assure clients are at the center of care delivery and support integrated delivery of physical and behavioral health care at the provider level.

(3) The interlocal leadership structure shall address, but is not limited to addressing, the following topics:

(a) Alignment and standardization of contracting, administrative functions, information technology, data sharing, and other processes to minimize administrative burden at the provider level to achieve outcomes;

(b) Monitoring implementation of fully integrated managed care in the regional service area, including design of an early warning system to monitor ongoing success to achieve better outcomes and to make adjustments to the delivery system as necessary;

(c) Developing regional coordination processes for capital infrastructure requests, local capacity building, and other community investments;

(d) Identifying, using, and building on measures and data consistent with, but not limited to, RCW 70.320.030 and 41.05.690, for tracking and maintaining regional accountability for delivery system performance; and

(e) Discussing whether the managed health care systems awarded the contract by the authority for a regional service area should subcontract with a county-based administrative service organization or other local organization, which may include and determine, in partnership with that organization, which value-added services will best support a bidirectional system of care.

(4) To ensure an optimal transition, regional service areas that enter as mid-adopters must be allowed a transition period of up to one year during which the interlocal leadership structure develops and implements a local plan, including measurable milestones, to
transition to fully integrated managed care. The transition plan may include provisions for the counties to maintain existing contracts during some or all of the transition period if the managed care design begins during 2017 to 2018, with the mid-adopter transition year occurring in 2019.

(5) Nothing in this section may be used to compel contracts between a provider, integrated managed health care system, or administrative service organization.

(6) This section sets forth the minimum level of involvement, authority, and oversight by counties within regional service areas. Nothing in this section precludes greater involvement, authority, and oversight by counties in a regional service area.

(7) The interlocal leadership structure expires December 1, 2021, unless the interlocal leadership structure decides locally to extend it.

NEW SECTION. Sec. 602. The health care authority and department of social and health services shall work with the committees and processes established under RCW 70.320.020 and 41.05.690 to define which measures will be used to define value in integrated managed care contracts and how the process of clinical integration will be measured. These processes must ensure that adequate value and accountability terms are employed to align integrated managed care objectives with public policy objectives historically served by behavioral health organizations and to detect and provide disincentives against cost shifting onto crisis systems and jails.

Part VII
Data Measurement

NEW SECTION. Sec. 701. A new section is added to chapter 71.24 RCW to read as follows:

The Washington state institute for public policy shall evaluate changes and the effectiveness of specific investments within the adult behavioral health system. The goal for the effort is to provide policymakers with additional information to aid in decision making on an ongoing basis. Therefore, the institute shall consult with the relevant legislative and agency staff when identifying research questions and establishing evaluation timelines. The institute shall
provide a report to the appropriate committees of the legislature upon completion of each evaluation.

Part VIII
Miscellaneous Provisions

NEW SECTION.  Sec. 801. Sections 402, 404, 406, 408, 411, 413, 416, 418 through 423, and 503 of this act take effect April 1, 2018.

NEW SECTION.  Sec. 802. Sections 205, 206, 401, 403, 405, 407, 410, 412, 415, and 502 of this act expire April 1, 2018.

NEW SECTION.  Sec. 803. Sections 409, 414, and 417 of this act take effect July 1, 2026.

NEW SECTION.  Sec. 804. Sections 207, 208, 408, 413, and 416 of this act expire July 1, 2026.

NEW SECTION.  Sec. 805. (1) The condition referenced in subsection (2) of this section is satisfied only if neither Engrossed Substitute House Bill No. 1388 (including any later amendments or substitutes) nor Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section.

(2)(a) Sections 202 and 205 of this act take effect only if the condition in subsection (1) of this section is satisfied.

(b) Section 207 of this act takes effect April 1, 2018, but only if the condition in subsection (1) of this section is satisfied.

(c) Section 209 of this act takes effect July 1, 2026, but only if the condition in subsection (1) of this section is satisfied.

(d) Section 303 of this act takes effect July 1, 2018, but only if the condition in subsection (1) of this section is satisfied.

NEW SECTION.  Sec. 806. (1) The condition referenced in subsection (2) of this section is satisfied only if Engrossed Substitute House Bill No. 1388 (including any later amendments or substitutes) or Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section.
(2)(a) Sections 203 and 206 of this act take effect only if the condition in subsection (1) of this section is satisfied.

(b) Section 208 of this act takes effect April 1, 2018, but only if the condition in subsection (1) of this section is satisfied.

(c) Section 210 of this act takes effect July 1, 2026, but only if the condition in subsection (1) of this section is satisfied.

(d) Section 304 of this act takes effect July 1, 2018, but only if the condition in subsection (1) of this section is satisfied.

On page 1, line 1 of the title, after "reform;" strike the remainder of the title and insert "amending RCW 71.24.310, 71.24.310, 71.05.320, 71.05.320, 71.05.320, 71.05.320, 71.05.320, 71.05.365, 71.05.365, 71.05.585, 71.05.150, 71.05.150, 71.05.150, 71.05.240, 71.05.240, 71.05.590, 71.05.590, 71.05.590, 71.05.156, 71.05.212, 71.05.245, 71.05.280, 71.05.595, 10.77.060, and 10.77.060; reenacting and amending RCW 71.05.320, 71.05.020, 71.05.020, 71.05.585, 71.05.230, 71.05.230, 71.05.240, and 71.05.201; adding new sections to chapter 71.24 RCW; adding new sections to chapter 71.05 RCW; adding a new section to chapter 72.23 RCW; creating new sections; providing effective dates; providing contingent effective dates; and providing expiration dates."

**EFFECT:** Eliminates direction to the Health Care Authority (HCA) to establish a work group including Legislative members to examine options for the structuring of integration of physical and behavioral health services by 2020.

Requires HCA to, upon request, collaborate with a county authority or authorities to create an Interlocal Leadership Structure (ILS) that includes representation from counties and the managed health care system serving a regional service area. The ILS must be chaired by counties and must address specified topics related to implementation of fully integrated managed care in the region. HCA must allow regional service areas which enter as mid-adopters a transition period of one year for the ILS to develop and implement a local plan, including measurable milestones, to transition to fully integrated managed care. These provisions do not preclude greater involvement, authority, and oversight by counties in a regional service area.

Updates language relating to the role of psychiatric advanced registered nurse practitioners (psychiatric ARNPs) and physician assistants in providing psychiatric treatment at state hospitals. Eliminates language requiring psychiatric ARNPs to be supervised by a psychiatrist and specifying that state hospital psychiatrists must provide mentorship to psychiatric ARNPs.

Expands minimum required services under less restrictive alternative treatment to include notification to the designated mental health professional or designated crisis responder if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.
Requires DSHS to credit reimbursements charged to an entity for state hospital days of care provided after the patient no longer requires active psychiatric treatment at an inpatient level of care against any reimbursements charged to the same entity during the same time period for using more state hospital patient days than allocated to that entity.

Modifies detention options for revocation of a less restrictive order to allow a designated mental health professional, designated crisis responder, or DSHS to detain a person for inpatient evaluation for up to 72 hours, excluding weekends and holidays. To continue detention after the 72-hour period, the court must find that the person, as the result of a mental health disorder or, after April 1, 2018, as the result of a substance use disorder, presents a likelihood of serious harm or is gravely disabled and no less restrictive alternative exists which is in the best interest of the person or others.