## CERTIFICATION OF ENROLLMENT

## ENGROSSED SUBSTITUTE SENATE BILL 6491

65th Legislature 2018 Regular Session

Passed by the Senate March 6, 2018 Yeas 48 Nays 1

President of the Senate

Passed by the House March 1, 2018 Yeas 92 Nays 5

#### CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 6491** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

Speaker of the House of Representatives Approved

FILED

Secretary of State State of Washington

Governor of the State of Washington

### ENGROSSED SUBSTITUTE SENATE BILL 6491

AS AMENDED BY THE HOUSE

Passed Legislature - 2018 Regular Session

# State of Washington 65th Legislature 2018 Regular Session

**By** Senate Ways & Means (originally sponsored by Senators O'Ban and Darneille)

READ FIRST TIME 02/06/18.

AN ACT Relating to increasing the availability of assisted outpatient behavioral health treatment; amending RCW 71.05.020, 71.05.150, 71.05.150, 71.05.230, 71.05.240, 71.05.590, 71.05.590, 71.05.201, 71.05.156, 71.05.212, 71.05.245, 71.05.280, and 71.05.595; reenacting and amending RCW 71.05.585 and 71.05.240; adding a new section to chapter 71.05 RCW; providing effective dates; providing an expiration date; and declaring an emergency.

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

9 **Sec. 1.** RCW 71.05.020 and 2017 3rd sp.s. c 14 s 14 are each 10 amended to read as follows:

11 The definitions in this section apply throughout this chapter 12 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;

17 (2) "Alcoholism" means a disease, characterized by a dependency 18 alcoholic beverages, loss of control over the on amount and 19 circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, 20

1 and impairment of health or disruption of social or economic 2 functioning;

3 (3) "Antipsychotic medications" means that class of drugs 4 primarily used to treat serious manifestations of mental illness 5 associated with thought disorders, which includes, but is not limited 6 to atypical antipsychotic medications;

7 (4) "Approved substance use disorder treatment program" means a 8 program for persons with a substance use disorder provided by a 9 treatment program certified by the department as meeting standards 10 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;

14 (6) "Chemical dependency" means:

15 (a) Alcoholism;

16 (b) Drug addiction; or

17 (c) Dependence on alcohol and one or more psychoactive chemicals,18 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;

25 (9) "Conditional release" means a revocable modification of a 26 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;

34 (11) "Custody" means involuntary detention under the provisions 35 of this chapter or chapter 10.77 RCW, uninterrupted by any period of 36 unconditional release from commitment from a facility providing 37 involuntary care and treatment;

38 (12) "Department" means the department of social and health 39 services;

1 (13) "Designated crisis responder" means a mental health 2 professional appointed by the <u>county</u>, <u>an entity appointed by the</u> 3 <u>county</u>, <u>or the</u> behavioral health organization to perform the duties 4 specified in this chapter;

5 (14) "Detention" or "detain" means the lawful confinement of a 6 person, under the provisions of this chapter;

(15) "Developmental disabilities professional" means a person who 7 has specialized training and three years of experience in directly 8 treating or working with persons with developmental disabilities and 9 is a psychiatrist, physician assistant working with a supervising 10 psychiatrist, psychologist, psychiatric advanced registered nurse 11 practitioner, or social worker, and such other developmental 12 disabilities professionals as may be defined by rules adopted by the 13 14 secretary;

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

17 (17) "Discharge" means the termination of hospital medical 18 authority. The commitment may remain in place, be terminated, or be 19 amended by court order;

20 (18) "Drug addiction" means a disease, characterized by a 21 dependency on psychoactive chemicals, loss of control over the amount 22 and circumstances of use, symptoms of tolerance, physiological or 23 psychological withdrawal, or both, if use is reduced or discontinued, 24 and impairment of health or disruption of social or economic 25 functioning;

26 (19) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or 27 private agencies, emergency evaluation and treatment, outpatient 28 29 care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the 30 31 department. The department may certify single beds as temporary 32 evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be 33 designated as an evaluation and treatment facility. A facility which 34 35 is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, 36 or jail, shall be an evaluation and treatment facility within the 37 38 meaning of this chapter;

39 (20) "Gravely disabled" means a condition in which a person, as a 40 result of a mental disorder, or as a result of the use of alcohol or

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other psychoactive chemicals: (a) Is in danger of serious physical 1 2 harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests 3 severe deterioration in routine functioning evidenced by repeated and 4 escalating loss of cognitive or volitional control over his or her 5 б actions and is not receiving such care as is essential for his or her 7 health or safety;

(21) "Habilitative services" means those services provided by 8 program personnel to assist persons in acquiring and maintaining life 9 skills and in raising their levels of physical, mental, social, and 10 11 vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall 12 be undertaken with recognition of the risk to the public safety 13 14 presented by the person being assisted as manifested by prior charged criminal conduct; 15

16 (22) "History of one or more violent acts" refers to the period 17 of time ten years prior to the filing of a petition under this 18 chapter, excluding any time spent, but not any violent acts 19 committed, in a mental health facility, a long-term alcoholism or 20 drug treatment facility, or in confinement as a result of a criminal 21 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 chargedcriminal behavior, and habilitation needs;

30 (b) The conditions and strategies necessary to achieve the 31 purposes of habilitation;

32 (c) The intermediate and long-range goals of the habilitation33 program, with a projected timetable for the attainment;

34 (d) The rationale for using this plan of habilitation to achieve35 those intermediate and long-range goals;

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

37 (f) Where relevant in light of past criminal behavior and due 38 consideration for public safety, the criteria for proposed movement 39 to less-restrictive settings, criteria for proposed eventual

1 discharge or release, and a projected possible date for discharge or 2 release; and

3 (g) The type of residence immediately anticipated for the person4 and possible future types of residences;

5 (25) "Information related to mental health services" means all 6 information and records compiled, obtained, or maintained in the 7 course of providing services to either voluntary or involuntary 8 recipients of services by a mental health service provider. This may 9 include documents of legal proceedings under this chapter or chapter 10 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 14 treatment" means that a person, as a result of a mental disorder or 15 16 substance use disorder: (a) ((Has been committed by a court to 17 detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is 18 19 currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health 20 21 treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b)) Has 22 been committed by a court to detention for involuntary behavioral 23 health treatment during the preceding thirty-six months; (b) is 24 25 unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, ((in view of the 26 person's treatment history or current behavior; (c) is unlikely to 27 28 survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e)) based 29 on a history of nonadherence with treatment or in view of the 30 person's current behavior; (c) is likely to benefit from less 31 32 restrictive alternative treatment; and (d) requires less restrictive alternative treatment to prevent a relapse, decompensation, or 33 deterioration that is likely to result in the person presenting a 34 likelihood of serious harm or the person becoming gravely disabled 35 within a reasonably short period of time((. For purposes of (a) of 36 this subsection, time spent in a mental health facility or in 37 confinement as a result of a criminal conviction is excluded from the 38 39 thirty-six month calculation));

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

3 (29) "Legal counsel" means attorneys and staff employed by county 4 prosecutor offices or the state attorney general acting in their 5 capacity as legal representatives of public mental health and 6 substance use disorder service providers under RCW 71.05.130;

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

10 (31) "Licensed physician" means a person licensed to practice 11 medicine or osteopathic medicine and surgery in the state of 12 Washington;

13 (32) "Likelihood of serious harm" means:

14 (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 15 16 attempts to commit suicide or inflict physical harm on oneself; (ii) 17 physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places 18 another person or persons in reasonable fear of sustaining such harm; 19 or (iii) physical harm will be inflicted by a person upon the 20 21 property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or 22

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

25 (33) "Medical clearance" means a physician or other health care 26 provider has determined that a person is medically stable and ready 27 for referral to the designated crisis responder;

28 (34) "Mental disorder" means any organic, mental, or emotional 29 impairment which has substantial adverse effects on a person's 30 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;

37 (36) "Mental health service provider" means a public or private 38 agency that provides mental health services to persons with mental 39 disorders or substance use disorders as defined under this section 40 and receives funding from public sources. This includes, but is not

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limited to, hospitals licensed under chapter 70.41 RCW, evaluation 1 and treatment facilities as defined in this section, community mental 2 health service delivery systems or behavioral health programs as 3 71.24.025, facilities conducting competency in RCW 4 defined evaluations and restoration under chapter 10.77 RCW, approved 5 б substance use disorder treatment programs as defined in this section, secure detoxification facilities as defined in this section, and 7 correctional facilities operated by state and local governments; 8

9 (37) "Peace officer" means a law enforcement official of a public 10 agency or governmental unit, and includes persons specifically given 11 peace officer powers by any state law, local ordinance, or judicial 12 order of appointment;

13 (38) "Physician assistant" means a person licensed as a physician 14 assistant under chapter 18.57A or 18.71A RCW;

(39) "Private agency" means any person, partnership, corporation, 15 16 or association that is not a public agency, whether or not financed 17 in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, 18 or approved substance use disorder treatment program, which is conducted 19 for, or includes a department or ward conducted for, the care and 20 21 treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders; 22

(40) "Professional person" means a mental health professional, chemical dependency 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;

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

9 (45) "Registration records" include all the records of the 10 department, behavioral health organizations, treatment facilities, 11 and other persons providing services to the department, county 12 departments, or facilities which identify persons who are receiving 13 or who at any time have received services for mental illness or 14 substance use disorders;

15 (46) "Release" means legal termination of the commitment under 16 the provisions of this chapter;

17 (47) "Resource management services" has the meaning given in 18 chapter 71.24 RCW;

19 (48) "Secretary" means the secretary of the department of social 20 and health services, or his or her designee;

21 (49) "Secure detoxification facility" means a facility operated 22 by either a public or private agency or by the program of an agency 23 that:

24 (a) Provides for intoxicated persons:

(i) Evaluation and assessment, provided by certified chemicaldependency professionals;

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(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;

32 (b) Includes security measures sufficient to protect the33 patients, staff, and community; and

34 (c) Is certified as such by the department;

35 (50) "Serious violent offense" has the same meaning as provided 36 in RCW 9.94A.030;

37 (51) "Social worker" means a person with a master's or further 38 advanced degree from a social work educational program accredited and 39 approved as provided in RCW 18.320.010; 1 (52) "Substance use disorder" means a cluster of cognitive, 2 behavioral, and physiological symptoms indicating that an individual 3 continues using the substance despite significant substance-related 4 problems. The diagnosis of a substance use disorder is based on a 5 pathological pattern of behaviors related to the use of the 6 substances;

7 (53) "Therapeutic court personnel" means the staff of a mental 8 health court or other therapeutic court which has jurisdiction over 9 defendants who are dually diagnosed with mental disorders, including 10 court personnel, probation officers, a court monitor, prosecuting 11 attorney, or defense counsel acting within the scope of therapeutic 12 court duties;

(54) "Treatment records" include registration and all other 13 14 records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the 15 16 department, by behavioral health organizations and their staffs, and 17 by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to 18 mental health drugs, a mental health diagnosis, provider name, and 19 dates of service stemming from a medical service. Treatment records 20 21 do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral 22 health organizations, or a treatment facility if the notes or records 23 24 are not available to others;

25 (55) "Triage facility" means a short-term facility or a portion 26 of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, 27 which is designed as a facility to assess and stabilize an individual 28 29 or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility 30 31 standards. A triage facility may be structured as a voluntary or involuntary placement facility; 32

33 (56) "Violent act" means behavior that resulted in homicide, 34 attempted suicide, nonfatal injuries, or substantial damage to 35 property.

36 Sec. 2. RCW 71.05.585 and 2016 sp.s. c 29 s 241 and 2016 c 45 s 37 5 are each reenacted and amended to read as follows:

38 (1) Less restrictive alternative treatment, at a minimum, 39 includes the following services:

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(a) Assignment of a care coordinator;

2 (b) An intake evaluation with the provider of the less3 restrictive alternative treatment;

4 (c) A psychiatric evaluation;

5 (d) ((Medication management;

6 (e)) A schedule of regular contacts with the provider of the 7 less restrictive alternative treatment services for the duration of 8 the order;

9 ((<del>(f)</del>)) <u>(e)</u> A transition plan addressing access to continued 10 services at the expiration of the order; ((<del>and</del>

<del>(g)</del>)) <u>(f)</u> An individual crisis plan<u>; and</u>

12 (g) Notification to the care coordinator assigned in (a) of this 13 subsection if reasonable efforts to engage the client fail to produce 14 substantial compliance with court-ordered treatment conditions.

15 (2) Less restrictive alternative treatment may additionally 16 include requirements to participate in the following services:

(a) <u>Medication management;</u>

- 18 (b) Psychotherapy;
- 19 ((<del>(b)</del>)) <u>(c)</u> Nursing;
- 20 ((<del>(c)</del>)) <u>(d)</u> Substance abuse counseling;

21 ((<del>(d)</del>)) <u>(e)</u> Residential treatment; and

22 (((-))) (f) Support for housing, benefits, education, and 23 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.

35 (5) For the purpose of this section, "care coordinator" means a 36 clinical practitioner who coordinates the activities of less 37 restrictive alternative treatment. The care coordinator coordinates 38 activities with the designated crisis responders that are necessary 39 for enforcement and continuation of less restrictive alternative 40 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.

3 <u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 71.05 4 RCW to read as follows:

5 This section establishes a process for initial evaluation and 6 filing of a petition for assisted outpatient behavioral health 7 treatment, but however does not preclude the filing of a petition for 8 assisted outpatient behavioral health treatment following a period of 9 inpatient detention in appropriate circumstances:

10 (1) The designated crisis responder must personally interview the 11 person, unless the person refuses an interview, and determine whether 12 the person will voluntarily receive appropriate evaluation and 13 treatment at a mental health facility, secure detoxification 14 facility, or approved substance use disorder treatment program.

15 (2) The designated crisis responder must investigate and evaluate 16 the specific facts alleged and the reliability or credibility of any 17 person providing information. The designated crisis responder may 18 spend up to forty-eight hours to complete the investigation, provided 19 that the person may not be held for investigation for any period 20 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, supportingthe petition for assisted outpatient behavioral health treatment;

35 (c) A designation of retained counsel for the person or, if 36 counsel is appointed, the name, business address, and telephone 37 number of the attorney appointed to represent the person;

1 (d) The name of an agency or facility which agreed to assume the 2 responsibility of providing less restrictive alternative treatment if 3 the petition is granted by the court;

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

7 (4) If the person is in the custody of jail or prison at the time 8 of the investigation, a petition for assisted outpatient behavioral 9 health treatment may be used to facilitate continuity of care after 10 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 15 custody, provided that (i) the filing of the petition does not extend 16 17 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 18 detain the person for the purpose of the involuntary commitment 19 hearing; and (iii) the person's release from custody must be expected 20 21 to swiftly follow the adjudication of the petition. In this circumstance, the time for hearing is shortened to three judicial 22 days after the filing of the petition. 23

(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.

27 (6) A petition for assisted outpatient behavioral health 28 treatment filed under this section must be adjudicated under RCW 29 71.05.240.

30 **Sec. 4.** RCW 71.05.150 and 2016 sp.s. c 29 s 210 are each amended 31 to read as follows:

32 (1)((<del>(a)</del>)) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, 33 substance use disorder, or both presents a likelihood of serious harm 34 35 or is gravely disabled, or that a person is in need of assisted outpatient ((mental)) behavioral health treatment; the designated 36 crisis responder may, after investigation and evaluation of the 37 specific facts alleged and of the reliability and credibility of any 38 person providing information to initiate detention or involuntary 39

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1 outpatient ((evaluation)) treatment, if satisfied that the allegations are true and that the person will not voluntarily seek 2 appropriate treatment, file a petition for initial detention ((or 3 involuntary outpatient evaluation. If the petition is filed solely on 4 the grounds that the person is in need of assisted outpatient mental 5 6 health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be 7 conducted by any combination of licensed professionals authorized to 8 petition for involuntary commitment under RCW 71.05.230 and must 9 10 include involvement or consultation with the agency or facility which will provide monitoring or services under the proposed less 11 restrictive alternative treatment order. If the petition is for an 12 involuntary outpatient evaluation and the person is being held in a 13 hospital emergency department, the person may be released once the 14 15 hospital has satisfied federal and state legal requirements for 16 appropriate screening and stabilization of patients.

17 (b)) under this section or a petition for involuntary outpatient behavioral health treatment under section 3 of this act. Before 18 19 filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and 20 determine whether the person will voluntarily receive appropriate 21 evaluation and treatment at an evaluation and treatment facility, 22 23 crisis stabilization unit, triage facility, or approved substance use 24 disorder treatment program.

(2)(a) An order to detain a person with a mental disorder to a 25 26 designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or 27 28 approved substance use disorder treatment program, for not more than 29 a seventy-two-hour evaluation and treatment period((, or an order for an involuntary outpatient evaluation, )) may be issued by a judge of 30 31 the superior court upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the 32 satisfaction of a judge of the superior court: 33

(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.

37 (b) The petition for initial detention ((or involuntary 38 outpatient evaluation)), signed under penalty of perjury, or sworn 39 telephonic testimony may be considered by the court in determining 40 whether there are sufficient grounds for issuing the order.

1 (c) The order shall designate retained counsel or, if counsel is 2 appointed from a list provided by the court, the name, business 3 address, and telephone number of the attorney appointed to represent 4 the person.

5 (d) A court may not issue an order to detain a person to a secure 6 detoxification facility or approved substance use disorder treatment 7 program unless there is an available secure detoxification facility 8 or approved substance use disorder treatment program that has 9 adequate space for the person.

(3) The designated crisis responder shall then serve or cause to 10 be served on such person, his or her guardian, and conservator, if 11 12 any, a copy of the order together with a notice of rights, and a initial detention ((or involuntary outpatient 13 petition for evaluation)). After service on such person the designated crisis 14 responder shall file the return of service in court and provide 15 16 copies of all papers in the court file to the evaluation and 17 treatment facility, secure detoxification facility, or approved 18 substance use disorder treatment program, and the designated 19 attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held 20 within seventy-two hours of the date and time of outpatient 21 22 evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder 23 treatment program. The person shall be permitted to be accompanied by 24 25 one or more of his or her relatives, friends, an attorney, a personal 26 physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of 27 28 evaluation shall be permitted to be present during the admission 29 evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the 30 31 individual if his or her presence would present a safety risk, delay 32 the proceedings, or otherwise interfere with the evaluation.

(4) The designated crisis responder may notify a peace officer to 33 take such person or cause such person to be taken into custody and 34 placed in an evaluation and treatment facility, secure detoxification 35 36 facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be 37 served on such person, his or her guardian, and conservator, if any, 38 39 a copy of the original order together with a notice of rights and a 40 petition for initial detention.

1 Sec. 5. RCW 71.05.150 and 2016 sp.s. c 29 s 211 are each amended 2 to read as follows:

3 (1)((<del>(a)</del>)) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, 4 substance use disorder, or both presents a likelihood of serious harm 5 б or is gravely disabled, or that a person is in need of assisted 7 outpatient ((mental)) behavioral health treatment; the designated crisis responder may, after investigation and evaluation of the 8 specific facts alleged and of the reliability and credibility of any 9 person providing information to initiate detention or involuntary 10 11 outpatient ((evaluation)) treatment, if satisfied that the 12 allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention ((or 13 involuntary outpatient evaluation. If the petition is filed solely on 14 the grounds that the person is in need of assisted outpatient mental 15 16 health treatment, the petition may only be for an involuntary 17 outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to 18 petition for involuntary commitment under RCW 71.05.230 and must 19 include involvement or consultation with the agency or facility which 20 will provide monitoring or services under the proposed less 21 restrictive alternative treatment order. If the petition is for an 22 23 involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the 24 25 hospital has satisfied federal and state legal requirements for 26 appropriate screening and stabilization of patients.

27 (b)) under this section or a petition for involuntary outpatient behavioral health treatment under section 3 of this act. Before 28 filing the petition, the designated crisis responder must personally 29 interview the person, unless the person refuses an interview, and 30 31 determine whether the person will voluntarily receive appropriate 32 evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, or approved substance use 33 disorder treatment program. 34

35 (2)(a) An order to detain a person with a mental disorder to a 36 designated evaluation and treatment facility, or to detain a person 37 with a substance use disorder to a secure detoxification facility or 38 approved substance use disorder treatment program, for not more than 39 a seventy-two-hour evaluation and treatment period((, or an order for 40 an involuntary outpatient evaluation,)) may be issued by a judge of

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1 the superior court upon request of a designated crisis responder 2 whenever it appears to the satisfaction of a judge of the superior 3 court:

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

5 (ii) That the person has refused or failed to accept appropriate 6 evaluation and treatment voluntarily.

7 (b) The petition for initial detention ((<del>or involuntary</del> 8 <del>outpatient evaluation</del>)), signed under penalty of perjury, or sworn 9 telephonic testimony may be considered by the court in determining 10 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 15 16 be served on such person, his or her guardian, and conservator, if 17 any, a copy of the order together with a notice of rights, and a petition for initial detention ((or involuntary outpatient 18 evaluation)). After service on such person the designated crisis 19 responder shall file the return of service in court and provide 20 21 copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved 22 disorder treatment program, and the designated 23 substance use attorney. The designated crisis responder shall notify the court and 24 25 the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient 26 evaluation or admission to the evaluation and treatment facility, 27 secure detoxification facility, or approved substance use disorder 28 29 treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal 30 31 physician, or other professional or religious advisor to the place of 32 evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission 33 evaluation. Any other individual accompanying the person may be 34 present during the admission evaluation. The facility may exclude the 35 36 individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation. 37

38 (4) The designated crisis responder may notify a peace officer to 39 take such person or cause such person to be taken into custody and 40 placed in an evaluation and treatment facility, secure detoxification

1 facility, or approved substance use disorder treatment program. At 2 the time such person is taken into custody there shall commence to be 3 served on such person, his or her guardian, and conservator, if any, 4 a copy of the original order together with a notice of rights and a 5 petition for initial detention.

6 Sec. 6. RCW 71.05.230 and 2017 3rd sp.s. c 14 s 17 are each 7 amended to read as follows:

A person detained ((<del>or committed</del>)) for seventy-two 8 hour evaluation and treatment ((or for an outpatient evaluation for the 9 purpose of filing a petition for a less restrictive alternative 10 11 treatment order)) may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety 12 additional days of a less restrictive alternative ((to involuntary 13 intensive)) treatment. A petition may only be filed if the following 14 15 conditions are met:

16 (1) The professional staff of the ((agency or)) facility 17 providing evaluation services has analyzed the person's condition and 18 finds that the condition is caused by mental disorder or substance 19 use disorder and results in a likelihood of serious harm, results in 20 the person being gravely disabled, or results in the person being in 21 need of assisted outpatient ((mental)) <u>behavioral</u> health treatment, 22 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)(a)(i) The professional staff of the ((agency or)) 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 by:

33 (A) One physician, physician assistant, or psychiatric advanced34 registered nurse practitioner; and

(B) One physician, physician assistant, psychiatric advancedregistered nurse practitioner, or mental health professional.

(ii) If the petition is for substance use disorder treatment, the petition may be signed by a chemical dependency professional instead of a mental health professional and by an advanced registered nurse 1 practitioner instead of a psychiatric advanced registered nurse 2 practitioner. The persons signing the petition must have examined the 3 person.

(b) If involuntary detention is sought the petition shall state 4 facts that support the finding that such person, as a result of a 5 6 mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less 7 restrictive alternatives to detention in the best interest of such 8 person or others. The petition shall state specifically that less 9 restrictive alternative treatment was considered and specify why 10 treatment less restrictive than detention is not appropriate. If an 11 12 involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a 13 result of a mental disorder or as a result of a substance use 14 disorder, presents a likelihood of serious harm, is gravely disabled, 15 16 or is in need of assisted outpatient ((mental)) behavioral health 17 treatment, and shall set forth any recommendations for less 18 restrictive alternative treatment services; and

19 (5) A copy of the petition has been served on the detained ((<del>or</del> 20 committed)) person, his or her attorney and his or her guardian or 21 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.

38 Sec. 7. RCW 71.05.240 and 2016 sp.s. c 29 s 232 and 2016 c 45 s 39 2 are each reenacted and amended to read as follows:

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1 (1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court 2 shall hold a probable cause hearing within seventy-two hours of the 3 initial detention ((or involuntary outpatient evaluation)) of such 4 person as determined in RCW 71.05.180, or at a time determined under 5 6 section 3 of this act. If requested by the person or his or her 7 attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the 8 conditions set forth in RCW 71.05.210 or subject to the petitioner's 9 showing of good cause for a period not to exceed twenty-four hours. 10

11 (2) If the petition is for mental health treatment, the court at 12 the time of the probable cause hearing and before an order of 13 commitment is entered shall inform the person both orally and in 14 writing that the failure to make a good faith effort to seek 15 voluntary treatment as provided in RCW 71.05.230 will result in the 16 loss of his or her firearm rights if the person is subsequently 17 detained for involuntary treatment under this section.

(3)(a) Subject to (b) of this subsection, at the conclusion of 18 the probable cause hearing, if the court finds by a preponderance of 19 the evidence that such person, as the result of a mental disorder or 20 substance use disorder, presents a likelihood of serious harm, or is 21 gravely disabled, and, after considering 22 less restrictive alternatives to involuntary detention and treatment, finds that no 23 such alternatives are in the best interests of such person or others, 24 25 the court shall order that such person be detained for involuntary 26 treatment not to exceed fourteen days in a facility certified to 27 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.

34 (c) At the conclusion of the probable cause hearing, if the court 35 finds by a preponderance of the evidence that such person, as the 36 result of a mental disorder or substance use disorder, presents a 37 likelihood of serious harm, or is gravely disabled, but that 38 treatment in a less restrictive setting than detention is in the best 39 interest of such person or others, the court shall order an

appropriate less restrictive alternative course of treatment for not
 to exceed ninety days.

3 (d) If the court finds by a preponderance of the evidence that 4 such person, as the result of a mental <u>disorder or substance use</u> 5 disorder, is in need of assisted outpatient ((mental)) <u>behavioral</u> 6 health treatment, and that the person does not present a likelihood 7 of serious harm or grave disability, the court shall order an 8 appropriate less restrictive alternative course of treatment not to 9 exceed ninety days((, and may not order inpatient treatment)).

10 (((e))) (4) An order for less restrictive alternative treatment 11 must name the mental health service provider responsible for 12 identifying the services the person will receive in accordance with 13 RCW 71.05.585, and must include a requirement that the person 14 cooperate with the services planned by the mental health service 15 provider.

16 (((4))) (5) The court shall specifically state to such person and 17 give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less 18 restrictive treatment is to be sought, such person will have the 19 right to a full hearing or jury trial as required by RCW 71.05.310. 20 21 If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person 22 is barred from the possession of firearms and that the prohibition 23 remains in effect until a court restores his or her right to possess 24 25 a firearm under RCW 9.41.047.

26 Sec. 8. RCW 71.05.240 and 2016 sp.s. c 29 s 233 are each amended 27 to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment 28 or ninety days of less restrictive alternative treatment, the court 29 30 shall hold a probable cause hearing within seventy-two hours of the initial detention ((or involuntary outpatient evaluation)) of such 31 person as determined in RCW 71.05.180, or at a time determined under 32 section 3 of this act. If requested by the person or his or her 33 attorney, the hearing may be postponed for a period not to exceed 34 35 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 36 showing of good cause for a period not to exceed twenty-four hours. 37

38 (2) If the petition is for mental health treatment, the court at39 the time of the probable cause hearing and before an order of

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1 commitment is entered shall inform the person both orally and in 2 writing that the failure to make a good faith effort to seek 3 voluntary treatment as provided in RCW 71.05.230 will result in the 4 loss of his or her firearm rights if the person is subsequently 5 detained for involuntary treatment under this section.

6 (3)(a) Subject to (b) of this subsection, at the conclusion of 7 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 8 substance use disorder, presents a likelihood of serious harm, or is 9 gravely disabled, and, after considering less restrictive 10 11 alternatives to involuntary detention and treatment, finds that no 12 such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary 13 treatment not to exceed fourteen days in a facility certified to 14 provide treatment by the department. 15

16 (b) Commitment for up to fourteen days based on a substance use 17 disorder must be to either a secure detoxification facility or an 18 approved substance use disorder treatment program.

19 (c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the 20 21 result of a mental disorder or substance use disorder, presents a 22 likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best 23 interest of such person or others, the court shall order 24 an 25 appropriate less restrictive alternative course of treatment for not 26 to exceed ninety days.

(d) If the court finds by a preponderance of the evidence that such person, as the result of a mental <u>disorder or substance use</u> disorder, is in need of assisted outpatient ((mental)) <u>behavioral</u> 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((<del>, and may not order inpatient treatment</del>)).

 $((\langle e \rangle))$  (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.

1 (((4))) (5) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment 2 beyond the fourteen day period or beyond the ninety days of less 3 restrictive treatment is to be sought, such person will have the 4 right to a full hearing or jury trial as required by RCW 71.05.310. 5 6 If the commitment is for mental health treatment, the court shall 7 also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition 8 9 remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047. 10

11 **Sec. 9.** RCW 71.05.590 and 2017 3rd sp.s. c 14 s 9 are each 12 amended to read as follows:

(1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order 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. The agency, facility, or designated crisis responder must determine that:

(a) The person is failing to adhere to the terms and conditionsof 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

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

36 (b) To increase the intensity of outpatient services provided to 37 the person by increasing the frequency of contacts with the provider, 38 referring the person for an assessment for assertive community 39 services, or by other means;

1 (c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction 2 over the order and specify the circumstances that give rise to the 3 request and what modification is being sought. The county prosecutor 4 shall assist the agency or facility in requesting this hearing and 5 6 issuing an appropriate summons to the person. This subsection does 7 not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be 8 used only when court intervention is necessary or advisable to secure 9 10 the person's compliance and prevent decompensation or deterioration;

11 (d) To cause the person to be transported by a peace officer, 12 designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a 13 14 triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed 15 16 for mental health treatment, or to a secure detoxification facility 17 with available space or an approved substance use disorder treatment 18 program with available space if the person is committed for substance 19 use disorder treatment. The person may be detained at the facility for up to twelve hours for the purpose of an evaluation to determine 20 21 whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent 22 decompensation, deterioration, or physical harm. Temporary detention 23 for evaluation under this subsection is intended to occur only 24 25 following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when in the 26 a designated crisis responder 27 clinical judqment of or the professional person in charge of an agency or facility designated to 28 monitor less restrictive alternative services temporary detention is 29 appropriate. This subsection does not limit the ability or obligation 30 31 to pursue revocation procedures under subsection (4) of this section 32 in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (4) of this section <u>or, if the current commitment is solely based on the</u> person being in need of assisted outpatient behavioral health treatment as defined in RCW 71.05.020, initiate initial inpatient detention procedures under subsection (6) of this section.

38 (3) The facility or agency designated to provide outpatient 39 treatment shall notify the secretary or designated crisis responder 40 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) Except as provided in subsection (6) of this section, a 4 designated crisis responder or the secretary may upon their own 5 6 motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under 7 this chapter to be apprehended and taken into custody and temporary 8 detention in an evaluation and treatment facility in or near the 9 county in which he or she is receiving outpatient treatment if the 10 11 person is committed for mental health treatment, or, if the person is 12 committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment 13 program if either is available in or near the county in which he or 14 she is receiving outpatient treatment and has adequate space. 15 16 Proceedings under this subsection (4) may be initiated without 17 ordering the apprehension and detention of the person.

(b) Except as provided in subsection (6) of this section, a 18 person detained under this subsection (4) must be held until such 19 time, not exceeding five days, as a hearing can be scheduled to 20 21 determine whether or not the person should be returned to the hospital or facility from which he or she had been released. If the 22 person is not detained, the hearing must be scheduled within five 23 days of service on the person. The designated crisis responder or the 24 25 secretary may modify or rescind the order at any time prior to 26 commencement of the court hearing.

(c) The designated crisis responder or secretary shall file a 27 revocation petition and order of apprehension and detention with the 28 29 court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and 30 31 their attorney, guardian, and conservator, if any. The person has the 32 same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in 33 this section. There is no right to jury trial. The venue for 34 proceedings is the county where the petition is filed. Notice of the 35 36 filing must be provided to the court that originally ordered commitment, if different from the court where the petition for 37 revocation is filed, within two judicial days of the person's 38 39 detention.

(d) Except as provided in subsection (6) of this section, the 1 issues for the court to determine are whether: (i) The person adhered 2 to the terms and conditions of the court order; (ii) substantial 3 deterioration in the person's functioning has occurred; (iii) there 4 is substantial decompensation with a reasonable 5 evidence of б probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; 7 and, if any of the above conditions apply, whether the court should 8 reinstate or modify the person's less restrictive alternative or 9 10 conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow 11 12 the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the 13 treatment period may be for no longer than the period authorized in 14 the original court order. A court may not issue an order to detain a 15 16 person for inpatient treatment in a secure detoxification facility or 17 substance use disorder treatment program under this approved 18 subsection unless there is a secure detoxification facility or 19 approved substance use disorder treatment program available and with 20 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 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.

33 (6)(a) If the current commitment is solely based on the person being in need of assisted outpatient behavioral health treatment as 34 defined in RCW 71.05.020, a designated crisis responder may initiate 35 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when 36 appropriate. A designated crisis responder or the secretary may, upon 37 their own motion or notification by the facility or agency designated 38 39 to provide outpatient care to a person subject to a less restrictive 40 alternative treatment order under RCW 71.05.320 subsequent to an

1 order for assisted outpatient behavioral health treatment entered under section 3 of this act, order the person to be apprehended and 2 taken into custody and temporary detention for inpatient evaluation 3 in an evaluation and treatment facility in or near the county in 4 which he or she is receiving outpatient treatment if the person is 5 6 committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification 7 facility or approved substance use disorder treatment program if 8 either is available in or near the county in which he or she is 9 receiving outpatient treatment. Proceedings under this subsection may 10 be initiated without ordering the apprehension and detention of the 11 12 person.

13 (b) A person detained under this subsection may be held for 14 evaluation for up to seventy-two hours, excluding weekends and 15 holidays, pending a court hearing. If the person is not detained, the 16 hearing must be scheduled within seventy-two hours of service on the 17 person. The designated crisis responder or the secretary may modify 18 or rescind the order at any time prior to commencement of the court 19 hearing.

20 (c) The issues for the court to determine are whether to continue the detention of the person for inpatient treatment or whether the 21 court should reinstate or modify the person's less restrictive 22 alternative order or order the person's detention for inpatient 23 treatment. To continue detention after the seventy-two hour period, 24 25 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 26 is gravely disabled and, after considering less restrictive 27 28 alternatives to involuntary detention and treatment, that no such 29 alternatives are in the best interest of the person or others.

30 (d) A court may not issue an order to detain a person for 31 inpatient treatment in a secure detoxification facility or approved 32 substance use disorder program under this subsection unless there is 33 a secure detoxification facility or approved substance use disorder 34 treatment program available and with adequate space for the person.

35 **Sec. 10.** RCW 71.05.590 and 2017 3rd sp.s. c 14 s 10 are each 36 amended to read as follows:

37 (1) Either an agency or facility designated to monitor or provide
 38 services under a less restrictive alternative order or conditional
 39 release order, or a designated crisis responder, may take action to

1 enforce, modify, or revoke a less restrictive alternative or 2 conditional release order. The agency, facility, or designated crisis 3 responder must determine that:

4 (a) The person is failing to adhere to the terms and conditions5 of the court order;

6 (b) Substantial deterioration in the person's functioning has7 occurred;

8 (c) There is evidence of substantial decompensation with a 9 reasonable probability that the decompensation can be reversed by 10 further evaluation, intervention, or treatment; or

11

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

12 (2) Actions taken under this section must include a flexible 13 range of responses of varying levels of intensity appropriate to the 14 circumstances and consistent with the interests of the individual and 15 the public in personal autonomy, safety, recovery, and compliance. 16 Available actions may include, but are not limited to, any of the 17 following:

18 (a) To counsel or advise the person as to their rights and 19 responsibilities under the court order, and to offer appropriate 20 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 25 26 court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the 27 request and what modification is being sought. The county prosecutor 28 29 shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does 30 31 not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be 32 used only when court intervention is necessary or advisable to secure 33 the person's compliance and prevent decompensation or deterioration; 34

35 (d) To cause the person to be transported by a peace officer, 36 designated crisis responder, or other means to the agency or facility 37 monitoring or providing services under the court order, or to a 38 triage facility, crisis stabilization unit, emergency department, or 39 to an evaluation and treatment facility if the person is committed 40 for mental health treatment, or to a secure detoxification facility

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

16 (e) To initiate revocation procedures under subsection (4) of 17 this section <u>or, if the current commitment is solely based on the</u> 18 <u>person being in need of assisted outpatient behavioral health</u> 19 <u>treatment as defined in RCW 71.05.020, initial inpatient detention</u> 20 <u>procedures under subsection (6) of this section</u>.

(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) Except as provided in subsection (6) of this section, a 27 28 designated crisis responder or the secretary may upon their own 29 motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under 30 31 this chapter to be apprehended and taken into custody and temporary 32 detention in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the 33 person is committed for mental health treatment, or, if the person is 34 35 committed for substance use disorder treatment, in a secure 36 detoxification facility or approved substance use disorder treatment program if either is available in or near the county in which he or 37 receiving outpatient treatment. Proceedings 38 she is under this 39 subsection (4) may be initiated without ordering the apprehension and 40 detention of the person.

1 (b) Except as provided in subsection (6) of this section, a person detained under this subsection (4) must be held until such 2 time, not exceeding five days, as a hearing can be scheduled to 3 determine whether or not the person should be returned to the 4 hospital or facility from which he or she had been released. If the 5 6 person is not detained, the hearing must be scheduled within five 7 days of service on the person. The designated crisis responder or the secretary may modify or rescind the order at any time prior to 8 commencement of the court hearing. 9

(c) The designated crisis responder or secretary shall file a 10 11 revocation petition and order of apprehension and detention with the 12 court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and 13 their attorney, guardian, and conservator, if any. The person has the 14 same rights with respect to notice, hearing, and counsel as in any 15 16 involuntary treatment proceeding, except as specifically set forth in 17 this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the 18 19 filing must be provided to the court that originally ordered commitment, if different from the court where the petition for 20 21 revocation is filed, within two judicial days of the person's 22 detention.

(d) Except as provided in subsection (6) of this section, the 23 issues for the court to determine are whether: (i) The person adhered 24 25 to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there 26 evidence of substantial decompensation with a reasonable 27 is 28 probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; 29 and, if any of the above conditions apply, whether the court should 30 31 reinstate or modify the person's less restrictive alternative or conditional release order or order the person's detention for 32 inpatient treatment. The person may waive the court hearing and allow 33 the court to enter a stipulated order upon the agreement of all 34 parties. If the court orders detention for inpatient treatment, the 35 36 treatment period may be for no longer than the period authorized in the original court order. 37

38 (((e) Revocation proceedings under this subsection (4) are not 39 allowable if the current commitment is solely based on the person 40 being in need of assisted outpatient mental health treatment. In

1 order to obtain a court order for detention for inpatient treatment 2 under this circumstance, a petition must be filed under RCW 71.05.150 3 or 71.05.153.))

4 (5) In determining whether or not to take action under this 5 section the designated crisis responder, agency, or facility must 6 consider the factors specified under RCW 71.05.212 and the court must 7 consider the factors specified under RCW 71.05.245 as they apply to 8 the question of whether to enforce, modify, or revoke a court order 9 for involuntary treatment.

(6)(a) If the current commitment is solely based on the person 10 being in need of assisted outpatient behavioral health treatment as 11 defined in RCW 71.05.020, a designated crisis responder may initiate 12 inpatient detention procedures under RCW 71.05.150 or 71.05.153 when 13 appropriate. A designated crisis responder or the secretary may, upon 14 their own motion or notification by the facility or agency designated 15 16 to provide outpatient care to a person subject to a less restrictive 17 alternative treatment order under RCW 71.05.320 subsequent to an order for assisted outpatient behavioral health treatment entered 18 under section 3 of this act, order the person to be apprehended and 19 taken into custody and temporary detention for inpatient evaluation 20 in an evaluation and treatment facility in or near the county in 21 which he or she is receiving outpatient treatment if the person is 22 committed for mental health treatment, or, if the person is committed 23 for substance use disorder treatment, in a secure detoxification 24 25 facility or approved substance use disorder treatment program if either is available in or near the county in which he or she is 26 receiving outpatient treatment. Proceedings under this subsection may 27 28 be initiated without ordering the apprehension and detention of the 29 person.

30 (b) A person detained under this subsection may be held for 31 evaluation for up to seventy-two hours, excluding weekends and 32 holidays, pending a court hearing. The designated crisis responder or 33 the secretary may modify or rescind the order at any time prior to 34 commencement of the court hearing.

35 <u>(c) The issues for the court to determine are whether to continue</u> 36 <u>the detention of the person for inpatient treatment or whether the</u> 37 <u>court should reinstate or modify the person's less restrictive</u> 38 <u>alternative order or order the person's detention for inpatient</u> 39 <u>treatment. To continue detention after the seventy-two hour period,</u> 40 <u>the court must find that the person, as a result of a mental disorder</u> 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.

5 <u>(d) A court may not issue an order to detain a person for</u> 6 inpatient treatment in a secure detoxification facility or approved 7 substance use disorder program under this subsection unless there is 8 a secure detoxification facility or approved substance use disorder 9 treatment program available and with adequate space for the person.

10 **Sec. 11.** RCW 71.05.201 and 2017 3rd sp.s. c 14 s 2 are each 11 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 petition under this section must be filed within ten calendar days following the designated crisis responder investigation or the request for a designated crisis responder investigation. If more than ten days have elapsed, the immediate family member, guardian, or conservator may request a new designated crisis responder investigation.

25 (3)(a) The petition must be filed in the county in which the designated crisis responder investigation occurred or was requested 26 27 to occur and must be submitted on forms developed by the administrative office of the courts for this purpose. The petition 28 must be accompanied by a sworn declaration from the petitioner, and 29 30 other witnesses if desired, describing why the person should be 31 detained for evaluation and treatment. The description of why the person should be detained may contain, but is not limited to, the 32 information identified in RCW 71.05.212. 33

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(b) The petition must contain:

(i) A description of the relationship between the petitioner andthe person; and

37 (ii) The date on which an investigation was requested from the 38 designated crisis responder.

1 (4) The court shall, within one judicial day, review the petition to determine whether the petition raises sufficient evidence to 2 support the allegation. If the court so finds, it shall provide a 3 copy of the petition to the designated crisis responder agency with 4 an order for the agency to provide the court, within one judicial 5 6 day, with a written sworn statement describing the basis for the 7 decision not to seek initial detention and a copy of all information material to the designated crisis responder's current decision. 8

9 (5) Following the filing of the petition and before the court 10 reaches a decision, any person, including a mental health 11 professional, may submit a sworn declaration to the court in support 12 of or in opposition to initial detention.

13 (6) The court shall dismiss the petition at any time if it finds 14 that a designated crisis responder has filed a petition for the 15 person's initial detention under RCW 71.05.150 or 71.05.153 or that 16 the person has voluntarily accepted appropriate treatment.

17 (7) The court must issue a final ruling on the petition within five judicial days after it is filed. After reviewing all of the 18 information provided to the court, the court may enter an order for 19 initial detention or an order instructing the designated crisis 20 responder to file a petition for assisted outpatient behavioral 21 health treatment if the court finds that: (a) There is probable cause 22 to support a petition for detention or assisted outpatient behavioral 23 24 health treatment; and (b) the person has refused or failed to accept 25 appropriate evaluation and treatment voluntarily. The court shall 26 transmit its final decision to the petitioner.

(8) If the court enters an order for initial detention, it shall 27 provide the order to the designated crisis responder agency and issue 28 29 a written order for apprehension of the person by a peace officer for delivery of the person to a facility or emergency room determined by 30 31 the designated crisis responder. The designated crisis responder agency serving the jurisdiction of the court must collaborate and 32 coordinate with law enforcement regarding apprehensions 33 and detentions under this subsection, including sharing of information 34 relating to risk and which would assist in locating the person. A 35 36 person may not be detained to jail pursuant to a written order issued under this subsection. An order for detention under this section 37 should contain the advisement of rights which the person would 38 39 receive if the person were detained by a designated crisis responder.

An order for initial detention under this section expires one hundred
 eighty days from issuance.

3 (9) Except as otherwise expressly stated in this chapter, all 4 procedures must be followed as if the order had been entered under 5 RCW 71.05.150. RCW 71.05.160 does not apply if detention was 6 initiated under the process set forth in this section.

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

10 **Sec. 12.** RCW 71.05.156 and 2016 sp.s. c 29 s 215 are each 11 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.

19 Sec. 13. RCW 71.05.212 and 2016 sp.s. c 29 s 226 are each 20 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 violentacts;

30 (c) Prior determinations of incompetency or insanity under 31 chapter 10.77 RCW; and

32

(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. The

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1 designated crisis responder or prosecutor shall provide notice of the 2 date, time, and location of the probable cause hearing to such a 3 witness.

4 (3) Symptoms and behavior of the respondent which standing alone 5 would not justify civil commitment may support a finding of grave 6 disability or likelihood of serious harm, or a finding that the 7 person is in need of assisted outpatient ((mental)) <u>behavioral</u> health 8 treatment, when:

9 (a) Such symptoms or behavior are closely associated with 10 symptoms or behavior which preceded and led to a past incident of 11 involuntary hospitalization, severe deterioration, or one or more 12 violent acts;

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

15 (c) Without treatment, the continued deterioration of the 16 respondent is probable.

17 (4) When conducting an evaluation for offenders identified under 18 RCW 72.09.370, the designated crisis responder or professional person 19 shall consider an offender's history of judicially required or 20 administratively ordered antipsychotic medication while in 21 confinement.

22 **Sec. 14.** RCW 71.05.245 and 2015 c 250 s 8 are each amended to 23 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)) <u>behavioral</u> 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.

30 (2) Symptoms or behavior which standing alone would not justify 31 civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need 32 of assisted outpatient ((mental)) behavioral health treatment, when: 33 (a) Such symptoms or behavior are closely associated with symptoms or 34 35 behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts; 36 (b) these symptoms or behavior represent a marked and concerning 37 38 change in the baseline behavior of the respondent; and (c) without 39 treatment, the continued deterioration of the respondent is probable.

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1 (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, 2 the court shall give great weight to any evidence before the court 3 regarding whether the person has: (a) A recent history of one or more 4 violent acts; or (b) a recent history of one or more commitments 5 6 under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The 7 existence of prior violent acts or commitments under this chapter or 8 its equivalent shall not be the sole basis for determining whether a 9 person presents a likelihood of serious harm. 10

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

13 **Sec. 15.** RCW 71.05.280 and 2016 sp.s. c 29 s 234 are each 14 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:

18 (1) Such person after having been taken into custody for 19 evaluation and treatment has threatened, attempted, or inflicted: (a) 20 Physical harm upon the person of another or himself or herself, or 21 substantial damage upon the property of another, and (b) as a result 22 of mental disorder or substance use disorder presents a likelihood of 23 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;

37 (b) For any person subject to commitment under this subsection 38 where the charge underlying the finding of incompetence is for a 39 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) Such person is gravely disabled; or

4 (5) Such person is in need of assisted outpatient ((mental))
5 <u>behavioral</u> health treatment.

6 **Sec. 16.** RCW 71.05.595 and 2015 c 250 s 17 are each amended to 7 read as follows:

A court order for less restrictive alternative treatment for a 8 person found to be in need of assisted outpatient ((mental)) 9 10 behavioral health treatment must be terminated prior to the expiration of the order when, in the opinion of the professional 11 person in charge of the less restrictive alternative treatment 12 provider, (1) the person is prepared to accept voluntary treatment, 13 or (2) the outpatient treatment ordered is no longer necessary to 14 prevent a relapse, decompensation, or deterioration that is likely to 15 16 result in the person presenting a likelihood of serious harm or the 17 person becoming gravely disabled within a reasonably short period of 18 time.

19 <u>NEW SECTION.</u> Sec. 17. If any provision of this act or its 20 application to any person or circumstance is held invalid, the 21 remainder of the act or the application of the provision to other 22 persons or circumstances is not affected.

23 <u>NEW SECTION.</u> **Sec. 18.** Sections 1 through 4, 6, 7, 9, 11, 12, 24 13, and 15 of this act are necessary for the immediate preservation 25 of the public peace, health, or safety, or support of the state 26 government and its existing public institutions, and take effect 27 April 1, 2018.

28 <u>NEW SECTION.</u> **Sec. 19.** Sections 5, 8, and 10 of this act take 29 effect July 1, 2026.

30 <u>NEW SECTION.</u> Sec. 20. Sections 4, 7, and 9 of this act expire 31 July 1, 2026.

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