E2SSB 5649 - H COMM AMD By Committee on Judiciary

ADOPTED AND ENGROSSED 4/14/2015

- Strike everything after the enacting clause and insert the 1 2 following:
- "Sec. 1. RCW 71.05.010 and 1998 c 297 s 2 are each amended to 3 4 read as follows:
- 5 (1)The provisions of this chapter are intended by the legislature: 6
- 7 (((1))) (a) To protect the health and safety of persons suffering from mental disorders and to protect public safety through use of the 8 parens patriae and police powers of the state; 9
- (b) To prevent inappropriate, indefinite commitment of mentally 10 11 disordered persons and to eliminate legal disabilities that arise from such commitment; 12
- 13 $((\frac{2}{2}))$ (c) To provide prompt evaluation and 14 appropriate treatment of persons with serious mental disorders;
- 15 $((\frac{3}{3}))$ (d) To safeguard individual rights;
- 16 ((4))) (e) To provide continuity of care for persons with serious mental disorders; 17
- (((5))) (f) To encourage the full use of all existing agencies, 18 professional personnel, and public funds to prevent duplication of 19 20 services and unnecessary expenditures; and
- 2.1 (((6))) (g) To encourage, whenever appropriate, that services be 22 provided within the community((+
- 23 (7) To protect the public safety)).
- (2) When construing the requirements of this chapter the court 2.4 25 must focus on the merits of the petition, except where requirements have been totally disregarded, as provided in In re C.W., 147 Wn.2d 26 259, 281 (2002). A presumption in favor of deciding petitions on 2.7 their merits furthers both public and private interests because the 2.8 mental and physical well-being of individuals as well as public 29
- 30 safety may be implicated by the decision to release an individual and
- 31 discontinue his or her treatment.

1 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 71.05 2 RCW to read as follows:

3

4

5 6

7

8

9

10

13

14

15 16

17

18

19

- (1) The department may use a single bed certification process as outlined in rule to provide additional treatment capacity for a person suffering from a mental disorder for whom an evaluation and treatment bed is not available. The facility that is the proposed site of the single bed certification must be a facility that is willing and able to provide the person with timely and appropriate treatment either directly or by arrangement with other public or private agencies.
- 11 (2) A single bed certification must be specific to the patient receiving treatment. 12
 - (3) A designated mental health professional who submits application for a single bed certification for treatment at a facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed certification is appropriate may presume that the certification will be approved for the purpose of completing the detention process and responding to other emergency calls.
- (4) The department may adopt rules implementing this section and 20 continue to enforce rules it has already adopted except where 21 22 inconsistent with this section.
- NEW SECTION. 23 Sec. 3. A new section is added to chapter 71.05 24 RCW to read as follows:
- 25 (1) A designated mental health professional shall make a report 26 to the department when he or she determines a person meets detention 27 criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and there are not any beds available at an evaluation and treatment 28 facility, the person has not been provisionally accepted for 29 30 admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative. Starting at the 31 time when the designated mental health professional determines a 32 person meets detention criteria and the investigation has been 33 completed, the designated mental health professional has twenty-four 34 35 hours to submit a completed report to the department.
- (2) The report required under subsection (1) of this section must 36 contain at a minimum: 37
 - (a) The date and time that the investigation was completed;

- 1 (b) The identity of the responsible regional support network or 2 behavioral health organization;
 - (c) The county in which the person met detention criteria;

4

5

7

8

9

10 11

12

13 14

15

16

17

18

19

20 21

22

23 24

25

26

27

28

29

- (d) A list of facilities which refused to admit the person; and
- (e) Identifying information for the person, including age or date 6 of birth.
 - (3) The department shall develop a standardized reporting form or modify the current form used for single bed certifications for the report required under subsection (2) of this section and may require additional reporting elements as it determines are necessary or supportive. The department shall also determine the method for the transmission of the completed report from the designated mental health professional to the department.
 - (4) The department shall create quarterly reports displayed on its web site that summarize the information reported under subsection (2) of this section. At a minimum, the reports must display data by county and by month. The reports must also include the number of single bed certifications granted by category. The categories must include all of the reasons that the department recognizes for issuing a single bed certification, as identified in rule.
 - (5) The reports provided according to this section may not display "protected health information" as that term is used in the federal health insurance portability and accountability act of 1996, nor information contained in "mental health treatment records" as that term is used in chapter 70.02 RCW or elsewhere in state law, and must otherwise be compliant with state and federal privacy laws.
 - For purposes of this section, the term certification" means a situation in which an adult on a seventy-two hour detention, fourteen-day commitment, ninety-day commitment, or one hundred eighty-day commitment is detained to a facility that is:
- 31 (a) Not certified as an inpatient evaluation and treatment facility; or 32
- 33 (b) A certified inpatient evaluation and treatment facility that 34 is already at capacity.
- 35 NEW SECTION. Sec. 4. A new section is added to chapter 71.05 36 RCW to read as follows:
- 37 (1) The department shall promptly share reports it receives under section 3 of this act with the responsible regional support network 38 or behavioral health organization. The regional support network or 39

- 1 behavioral health organization receiving this notification must attempt to engage the person in appropriate services for which the 2 person is eligible and report back within seven days to the 3 4 department.
- (2) The department shall track and analyze reports submitted 5 6 under section 3 of this act. The department must initiate corrective action when appropriate to ensure that each regional support network 7 or behavioral health organization has implemented an adequate plan to 8 provide evaluation and treatment services. Corrective actions may 9 include remedies under RCW 71.24.330 and 43.20A.894, 10 requiring expenditure of reserve funds. An adequate plan may include 11 12 less restrictive alternatives to development of involuntary commitment such as crisis triage, crisis diversion, voluntary 13 treatment, or prevention programs reasonably calculated to reduce 14 demand for evaluation and treatment under this chapter. 15
 - **Sec. 5.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to read as follows:

17

18

19 20

21

22

23 24

25

26 27

28

29 30

31

32

33

34

35

36

37 38

- (1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a mental disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. Any person voluntarily admitted for inpatient treatment to any public or private agency shall orally be advised of the right to immediate discharge, and further advised of such rights in writing as are secured to them pursuant to this chapter and their rights of access to attorneys, courts, and other legal redress. Their condition and status shall be reviewed at least once each one hundred eighty days for evaluation as to the need for further treatment or possible discharge, at which time they shall again be advised of their right to discharge upon request((: PROVIDED **HOWEVER**, That)).
- (2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a mental disorder, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the ((county)) designated mental health professional of such person's condition to enable the ((county)) designated mental health professional to authorize such

person being further held in custody or transported to an evaluation and treatment center pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day((: PROVIDED FURTHER, That)).

1

2

3 4

5 6

7

8

9

10 11

12

13 14

15 16

17

18

19 20

27

28

29 30

31

32

33

34 35

36

37

- (3) If a person is brought to the emergency room of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, and the professional staff of the public or private agency or hospital regard such person as presenting as a result of a mental disorder an imminent likelihood of serious harm, or as presenting an imminent danger because of grave disability, they may detain such person for sufficient time to notify the ((county)) designated mental health professional of such person's condition to enable the ((county)) designated mental health professional to authorize such person being further held in custody or transported to an evaluation treatment center pursuant to the conditions in this chapter, but which time shall be no more than six hours from the time the professional staff ((determine that an evaluation by)) notify the ((county)) designated mental health professional ((is necessary)) of the need for evaluation, not counting time periods prior to medical clearance.
- 21 (4) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section 22 based on the intent of this chapter under RCW 71.05.010 except in the 23 few cases where the facility staff or designated mental health 24 25 professional has totally disregarded the requirements of this 26 section.
 - Sec. 6. RCW 71.05.153 and 2011 c 305 s 8 and 2011 c 148 s 2 are each reenacted and amended to read as follows:
 - When a designated mental health professional receives information alleging that a person, as the result of a mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of gravely disabled, being investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated mental health professional may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two hours as described in RCW 71.05.180.

- (2) A peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, or the emergency department of a local hospital under the following circumstances:
 - (a) Pursuant to subsection (1) of this section; or

2

3

4

5 6

7

8

9

10

11

12

13 14

15 16

17

18

19

20 21

22

23

24 25

26

27

28 29

- (b) When he or she has reasonable cause to believe that such person is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.
- (3) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, or triage facility that has elected to operate as an involuntary facility by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.
- (4) Within three hours ((of)) after arrival, not counting time periods prior to medical clearance, the person must be examined by a mental health professional. Within twelve hours of ((arrival)) notice of the need for evaluation, not counting time periods prior to medical clearance, the designated mental health professional must determine whether the individual meets detention criteria. If the individual is detained, the designated mental health professional shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the mental health provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.
- 31 (5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section 32 based on the intent of this chapter under RCW 71.05.010 except in the 33 few cases where the facility staff or designated mental health 34 professional has totally disregarded the requirements of this 35 36 section.
- RCW 71.05.210 and 2009 c 217 s 1 are each amended to 37 read as follows: 38

1 Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility (1) shall, within twenty-four hours 2 of his or her admission or acceptance at the facility, not counting 3 time periods prior to medical clearance, be examined and evaluated by 4 (a) a licensed physician who may be assisted by a physician assistant 5 6 according to chapter 18.71A RCW and a mental health professional, (b) 7 an advanced registered nurse practitioner according to chapter 18.79 RCW and a mental health professional, or (c) a licensed physician and 8 a psychiatric advanced registered nurse practitioner and (2) shall 9 receive such treatment and care as his or her condition requires 10 11 including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a 12 trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 13 14 71.05.320, 71.05.340, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (a) Any other medication 15 16 previously prescribed by a person licensed under Title 18 RCW; or (b) 17 emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The 18 person shall be detained up to seventy-two hours, if, in the opinion 19 of the professional person in charge of the facility, or his or her 20 21 professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for 22 seventy-two hours shall no later than the end of such period be 23 released, unless referred for further care on a voluntary basis, or 24 25 detained pursuant to court order for further treatment as provided in 26 this chapter.

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

An evaluation and treatment center admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated mental health professional and the court shall order such continuance in proceedings under this chapter as may

27

28

29

30 31

32

33

34 35

36

37

- be necessary, but in no event may this continuance be more than 1
- 2 fourteen days.

8

9 10

11

12

13

14

15

16

17

18

19 20

21

26

27

28

29 30

31

32

- **Sec. 8.** RCW 71.24.035 and 2014 c 225 s 11 are each amended to 3 read as follows: 4
- 5 (1) The department is designated as the state mental health 6 authority.
 - (2) The secretary shall provide for public, client, tribal, and licensed service provider participation in developing the state mental health program, developing contracts with behavioral health organizations, and any waiver request to the federal government under medicaid.
 - (3) The secretary shall provide for participation in developing the state mental health program for children and other underserved populations, by including representatives on any committee established to provide oversight to the state mental health program.
 - (4) The secretary shall be designated as the behavioral health organization if the behavioral health organization fails to meet state minimum standards or refuses to exercise responsibilities under its contract or RCW 71.24.045, until such time as a new behavioral health organization is designated.
 - (5) The secretary shall:
- 22 (a) Develop a biennial state mental health program incorporates regional biennial needs assessments and regional mental 23 24 health service plans and state services for adults and children with mental illness; 25
 - (b) Assure that any behavioral health organization or county community mental health program provides medically necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;
 - (c) Develop and adopt rules establishing state minimum standards for the delivery of mental health services pursuant to RCW 71.24.037 including, but not limited to:
- (i) Licensed service providers. These rules shall permit a 34 35 county-operated mental health program to be licensed as a service provider subject to compliance with applicable statutes and rules. 36 The secretary shall provide for deeming of compliance with state 37 minimum standards for those entities accredited by recognized 38

1 behavioral health accrediting bodies recognized and having a current 2 agreement with the department;

3

4

5 6

7

8

9

10

11 12

13 14

15 16

17

18

19

20 21

22

23 24

25

26

27

28 29

30

31

32

33

34

- (ii) Inpatient services, an adequate network of evaluation and treatment services and facilities under chapter 71.05 RCW to ensure <u>access to treatment</u>, resource management services, and community support services;
- (d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents respondents in dependency cases are met within the priorities established in this section;
- (e) Establish a standard contract or contracts, consistent with state minimum standards which shall be used in contracting with behavioral health organizations. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;
- (f) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of behavioral health organizations and licensed service providers. The audit procedure shall focus on the outcomes of service as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;
- (q) Develop and maintain an information system to be used by the state and behavioral health organizations that includes a tracking which allows the department and behavioral organizations to identify mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW;
 - (h) License service providers who meet state minimum standards;
- (i) Periodically monitor the compliance of behavioral health organizations and their network of licensed service providers for compliance with the contract between the department, the behavioral health organization, and federal and state rules at reasonable times and in a reasonable manner;
- (j) Fix fees to be paid by evaluation and treatment centers to 37 the secretary for the required inspections; 38

1 (k) Monitor and audit behavioral health organizations and licensed service providers as needed to assure compliance with 2 contractual agreements authorized by this chapter; 3

4

5

22

23

24 25

26

27

28

29

- Adopt such rules as are necessary to implement the department's responsibilities under this chapter;
- 6 (m) License or certify crisis stabilization units that meet state 7 minimum standards;
- (n) License or certify clubhouses that meet state minimum 8 9 standards; and
- (o) License or certify triage facilities that meet state minimum 10 11 standards.
- 12 (6) The secretary shall use available resources only for 13 behavioral health organizations, except:
- (a) To the extent authorized, and in accordance with any 14 priorities or conditions specified, in the biennial appropriations 15 16
- 17 (b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895, 70.320.020, and 18 71.36.025, integration of behavioral health and medical services at 19 the clinical level, and improved care coordination for individuals 20 21 with complex care needs.
 - (7) Each behavioral health organization and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A behavioral health organization or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or fraudulent reports thereof, may be subject to the behavioral health organization contractual remedies in RCW 43.20A.894 or may have its service provider certification or license revoked or suspended.
- 31 (8) The secretary may suspend, revoke, limit, or restrict a 32 certification or license, or refuse to grant a certification or 33 license for failure to conform to: (a) The law; (b) applicable rules and regulations; (c) applicable standards; or (d) state minimum 34 standards. 35
- 36 (9) The superior court may restrain any behavioral health organization or service provider from operating without a contract, 37 certification, or a license or any other violation of this section. 38 39 The court may also review, pursuant to procedures contained in 40 chapter 34.05 RCW, any denial, suspension, limitation, restriction,

or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.

1

2

3

4

5

7

8

10 11

12

13

14

15

16 17

18

19

2021

26

27

28

- (10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any behavioral health organization((s [organization])) or service provider refusing to consent to inspection or examination by the authority.
- (11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a behavioral health organization or service provider without a contract, certification, or a license under this chapter.
- (12) The standards for certification or licensure of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.
- 22 (13) The standards for certification or licensure of crisis 23 stabilization units shall include standards that:
- 24 (a) Permit location of the units at a jail facility if the unit 25 is physically separate from the general population of the jail;
 - (b) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and
- (c) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.
- 32 (14) The standards for certification or licensure of a clubhouse 33 shall at a minimum include:
- 34 (a) The facilities may be peer-operated and must be 35 recovery-focused;
 - (b) Members and employees must work together;
- 37 (c) Members must have the opportunity to participate in all the 38 work of the clubhouse, including administration, research, intake and 39 orientation, outreach, hiring, training and evaluation of staff,

- 1 public relations, advocacy, and evaluation of clubhouse 2 effectiveness;
 - (d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;
 - (e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;
 - (f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;
- (g) Clubhouse programs must focus on strengths, talents, and 15 16 abilities of its members;
- 17 (h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse. 18
 - (15) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.
 - The secretary shall assume all duties assigned to the nonparticipating behavioral health organizations under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating behavioral health organizations.
 - The behavioral health organizations, or the secretary's assumption of all responsibilities under chapters 71.05 and 71.34 RCW and this chapter, shall be included in all state and federal plans affecting the state mental health program including at least those required by this chapter, the medicaid program, and P.L. 99-660. Nothing in these plans shall be inconsistent with the intent and requirements of this chapter.
 - (17) The secretary shall:

4

5 6

7

8

9

10 11

12

13 14

19

20 21

22

23

24 25

26

27 28

29

30 31

32

33

34 35

36 (a) Disburse funds for the behavioral health organizations within sixty days of approval of the biennial contract. The department must 37 either approve or reject the biennial contract within sixty days of 38 39 receipt.

Enter into biennial contracts with behavioral health organizations. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.

1

2

3

4

5 6

7

8

9

10 11

12

13 14

15 16

17

18

19

20 21

22

23

24

25

26 27

28

29 30

31

32

33

34

35

36

- (c) Notify behavioral health organizations of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.
- (d) Deny all or part of the funding allocations to behavioral health organizations based solely upon formal findings noncompliance with the terms of the behavioral health organization's contract with the department. Behavioral health organizations disputing the decision of the secretary to withhold allocations are limited to the remedies provided in the department's contracts with the behavioral health organizations.
- (18) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities certified under chapter 71.05 RCW. The department shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.
- **Sec. 9.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to read as follows:
 - (1) Upon the request of a tribal authority or authorities within a regional support network the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the regional support network.
- (2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.
- (3) The state mental health authority may not determine the roles 38 and responsibilities of county authorities as to each other under 39

- 1 regional support networks by rule, except to assure that all duties required of regional support networks are assigned and that counties 2 and the regional support network do not duplicate functions and that 3 a single authority has final responsibility for all available 4 resources and performance under the regional support network's 5 6 contract with the secretary.
 - (4) If a regional support network is a private entity, the department shall allow for the inclusion of the tribal authority to be represented as a party to the regional support network.

8

9

10 11

12

13

14

15 16

17

18

19

20 21

22

23 24

25

26

27

28 29

30 31

32

33

34

- (5) The roles and responsibilities of the private entity and the tribal authorities shall be determined by the department, through negotiation with the tribal authority.
- (6) Regional support networks shall submit an overall six-year operating and capital plan, timeline, and budget and submit progress reports and an updated two-year plan biennially thereafter, to assume within available resources all of the following duties:
- (a) Administer and provide for the availability of all resource management services, residential services, and community support services.
- (b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, all investigation, transportation, court-related, and other services provided by the state or counties pursuant to chapter 71.05 RCW.
- (c) Provide within the boundaries of each regional support network evaluation and treatment services for at least ninety percent of persons detained or committed for periods up to seventeen days according to chapter 71.05 RCW. Regional support networks may contract to purchase evaluation and treatment services from other networks if they are unable to provide for appropriate resources within their boundaries. Insofar as the original intent of serving persons in the community is maintained, the secretary is authorized to approve exceptions on a case-by-case basis to the requirement to provide evaluation and treatment services within the boundaries of each regional support network. Such exceptions are limited to:
 - (i) Contracts with neighboring or contiguous regions; or
- (ii) Individuals detained or committed for periods up to 37 seventeen days at the state hospitals at the discretion of the 38 39 secretary.

(d) Administer and provide for the availability of all other mental health services, which shall include patient counseling, day treatment, consultation, education services, employment services as ((defined)) described in RCW 71.24.035, and mental health services to children.

1

2

3

4

5 6

7

8

9

10

11 12

13

14

15 16

17

18

19

20 21

22

23

24 25

26

27 28

29

30 31

32

33

34

35

36

37

38 39

- (e) Establish standards and procedures for reviewing individual service plans and determining when that person may be discharged from resource management services.
- (7) A regional support network may request that any state-owned land, building, facility, or other capital asset which was ever purchased, deeded, given, or placed in trust for the care of the persons with mental illness and which is within the boundaries of a regional support network be made available to support the operations of the regional support network. State agencies managing such capital assets shall give first priority to requests for their use pursuant to this chapter.
- (8) Each regional support network shall appoint a mental health advisory board which shall review and provide comments on plans and policies developed under this chapter, provide local oversight regarding the activities of the regional support network, and work with the regional support network to resolve significant concerns regarding service delivery and outcomes. The department establish statewide procedures for the operation of regional advisory committees including mechanisms for advisory board feedback to the department regarding regional support network performance. composition of the board shall be broadly representative of the demographic character of the region and shall include, but not be limited to, representatives of consumers and families. enforcement, and where the county is not the regional support network, county elected officials. Composition and length of terms of board members may differ between regional support networks but shall be included in each regional support network's contract and approved by the secretary.
- (9) Regional support networks shall assume all duties specified in their plans and joint operating agreements through biennial contractual agreements with the secretary.
 - (10) Regional support networks may receive technical assistance from the housing trust fund and may identify and submit projects for housing and housing support services to the housing trust fund established under chapter 43.185 RCW. Projects identified or

- 1 submitted under this subsection must be fully integrated with the
- 2 regional support network six-year operating and capital plan,
- 3 timeline, and budget required by subsection (6) of this section.

б

7

8

9

11

12

13

14 15

16

17

18

19 20

21

22

2324

25

2627

28

2930

31

32

33

- **Sec. 10.** RCW 71.24.300 and 2014 c 225 s 39 are each amended to read as follows:
- (1) Upon the request of a tribal authority or authorities within a behavioral health organization the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.
- (2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.
- (3) The state mental health authority may not determine the roles and responsibilities of county authorities as to each other under behavioral health organizations by rule, except to assure that all duties required of behavioral health organizations are assigned and that counties and the behavioral health organization do not duplicate functions and that a single authority has final responsibility for all available resources and performance under the behavioral health organization's contract with the secretary.
- (4) If a behavioral health organization is a private entity, the department shall allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization.
- (5) The roles and responsibilities of the private entity and the tribal authorities shall be determined by the department, through negotiation with the tribal authority.
- (6) Behavioral health organizations shall submit an overall sixyear operating and capital plan, timeline, and budget and submit progress reports and an updated two-year plan biennially thereafter, to assume within available resources all of the following duties:
- 35 (a) Administer and provide for the availability of all resource 36 management services, residential services, and community support 37 services.
- 38 (b) Administer and provide for the availability of <u>an adequate</u> 39 <u>network of evaluation and treatment services to ensure access to</u>

1 treatment, all investigation, transportation, court-related, other services provided by the state or counties pursuant to chapter 2 71.05 RCW. 3

4

5 6

7

8

9

10

11 12

13

14

15 16

17

18

19

20

21 22

23

24 25

26

27

28

29

30 31

32

33

34

35

36

37

- (c) Provide within the boundaries of each behavioral health organization evaluation and treatment services for at least ninety percent of persons detained or committed for periods up to seventeen days according to chapter 71.05 RCW. Behavioral health organizations may contract to purchase evaluation and treatment services from other organizations if they are unable to provide for appropriate resources within their boundaries. Insofar as the original intent of serving persons in the community is maintained, the secretary is authorized to approve exceptions on a case-by-case basis to the requirement to provide evaluation and treatment services within the boundaries of each behavioral health organization. Such exceptions are limited to:
 - (i) Contracts with neighboring or contiguous regions; or
- Individuals detained or committed for periods up to seventeen days at the state hospitals at the discretion of the secretary.
- (d) Administer and provide for the availability of all other mental health services, which shall include patient counseling, day treatment, consultation, education services, employment services as described in RCW 71.24.035, and mental health services to children.
- (e) Establish standards and procedures for reviewing individual service plans and determining when that person may be discharged from resource management services.
- (7) A behavioral health organization may request that any stateowned land, building, facility, or other capital asset which was ever purchased, deeded, given, or placed in trust for the care of the persons with mental illness and which is within the boundaries of a behavioral health organization be made available to support the operations of the behavioral health organization. State agencies managing such capital assets shall give first priority to requests for their use pursuant to this chapter.
- (8) Each behavioral health organization shall appoint a mental health advisory board which shall review and provide comments on plans and policies developed under this chapter, provide local oversight regarding the activities behavioral health of the organization, and work with the behavioral health organization to resolve significant concerns regarding service delivery and outcomes. The department shall establish statewide procedures for the operation

board feedback to the department regarding behavioral 2 organization performance. The composition of the board shall be 3 broadly representative of the demographic character of the region and 4

of regional advisory committees including mechanisms for advisory

- shall include, but not be limited to, representatives of consumers 5
- 6 and families, law enforcement, and where the county is not the
- 7 behavioral health organization, county elected officials. Composition
- and length of terms of board members may differ between behavioral 8
- health organizations but shall be included in each behavioral health 9
- organization's contract and approved by the secretary. 10

1

14

15 16

17

18

19

20

23

24 25

26 27

28

29 30

- (9) Behavioral health organizations shall assume all duties 11 specified in their plans and joint operating agreements through 12 biennial contractual agreements with the secretary. 13
 - Behavioral health organizations may receive technical assistance from the housing trust fund and may identify and submit projects for housing and housing support services to the housing trust fund established under chapter 43.185 RCW. Projects identified or submitted under this subsection must be fully integrated with the behavioral health organization six-year operating and capital plan, timeline, and budget required by subsection (6) of this section.
- 21 NEW SECTION. Sec. 11. A new section is added to chapter 71.24 22 RCW to read as follows:
 - The department must collaborate with regional support networks or behavioral health organizations and the Washington state institute for public policy to estimate the capacity needs for evaluation and treatment services within each regional service area. capacity needs shall include consideration of the average occupancy rates needed to provide an adequate network of evaluation and treatment services to ensure access to treatment. A regional service network or behavioral health organization must develop and maintain an adequate plan to provide for evaluation and treatment needs.
- Sec. 12. A new section is added to chapter 71.34 32 NEW SECTION. 33 RCW to read as follows:
- 34 (1) The department may use a single bed certification process as outlined in rule to provide additional treatment capacity for a minor 35 suffering from a mental disorder for whom an evaluation and treatment 36 bed is not available. The facility that is the proposed site of the 37 single bed certification must be a facility that is willing and able 38

- to provide the person with timely and appropriate treatment either 1 2 directly or by arrangement with other public or private agencies.
- (2) A single bed certification must be specific to the minor 3 receiving treatment. 4
- (3) A designated mental health professional who submits 5 6 application for a single bed certification for treatment at a 7 facility that is willing and able to provide timely and appropriate mental health treatment in good faith belief that the single bed 8 9 certification is appropriate may presume that the certification will be approved for the purpose of completing the 10 11 detention process and responding to other emergency calls.
- (4) The department may adopt rules implementing this section and 12 13 continue to enforce rules it has already adopted except where 14 inconsistent with this section.
- 15 Sec. 13. RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are each reenacted and amended to read as follows: 16

18

19 20

21

22

23

24 25

26

27

28

29

32

- 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 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 30 should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting; 31
 - (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 34 35 portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 36 37 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat 38

1 individuals experiencing an acute crisis without the use of long-term 2 hospitalization;

3

4

5 6

9

10 11

12

13

14

15 16

17

18

21

22

23 24

25 26

- (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;
- 7 (8) "Department" means the department of social and health services; 8
 - (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
 - (10) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;
 - (11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;
- (12) "Detention" or "detain" means the lawful confinement of a 19 person, under the provisions of this chapter; 20
 - (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;
- (14) "Developmental disability" means that condition defined in 28 29 RCW 71A.10.020(((3))) (5);
- (15) "Discharge" means the termination of hospital medical 30 31 authority. The commitment may remain in place, be terminated, or be amended by court order; 32
- (16) "Evaluation and treatment facility" means any facility which 33 can provide directly, or by direct arrangement with other public or 34 private agencies, emergency evaluation and treatment, outpatient 35 36 care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the 37 department. The department may certify single beds as temporary 38 evaluation and treatment beds under section 2 of this act. A 39 physically separate and separately operated portion of a state 40

- 1 hospital may be designated as an evaluation and treatment facility. A
- 2 facility which is part of, or operated by, the department or any
- 3 federal agency will not require certification. No correctional
- 4 institution or facility, or jail, shall be an evaluation and
- 5 treatment facility within the meaning of this chapter;
- 6 (17) "Gravely disabled" means a condition in which a person, as a
- 7 result of a mental disorder: (a) Is in danger of serious physical
- 8 harm resulting from a failure to provide for his or her essential
- 9 human needs of health or safety; or (b) manifests severe
- 10 deterioration in routine functioning evidenced by repeated and
- 11 escalating loss of cognitive or volitional control over his or her
- 12 actions and is not receiving such care as is essential for his or her
- 13 health or safety;
- 14 (18) "Habilitative services" means those services provided by
- 15 program personnel to assist persons in acquiring and maintaining life
- 16 skills and in raising their levels of physical, mental, social, and
- 17 vocational functioning. Habilitative services include education,
- 18 training for employment, and therapy. The habilitative process shall
- 19 be undertaken with recognition of the risk to the public safety
- 20 presented by the person being assisted as manifested by prior charged
- 21 criminal conduct;
- 22 (19) "History of one or more violent acts" refers to the period
- 23 of time ten years prior to the filing of a petition under this
- 24 chapter, excluding any time spent, but not any violent acts
- 25 committed, in a mental health facility or in confinement as a result
- 26 of a criminal conviction;
- 27 (20) "Imminent" means the state or condition of being likely to
- occur at any moment or near at hand, rather than distant or remote;
- 29 (21) "Individualized service plan" means a plan prepared by a
- developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall
- 32 state:
- 33 (a) The nature of the person's specific problems, prior charged
- 34 criminal behavior, and habilitation needs;
- 35 (b) The conditions and strategies necessary to achieve the
- 36 purposes of habilitation;
- 37 (c) The intermediate and long-range goals of the habilitation
- 38 program, with a projected timetable for the attainment;
- 39 (d) The rationale for using this plan of habilitation to achieve
- 40 those intermediate and long-range goals;

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

1

2

3

4

5 6

7

8

9

10

11 12

13

14

17

18

19

20

21

22

23

24 25

26

27

28

29

30

33

34

35 36

37

38 39

- (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- (q) The type of residence immediately anticipated for the person and possible future types of residences;
 - (22) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;
- (23) "Judicial commitment" means a commitment by a court pursuant 15 to the provisions of this chapter; 16
 - (24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;
 - (25) "Likelihood of serious harm" means:
 - (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 31 (b) The person has threatened the physical safety of another and has a history of one or more violent acts; 32
 - (26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
 - "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

1

2

3

4

5 6

7

8

9

10 11

12 13

14

15 16

17

18

19 20

21

22

23 24

25

26

27

28 29

30 31

32

33

- (29) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (30) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;
- (31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- "Psychiatrist" means a person having a license as 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;
- 36 (34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW; 37
- (35) "Public agency" means any evaluation and treatment facility 38 or institution, or hospital which is conducted for, or includes a 39 40 department or ward conducted for, the care and treatment of persons

1 with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such 2 3 governments;

4

5 6

7

8

17

18

19

20 21

22

23

24 25

26

27

28 29

30 31

32

33

34 35

36

37

38

39

- (36) "Registration records" include all the records of the department, regional support networks, treatment facilities, 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;
- (37) "Release" means legal termination of the commitment under 9 the provisions of this chapter; 10
- 11 (38) "Resource management services" has the meaning given in 12 chapter 71.24 RCW;
- (39) "Secretary" means the secretary of the department of social 13 14 and health services, or his or her designee;
- (40) "Serious violent offense" has the same meaning as provided 15 16 in RCW 9.94A.030;
 - (41) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;
 - (42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
 - (43) "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;
 - (44) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records include mental information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and

- 1 dates of service stemming from a medical service. Treatment records
- 2 do not include notes or records maintained for personal use by a
- 3 person providing treatment services for the department, regional
- 4 support networks, or a treatment facility if the notes or records are
- 5 not available to others;
- 6 (45) "Violent act" means behavior that resulted in homicide,
- 7 attempted suicide, nonfatal injuries, or substantial damage to
- 8 property:
- 9 (46) "Medical clearance" means a physician or other health care
- 10 provider has determined that a person is medically stable and ready
- 11 for referral to the designated mental health professional.
- 12 **Sec. 14.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted
- 13 and amended to read as follows:
- 14 The definitions in this section apply throughout this chapter
- 15 unless the context clearly requires otherwise.
- 16 (1) "Admission" or "admit" means a decision by a physician or
- 17 psychiatric advanced registered nurse practitioner that a person
- 18 should be examined or treated as a patient in a hospital;
- 19 (2) "Antipsychotic medications" means that class of drugs
- 20 primarily used to treat serious manifestations of mental illness
- 21 associated with thought disorders, which includes, but is not limited
- 22 to atypical antipsychotic medications;
- 23 (3) "Attending staff" means any person on the staff of a public
- 24 or private agency having responsibility for the care and treatment of
- 25 a patient;
- 26 (4) "Commitment" means the determination by a court that a person
- 27 should be detained for a period of either evaluation or treatment, or
- 28 both, in an inpatient or a less restrictive setting;
- 29 (5) "Conditional release" means a revocable modification of a
- 30 commitment, which may be revoked upon violation of any of its terms;
- 31 (6) "Crisis stabilization unit" means a short-term facility or a
- 32 portion of a facility licensed by the department of health and
- 33 certified by the department of social and health services under RCW
- 34 71.24.035, such as an evaluation and treatment facility or a
- 35 hospital, which has been designed to assess, diagnose, and treat
- 36 individuals experiencing an acute crisis without the use of long-term
- 37 hospitalization;
- 38 (7) "Custody" means involuntary detention under the provisions of
- 39 this chapter or chapter 10.77 RCW, uninterrupted by any period of

- unconditional release from commitment from a facility providing 1 2 involuntary care and treatment;
- (8) "Department" means the department of social and health 3 services; 4

7

8

9

10

11

12

13

14

17

18

19

20 21

22 23

29

30 31

32

33

34

35 36

37

38

- (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
- "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 15 person, under the provisions of this chapter; 16
 - (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;
- (14) "Developmental disability" means that condition defined in 24 25 RCW 71A.10.020($(\frac{4}{1})$) (5);
- 26 "Discharge" means the termination of hospital medical 27 authority. The commitment may remain in place, be terminated, or be amended by court order; 28
 - (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 section 2 of this act. 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

1 institution or facility, or jail, shall be an evaluation and 2 treatment facility within the meaning of this chapter;

3

4

5

7

8

9

10 11

12

13

14

15

16 17

18

19

2021

22

23

24

2526

27

2829

- (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) "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:
- 30 (a) The nature of the person's specific problems, prior charged 31 criminal behavior, and habilitation needs;
- 32 (b) The conditions and strategies necessary to achieve the 33 purposes of habilitation;
- 34 (c) The intermediate and long-range goals of the habilitation 35 program, with a projected timetable for the attainment;
- 36 (d) The rationale for using this plan of habilitation to achieve 37 those intermediate and long-range goals;
 - (e) The staff responsible for carrying out the plan;
- 39 (f) Where relevant in light of past criminal behavior and due 40 consideration for public safety, the criteria for proposed movement

- 1 less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or 2 release; and 3
 - (g) The type of residence immediately anticipated for the person and possible future types of residences;
- (22) "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 11 71.34 or 10.77 RCW, or somatic health care information;
- 12 (23) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter; 13
 - (24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;
 - (25) "Likelihood of serious harm" means:

5

14

15 16

17

18

19

20 21

22

23

24 25

26

27

28 29

30

31 32

33

34

35

36

37

38 39

- (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;
- (26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from

- public sources. This includes, but is not limited to, hospitals 1 licensed under chapter 70.41 RCW, evaluation and treatment facilities 2 as defined in this section, community mental health service delivery 3 systems or community mental health programs as defined in RCW 4 71.24.025, facilities conducting competency evaluations 5 6 restoration under chapter 10.77 RCW, and correctional facilities 7 operated by state and local governments;
 - (29) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;

9

10 11

12

13

14

15 16

17

18

19 20

21

22

23 24

25

26

27

28 29

30 31

32

33

34

35 36

37

38

- (30) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;
- (31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- (33) "Psychiatrist" means a person having a license as physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;

- 1 (36) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, 2 and other persons providing services to the department, county 3 departments, or facilities which identify persons who are receiving 4 or who at any time have received services for mental illness; 5
- 6 (37) "Release" means legal termination of the commitment under 7 the provisions of this chapter;
- (38) "Resource management services" has the meaning given in 8 9 chapter 71.24 RCW;
- (39) "Secretary" means the secretary of the department of social 10 11 and health services, or his or her designee;
- 12 (40) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030; 13
- (41) "Social worker" means a person with a master's or further 14 advanced degree from a social work educational program accredited and 15 approved as provided in RCW 18.320.010; 16

18

19

20 21

22

23

24 25

26

27

28 29

30 31

32

33

34

35 36

37

38

39

- (42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
- (43) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;
- (44) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility

- standards. A triage facility may be structured as a voluntary or 1 2 involuntary placement facility;
- (45) "Violent act" means behavior that resulted in homicide, 3 attempted suicide, nonfatal injuries, or substantial damage to 4 5 property;
- (46) "Medical clearance" means a physician or other health care 6 7 provider has determined that a person is medically stable and ready for referral to the designated mental health professional. 8
- 9 Sec. 15. (1) The Washington state institute for NEW SECTION. 10 public policy is directed to complete a study by December 1, 2015, regarding the implementation of certain aspects of the involuntary 11 treatment act under chapter 71.05 RCW. The study must include, but 12 not be limited to: 13
- (a) An assessment of the nonemergent detention process provided 14 under RCW 71.05.150, which examines: 15
- 16 (i) The number of nonemergent petitions filed in each county by 17 year;
- (ii) The reasons for variation in the use of nonemergent 18 detentions based on feedback from judicial officers, prosecutors, 19 20 public defenders, and mental health professionals; and
- (iii) Models in other states for handling civil commitments when 21 imminent danger is not present. 22
- (b) An analysis of less restrictive alternative orders under the 23 24 involuntary treatment act including:
- 25 (i) Differences across counties with respect to: (A) The use of less restrictive alternatives and reasons why least restrictive 26 27 alternatives may or may not be utilized in different jurisdictions; (B) monitoring practices; and (C) rates of, grounds for, and outcomes 28
- of petitions for revocation or modification; 29
- (ii) A systematic review of the research literature on the 30 effectiveness of alternatives to involuntary hospitalizations in 31 reducing violence and rehospitalizations; and 32
- (iii) Approaches used in other states to monitor and enforce 33 least restrictive orders, including associated costs. 34
- **Sec. 16.** RCW 71.05.620 and 2013 c 200 s 23 are each amended to 35 read as follows: 36

- 1 (1) The files and records of court proceedings under this chapter 2 and chapters 70.96A, 71.34, and 70.96B RCW shall be closed but shall 3 be accessible to:
- 4 <u>(a) The department;</u>
- 5 (b) The state hospitals as defined in RCW 72.23.010;
- 6 (c) Any person who is the subject of a petition ((and to)):
- 7 (d) The person's attorney((τ)) or guardian $((ad litem_{\tau}))_{\underline{i}}$
- 8 (e) Resource management services((, or)) for that person; and
- 9 <u>(f) Service providers authorized to receive such information by</u> 10 resource management services.
- 11 (2) The department shall adopt rules to implement this section.
- 12 <u>NEW SECTION.</u> **Sec. 17.** If specific funding for the purposes of
- 13 section 15 of this act, referencing section 15 of this act by bill or
- 14 chapter number and section number, is not provided by June 30, 2015,
- 15 in the omnibus appropriations act, section 15 of this act is null and
- 16 void.
- NEW SECTION. Sec. 18. (1) Sections 9 and 13 of this act expire
- 18 April 1, 2016.
- 19 (2) Section 15 of this act expires June 30, 2016.
- 20 <u>NEW SECTION.</u> **Sec. 19.** Sections 10 and 14 of this act take
- 21 effect April 1, 2016.
- 22 <u>NEW SECTION.</u> **Sec. 20.** Sections 1 through 9 and 11 through 13 of
- 23 this act are necessary for the immediate preservation of the public
- 24 peace, health, or safety, or support of the state government and its
- 25 existing public institutions, and take effect immediately."
- 26 Correct the title.

--- END ---