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## HOUSE BILL 1451

State of Washington 64th Legislature 2015 Regular Session

By Representatives Rodne, Jinkins, Walkinshaw, Harris, Walsh, Senn, Goodman, Riccelli, Moeller, Ormsby, McBride, and Tharinger

Read first time 01/21/15. Referred to Committee on Judiciary.

- AN ACT Relating to civil commitment; amending RCW 1 71.05.040, 2 71.05.050, 71.05.150, 71.05.156, 71.05.160, 71.05.170, 71.05.195, 3 71.05.210, 71.05.212, 71.05.215, 71.05.230, 71.05.235, 71.05.240, 71.05.245, 4 71.05.260, 71.05.280, 71.05.320, 71.05.360, 71.34.020, 5 71.34.710, 71.34.740, 71.34.750, 10.77.025, 70.97.010, 70.97.010, 70.97.050, 6 71.24.025, and 72.23.010; reenacting and amending RCW 7 71.05.020, 71.05.020, 71.05.153, and 71.24.025; providing an 8 effective date; and providing an expiration date.
- 9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 10 **Sec. 1.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are 11 each reenacted and amended to read as follows:
- 12 The definitions in this section apply throughout this chapter 13 unless the context clearly requires otherwise.
  - (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;
- 17 (2) "Antipsychotic medications" means that class of drugs 18 primarily used to treat serious manifestations of mental illness 19 associated with thought disorders, which includes, but is not limited 20 to atypical antipsychotic medications;

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

- (4) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
- (5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
- (8) "Department" means the department of social and health services;
  - (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
  - (10) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;
  - (11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;
  - (12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

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

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

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- 1 (21) "Individualized service plan" means a plan prepared by a 2 developmental disabilities professional with other professionals as a 3 team, for a person with developmental disabilities, which shall 4 state:
  - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
  - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
  - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
  - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
    - (e) The staff responsible for carrying out the plan;

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

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

- (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;
- (27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;
- (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

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

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

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- the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- (44) "Treatment records" include registration and all other 7 records concerning persons who are receiving or who at any time have 8 received services for mental illness, which are maintained by the 9 department, by regional support networks and their staffs, and by 10 11 treatment facilities. Treatment records include mental 12 information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and 13 dates of service stemming from a medical service. Treatment records 14 do not include notes or records maintained for personal use by a 15 person providing treatment services for the department, regional 16 17 support networks, or a treatment facility if the notes or records are 18 not available to others;
- 19 (45) "Violent act" means behavior that resulted in homicide, 20 attempted suicide, nonfatal injuries, or substantial damage to 21 property;
- 22 <u>(46) "Persistent or acute disability" means a severe mental</u>
  23 disorder that meets all the following criteria:

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- (a) If not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality;
- (b) Substantially impairs the person's capacity to make an informed decision regarding treatment, and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that person; and
- 36 (c) Has a reasonable prospect of being treatable by outpatient,
  37 inpatient, or combined outpatient and inpatient treatment.
- 38 **Sec. 2.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted and 39 amended to read as follows:

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

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- (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;
- 10 (3) "Attending staff" means any person on the staff of a public 11 or private agency having responsibility for the care and treatment of 12 a patient;
  - (4) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;
- 16 (5) "Conditional release" means a revocable modification of a 17 commitment, which may be revoked upon violation of any of its terms;
  - (6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
  - (7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
- 29 (8) "Department" means the department of social and health 30 services;
  - (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
  - (10) "Designated crisis responder" means a mental health professional appointed by the county or the behavioral health organization to perform the duties specified in this chapter;
- 38 (11) "Designated mental health professional" means a mental 39 health professional designated by the county or other authority 40 authorized in rule to perform the duties specified in this chapter;

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

- (13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;
- 10 (14) "Developmental disability" means that condition defined in 11 RCW 71A.10.020(((4))) (5);
  - (15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
  - (16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
  - (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

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presented by the person being assisted as manifested by prior charged criminal conduct;

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- (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;
- 8 (20) "Imminent" means the state or condition of being likely to 9 occur at any moment or near at hand, rather than distant or remote;
- 10 (21) "Individualized service plan" means a plan prepared by a 11 developmental disabilities professional with other professionals as a 12 team, for a person with developmental disabilities, which shall 13 state:
- 14 (a) The nature of the person's specific problems, prior charged 15 criminal behavior, and habilitation needs;
- 16 (b) The conditions and strategies necessary to achieve the 17 purposes of habilitation;
  - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
  - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
    - (e) The staff responsible for carrying out the plan;
  - (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
- 28 (g) The type of residence immediately anticipated for the person 29 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;
- 36 (23) "Judicial commitment" means a commitment by a court pursuant 37 to the provisions of this chapter;
- 38 (24) "Legal counsel" means attorneys and staff employed by county 39 prosecutor offices or the state attorney general acting in their

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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
- 13 (b) The person has threatened the physical safety of another and 14 has a history of one or more violent acts;
  - (26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
  - (27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
  - (28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;
  - (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

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conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;

- (31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- (33) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;
- (36) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;
- 31 (37) "Release" means legal termination of the commitment under 32 the provisions of this chapter;
- 33 (38) "Resource management services" has the meaning given in 34 chapter 71.24 RCW;
- 35 (39) "Secretary" means the secretary of the department of social 36 and health services, or his or her designee;
- 37 (40) "Serious violent offense" has the same meaning as provided 38 in RCW 9.94A.030;

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1 (41) "Social worker" means a person with a master's or further 2 advanced degree from a social work educational program accredited and 3 approved as provided in RCW 18.320.010;

- (42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
- (43) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;
  - (44) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- 30 (45) "Violent act" means behavior that resulted in homicide, 31 attempted suicide, nonfatal injuries, or substantial damage to 32 property;
  - (46) "Persistent or acute disability" means a severe mental disorder that meets all the following criteria:
  - (a) If not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality;
- 39 <u>(b) Substantially impairs the person's capacity to make an</u> 40 informed decision regarding treatment, and this impairment causes the

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- 1 person to be incapable of understanding and expressing an
- 2 <u>understanding</u> of the advantages and disadvantages of accepting
- 3 <u>treatment</u> and <u>understanding</u> and <u>expressing</u> an <u>understanding</u> of the
- 4 <u>alternatives</u> to the particular treatment offered after the
- 5 <u>advantages</u>, <u>disadvantages</u>, <u>and alternatives are explained to that</u>
- 6 person; and

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- 7 (c) Has a reasonable prospect of being treatable by outpatient,
- 8 inpatient, or combined outpatient and inpatient treatment.
- 9 **Sec. 3.** RCW 71.05.040 and 2004 c 166 s 2 are each amended to 10 read as follows:
- 11 Persons ((who are developmentally disabled)) with developmental disabilities, who are impaired by chronic alcoholism or drug abuse, 12 who are suffering from dementia shall not be detained for 13 evaluation and treatment or judicially committed solely by reason of 14 15 that condition unless such condition causes a person to be gravely 16 disabled, have a persistent or acute disability, or as a result of a mental disorder such condition exists that constitutes a likelihood 17 of 18 serious harm: Provided however, That persons ((who are developmentally disabled)) with developmental disabilities, who are 19 impaired by chronic alcoholism or drug abuse, or who are suffering 20 21 from dementia and who otherwise meet the criteria for detention or 22 judicial commitment are not ineligible for detention or commitment based on this condition alone. 23
- 24 **Sec. 4.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to read 25 as follows:

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

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1 again be advised of their right to discharge upon request: PROVIDED HOWEVER, That if the professional staff of any public or private 2 agency or hospital regards a person voluntarily admitted who requests 3 discharge as presenting, as a result of a mental disorder, 4 imminent likelihood of serious harm, or is gravely disabled or 5 6 persistently or acutely disabled, they may detain such person for 7 sufficient time to notify the ((county)) designated mental health professional of such person's condition to enable the ((county)) 8 designated mental health professional to authorize such person being 9 further held in custody or transported to an evaluation and treatment 10 11 center pursuant to the provisions of this chapter, which shall in 12 ordinary circumstances be no later than the next judicial day: PROVIDED FURTHER, That if a person is brought to the emergency room 13 14 of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, 15 16 professional staff of the public or private agency or hospital regard 17 such person as presenting as a result of a mental disorder an 18 imminent likelihood of serious harm, or as presenting an imminent 19 danger because of grave disability or an imminent danger because of persistent or acute disability, they may detain such person for 20 sufficient time to notify the ((county)) designated mental health 21 professional of such person's condition to enable the ((county)) 22 designated mental health professional to authorize such person being 23 further held in custody or transported to an evaluation treatment 24 25 center pursuant to the conditions in this chapter, but which time 26 shall be no more than six hours from the time the professional staff determine that an evaluation by the ((county)) designated mental 27 28 health professional is necessary.

- 29 **Sec. 5.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to 30 read as follows:
- 31 When a designated mental health professional receives information alleging that a person, as a result of a mental disorder: 32  $((\frac{1}{2}))$  (a) Presents a likelihood of serious harm;  $(\frac{1}{2})$  (b) is 33 gravely disabled; or (c) has a persistent or acute disability; the 34 35 designated mental health professional may, after investigation and evaluation of the specific facts alleged and of the reliability and 36 37 credibility of any person providing information to 38 detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a 39

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petition for initial detention. Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.

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- (2)(a) An order to detain to a designated evaluation and treatment facility for not more than a seventy-two-hour evaluation and treatment period may be issued by a judge of the superior court upon request of a designated mental health professional, whenever it appears to the satisfaction of a judge of the superior court:
  - (i) That there is probable cause to support the petition; and
- (ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
- (c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.
- (3) The designated mental health professional shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated mental health professional shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility and the designated attorney. The designated mental health professional shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the

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individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

- (4) The designated mental health professional may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.
- Sec. 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:
- (1) 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, ((ex)) is in imminent danger because of being gravely disabled, or is in imminent danger due to having a persistent or acute disability, after 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
- (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 ((ex)), is in imminent danger because of being gravely disabled, or is in imminent danger due to having a persistent or acute disability.
- (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.

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(4) Within three hours of arrival, the person must be examined by a mental health professional. Within twelve hours of arrival, 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 б 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. 

**Sec. 7.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to 14 read as follows:

A designated mental health professional who conducts an evaluation under RCW 71.05.153 for imminent likelihood of serious harm  $((\Theta_r))_{\perp}$  imminent danger because of being gravely disabled  $((\text{under RCW }71.05.153))_{\perp}$ , or imminent danger due to having a persistent or acute disability must also evaluate the person under RCW 71.05.150 for likelihood of serious harm  $((\Theta_r))_{\perp}$  grave disability, or persistent or acute disability that does not meet the imminent standard for emergency detention.

Sec. 8. RCW 71.05.160 and 2007 c 375 s 13 are each amended to read as follows:

Any facility receiving a person pursuant to RCW 71.05.150 or 71.05.153 shall require the designated mental health professional to prepare a petition for initial detention stating the circumstances under which the person's condition was made known and stating that there is evidence, as a result of his or her personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that he or she is gravely disabled, or that he or she has a persistent or acute disability, and stating the specific facts known to him or her as a result of his or her personal observation or investigation, upon which he or she bases the belief that such person should be detained for the purposes and under the authority of this chapter.

If a person is involuntarily placed in an evaluation and treatment facility pursuant to RCW 71.05.150 or 71.05.153, on the

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- 1 next judicial day following the initial detention, the designated
- 2 mental health professional shall file with the court and serve the
- 3 designated attorney of the detained person the petition of
- 4 supplemental petition for initial detention, proof of service of
- 5 notice, and a copy of a notice of emergency detention.
- 6 **Sec. 9.** RCW 71.05.170 and 2000 c 94 s 5 are each amended to read 7 as follows:
- Whenever the ((county)) designated mental health professional 8 petitions for detention of a person whose actions constitute a 9 likelihood of serious harm, ((or)) who is gravely disabled, or who 10 has a persistent or acute disability, the facility providing seventy-11 two hour evaluation and treatment must immediately accept on a 12 13 provisional basis the petition and the person. The facility shall then evaluate the person's condition and admit, detain, transfer, or 14 discharge such person in accordance with RCW 71.05.210. The facility 15 16 shall notify in writing the court and the ((county)) designated mental health professional of the date and time of the initial 17 detention of each person involuntarily detained in order that a 18 19 probable cause hearing shall be held no later than seventy-two hours 20 after detention.
- 21 The duty of a state hospital to accept persons for evaluation and 22 treatment under this section shall be limited by chapter 71.24 RCW.
- 23 **Sec. 10.** RCW 71.05.195 and 2010 c 208 s 1 are each amended to 24 read as follows:

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documents:

(1) A civil commitment may be initiated under the procedures described in RCW 71.05.150 or 71.05.153 for a person who has been found not guilty by reason of insanity in a state other than Washington and who has fled from detention, commitment, or conditional release in that state, on the basis of a request by the state in which the person was found not guilty by reason of insanity for the person to be detained and transferred back to the custody or care of the requesting state. A finding of likelihood of serious harm ((ex)), grave disability, or persistent or acute disability is not required for a commitment under this section. The detention may occur at either an evaluation and treatment facility or a state hospital. The petition for seventy-two hour detention filed by the designated mental health professional must be accompanied by the following

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(a) A copy of an order for detention, commitment, or conditional release of the person in a state other than Washington on the basis of a judgment of not guilty by reason of insanity;

- (b) A warrant issued by a magistrate in the state in which the person was found not guilty by reason of insanity indicating that the person has fled from detention, commitment, or conditional release in that state and authorizing the detention of the person within the state in which the person was found not guilty by reason of insanity;
- (c) A statement from the executive authority of the state in which the person was found not guilty by reason of insanity requesting that the person be returned to the requesting state and agreeing to facilitate the transfer of the person to the requesting state.
- (2) The person shall be entitled to a probable cause hearing within the time limits applicable to other detentions under this chapter and shall be afforded the rights described in this chapter including the right to counsel. At the probable cause hearing, the court shall determine the identity of the person and whether the other requirements of this section are met. If the court so finds, the court may order continued detention in a treatment facility for up to thirty days for the purpose of the transfer of the person to the custody or care of the requesting state. The court may order a less restrictive alternative to detention only under conditions which ensure the person's safe transfer to the custody or care of the requesting state within thirty days without undue risk to the safety of the person or others.
- (3) For the purposes of this section, "not guilty by reason of insanity" shall be construed to include any provision of law which is generally equivalent to a finding of criminal insanity within the state of Washington; and "state" shall be construed to mean any state, district, or territory of the United States.
- Sec. 11. RCW 71.05.210 and 2009 c 217 s 1 are each amended to read as follows:

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

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

If, after examination and evaluation, the mental health professional and licensed physician or psychiatric advanced 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.

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

- 36 **Sec. 12.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to read as follows:
- 38 (1) Whenever a designated mental health professional or 39 professional person is conducting an evaluation under this chapter,

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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;
- 6 (b) Historical behavior, including history of one or more violent 7 acts;
- (c) Prior determinations of incompetency or insanity under 8 9 chapter 10.77 RCW; and
  - (d) Prior commitments under this chapter.

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- (2) Credible witnesses may include family members, landlords, neighbors, or others with significant contact and history of involvement with the person. If the designated mental health 14 professional relies upon information from a credible witness in reaching his or her decision to detain the individual, then he or she must provide contact information for any such witness to the prosecutor. The designated mental health professional or prosecutor shall provide notice of the date, time, and location of the probable cause hearing to such a witness.
  - (3) Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability, persistent or acute disability, or likelihood of serious harm when:
  - (a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
  - (b) These symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and
- (c) Without treatment, the continued deterioration of 30 the 31 respondent is probable.
- 32 (4) When conducting an evaluation for offenders identified under 33 RCW 72.09.370, the designated mental health professional professional person shall consider an offender's history 34 judicially required or administratively ordered antipsychotic 35 36 medication while in confinement.
- **Sec. 13.** RCW 71.05.215 and 2008 c 156 s 2 are each amended to 37 38 read as follows:

p. 22 HB 1451 (1) A person found to be gravely disabled, to have a persistent or acute disability, or to present((s)) a likelihood of serious harm as a result of a mental disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

- 9 (2) The department shall adopt rules to carry out the purposes of 10 this chapter. These rules shall include:
  - (a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication.
  - (b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, psychiatric advanced registered nurse practitioner, or physician in consultation with a mental health professional with prescriptive authority.
  - (c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.
    - (d) Administration of antipsychotic medication in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.
  - (e) Documentation in the medical record of the attempt by the physician or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.
- **Sec. 14.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to read as follows:
- A person detained for seventy-two hour evaluation and treatment may be detained for not more than fourteen additional days of

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involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. A petition may only be filed if the following conditions are met:

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

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- (b) One physician and a mental health professional;
- (c) Two psychiatric advanced registered nurse practitioners;
- 22 (d) One psychiatric advanced registered nurse practitioner and a 23 mental health professional; or
  - (e) A physician and a psychiatric advanced registered nurse practitioner. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, or is gravely disabled, or that the person has a persistent or acute disability, and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state less restrictive alternative treatment was specifically that considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, or is gravely disabled, or that the person has a persistent or acute disability, and shall set forth the less restrictive alternative proposed by the facility; and

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1 (5) A copy of the petition has been served on the detained 2 person, his or her attorney and his or her guardian or conservator, 3 if any, prior to the probable cause hearing; and

- (6) The court at the time the petition was filed and before the probable cause hearing has appointed counsel to represent such person if no other counsel has appeared; and
- (7) The petition reflects that the person was informed of the loss of firearm rights if involuntarily committed; and
- (8) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated mental health professional may petition for an additional period of either ninety days of less restrictive alternative treatment or ninety days of involuntary intensive treatment as provided in RCW 71.05.290; and
- 14 (9) If the hospital or facility designated to provide outpatient 15 treatment is other than the facility providing involuntary treatment, 16 the outpatient facility so designated has agreed to assume such 17 responsibility.
- **Sec. 15.** RCW 71.05.235 and 2008 c 213 s 5 are each amended to 19 read as follows:
  - (1) If an individual is referred to a designated mental health professional under RCW 10.77.088(1)(b)(i), the designated mental health professional shall examine the individual within forty-eight hours. If the designated mental health professional determines it is not appropriate to detain the individual or petition for a ninety-day less restrictive alternative under RCW 71.05.230(4), that decision shall be immediately presented to the superior court for hearing. The court shall hold a hearing to consider the decision of the designated mental health professional not later than the next judicial day. At the hearing the superior court shall review the determination of the designated mental health professional and determine whether an order should be entered requiring the person to be evaluated at an evaluation and treatment facility. No person referred to an evaluation and treatment facility may be held at the facility longer than seventy-two hours.
  - (2) If an individual is placed in an evaluation and treatment facility under RCW 10.77.088(1)(b)(ii), a professional person shall evaluate the individual for purposes of determining whether to file a ninety-day inpatient or outpatient petition under chapter 71.05 RCW. Before expiration of the seventy-two hour evaluation period

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authorized under RCW 10.77.088(1)(b)(ii), the professional person 1 shall file a petition or, if the recommendation of the professional 2 is to release the individual, present 3 his or recommendation to the superior court of the county in which the 4 criminal charge was dismissed. The superior court shall review the 5 6 recommendation not later than forty-eight hours, excluding Saturdays, 7 Sundays, and holidays, after the recommendation is presented. If the court rejects the recommendation to unconditionally release the 8 individual, the court may order the individual detained at a 9 designated evaluation and treatment facility for not more than a 10 11 seventy-two hour evaluation and treatment period and direct the 12 individual to appear at a surety hearing before that court within seventy-two hours, or the court may release the individual but direct 13 the individual to appear at a surety hearing set before that court 14 within eleven days, at which time the prosecutor may file a petition 15 16 under this chapter for ninety-day inpatient or outpatient treatment. 17 If a petition is filed by the prosecutor, the court may order that 18 the person named in the petition be detained at the evaluation and 19 treatment facility that performed the evaluation under this subsection or order the respondent to be in outpatient treatment. If 20 a petition is filed but the individual fails to appear in court for 21 22 the surety hearing, the court shall order that a mental health professional or peace officer shall take such person or cause such 23 person to be taken into custody and placed in an evaluation and 24 25 treatment facility to be brought before the court the next judicial 26 day after detention. Upon the individual's first appearance in court after a petition has been filed, proceedings under RCW 71.05.310 and 27 28 71.05.320 shall commence. For an individual subject to this 29 subsection, the prosecutor or professional person may directly file a petition for ninety-day inpatient or outpatient treatment and no 30 31 petition for initial detention or fourteen-day detention is required 32 before such a petition may be filed.

The court shall conduct the hearing on the petition filed under this subsection within five judicial days of the date the petition is filed. The court may continue the hearing upon the written request of the person named in the petition or the person's attorney, for good cause shown, which continuance shall not exceed five additional judicial days. If the person named in the petition requests a jury trial, the trial shall commence within ten judicial days of the date of the filing of the petition. The burden of proof shall be by clear,

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cogent, and convincing evidence and shall be upon the petitioner. The person shall be present at such proceeding, which shall in all respects accord with the constitutional guarantees of due process of law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).

During the proceeding the person named in the petition shall continue to be detained and treated until released by order of the court. If no order has been made within thirty days after the filing of the petition, not including any extensions of time requested by the detained person or his or her attorney, the detained person shall be released.

- (3) If a designated mental health professional or the professional person and prosecuting attorney for the county in which the criminal charge was dismissed or attorney general, as appropriate, stipulate that the individual does not present a likelihood of serious harm ((0x)), is not gravely disabled, or does not have a persistent or acute disability, the hearing under this section is not required and the individual, if in custody, shall be released.
- 19 (4) The individual shall have the rights specified in RCW 20 71.05.360 (8) and (9).
- **Sec. 16.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to 22 read as follows:
  - (1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention of such person as determined in RCW 71.05.180. If requested by the detained person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.
  - (2) The court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.
- 38 (3) At the conclusion of the probable cause hearing, if the court 39 finds by a preponderance of the evidence that such person, as the

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- result of mental disorder, presents a likelihood of serious harm, ((<del>or</del>)) is gravely disabled, <u>or has a persistent or acute disability</u>, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that б such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department. If the court finds that such person, as the result of a mental disorder, presents a likelihood of serious harm, ((or)) is gravely disabled, or has a persistent or acute disability, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment for not to exceed ninety days.
  - (4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. The court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

- **Sec. 17.** RCW 71.05.245 and 2010 c 280 s 3 are each amended to 25 read as follows:
  - (1) In making a determination of whether a person is gravely disabled  $((\Theta r))_{,}$  presents a likelihood of serious harm, or has a persistent or acute disability in a hearing conducted under RCW 71.05.240 or 71.05.320, the court must consider the symptoms and behavior of the respondent in light of all available evidence concerning the respondent's historical behavior.
  - (2) Symptoms or behavior which standing alone would not justify civil commitment may support a finding of grave disability ((0+)), likelihood of serious harm, or persistent or acute disability when:

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

    (b) these symptoms or behavior represent a marked and concerning

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change in the baseline behavior of the respondent; and (c) without treatment, the continued deterioration of the respondent is probable.

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

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

- 15 **Sec. 18.** RCW 71.05.260 and 1997 c 112 s 20 are each amended to 16 read as follows:
- (1) Involuntary intensive treatment ordered at the time of the 17 probable cause hearing shall be for no more than fourteen days, and 18 shall terminate sooner when, in the opinion of the professional 19 20 person in charge of the facility or his or her professional designee, (a) the person no longer constitutes a likelihood of serious harm, or 21 (b) no longer is gravely disabled, or (c) no longer has a persistent 22 23 or acute disability, or (d) is prepared to accept voluntary treatment 24 upon referral, or  $((\frac{d}{d}))$  (e) is to remain in the facility providing 25 intensive treatment on a voluntary basis.
  - (2) A person who has been detained for fourteen days of intensive treatment shall be released at the end of the fourteen days unless one of the following applies: (a) Such person agrees to receive further treatment on a voluntary basis; or (b) such person is a patient to whom RCW 71.05.280 is applicable.
- 31 **Sec. 19.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to 32 read as follows:
- At the expiration of the fourteen-day period of intensive treatment, a person may be confined for further treatment pursuant to RCW 71.05.320 if:
- 36 (1) Such person after having been taken into custody for 37 evaluation and treatment has threatened, attempted, or inflicted: (a) 38 Physical harm upon the person of another or himself or herself, or

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substantial damage upon the property of another, and (b) as a result of mental disorder presents a likelihood of serious harm; or

- (2) Such person was taken into custody as a result of conduct in which he or she attempted or inflicted physical harm upon the person of another or himself or herself, or substantial damage upon the property of others, and continues to present, as a result of mental disorder, 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.
- 13 (a) In any proceeding pursuant to this subsection it shall not be 14 necessary to show intent, willfulness, or state of mind as an element 15 of the crime;
  - (b) For any person subject to commitment under this subsection where the charge underlying the finding of incompetence is for a felony classified as violent under RCW 9.94A.030, the court shall determine whether the acts the person committed constitute a violent offense under RCW 9.94A.030; or
    - (4) Such person is gravely disabled; or

- (5) Such person has a persistent or acute disability.
- **Sec. 20.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to 24 read as follows:
  - (1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.
- (2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the

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department or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment.

- (3) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated mental health professional, files a new petition for involuntary treatment on the grounds that the committed person:
- (a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of mental disorder or developmental disability presents a likelihood of serious harm; or
- (b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder or developmental disability a likelihood of serious harm; or
- (c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.
- (ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment,

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- which may be initiated prior to or after discharge from the state hospital; or
  - (d) Continues to be gravely disabled; or

- (e) Continues to have a persistent or acute disability.
- If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.
- (4) For a person committed under subsection (2) of this section who has been remanded to a period of less restrictive treatment, in addition to the grounds specified in subsection (3) of this section, the designated mental health professional may file a new petition for continued less restrictive treatment if:
- (a) The person was previously committed by a court to detention for involuntary mental health treatment during the thirty-six months that preceded the person's initial detention date during the current involuntary commitment cycle, excluding any time spent in a mental health facility or in confinement as a result of a criminal conviction;
- (b) In view of the person's treatment history or current behavior, the person is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment; and
- (c) Outpatient treatment that would be provided under a less restrictive treatment order is necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.
- (5) A new petition for involuntary treatment filed under subsection (3) or (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.
- (6) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment. At the end of the one hundred eighty day period of commitment, the committed person shall be released unless a petition

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- for another one hundred eighty day period of continued treatment is 1 filed and heard in the same manner as provided in this section. 2 Successive one hundred eighty day commitments are permissible on the 3 same grounds and pursuant to the same procedures as the original one 4 hundred eighty day commitment. However, a commitment is not 5 6 permissible under subsection (4) of this section if thirty-six months have passed since the last date of discharge from detention for 7 inpatient treatment that preceded the current less restrictive 8 alternative order, nor shall a commitment under subsection (4) of 9 this section be permissible if the likelihood of serious harm in 10 subsection (4)(c) of this section is based solely on harm to the 11 12 property of others.
- 13 (7) No person committed as provided in this section may be 14 detained unless a valid order of commitment is in effect. No order of 15 commitment can exceed one hundred eighty days in length.
- 16 **Sec. 21.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to read as follows:

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- (1)(a) Every person involuntarily detained or committed under the provisions of this chapter shall be entitled to all the rights set forth in this chapter, which shall be prominently posted in the facility, and shall retain all rights not denied him or her under this chapter except as chapter 9.41 RCW may limit the right of a person to purchase or possess a firearm or to qualify for a concealed pistol license.
- (b) No person shall be presumed incompetent as a consequence of receiving an evaluation or voluntary or involuntary treatment for a mental disorder, under this chapter or any prior laws of this state dealing with mental illness. Competency shall not be determined or withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.
- 30 (c) Any person who leaves a public or private agency following 31 evaluation or treatment for mental disorder shall be given a written 32 statement setting forth the substance of this section.
  - (2) Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.
  - (3) The provisions of this chapter shall not be construed to deny to any person treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination.

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(4) Persons receiving evaluation or treatment under this chapter shall be given a reasonable choice of an available physician, psychiatric advanced registered nurse practitioner, or other professional person qualified to provide such services.

- (5) Whenever any person is detained for evaluation and treatment pursuant to this chapter, both the person and, if possible, a responsible member of his or her immediate family, personal representative, guardian, or conservator, if any, shall be advised as soon as possible in writing or orally, by the officer or person taking him or her into custody or by personnel of the evaluation and treatment facility where the person is detained that unless the person is released or voluntarily admits himself or herself for treatment within seventy-two hours of the initial detention:
- (a) A judicial hearing in a superior court, either by a judge or court commissioner thereof, shall be held not more than seventy-two hours after the initial detention to determine whether there is probable cause to detain the person after the seventy-two hours have expired for up to an additional fourteen days without further automatic hearing for the reason that the person is a person whose mental disorder presents a likelihood of serious harm or that the person is gravely disabled or has a persistent or acute disability;
- (b) The person has a right to communicate immediately with an attorney; has a right to have an attorney appointed to represent him or her before and at the probable cause hearing if he or she is indigent; and has the right to be told the name and address of the attorney that the mental health professional has designated pursuant to this chapter;
- (c) The person has the right to remain silent and that any statement he or she makes may be used against him or her;
- (d) The person has the right to present evidence and to cross-examine witnesses who testify against him or her at the probable cause hearing; and
- (e) The person has the right to refuse psychiatric medications, including antipsychotic medication beginning twenty-four hours prior to the probable cause hearing.
- (6) When proceedings are initiated under RCW 71.05.153, no later than twelve hours after such person is admitted to the evaluation and treatment facility the personnel of the evaluation and treatment facility or the designated mental health professional shall serve on such person a copy of the petition for initial detention and the

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name, business address, and phone number of the designated attorney and shall forthwith commence service of a copy of the petition for initial detention on the designated attorney.

- (7) The judicial hearing described in subsection (5) of this section is hereby authorized, and shall be held according to the provisions of subsection (5) of this section and rules promulgated by the supreme court.
- 8 (8) At the probable cause hearing the detained person shall have 9 the following rights in addition to the rights previously specified:
  - (a) To present evidence on his or her behalf;
  - (b) To cross-examine witnesses who testify against him or her;
  - (c) To be proceeded against by the rules of evidence;
  - (d) To remain silent;

- (e) To view and copy all petitions and reports in the court file.
- (9) Privileges between patients and physicians, psychologists, or psychiatric advanced registered nurse practitioners are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications. As to other proceedings under this chapter, the privileges shall be waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained person or the public.

The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained person for purposes of a proceeding under this chapter. Upon motion by the detained person or on its own motion, the court shall examine a record or testimony sought by a petitioner to determine whether it is within the scope of the waiver.

The record maker shall not be required to testify in order to introduce medical or psychological records of the detained person so long as the requirements of RCW 5.45.020 are met except that portions of the record which contain opinions as to the detained person's mental state must be deleted from such records unless the person making such conclusions is available for cross-examination.

(10) Insofar as danger to the person or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights:

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- 1 (a) To wear his or her own clothes and to keep and use his or her 2 own personal possessions, except when deprivation of same is 3 essential to protect the safety of the resident or other persons;
  - (b) To keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;
- 6 (c) To have access to individual storage space for his or her 7 private use;
  - (d) To have visitors at reasonable times;

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- 9 (e) To have reasonable access to a telephone, both to make and 10 receive confidential calls, consistent with an effective treatment 11 program;
- 12 (f) To have ready access to letter writing materials, including 13 stamps, and to send and receive uncensored correspondence through the 14 mails;
- 15 (g) To discuss treatment plans and decisions with professional 16 persons;
  - (h) Not to consent to the administration of antipsychotic medications and not to thereafter be administered antipsychotic medications unless ordered by a court under RCW 71.05.217 or pursuant to an administrative hearing under RCW 71.05.215;
- 21 (i) Not to consent to the performance of electroconvulsant 22 therapy or surgery, except emergency lifesaving surgery, unless 23 ordered by a court under RCW 71.05.217;
- 24 (j) Not to have psychosurgery performed on him or her under any 25 circumstances;
  - (k) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue.
  - (11) Every person involuntarily detained shall immediately be informed of his or her right to a hearing to review the legality of his or her detention and of his or her right to counsel, by the professional person in charge of the facility providing evaluation and treatment, or his or her designee, and, when appropriate, by the court. If the person so elects, the court shall immediately appoint an attorney to assist him or her.
  - (12) A person challenging his or her detention or his or her attorney shall have the right to designate and have the court appoint a reasonably available independent physician, psychiatric advanced registered nurse practitioner, or licensed mental health professional to examine the person detained, the results of which examination may

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- be used in the proceeding. The person shall, if he or she is financially able, bear the cost of such expert examination, otherwise such expert examination shall be at public expense.
- 4 (13) Nothing contained in this chapter shall prohibit the patient 5 from petitioning by writ of habeas corpus for release.
- 6 (14) Nothing in this chapter shall prohibit a person committed on 7 or prior to January 1, 1974, from exercising a right available to him 8 or her at or prior to January 1, 1974, for obtaining release from 9 confinement.
- 10 (15) Nothing in this section permits any person to knowingly 11 violate a no-contact order or a condition of an active judgment and 12 sentence or an active condition of supervision by the department of 13 corrections.
- 14 **Sec. 22.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to 15 read as follows:
- 16 Unless the context clearly requires otherwise, the definitions in 17 this section apply throughout this chapter.
  - (1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.
    - (2) "Children's mental health specialist" means:

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- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
  - (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.
- 31 (3) "Commitment" means a determination by a judge or court 32 commissioner, made after a commitment hearing, that the minor is in 33 need of inpatient diagnosis, evaluation, or treatment or that the 34 minor is in need of less restrictive alternative treatment.
- 35 (4) "Department" means the department of social and health 36 services.
- 37 (5) "Designated mental health professional" means a mental health 38 professional designated by one or more counties to perform the

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functions of a designated mental health professional described in this chapter.

- (6) "Evaluation and treatment facility" means a public or private facility or unit that is certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.
- (7) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.
- (8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, 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 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.
- (9) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an evaluation and treatment facility for minors.
- (10) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in this chapter.
- (11) "Likelihood of serious harm" means either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual 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 (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior

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- which has caused substantial loss or damage to the property of others.
  - (12) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.
  - (13) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.
- 16 (14) "Mental health professional" means a psychiatrist, 17 psychologist, psychiatric nurse, or social worker, and such other 18 mental health professionals as may be defined by rules adopted by the 19 secretary under this chapter.
  - (15) "Minor" means any person under the age of eighteen years.
- 21 (16) "Outpatient treatment" means any of the nonresidential 22 services mandated under chapter 71.24 RCW and provided by licensed 23 services providers as identified by RCW 71.24.025.
  - (17) "Parent" means:

- (a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
- 28 (b) A person or agency judicially appointed as legal guardian or 29 custodian of the child.
  - (18) "Professional person in charge" or "professional person" means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.
  - (19) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

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- 1 (20) "Psychiatrist" means a person having a license as a 2 physician in this state who has completed residency training in 3 psychiatry in a program approved by the American Medical Association 4 or the American Osteopathic Association, and is board eligible or 5 board certified in psychiatry.
- 6 (21) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.
- 8 (22) "Responsible other" means the minor, the minor's parent or 9 estate, or any other person legally responsible for support of the 10 minor.
- 11 (23) "Secretary" means the secretary of the department or 12 secretary's designee.
- 13 (24) "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.
  - (25) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.
- 22 (26) "Persistent or acute disability" means a severe mental 23 disorder that meets all the following criteria:
  - (a) If not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality;
    - (b) Substantially impairs the person's capacity to make an informed decision regarding treatment, and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that
- 35 person; and

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- 36 (c) Has a reasonable prospect of being treatable by outpatient,
  37 inpatient, or combined outpatient and inpatient treatment.
- 38 **Sec. 23.** RCW 71.34.710 and 1995 c 312 s 53 are each amended to read as follows:

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(1) When a ((county-)) designated mental health professional receives information that a minor, thirteen years or older, as a result of a mental disorder presents a likelihood of serious harm or is gravely disabled, or has a persistent or acute disability, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the ((county-)) designated mental health professional may take the minor, or cause the minor to be taken, into custody and transported to an evaluation and treatment facility providing inpatient treatment.

 If the minor is not taken into custody for evaluation and treatment, the parent who has custody of the minor may seek review of that decision made by the ((county)) designated mental health professional in court. The parent shall file notice with the court and provide a copy of the ((county)) designated mental health professional's report or notes.

- (2) Within twelve hours of the minor's arrival at the evaluation and treatment facility, the ((county-)) designated mental health professional shall serve on the minor a copy of the petition for initial detention, notice of initial detention, and statement of rights. The ((county-)) designated mental health professional shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The ((county-)) designated mental health professional shall commence service of the petition for initial detention and notice of the initial detention on the minor's parent and the minor's attorney as soon as possible following the initial detention.
- (3) At the time of initial detention, the ((county-)) designated mental health professional shall advise the minor both orally and in writing that if admitted to the evaluation and treatment facility for inpatient treatment, a commitment hearing shall be held within seventy-two hours of the minor's provisional acceptance to determine whether probable cause exists to commit the minor for further mental health treatment.

The minor shall be advised that he or she has a right to communicate immediately with an attorney and that he or she has a right to have an attorney appointed to represent him or her before and at the hearing if the minor is indigent.

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- (4) Whenever the ((county)) designated mental health professional petitions for detention of a minor under this chapter, an evaluation and treatment facility providing seventy-two hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the minor's arrival, the facility must evaluate the minor's condition and either admit or release the minor in accordance with this chapter.
- 8 (5) If a minor is not approved for admission by the inpatient 9 evaluation and treatment facility, the facility shall make such 10 recommendations and referrals for further care and treatment of the 11 minor as necessary.
- 12 **Sec. 24.** RCW 71.34.740 and 2009 c 293 s 7 are each amended to 13 read as follows:
- (1) A commitment hearing shall be held within seventy-two hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is requested by the minor or the minor's attorney.
- 18 (2) The commitment hearing shall be conducted at the superior 19 court or an appropriate place at the facility in which the minor is 20 being detained.
- 21 (3) At the commitment hearing, the evidence in support of the 22 petition shall be presented by the county prosecutor.
  - (4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.
  - (5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.
- 29 (6) At the commitment hearing, the minor shall have the following 30 rights:
  - (a) To be represented by an attorney;

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- (b) To present evidence on his or her own behalf;
- 33 (c) To question persons testifying in support of the petition.
- 34 (7) The court at the time of the commitment hearing and before an 35 order of commitment is entered shall inform the minor both orally and 36 in writing that the failure to make a good faith effort to seek 37 voluntary treatment as provided in RCW 71.34.730 will result in the 38 loss of his or her firearm rights if the minor is subsequently 39 detained for involuntary treatment under this section.

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- 1 (8) If the minor has received medication within twenty-four hours 2 of the hearing, the court shall be informed of that fact and of the 3 probable effects of the medication.
- 4 (9) Rules of evidence shall not apply in fourteen-day commitment bearings.
- 6 (10) For a fourteen-day commitment, the court must find by a 7 preponderance of the evidence that:
- 8 (a) The minor has a mental disorder and presents a 9 (("))likelihood of serious harm(("----or)), is (("))gravely 10 disabled((")), or has a persistent or acute disability;
- 11 (b) The minor is in need of evaluation and treatment of the type 12 provided by the inpatient evaluation and treatment facility to which 13 continued inpatient care is sought or is in need of less restrictive 14 alternative treatment found to be in the best interests of the minor; 15 and
- 16 (c) The minor is unwilling or unable in good faith to consent to voluntary treatment.

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- (11) If the court finds that the minor meets the criteria for a fourteen-day commitment, the court shall either authorize commitment of the minor for inpatient treatment or for less restrictive alternative treatment upon such conditions as are necessary. If the court determines that the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.
  - (12) Nothing in this section prohibits the professional person in charge of the evaluation and treatment facility from releasing the minor at any time, when, in the opinion of the professional person in charge of the facility, further inpatient treatment is no longer necessary. The release may be subject to reasonable conditions if appropriate.
- Whenever a minor is released under this section, the professional person in charge shall within three days, notify the court in writing of the release.
- 33 (13) A minor who has been committed for fourteen days shall be 34 released at the end of that period unless a petition for one hundred 35 eighty-day commitment is pending before the court.
- 36 **Sec. 25.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to read as follows:
- 38 (1) At any time during the minor's period of fourteen-day 39 commitment, the professional person in charge may petition the court

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- for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a stateoperated facility in which case the evidence shall be presented by the attorney general.
- 7 (2) The petition for one hundred eighty-day commitment shall 8 contain the following:
  - (a) The name and address of the petitioner or petitioners;
- 10 (b) The name of the minor alleged to meet the criteria for one 11 hundred eighty-day commitment;
  - (c) A statement that the petitioner is the professional person in charge of the evaluation and treatment facility responsible for the treatment of the minor;
    - (d) The date of the fourteen-day commitment order; and
    - (e) A summary of the facts supporting the petition.

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- (3) The petition shall be supported by accompanying affidavits signed by (a) two examining physicians, one of whom shall be a child psychiatric advanced registered psychiatrist, or two practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner, children's mental health specialist and either an examining physician or a psychiatric advanced registered nurse practitioner, or (c) an examining physician and a psychiatric advanced registered nurse practitioner, one of which needs to be a child psychiatrist or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.
- (4) The petition for one hundred eighty-day commitment shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period. The petitioner or the petitioner's designee shall within twenty-four hours of filing serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent. A copy of the petition shall be provided to such persons at least twenty-four hours prior to the hearing.
- 39 (5) At the time of filing, the court shall set a date within 40 seven days for the hearing on the petition. The court may continue

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- 1 the hearing upon the written request of the minor or the minor's
- 2 attorney for not more than ten days. The minor or the parents shall
- 3 be afforded the same rights as in a fourteen-day commitment hearing.
- 4 Treatment of the minor shall continue pending the proceeding.
- 5 (6) For one hundred eighty-day commitment, the court must find by 6 clear, cogent, and convincing evidence that the minor:
  - (a) Is suffering from a mental disorder;

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- 8 (b) Presents a likelihood of serious harm ((\(\text{or}\)), is gravely 9 disabled, or has a persistent or acute disability; and
- 10 (c) Is in need of further treatment that only can be provided in 11 a one hundred eighty-day commitment.
- (7) If the court finds that the criteria for commitment are met 12 and that less restrictive treatment in a community setting is not 13 appropriate or available, the court shall order the minor committed 14 for further inpatient treatment to the custody of the secretary or to 15 a private treatment and evaluation facility if the minor's parents 16 17 have assumed responsibility for payment for the treatment. If the court finds that a less restrictive alternative is in the best 18 19 interest of the minor, the court shall order less restrictive alternative treatment upon such conditions as necessary. 20
- If the court determines that the minor does not meet the criteria for one hundred eighty-day commitment, the minor shall be released.
  - (8) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days prior to the expiration of the previous one hundred eighty-day commitment order.
- 28 **Sec. 26.** RCW 10.77.025 and 2000 c 94 s 13 are each amended to 29 read as follows:
  - (1) Whenever any person has been: (a) Committed to a correctional facility or inpatient treatment under any provision of this chapter; or (b) ordered to undergo alternative treatment following his or her acquittal by reason of insanity of a crime charged, such commitment or treatment cannot exceed the maximum possible penal sentence for any offense charged for which the person was committed, or was acquitted by reason of insanity.
  - (2) Whenever any person committed under any provision of this chapter has not been released within seven days of the maximum possible penal sentence under subsection (1) of this section, and the

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- 1 professional person in charge of the facility believes that the person presents a likelihood of serious harm or is gravely disabled 2 due to a mental disorder, or has a persistent or acute disability, 3 the professional person shall, prior to the expiration of the maximum 4 penal sentence, notify the appropriate ((county)) designated mental 5 6 health professional of the impending expiration and provide a copy of all relevant information regarding the person, including the likely 7 release date and shall indicate why the person should not be 8 9 released.
- 10 (3) A ((county)) designated mental health professional who 11 receives notice and records under subsection (2) of this section 12 shall, prior to the date of the expiration of the maximum sentence, 13 determine whether to initiate proceedings under chapter 71.05 RCW.
- 14 **Sec. 27.** RCW 70.97.010 and 2011 c 89 s 11 are each amended to 15 read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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- (1) "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.
- (2) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.
  - (3) "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter 70.96A RCW.
- 29 (4) "Chemical dependency professional" means a person certified 30 as a chemical dependency professional by the department of health 31 under chapter 18.205 RCW.
- 32 (5) "Commitment" means the determination by a court that an 33 individual should be detained for a period of either evaluation or 34 treatment, or both, in an inpatient or a less restrictive setting.
- 35 (6) "Conditional release" means a modification of a commitment 36 that may be revoked upon violation of any of its terms.
- 37 (7) "Custody" means involuntary detention under chapter 71.05 or 38 70.96A RCW, uninterrupted by any period of unconditional release from 39 commitment from a facility providing involuntary care and treatment.

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1 (8) "Department" means the department of social and health 2 services.

- (9) "Designated responder" means a designated mental health professional, a designated chemical dependency specialist, or a designated crisis responder as those terms are defined in chapter 70.96A, 71.05, or 70.96B RCW.
- 7 (10) "Detention" or "detain" means the lawful confinement of an 8 individual under chapter 70.96A or 71.05 RCW.
- 9 (11) "Discharge" means the termination of facility authority. The 10 commitment may remain in place, be terminated, or be amended by court 11 order.
  - (12) "Enhanced services facility" means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.
  - (13) "Expanded community services program" means a nonsecure program of enhanced behavioral and residential support provided to long-term and residential care providers serving specifically eligible clients who would otherwise be at risk for hospitalization at state hospital geriatric units.
    - (14) "Facility" means an enhanced services facility.
  - (15) "Gravely disabled" means a condition in which an individual, as a result of a mental disorder, as a result of the use of alcohol or other psychoactive chemicals, or both:
  - (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.
  - (16) "History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter, or chapter 70.96A or 71.05 RCW, excluding any time spent, but not any violent acts committed, in a mental health facility or a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.

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- 1 (17) "Licensed physician" means a person licensed to practice 2 medicine or osteopathic medicine and surgery in the state of 3 Washington.
  - (18) "Likelihood of serious harm" means:
  - (a) A substantial risk that:

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- (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;
- 9 (ii) Physical harm will be inflicted by an individual upon 10 another, as evidenced by behavior that has caused such harm or that 11 places another person or persons in reasonable fear of sustaining 12 such harm; or
- (iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or
- 16 (b) The individual has threatened the physical safety of another 17 and has a history of one or more violent acts.
  - (19) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.
  - (20) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.
  - (21) "Professional person" means a mental health professional and also means a physician, registered nurse, and such others as may be defined in rules adopted by the secretary pursuant to the provisions of this chapter.
  - (22) "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.
- 35 (23) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.
  - (24) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify individuals who are

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- 1 receiving or who at any time have received services for mental 2 illness.
- 3 (25) "Release" means legal termination of the commitment under 4 chapter 70.96A or 71.05 RCW.
- 5 (26) "Resident" means a person admitted to an enhanced services 6 facility.
- 7 (27) "Secretary" means the secretary of the department or the 8 secretary's designee.
  - (28) "Significant change" means:

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- 10 (a) A deterioration in a resident's physical, mental, or 11 psychosocial condition that has caused or is likely to cause clinical 12 complications or life-threatening conditions; or
  - (b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.
  - (29) "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.
  - (30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.
  - (31) "Treatment records" include registration and all other records concerning individuals 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" do not include notes or records maintained for personal use by an individual providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others.
- 36 (32) "Violent act" means behavior that resulted in homicide, 37 attempted suicide, nonfatal injuries, or substantial damage to 38 property.
- 39 <u>(33) "Persistent or acute disability" means a severe mental</u> 40 <u>disorder that meets all the following criteria:</u>

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- 1 (a) If not treated, has a substantial probability of causing the
  2 person to suffer or continue to suffer severe and abnormal mental,
  3 emotional, or physical harm that significantly impairs judgment,
  4 reason, behavior, or capacity to recognize reality;
- (b) Substantially impairs the person's capacity to make an 5 6 informed decision regarding treatment, and this impairment causes the 7 person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting 8 treatment and understanding and expressing an understanding of the 9 alternatives to the particular treatment offered after the 10 advantages, disadvantages, and alternatives are explained to that 11 12 person; and
- 13 <u>(c) Has a reasonable prospect of being treatable by outpatient,</u> 14 inpatient, or combined outpatient and inpatient treatment.
- 15 **Sec. 28.** RCW 70.97.010 and 2014 c 225 s 78 are each amended to 16 read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

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- (1) "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.
- (2) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.
  - (3) "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter 70.96A RCW.
- 30 (4) "Chemical dependency professional" means a person certified 31 as a chemical dependency professional by the department of health 32 under chapter 18.205 RCW.
  - (5) "Commitment" means the determination by a court that an individual should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.
- 36 (6) "Conditional release" means a modification of a commitment 37 that may be revoked upon violation of any of its terms.

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- 1 (7) "Custody" means involuntary detention under chapter 71.05 or 2 70.96A RCW, uninterrupted by any period of unconditional release from 3 commitment from a facility providing involuntary care and treatment.
- 4 (8) "Department" means the department of social and health 5 services.
- 6 (9) "Designated responder" means a designated mental health 7 professional, a designated chemical dependency specialist, or a 8 designated crisis responder as those terms are defined in chapter 9 70.96A, 71.05, or 70.96B RCW.
- 10 (10) "Detention" or "detain" means the lawful confinement of an individual under chapter 70.96A or 71.05 RCW.
- 12 (11) "Discharge" means the termination of facility authority. The 13 commitment may remain in place, be terminated, or be amended by court 14 order.

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- (12) "Enhanced services facility" means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.
- (13) "Expanded community services program" means a nonsecure program of enhanced behavioral and residential support provided to long-term and residential care providers serving specifically eligible clients who would otherwise be at risk for hospitalization at state hospital geriatric units.
  - (14) "Facility" means an enhanced services facility.
- 27 (15) "Gravely disabled" means a condition in which an individual, 28 as a result of a mental disorder, as a result of the use of alcohol 29 or other psychoactive chemicals, or both:
- 30 (a) Is in danger of serious physical harm resulting from a 31 failure to provide for his or her essential human needs of health or 32 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.
- 37 (16) "History of one or more violent acts" refers to the period 38 of time ten years before the filing of a petition under this chapter, 39 or chapter 70.96A or 71.05 RCW, excluding any time spent, but not any 40 violent acts committed, in a mental health facility or a long-term

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- alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.
- 3 (17) "Licensed physician" means a person licensed to practice 4 medicine or osteopathic medicine and surgery in the state of 5 Washington.
  - (18) "Likelihood of serious harm" means:
  - (a) A substantial risk that:

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- 8 (i) Physical harm will be inflicted by an individual upon his or 9 her own person, as evidenced by threats or attempts to commit suicide 10 or inflict physical harm on oneself;
- 11 (ii) Physical harm will be inflicted by an individual upon 12 another, as evidenced by behavior that has caused such harm or that 13 places another person or persons in reasonable fear of sustaining 14 such harm; or
- 15 (iii) Physical harm will be inflicted by an individual upon the 16 property of others, as evidenced by behavior that has caused 17 substantial loss or damage to the property of others; or
  - (b) The individual has threatened the physical safety of another and has a history of one or more violent acts.
  - (19) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.
  - (20) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.
  - (21) "Professional person" means a mental health professional and also means a physician, registered nurse, and such others as may be defined in rules adopted by the secretary pursuant to the provisions of this chapter.
  - (22) "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.
- 37 (23) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.
- 39 (24) "Registration records" include all the records of the 40 department, behavioral health organizations, treatment facilities,

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- and other persons providing services to the department, county departments, or facilities which identify individuals who are receiving or who at any time have received services for mental illness.
- 5 (25) "Release" means legal termination of the commitment under 6 chapter 70.96A or 71.05 RCW.
- 7 (26) "Resident" means a person admitted to an enhanced services 8 facility.
- 9 (27) "Secretary" means the secretary of the department or the 10 secretary's designee.
  - (28) "Significant change" means:

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- (a) A deterioration in a resident's physical, mental, or psychosocial condition that has caused or is likely to cause clinical complications or life-threatening conditions; or
- (b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.
- (29) "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.
- (30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.
- (31) "Treatment records" include registration and all other records concerning individuals 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" do not include notes or records maintained for personal use by an individual providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.
- 38 (32) "Violent act" means behavior that resulted in homicide, 39 attempted suicide, nonfatal injuries, or substantial damage to 40 property.

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1 (33) "Persistent or acute disability" means a severe mental disorder that meets all the following criteria:

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- (a) If not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality;
- 7 (b) Substantially impairs the person's capacity to make an informed decision regarding treatment, and this impairment causes the 8 person to be incapable of understanding and expressing an 9 understanding of the advantages and disadvantages of accepting 10 treatment and understanding and expressing an understanding of the 11 alternatives to the particular treatment offered after the 12 advantages, disadvantages, and alternatives are explained to that 13 14 person; and
- 15 <u>(c) Has a reasonable prospect of being treatable by outpatient,</u> 16 <u>inpatient, or combined outpatient and inpatient treatment.</u>
- 17 **Sec. 29.** RCW 70.97.050 and 2005 c 504 s 407 are each amended to 18 read as follows:
- A person who has a persistent or acute disability or is gravely disabled or presents a likelihood of serious harm as a result of a mental or chemical dependency disorder or co-occurring mental and chemical dependency disorders has a right to refuse antipsychotic medication. Antipsychotic medication may be administered over the person's objections only pursuant to RCW 71.05.215 or 71.05.217.
- 25 **Sec. 30.** RCW 71.24.025 and 2013 c 338 s 5 are each amended to 26 read as follows:
- Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
- 29 (1) "Acutely mentally ill" means a condition which is limited to 30 a short-term severe crisis episode of:
- 31 (a) A mental disorder as defined in RCW 71.05.020 or, in the case 32 of a child, as defined in RCW 71.34.020;
- 33 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the 34 case of a child, a gravely disabled minor as defined in RCW 35 71.34.020; ( $(\Theta r)$ )
- 36 (c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020; or

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- 1 (d) Having a persistent or acute disability as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
  - (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.
- 12 (3) "Child" means a person under the age of eighteen years.

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- (4) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:
- 16 (a) Has undergone two or more episodes of hospital care for a 17 mental disorder within the preceding two years; or
  - (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
  - (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
  - (5) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.
- 29 (6) "Community mental health program" means all mental health 30 services, activities, or programs using available resources.
- 31 (7) "Community mental health service delivery system" means 32 public or private agencies that provide services specifically to 33 persons with mental disorders as defined under RCW 71.05.020 and 34 receive funding from public sources.
- 35 (8) "Community support services" means services authorized,
  36 planned, and coordinated through resource management services
  37 including, at a minimum, assessment, diagnosis, emergency crisis
  38 intervention available twenty-four hours, seven days a week,
  39 prescreening determinations for persons who are mentally ill being
  40 considered for placement in nursing homes as required by federal law,

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- screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by regional support networks.
  - (9) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

- (10) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.
- 21 (11) "Department" means the department of social and health 22 services.
  - (12) "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.
  - (13) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (14) of this section.
  - (14) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication

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1 in Washington and, when possible, is determined to be cost-2 beneficial.

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- (15) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, that meets state minimum standards or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.
- (16) "Long-term inpatient care" means inpatient services for 11 persons committed for, or voluntarily receiving intensive treatment 12 for, periods of ninety days or greater under chapter 71.05 RCW. 13 "Long-term inpatient care" as used in this chapter does not include: 14 (a) Services for individuals committed under chapter 71.05 RCW who 15 16 are receiving services pursuant to a conditional release or a courtordered less restrictive alternative to detention; or (b) services 17 for individuals voluntarily receiving less restrictive alternative 18 treatment on the grounds of the state hospital. 19
- 20 (17) "Mental health services" means all services provided by 21 regional support networks and other services provided by the state 22 for persons who are mentally ill.
- 23 (18) "Mentally ill persons," "persons who are mentally ill," and
  24 "the mentally ill" mean persons and conditions defined in subsections
  25 (1), (4), (27), and (28) of this section.
- 26 (19) "Recovery" means the process in which people are able to 27 live, work, learn, and participate fully in their communities.
- 28 (20) "Regional support network" means a county authority or group 29 of county authorities or other entity recognized by the secretary in 30 contract in a defined region.
  - (21) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.
- 36 (22) "Research-based" means a program or practice that has been 37 tested with a single randomized, or statistically controlled 38 evaluation, or both, demonstrating sustained desirable outcomes; or 39 where the weight of the evidence from a systemic review supports

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sustained outcomes as described in subsection (14) of this section but does not meet the full criteria for evidence-based.

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- (23) "Residential services" means a complete range of residences 3 and supports authorized by resource management services and which may 4 involve a facility, a distinct part thereof, or services which 5 б support community living, for persons who are acutely mentally ill, 7 adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and 8 determined by the regional support network to be at risk of becoming 9 acutely or chronically mentally ill. The services shall include at 10 least evaluation and treatment services as defined in chapter 71.05 11 12 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also 13 14 include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult 15 16 family homes, and may include outpatient services provided as an 17 element in a package of services in a supported housing model. Residential services for children in out-of-home placements related 18 to their mental disorder shall not include the costs of food and 19 shelter, except for children's long-term residential facilities 20 existing prior to January 1, 1991. 21
- (24) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.
  - "Resource management services" mean the (25)coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a regional support network to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated mental health professionals, evaluation

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- and treatment facilities, and others as determined by the regional support network.
- 3 (26) "Secretary" means the secretary of social and health 4 services.
  - (27) "Seriously disturbed person" means a person who:

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- (a) Is gravely disabled, has a persistent or acute disability, or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;
- 10 (b) Has been on conditional release status, or under a less 11 restrictive alternative order, at some time during the preceding two 12 years from an evaluation and treatment facility or a state mental 13 health hospital;
- 14 (c) Has a mental disorder which causes major impairment in 15 several areas of daily living;
  - (d) Exhibits suicidal preoccupation or attempts; or
  - (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.
  - (28) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
- 29 (a) Has undergone inpatient treatment or placement outside of the 30 home related to a mental disorder within the last two years;
- 31 (b) Has undergone involuntary treatment under chapter 71.34 RCW 32 within the last two years;
- 33 (c) Is currently served by at least one of the following child-34 serving systems: Juvenile justice, child-protection/welfare, special 35 education, or developmental disabilities;
  - (d) Is at risk of escalating maladjustment due to:
- 37 (i) Chronic family dysfunction involving a caretaker who is 38 mentally ill or inadequate;
  - (ii) Changes in custodial adult;

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- 1 (iii) Going to, residing in, or returning from any placement 2 outside of the home, for example, psychiatric hospital, short-term 3 inpatient, residential treatment, group or foster home, or a 4 correctional facility;
  - (iv) Subject to repeated physical abuse or neglect;
- 6 (v) Drug or alcohol abuse; or
- 7 (vi) Homelessness.

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- (29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.
  - (30) "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 do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others.
- (31) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any regional support network that would present a conflict of interest.
- Sec. 31. RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and amended to read as follows:
- 30 Unless the context clearly requires otherwise, the definitions in 31 this section apply throughout this chapter.
- 32 (1) "Acutely mentally ill" means a condition which is limited to 33 a short-term severe crisis episode of:
- 34 (a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;
- 36 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the 37 case of a child, a gravely disabled minor as defined in RCW 38 71.34.020;  $((\Theta r))$

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1 (c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020; or

- (d) Having a persistent or acute disability, as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.
- (2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.
  - (3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.
  - (4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and chemical dependency treatment services as described in chapter 70.96A RCW.
    - (5) "Child" means a person under the age of eighteen years.
- 21 (6) "Chronically mentally ill adult" or "adult who is chronically 22 mentally ill" means an adult who has a mental disorder and meets at 23 least one of the following criteria:
- 24 (a) Has undergone two or more episodes of hospital care for a 25 mental disorder within the preceding two years; or
  - (b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
  - (c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.
  - (7) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.
- 37 (8) "Community mental health program" means all mental health services, activities, or programs using available resources.
- 39 (9) "Community mental health service delivery system" means 40 public, private, or tribal agencies that provide services

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specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.

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- 3 (10) "Community support services" means services authorized, planned, and coordinated through resource management services 4 including, at a minimum, assessment, diagnosis, emergency crisis 5 6 intervention available twenty-four hours, seven days a 7 prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, 8 screening for patients being considered for admission to residential 9 services, diagnosis and treatment for children who are acutely 10 mentally ill or severely emotionally disturbed discovered under 11 12 screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other 13 14 nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, 15 16 counseling, psychotherapy, assuring transfer of relevant patient 17 information between service providers, recovery services, and other 18 services determined by behavioral health organizations.
  - (11) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.
  - (12) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.
- 29 (13) "Department" means the department of social and health 30 services.
  - (14) "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.
  - (15) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (16) of this section.

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(16) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

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- (17) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 or 70.96A RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, or tribal attestation that meets state minimum standards, or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.
- 19 (18) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment 20 21 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: 22 (a) Services for individuals committed under chapter 71.05 RCW who 23 are receiving services pursuant to a conditional release or a court-24 25 ordered less restrictive alternative to detention; or (b) services 26 for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital. 27
  - (19) "Mental health services" means all services provided by behavioral health organizations and other services provided by the state for persons who are mentally ill.
- 31 (20) "Mentally ill persons," "persons who are mentally ill," and 32 "the mentally ill" mean persons and conditions defined in subsections 33 (1), (6), (28), and (29) of this section.
- 34 (21) "Recovery" means the process in which people are able to 35 live, work, learn, and participate fully in their communities.
- 36 (22) "Registration records" include all the records of the 37 department, behavioral health organizations, treatment facilities, 38 and other persons providing services to the department, county 39 departments, or facilities which identify persons who are receiving 40 or who at any time have received services for mental illness.

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(23) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (16) of this section but does not meet the full criteria for evidence-based.

- (24) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-ofhome placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.
- (25) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.
- (26) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day

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- availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated mental health professionals, evaluation and treatment facilities, and others as determined by the behavioral health organization.
- 6 (27) "Secretary" means the secretary of social and health 7 services.
  - (28) "Seriously disturbed person" means a person who:

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- 9 (a) Is gravely disabled, has a persistent or acute disability, or 10 presents a likelihood of serious harm to himself or herself or 11 others, or to the property of others, as a result of a mental 12 disorder as defined in chapter 71.05 RCW;
  - (b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
- 17 (c) Has a mental disorder which causes major impairment in several areas of daily living;
  - (d) Exhibits suicidal preoccupation or attempts; or
  - (e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.
  - (29) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
- 32 (a) Has undergone inpatient treatment or placement outside of the 33 home related to a mental disorder within the last two years;
- 34 (b) Has undergone involuntary treatment under chapter 71.34 RCW 35 within the last two years;
- 36 (c) Is currently served by at least one of the following child-37 serving systems: Juvenile justice, child-protection/welfare, special 38 education, or developmental disabilities;
  - (d) Is at risk of escalating maladjustment due to:

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- 1 (i) Chronic family dysfunction involving a caretaker who is 2 mentally ill or inadequate;
  - (ii) Changes in custodial adult;
- 4 (iii) Going to, residing in, or returning from any placement 5 outside of the home, for example, psychiatric hospital, short-term 6 inpatient, residential treatment, group or foster home, or a 7 correctional facility;
- 8 (iv) Subject to repeated physical abuse or neglect;
- 9 (v) Drug or alcohol abuse; or
- 10 (vi) Homelessness.

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- 11 (30) "State minimum standards" means minimum requirements 12 established by rules adopted by the secretary and necessary to 13 implement this chapter for: (a) Delivery of mental health services; 14 (b) licensed service providers for the provision of mental health 15 services; (c) residential services; and (d) community support 16 services and resource management services.
  - (31) "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 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.
- (32) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.
- 32 **Sec. 32.** RCW 72.23.010 and 2000 c 22 s 2 are each amended to 33 read as follows:
- The definitions in this section apply throughout this chapter, unless the context clearly requires otherwise.
  - (1) "Court" means the superior court of the state of Washington.
- 37 (2) "Department" means the department of social and health 38 services.
- 39 (3) "Employee" means an employee as defined in RCW 49.17.020.

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- 1 (4) "Licensed physician" means an individual permitted to 2 practice as a physician under the laws of the state, or a medical 3 officer, similarly qualified, of the government of the United States 4 while in this state in performance of his or her official duties.
- 5 (5) "Mentally ill person" means any person who, pursuant to the 6 definitions contained in RCW 71.05.020, as a result of a mental 7 disorder presents a likelihood of serious harm to others or himself 8 or herself ((<del>or</del>)), is gravely disabled, or has a persistent or acute 9 disability.
- 10 (6) "Patient" means a person under observation, care, or 11 treatment in a state hospital, or a person found mentally ill by the 12 court, and not discharged from a state hospital, or other facility, 13 to which such person had been ordered hospitalized.
  - (7) "Resident" means a resident of the state of Washington.

- 15 (8) "Secretary" means the secretary of social and health 16 services.
- 17 (9) "State hospital" means any hospital, including a child study 18 and treatment center, operated and maintained by the state of 19 Washington for the care of the mentally ill.
- 20 (10) "Superintendent" means the superintendent of a state 21 hospital.
- 22 (11) "Violence" or "violent act" means any physical assault or 23 attempted physical assault against an employee or patient of a state 24 hospital.
- Wherever used in this chapter, the masculine shall include the feminine and the singular shall include the plural.
- 27 <u>NEW SECTION.</u> **Sec. 33.** Sections 1, 27, and 30 of this act expire 28 April 1, 2016.
- NEW SECTION. Sec. 34. Sections 2, 28, and 31 of this act take effect April 1, 2016.

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