## SUBSTITUTE SENATE BILL 6491

State of Washington 65th Legislature 2018 Regular Session

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

READ FIRST TIME 02/06/18.

- AN ACT Relating to increasing the availability of assisted outpatient behavioral health treatment; amending RCW 71.05.020, 71.05.150, 71.05.150, 71.05.230, 71.05.240, 71.05.590, 71.05.201, 71.05.156, 71.05.212, 71.05.245, 71.05.280, and 71.05.595; reenacting and amending RCW 71.05.585 and 71.05.240; adding a new section to chapter 71.05 RCW; providing effective dates; providing an expiration date; and declaring an emergency.
- 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 9 **Sec. 1.** RCW 71.05.020 and 2017 3rd sp.s. c 14 s 14 are each 10 amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- (1) "Admission" or "admit" means a decision by a physician, physician assistant, or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;
- 17 (2) "Alcoholism" means a disease, characterized by a dependency 18 on alcoholic beverages, loss of control over the amount and 19 circumstances of use, symptoms of tolerance, physiological or 20 psychological withdrawal, or both, if use is reduced or discontinued,

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

- (3) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
- (4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;
- 11 (5) "Attending staff" means any person on the staff of a public 12 or private agency having responsibility for the care and treatment of 13 a patient;
  - (6) "Chemical dependency" means:
- 15 (a) Alcoholism;

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- (b) Drug addiction; or
- 17 (c) Dependence on alcohol and one or more psychoactive chemicals, 18 as the context requires;
- 19 (7) "Chemical dependency professional" means a person certified 20 as a chemical dependency professional by the department of health 21 under chapter 18.205 RCW;
- 22 (8) "Commitment" means the determination by a court that a person 23 should be detained for a period of either evaluation or treatment, or 24 both, in an inpatient or a less restrictive setting;
  - (9) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
  - (10) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- 34 (11) "Custody" means involuntary detention under the provisions 35 of this chapter or chapter 10.77 RCW, uninterrupted by any period of 36 unconditional release from commitment from a facility providing 37 involuntary care and treatment;
- 38 (12) "Department" means the department of social and health 39 services;

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1 (13) "Designated crisis responder" means a mental health 2 professional appointed by the behavioral health organization to 3 perform the duties specified in this chapter;

- (14) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- (15) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;
- 14 (16) "Developmental disability" means that condition defined in 15 RCW 71A.10.020(5);
  - (17) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
  - (18) "Drug addiction" means a disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning;
  - (19) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. The department may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
  - (20) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical

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

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- (21) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (22) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction;
- 21 (23) "Imminent" means the state or condition of being likely to 22 occur at any moment or near at hand, rather than distant or remote;
  - (24) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:
  - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
- 29 (b) The conditions and strategies necessary to achieve the 30 purposes of habilitation;
- 31 (c) The intermediate and long-range goals of the habilitation 32 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

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1 (g) The type of residence immediately anticipated for the person 2 and possible future types of residences;

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- (25) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;
- (26) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals;
- (27) "In need of assisted outpatient ((mental)) behavioral health treatment" means that a person, as a result of a mental disorder or substance use disorder: (a) ((Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b))) Is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, ((in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e))) based on a history of nonadherence with treatment or in view of the person's current behavior; (b) is likely to benefit from less restrictive alternative treatment; and (c) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time((. For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation));
- 36 (28) "Judicial commitment" means a commitment by a court pursuant 37 to the provisions of this chapter;
  - (29) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their

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- capacity as legal representatives of public mental health and substance use disorder service providers under RCW 71.05.130;
- (30) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585;
- (31) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;
  - (32) "Likelihood of serious harm" means:

- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- (b) The person has threatened the physical safety of another and has a history of one or more violent acts;
- (33) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;
- (34) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;
- (35) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (36) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or behavioral health programs as defined in RCW 71.24.025, facilities conducting competency

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1 evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section, 2 secure detoxification facilities as defined in this section, 3 correctional facilities operated by state and local governments; 4

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- (37) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (38) "Physician assistant" means a person licensed as a physician assistant under chapter 18.57A or 18.71A RCW;
- (39) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders;
- (40) "Professional person" means a mental health professional, chemical dependency professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (41) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;
- "Psychiatrist" means a person having a license physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (43) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (44) "Public agency" means any evaluation and treatment facility 37 or institution, secure detoxification facility, approved substance use disorder treatment program, or hospital which is conducted for, includes a department or ward conducted for, the care and

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- treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;
- 5 (45) "Registration records" include all the records of the 6 department, behavioral health organizations, treatment facilities, 7 and other persons providing services to the department, county 8 departments, or facilities which identify persons who are receiving 9 or who at any time have received services for mental illness or 10 substance use disorders;
- 11 (46) "Release" means legal termination of the commitment under 12 the provisions of this chapter;
- 13 (47) "Resource management services" has the meaning given in 14 chapter 71.24 RCW;
- 15 (48) "Secretary" means the secretary of the department of social 16 and health services, or his or her designee;
- 17 (49) "Secure detoxification facility" means a facility operated 18 by either a public or private agency or by the program of an agency 19 that:
- 20 (a) Provides for intoxicated persons:

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- 21 (i) Evaluation and assessment, provided by certified chemical 22 dependency professionals;
  - (ii) Acute or subacute detoxification services; and
  - (iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;
- 28 (b) Includes security measures sufficient to protect the 29 patients, staff, and community; and
  - (c) Is certified as such by the department;
- 31 (50) "Serious violent offense" has the same meaning as provided 32 in RCW 9.94A.030;
- 33 (51) "Social worker" means a person with a master's or further 34 advanced degree from a social work educational program accredited and 35 approved as provided in RCW 18.320.010;
- 36 (52) "Substance use disorder" means a cluster of cognitive, 37 behavioral, and physiological symptoms indicating that an individual 38 continues using the substance despite significant substance-related 39 problems. The diagnosis of a substance use disorder is based on a

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1 pathological pattern of behaviors related to the use of the 2 substances;

- (53) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;
- (54) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;
  - (55) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;
- 29 (56) "Violent act" means behavior that resulted in homicide, 30 attempted suicide, nonfatal injuries, or substantial damage to 31 property.
- **Sec. 2.** RCW 71.05.585 and 2016 sp.s. c 29 s 241 and 2016 c 45 s 33 5 are each reenacted and amended to read as follows:
- 34 (1) Less restrictive alternative treatment, at a minimum,
  35 includes the following services:
  - (a) Assignment of a care coordinator;
- 37 (b) An intake evaluation with the provider of the less 38 restrictive alternative treatment;
  - (c) A psychiatric evaluation;

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- 1 (d) ((Medication management;
- 2 <del>(e)</del>)) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (((f))) (e) A transition plan addressing access to continued 6 services at the expiration of the order; ((and
  - (g))) (f) An individual crisis plan; and
- 8 (g) Notification to the designated crisis responder if reasonable
  9 efforts to engage the client fail to produce substantial compliance
  10 with court-ordered treatment conditions.
- 11 (2) Less restrictive alternative treatment may additionally 12 include requirements to participate in the following services:
- 13 (a) <u>Medication management;</u>
- 14 <u>(b)</u> Psychotherapy;

- $\left(\left(\frac{b}{b}\right)\right)$  <u>(c)</u> Nursing;
- (((c))) (d) Substance abuse counseling;
- $((\frac{d}{d}))$  (e) Residential treatment; and
- $((\frac{(e)}{(e)}))$  <u>(f)</u> Support for housing, benefits, education, and 19 employment.
  - (3) Less restrictive alternative treatment must be administered by a provider that is certified or licensed to provide or coordinate the full scope of services required under the less restrictive alternative order and that has agreed to assume this responsibility.
  - (4) The care coordinator assigned to a person ordered to less restrictive alternative treatment must submit an individualized plan for the person's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.
  - (5) For the purpose of this section, "care coordinator" means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders that are necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

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

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

- (1) The designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at a mental health facility, secure detoxification facility, or approved substance use disorder treatment program.
- (2) The designated crisis responder must investigate and evaluate the specific facts alleged and the reliability or credibility of any person providing information. The designated crisis responder may spend up to forty-eight hours to complete the investigation, provided that the person may not be held for investigation for any period except as authorized by RCW 71.05.050 or 71.05.153.
- (3) If the designated crisis responder finds that the person is in need of assisted outpatient behavioral health treatment, they may file a petition requesting the court to enter an order for up to ninety days less restrictive alternative treatment. The petition must include:
- (a) A statement of the circumstances under which the person's condition was made known and stating that there is evidence, as a result of the designated crisis responder's personal observation or investigation, that the person is in need of assisted outpatient behavioral health treatment, and stating the specific facts known as a result of personal observation or investigation, upon which the designated crisis responder bases this belief;
- 31 (b) The declaration of additional witnesses, if any, supporting 32 the petition for assisted outpatient behavioral health treatment;
  - (c) A designation of retained counsel for the person or, if counsel is appointed, the name, business address, and telephone number of the attorney appointed to represent the person;
  - (d) The name of an agency or facility which agreed to assume the responsibility of providing less restrictive alternative treatment if the petition is granted by the court;

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1 (e) A summons to appear in court at a specific time and place 2 within five judicial days for a probable cause hearing, except as 3 provided in subsection (4) of this section.

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- (4) If the person is in the custody of jail or prison at the time of the investigation, a petition for assisted outpatient behavioral health treatment may be used to facilitate continuity of care after release from custody or the diversion of criminal charges as follows:
- (a) If the petition is filed in anticipation of the person's release from custody, the summons may be for a date up to five judicial days following the person's anticipated release date, provided that a clear time and place for the hearing is provided; or
- (b) The hearing may be held prior to the person's release from custody, provided that (i) the filing of the petition does not extend the time the person would otherwise spend in the custody of jail or prison; (ii) the charges or custody of the person is not a pretext to detain the person for the purpose of the involuntary commitment hearing; and (iii) the person's release from custody must be expected to swiftly follow the adjudication of the petition. In this circumstance, the time for hearing is shortened to three judicial days after the filing of the petition.
- 21 (5) The petition must be served upon the person and the person's 22 counsel with a notice of applicable rights. Proof of service must be 23 filed with the court.
- 24 (6) A petition for assisted outpatient behavioral health 25 treatment filed under this section must be adjudicated under RCW 26 71.05.240.
- 27 **Sec. 4.** RCW 71.05.150 and 2016 sp.s. c 29 s 210 are each amended 28 to read as follows:
  - a designated crisis responder receives (1)((<del>(a)</del>)) When information alleging that a person, as a result of a mental disorder, substance use disorder, or both presents a likelihood of serious harm or is gravely disabled, or that a person is in need of assisted outpatient ((mental)) behavioral health treatment; the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or involuntary outpatient ((evaluation)) treatment, if satisfied that allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention ((or

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involuntary outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an involuntary outpatient evaluation. An involuntary outpatient evaluation may be conducted by any combination of licensed professionals authorized to petition for involuntary commitment under RCW 71.05.230 and must include involvement or consultation with the agency or facility which will provide monitoring or services under the proposed less restrictive alternative treatment order. If the petition is for an involuntary outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

- (b)) under this section or a petition for involuntary outpatient behavioral health treatment under section 3 of this act. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, or approved substance use disorder treatment program.
- (2)(a) An order to detain a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period((, or an order for an involuntary outpatient evaluation,)) may be issued by a judge of the superior court upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of a judge of the superior court:
  - (i) That there is probable cause to support the petition; and
- (ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention ((or involuntary outpatient evaluation)), signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
- (c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business

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address, and telephone number of the attorney appointed to represent the person.

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- (d) A court may not issue an order to detain a person to a secure detoxification facility or approved substance use disorder treatment program unless there is an available secure detoxification facility or approved substance use disorder treatment program that has adequate space for the person.
- (3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention ((or involuntary outpatient evaluation)). After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.
  - (4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.

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

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

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

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

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

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- (i) That there is probable cause to support the petition; and
- (ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.
- (b) The petition for initial detention ((or involuntary outpatient evaluation)), signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.
- (c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.
- (3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention ((or involuntary outpatient evaluation)). After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved disorder treatment program, and the designated substance use attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.
- (4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure detoxification

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

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- 6 **Sec. 6.** RCW 71.05.230 and 2017 3rd sp.s. c 14 s 17 are each 7 amended to read as follows:
- A person detained ((or committed)) for seventy-two 8 evaluation and treatment ((or for an outpatient evaluation for the 9 purpose of filing a petition for a less restrictive alternative 10 11 treatment order)) may be committed for not more than fourteen additional days of involuntary intensive treatment or ninety 12 additional days of a less restrictive alternative ((to involuntary 13 intensive)) treatment. A petition may only be filed if the following 14 15 conditions are met:
  - (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 or substance use disorder and results in a likelihood of serious harm, results in the person being gravely disabled, or results in the person being in need of assisted outpatient ((mental)) behavioral health treatment, and are prepared to testify those conditions are met; and
  - (2) The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered; and
  - (3) The ((agency or)) facility providing intensive treatment ((or which proposes to supervise the less restrictive alternative)) is certified to provide such treatment by the department; and
  - (4)(a)(i) The professional staff of the ((agency or)) facility or the designated crisis responder has filed a petition with the court for a fourteen day involuntary detention or a ninety day less restrictive alternative. The petition must be signed by:
  - (A) One physician, physician assistant, or psychiatric advanced registered nurse practitioner; and
- 35 (B) One physician, physician assistant, psychiatric advanced registered nurse practitioner, or mental health professional.
- (ii) If the petition is for substance use disorder treatment, the petition may be signed by a chemical dependency professional instead of a mental health professional and by an advanced registered nurse

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practitioner instead of a psychiatric advanced registered nurse practitioner. The persons signing the petition must have examined the person.

- (b) If involuntary detention is sought the petition shall state 4 facts that support the finding that such person, as a result of a 5 6 mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less 7 restrictive alternatives to detention in the best interest of such 8 person or others. The petition shall state specifically that less 9 restrictive alternative treatment was considered and specify why 10 treatment less restrictive than detention is not appropriate. If an 11 12 involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a 13 result of a mental disorder or as a result of a substance use 14 disorder, presents a likelihood of serious harm, is gravely disabled, 15 16 or is in need of assisted outpatient ((mental)) behavioral health 17 treatment, and shall set forth any recommendations for 18 restrictive alternative treatment services; and
  - (5) A copy of the petition has been served on the detained ((<del>or</del> committed)) person, his or her attorney and his or her guardian or conservator, if any, prior to the probable cause hearing; and

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- (6) The court at the time the petition was filed and before the probable cause hearing has appointed counsel to represent such person if no other counsel has appeared; and
- (7) The petition reflects that the person was informed of the loss of firearm rights if involuntarily committed for mental health treatment; and
- (8) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated crisis responder may petition for an additional period of either ninety days of less restrictive alternative treatment or ninety days of involuntary intensive treatment as provided in RCW 71.05.290; and
- 33 (9) If the hospital or facility designated to provide less 34 restrictive alternative treatment is other than the facility 35 providing involuntary treatment, the outpatient facility so 36 designated to provide less restrictive alternative treatment has 37 agreed to assume such responsibility.
- 38 **Sec. 7.** RCW 71.05.240 and 2016 sp.s. c 29 s 232 and 2016 c 45 s 39 2 are each reenacted and amended to read as follows:

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

- (2) If the petition is for mental health treatment, the court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.
- (3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.
- (b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program. A court may only enter a commitment order based on a substance use disorder if there is an available secure detoxification facility or approved substance use disorder treatment program with adequate space for the person.
- (c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an

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

- (d) If the court finds by a preponderance of the evidence that such person, as the result of a mental <u>disorder or substance use</u> disorder, is in need of assisted outpatient ((mental)) <u>behavioral</u> health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days((, and may not order inpatient treatment)).
- $((\frac{(+)}{(+)}))$  An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.
- ((4))) (5) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.
- **Sec. 8.** RCW 71.05.240 and 2016 sp.s. c 29 s 233 are each amended 27 to read as follows:
  - (1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention ((or involuntary outpatient evaluation)) of such person as determined in RCW 71.05.180, or at a time determined under section 3 of this act. If requested by the person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.
  - (2) If the petition is for mental health treatment, the court at the time of the probable cause hearing and before an order of

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

- (3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.
- (b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program.
- (c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days.
- (d) If the court finds by a preponderance of the evidence that such person, as the result of a mental <u>disorder or substance use</u> disorder, is in need of assisted outpatient ((mental)) <u>behavioral</u> health treatment, and that the person does not present a likelihood of serious harm or grave disability, the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days((, and may not order inpatient treatment)).
- $((\frac{(e)}{(e)}))$  (4) An order for less restrictive alternative treatment must name the mental health service provider responsible for identifying the services the person will receive in accordance with RCW 71.05.585, and must include a requirement that the person cooperate with the services planned by the mental health service provider.

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- 1 ((4))) (5) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment 2 beyond the fourteen day period or beyond the ninety days of less 3 restrictive treatment is to be sought, such person will have the 4 right to a full hearing or jury trial as required by RCW 71.05.310. 5 6 If the commitment is for mental health treatment, the court shall 7 also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition 8 9 remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047. 10
- 11 **Sec. 9.** RCW 71.05.590 and 2017 3rd sp.s. c 14 s 9 are each 12 amended to read as follows:

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- (1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release order, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order. The agency, facility, or designated crisis responder must determine that:
- 19 (a) The person is failing to adhere to the terms and conditions 20 of the court order;
- 21 (b) Substantial deterioration in the person's functioning has 22 occurred;
  - (c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
    - (d) The person poses a likelihood of serious harm.
- 27 (2) Actions taken under this section must include a flexible 28 range of responses of varying levels of intensity appropriate to the 29 circumstances and consistent with the interests of the individual and 30 the public in personal autonomy, safety, recovery, and compliance. 31 Available actions may include, but are not limited to, any of the 32 following:
  - (a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
- 36 (b) To increase the intensity of outpatient services provided to 37 the person by increasing the frequency of contacts with the provider, 38 referring the person for an assessment for assertive community 39 services, or by other means;

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

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

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

- (b) A person detained under this subsection (4) ((must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been released)) may be held for evaluation for up to seventy-two hours, excluding weekends and holidays, pending a court hearing. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary may modify or rescind the order at any time prior to commencement of the court hearing.
- (c) The designated crisis responder or secretary shall file a revocation petition and order of apprehension and detention with the court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the filing must be provided to the court that originally ordered commitment, if different from the court where the petition for revocation is filed, within two judicial days of the person's detention.
- (d) The issues for the court to determine are whether((÷ (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred;

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1 (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by 2 further inpatient treatment; or (iv) there is a likelihood of serious 3 harm; and, if any of the above conditions apply,)) to continue the 4 detention of the person for inpatient treatment or whether the court 5 6 should reinstate or modify the person's less restrictive alternative or conditional release order ((<del>or order the person's detention for</del> 7 inpatient treatment)). To continue detention after the seventy-two 8 hour period, the court must find that the person, as the result of a 9 mental disorder or substance use disorder, presents a likelihood of 10 serious harm or is gravely disabled and, after considering less 11 12 restrictive alternatives to involuntary detention and treatment, that no such alternatives are in the best interest of the person or 13 others. The person may waive the court hearing and allow the court to 14 enter a stipulated order upon the agreement of all parties. If the 15 16 court orders detention for inpatient treatment, the treatment period 17 may be for no longer than the period authorized in the original court 18 order. A court may not issue an order to detain a person for 19 inpatient treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless 20 21 there is a secure detoxification facility or approved substance use 22 disorder treatment program available and with adequate space for the 23 person.

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

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

36 **Sec. 10.** RCW 71.05.590 and 2017 3rd sp.s. c 14 s 10 are each 37 amended to read as follows:

(1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional

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- release order, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative or conditional release order. The agency, facility, or designated crisis responder must determine that:
- 5 (a) The person is failing to adhere to the terms and conditions 6 of the court order;
  - (b) Substantial deterioration in the person's functioning has occurred;
  - (c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or
    - (d) The person poses a likelihood of serious harm.

- (2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:
- (a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
  - (b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;
  - (c) To request a court hearing for review and modification of the court order. The request must be made to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the agency or facility in requesting this hearing and issuing an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;
  - (d) To cause the person to be transported by a peace officer, designated crisis responder, or other means to the agency or facility monitoring or providing services under the court order, or to a triage facility, crisis stabilization unit, emergency department, or to an evaluation and treatment facility if the person is committed

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1 for mental health treatment, or to a secure detoxification facility or an approved substance use disorder treatment program if the person 2 is committed for substance use disorder treatment. The person may be 3 4 detained at the facility for up to twelve hours for the purpose of an determine whether modification, 5 evaluation to revocation, 6 commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. 7 Temporary detention for evaluation under this subsection is intended 8 to occur only following a pattern of noncompliance or the failure of 9 reasonable attempts at outreach and engagement, and may occur only 10 when in the clinical judgment of a designated crisis responder or the 11 12 professional person in charge of an agency or facility designated to monitor less restrictive alternative services temporary detention is 13 14 appropriate. This subsection does not limit the ability or obligation to pursue revocation procedures under subsection (4) of this section 15 16 in appropriate circumstances; and

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

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- (3) The facility or agency designated to provide outpatient treatment shall notify the secretary or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.
- (4)(a) A designated crisis responder or the secretary may upon their own motion or notification by the facility or agency designated to provide outpatient care order a person subject to a court order under this chapter to be apprehended and taken into custody and temporary detention for inpatient evaluation in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program if either is available in or near the county in which he or she is receiving outpatient treatment. Proceedings under this subsection (4) may be initiated without ordering the apprehension and detention of the person.
- (b) A person detained under this subsection (4) ((must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned

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to the hospital or facility from which he or she had been released)) may be held for evaluation for up to seventy-two hours, excluding weekends and holidays, pending a court hearing. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary may modify or rescind the order at any time prior to commencement of the court hearing.

- (c) The designated crisis responder or secretary shall file a revocation petition and order of apprehension and detention with the court of the county where the person is currently located or being detained. The designated crisis responder shall serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the filing must be provided to the court that originally ordered commitment, if different from the court where the petition for revocation is filed, within two judicial days of the person's detention.
- (d) The issues for the court to determine are whether((: (i) The person adhered to the terms and conditions of the court order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply,)) to continue the detention of the person for inpatient treatment or whether the court should reinstate or modify the person's less restrictive alternative or conditional release order ((or order the person's detention for inpatient treatment)). To continue detention after the seventy-two hour period, the court must find that the person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm or is gravely disabled and, after considering less restrictive alternatives to involuntary detention and treatment, that no such alternatives are in the best interest of the person or others. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period

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1 may be for no longer than the period authorized in the original court 2 order.

- (((e) Revocation proceedings under this subsection (4) are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 71.05.153.))
- 9 (5) In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.
- **Sec. 11.** RCW 71.05.201 and 2017 3rd sp.s. c 14 s 2 are each 16 amended to read as follows:
  - (1) If a designated crisis responder decides not to detain a person for evaluation and treatment under RCW 71.05.150 or 71.05.153 or forty-eight hours have elapsed since a designated crisis responder received a request for investigation and the designated crisis responder has not taken action to have the person detained, an immediate family member or guardian or conservator of the person may petition the superior court for the person's initial detention.
  - (2) A petition under this section must be filed within ten calendar days following the designated crisis responder investigation or the request for a designated crisis responder investigation. If more than ten days have elapsed, the immediate family member, guardian, or conservator may request a new designated crisis responder investigation.
  - (3)(a) The petition must be filed in the county in which the designated crisis responder investigation occurred or was requested to occur and must be submitted on forms developed by the administrative office of the courts for this purpose. The petition must be accompanied by a sworn declaration from the petitioner, and other witnesses if desired, describing why the person should be detained for evaluation and treatment. The description of why the person should be detained may contain, but is not limited to, the information identified in RCW 71.05.212.
    - (b) The petition must contain:

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1 (i) A description of the relationship between the petitioner and 2 the person; and

- (ii) The date on which an investigation was requested from the designated crisis responder.
- (4) The court shall, within one judicial day, review the petition to determine whether the petition raises sufficient evidence to support the allegation. If the court so finds, it shall provide a copy of the petition to the designated crisis responder agency with an order for the agency to provide the court, within one judicial day, with a written sworn statement describing the basis for the decision not to seek initial detention and a copy of all information material to the designated crisis responder's current decision.
- (5) Following the filing of the petition and before the court reaches a decision, any person, including a mental health professional, may submit a sworn declaration to the court in support of or in opposition to initial detention.
- (6) The court shall dismiss the petition at any time if it finds that a designated crisis responder has filed a petition for the person's initial detention under RCW 71.05.150 or 71.05.153 or that the person has voluntarily accepted appropriate treatment.
- (7) The court must issue a final ruling on the petition within five judicial days after it is filed. After reviewing all of the information provided to the court, the court may enter an order for initial detention or an order instructing the designated crisis responder to file a petition for assisted outpatient behavioral health treatment if the court finds that: (a) There is probable cause to support a petition for detention or assisted outpatient behavioral health treatment; and (b) the person has refused or failed to accept appropriate evaluation and treatment voluntarily. The court shall transmit its final decision to the petitioner.
- (8) If the court enters an order for initial detention, it shall provide the order to the designated crisis responder agency and issue a written order for apprehension of the person by a peace officer for delivery of the person to a facility or emergency room determined by the designated crisis responder. The designated crisis responder agency serving the jurisdiction of the court must collaborate and coordinate with law enforcement regarding apprehensions and detentions under this subsection, including sharing of information relating to risk and which would assist in locating the person. A person may not be detained to jail pursuant to a written order issued

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- 1 under this subsection. An order for detention under this section
- 2 should contain the advisement of rights which the person would
- 3 receive if the person were detained by a designated crisis responder.
- 4 An order for initial detention under this section expires one hundred
- 5 eighty days from issuance.
- 6 (9) Except as otherwise expressly stated in this chapter, all 7 procedures must be followed as if the order had been entered under
- 8 RCW 71.05.150. RCW 71.05.160 does not apply if detention was
- 9 initiated under the process set forth in this section.
- 10 (10) For purposes of this section, "immediate family member"
- 11 means a spouse, domestic partner, child, stepchild, parent,
- 12 stepparent, grandparent, or sibling.
- 13 **Sec. 12.** RCW 71.05.156 and 2016 sp.s. c 29 s 215 are each
- 14 amended to read as follows:
- 15 A designated crisis responder who conducts an evaluation for
- 16 imminent likelihood of serious harm or imminent danger because of
- 17 being gravely disabled under RCW 71.05.153 must also evaluate the
- 18 person under RCW 71.05.150 for likelihood of serious harm or grave
- 19 disability that does not meet the imminent standard for emergency
- 20 detention, and to determine whether the person is in need of assisted
- 21 outpatient ((mental)) behavioral health treatment.
- 22 **Sec. 13.** RCW 71.05.212 and 2016 sp.s. c 29 s 226 are each
- 23 amended to read as follows:
- 24 (1) Whenever a designated crisis responder or professional person
- 25 is conducting an evaluation under this chapter, consideration shall
- 26 include all reasonably available information from credible witnesses
- 27 and records regarding:
- 28 (a) Prior recommendations for evaluation of the need for civil
- 29 commitments when the recommendation is made pursuant to an evaluation
- 30 conducted under chapter 10.77 RCW;
- 31 (b) Historical behavior, including history of one or more violent
- 32 acts;
- 33 (c) Prior determinations of incompetency or insanity under
- 34 chapter 10.77 RCW; and
- 35 (d) Prior commitments under this chapter.
- 36 (2) Credible witnesses may include family members, landlords,
- 37 neighbors, or others with significant contact and history of
- 38 involvement with the person. If the designated crisis responder

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

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- (3) Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient ((mental)) behavioral health treatment, when:
- 12 (a) Such symptoms or behavior are closely associated with 13 symptoms or behavior which preceded and led to a past incident of 14 involuntary hospitalization, severe deterioration, or one or more 15 violent acts;
- 16 (b) These symptoms or behavior represent a marked and concerning 17 change in the baseline behavior of the respondent; and
- 18 (c) Without treatment, the continued deterioration of the 19 respondent is probable.
- (4) When conducting an evaluation for offenders identified under RCW 72.09.370, the designated crisis responder or professional person shall consider an offender's history of judicially required or administratively ordered antipsychotic medication while in confinement.
- 25 **Sec. 14.** RCW 71.05.245 and 2015 c 250 s 8 are each amended to 26 read as follows:
  - (1) In making a determination of whether a person is gravely disabled, presents a likelihood of serious harm, or is in need of assisted outpatient ((mental)) behavioral health treatment in a hearing conducted under RCW 71.05.240 or 71.05.320, the court must consider the symptoms and behavior of the respondent in light of all available evidence concerning the respondent's historical behavior.
  - (2) Symptoms or behavior which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient ((mental)) behavioral health treatment, when:

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

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(b) these symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and (c) without treatment, the continued deterioration of the respondent is probable.

- (3) In making a determination of whether there is a likelihood of serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320, the court shall give great weight to any evidence before the court regarding whether the person has: (a) A recent history of one or more violent acts; or (b) a recent history of one or more commitments under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The existence of prior violent acts or commitments under this chapter or its equivalent shall not be the sole basis for determining whether a person presents a likelihood of serious harm.
- For the purposes of this subsection "recent" refers to the period of time not exceeding three years prior to the current hearing.
- **Sec. 15.** RCW 71.05.280 and 2016 sp.s. c 29 s 234 are each 17 amended to read as follows:
  - At the expiration of the fourteen-day period of intensive treatment, a person may be committed for further treatment pursuant to RCW 71.05.320 if:
  - (1) Such person after having been taken into custody for evaluation and treatment has threatened, attempted, or inflicted: (a) Physical harm upon the person of another or himself or herself, or substantial damage upon the property of another, and (b) as a result of mental disorder or substance use disorder presents a likelihood of serious harm; or
  - (2) Such person was taken into custody as a result of conduct in which he or she attempted or inflicted physical harm upon the person of another or himself or herself, or substantial damage upon the property of others, and continues to present, as a result of mental disorder or substance use disorder, a likelihood of serious harm; or
  - (3) Such person has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.086(4), and has committed acts constituting a felony, and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.
- 37 (a) In any proceeding pursuant to this subsection it shall not be 38 necessary to show intent, willfulness, or state of mind as an element 39 of the crime;

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- 1 (b) For any person subject to commitment under this subsection 2 where the charge underlying the finding of incompetence is for a 3 felony classified as violent under RCW 9.94A.030, the court shall 4 determine whether the acts the person committed constitute a violent 5 offense under RCW 9.94A.030; or
  - (4) Such person is gravely disabled; or

- 7 (5) Such person is in need of assisted outpatient ((mental)) 8 behavioral health treatment.
- 9 **Sec. 16.** RCW 71.05.595 and 2015 c 250 s 17 are each amended to 10 read as follows:
- A court order for less restrictive alternative treatment for a 11 12 person found to be in need of assisted outpatient ((mental)) behavioral health treatment must be terminated prior to the 13 expiration of the order when, in the opinion of the professional 14 15 person in charge of the less restrictive alternative treatment 16 provider, (1) the person is prepared to accept voluntary treatment, 17 or (2) the outpatient treatment ordered is no longer necessary to prevent a relapse, decompensation, or deterioration that is likely to 18 19 result in the person presenting a likelihood of serious harm or the 20 person becoming gravely disabled within a reasonably short period of 21 time.
- NEW SECTION. Sec. 17. Sections 1 through 4, 6, 7, 9, 11, 12, 13, and 15 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect April 1, 2018.
- NEW SECTION. Sec. 18. Sections 5, 8, and 10 of this act take effect July 1, 2026.
- NEW SECTION. Sec. 19. Sections 4, 7, and 9 of this act expire July 1, 2026.

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